

It's *Your* Benefit

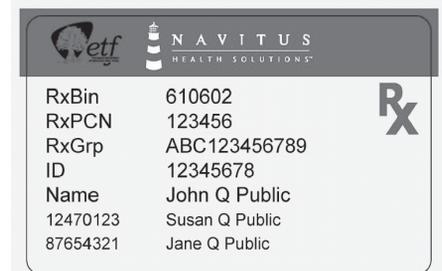
Health insurance and other benefit programs for state and local employees



Drug ID Cards Take Effect in January

Navitus Health Systems, the new pharmacy benefit manager for the State of Wisconsin group health insurance program, mailed prescription drug identification (ID) cards to all group health insurance participants in late December. This ID card is separate from your health plan ID card. If you have not received your Navitus ID card, contact customer service toll-free at 1-866-333-2757. Verify that Navitus has your correct mailing address and request another ID card be mailed to you.

You must present your Navitus member number or ID card to the pharmacist when filling prescriptions. If you do not show your Navitus ID card or tell your pharmacist about the change to Navitus, it is likely the pharmacist will either process your prescription based on the information on file from your past prescription fills or tell you the prescription has been denied. If this happens, you will have



to pay the full prescription cost and may not get reimbursed in full by Navitus.

If you do not have your Navitus ID card, tell the pharmacist that Navitus administers your prescription drug benefits. You or your pharmacist may be able to contact Navitus, which will provide your member identification number over the telephone so your pharmacist can fill the prescription and charge you the correct copayment amount.

Can I continue to use my health plan card to fill prescriptions at my pharmacy? No. Beginning January 1, 2004, State of Wisconsin

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Navitus Formulary Developed by Pharmacy and Therapeutics Committee

The State group health insurance program has contracted with Navitus Health Solutions to process and pay prescription drug claims and provide drug coverage for all program participants. As part of its contract, Navitus has developed a prescription drug formulary, which is a list of preferred prescription drugs that are determined to be medically effective and cost effective.

A pharmacy and therapeutics committee developed the Navitus formulary, evaluating drugs *first* on the basis of effectiveness, side effects and drug interactions, and *then* cost. The committee is made up of physicians and pharmacists practicing in Wisconsin. Each member has expertise in developing formularies for other insurance programs. The members work

independently of Navitus and any pharmaceutical manufacturing company, and hail from every region of the state from Milwaukee to La Crosse; Green Bay to Eau Claire.

When making decisions about copay levels for specific prescription drugs, the committee first evaluated how well the drugs control a medical condition or disease, and looked for history of potential side effects and evidence of adverse drug interactions. Only *after* the best drugs were selected for each drug class, was cost considered.

Cost was the "tiebreaker" for drugs of comparable safety and effectiveness. Going forward, new and existing drugs will continually be reviewed to make sure the formulary is kept up-to-date and meets patient needs.

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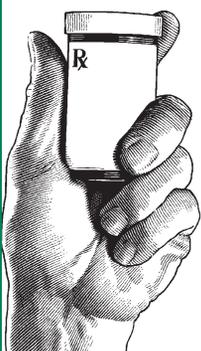
employees will no longer be able to use their existing health plan ID cards to fill prescriptions. The health plan ID cards, however, will still be required in order to obtain medical services. In other words, two cards will be needed: one for prescriptions (Navitus) and one for medical services (the health plan).

Who do I contact if I have general questions about my pharmacy benefit? Please contact Navitus toll free at 1-866-333-2757 for questions pertaining to the pharmacy benefit.

Will my physician know about my pharmacy benefit structure under Navitus? Will my physician have access to the Navitus formulary? Navitus has been working with the health plans to educate physicians on the new benefits. Physicians have had access to the Navitus formulary since October and should be familiar with how prior authorizations for

prescription drugs can be obtained through Navitus. It may be a good idea to take a paper copy of the Navitus *Quick Reference Drug List* to all medical appointments. This would be a convenient way to discuss whether your medication(s) have the lowest copay or if a lower copay drug is appropriate for your condition or illness.

