



## Direct Member Reimbursement (DMR) Frequently Asked Questions

### What is a Direct Member Reimbursement (DMR)?

At times, you may be required to submit a claim form and your receipts for reimbursement for prescriptions filled at a retail pharmacy. This process of reimbursing is called Direct Member Reimbursement, or DMR.

### When will I need to submit a request for Direct Member Reimbursement?

As an eligible OEBB member, anytime you pay out of pocket for a prescription that is covered under your plan, you can submit a request for reimbursement. A couple of examples are: if you have active benefits under ODS OEBB Pharmacy Plans A, B, or C and you do not use your ODS OEBB identification (ID) card when filling a prescription, you will need to submit a request for reimbursement; if you go to a non-participating pharmacy that does not access ODS' claims payment system through MedImpact, you will also need to submit a request for reimbursement.

### How do I submit a request for reimbursement under ODS OEBB Plans A, B, or C?

1. Complete the Prescription Drug Claim Form for MedImpact plans. Forms can be found online at [www.odscompanies.com](http://www.odscompanies.com), through your myODS online account or by linking directly to the forms page at <http://www.odscompanies.com/members/forms.shtml>.

2. Submit claim forms to:

The ODS Companies  
Attn: Pharmacy  
P.O. Box 40168  
Portland, OR 97240-0168

### How do I submit requests for reimbursement under ODS OEBB Plan 9?

As an OEBB member, as long as you use your ODS ID card at an OPDP participating pharmacy, you are not required to submit your receipts or a claim form to ODS for reimbursement. ODS will automatically track expenses that may accrue toward your deductible and out-of-pocket maximum, as well as reimburse you for eligible expenses under the prescription benefit. If you do not use your ID card or you fill your prescriptions at a non-participating pharmacy, you will be responsible for paying the cost of your medication and then submitting your request to ODS for reimbursement.

Follow these steps to request reimbursement:

1. Complete the Prescription Drug Claim Form for Major Medical plans. Forms can be found online at [www.odscompanies.com](http://www.odscompanies.com), through your myODS online account or by linking directly to the forms page at <http://www.odscompanies.com/members/forms.shtml>.

2. Submit claim forms to:

The ODS Companies  
Attn: Medical  
P.O. Box 40384  
Portland, OR 97240-0384





### **When and in what form will I be reimbursed?**

ODS will process the claim request and send reimbursement to you in the form of a check. DMR claims are processed on average within 10 business days, and checks are cut daily to ensure timely payment to our members.

### **How much will I be reimbursed under ODS OEGB Plans A, B, or C?**

Eligible prescription drugs purchased and paid in full by an enrollee will be reimbursed at the ODS/ OPDP pharmacy contracted rate minus your co-payment, or the maximum plan allowance minus your co-payment, whichever is less. Standard OEGB benefit provisions apply.

### **Am I required to submit the Prescription Drug Claim within a certain date span?**

Yes. A claim must be submitted to ODS within 90 days after the date the medication was filled. If you fail to furnish a claim within the time required and it was not reasonably possible to submit the claim within those 90 days, your claim may still be valid, provided it is submitted as soon as reasonably possible. In no event, except absence of legal capacity, is a claim valid if submitted later than one year from the date of fill.

### **I've obtained my medication while traveling in a foreign country; do I need to translate the receipt into English?**

To ensure expeditious processing of your claims, please have your claims translated into English with specific services, charges, drugs and dosage documented.

### **Who do I call if I have questions?**

If you have prescription benefits under ODS OEGB Plans A, B, or C please call ODS Pharmacy Customer Service at 503-265-2911 or toll free at 866-923-0411.

If you have prescription benefits under ODS OEGB Plan 9 please call ODS Medical Customer Service at 503-265-2909 or toll free at 866-923-0409.