Will I still be able to get prescriptions filled for drugs I began taking prior to January 1, 2004? If you have a current prescription that was filled at least once between July 1, 2003 and December 31, 2003, your prescription information was provided to Navitus by your health plan. In most cases, the balance of the prescription can be filled by a pharmacy within the Navitus network on or after January 1, 2004. In addition to providing refills, the information provided by the health plans will be used for drug utilization review (e.g., the detection of drug-drug interactions, duplicate prescriptions, etc.).



Order Medications Through Mail Order Service

Participants can obtain many over-the-counter (OTC) and prescription medicines covered under their pharmacy benefit through Prescription Solutions, a mail order service under contract with Navitus Health Solutions.

This voluntary service can result in substantial savings: For certain Level 1 and Level 2 prescription drugs, when your physician prescribes a 90-day supply, you pay only two copayments (instead of three). Limitations include a one-month supply for controlled substances and specialty injectables. Other quantity limits may apply to certain medications.

How do I get started? To register for mail order service, use the enrollment form included with your Navitus identification card packet or contact Prescription Solutions toll free (phone numbers listed at right). In order to initiate this service, you must mail an original prescription or have your health care provider fax or call in a prescription directly to Prescription Solutions. Please begin this process at least 14 days prior to running out of the medication.

How do I obtain refills? Once mail order service has been initiated, you can order refills using the following methods:

- Mail completed re-order forms to the following address: Prescription Solutions, P.O. Box 509075, San Diego, CA 92150-9075.
- Call Prescription Solutions customer service toll free at 1-800-562-6223. If you are hearing impaired, dial 1-800-498-5428. Hours: Monday through Friday, 8 a.m. to 11 p.m.; Saturday and Sunday, 9 a.m. to 9 p.m. Central Standard Time.
- Place Internet orders through the Prescription Solutions Web site (URL listed below).

Refill orders can be placed **three weeks prior** to when the medication will be needed. Please allow 5 days for processing and delivery.

For more information regarding mail order service, please consult the Prescription Solutions Web site, www.rxsolutions.com; Prescription Solutions Customer Service at 1-800-562-6223; or Navitus Customer Service at 1-866-333-2757.

PBM Program Offers Several Ways To Save Money on Medications

When the State's Group Insurance Board began exploring possible changes to the health insurance program, chief among its goals were finding meaningful ways to control escalating prescription costs. As a result, three programs were created under the new Pharmacy Benefit Manager (PBM) program. Member participation is voluntary. The programs are listed below:

Generic Sampling

The motto here is, *Your First Fill is Free!* This program will allow you "try out" certain generic medications as an alternative to using high cost, brand name counterparts. Here's how it works:

- Your physician writes a prescription for certain generic medications for up to a 30-day supply.
- If this is the first time you are filling a prescription for this medication, there is no charge.

Currently, there are 15 medications in the Generic Sampling program. They are listed below, along with the equivalent brand name:

Generic Sampling Program Medications	
Generic Name	Equivalent Brand Name
Atenolol	Tenormin
Bisoprolol/HCTZ	Ziac
Doxazosin	Cardura
Enalapril	Vasotec
Estradiol	Estrace
Famotidine	Pepcid
Fluoxetine (except 40 mg)	Prozac
Glipizide	Glucotrol
Glyburide	Diabeta, Micronase
Lisinopril	Prinivil, Zestril
Metformin	Glucophage
Metoprolol	Lopressor
Ranitidine	Zantac
Triamterene/HCTZ	Dyazide, Maxzide
Verapamil SR	Calan SR, Isoptin SR

Pill splitting

Pill splitting (physically cutting your pills in half) can provide significant savings on your prescription drug costs because you pay up to one-half of your usual copayment. The medications selected for this

program were based on the following criteria:

- The drug is on the formulary.
- The drug is recognized by the pharmacy and therapeutics committee as an appropriate product to split.
- The drug is flat priced (i.e. various strengths of the medication must be comparably priced).
- The medication must have once-daily dosing.

How does it work? After you've filled your prescription, open the container and look for the "score" marks on each pill. Use a pill splitter to split each pill into equal halves. It's that easy! You can obtain a pill splitting device free of charge by contacting Navitus toll free at 1-866-333-2757. Allow one week for delivery.

Currently, the Pill Splitting program includes 12 medications: **Aceon, Lexapro, Arava, Paxil (Not Paxil CR), Aricept, Vioxx, Benicar, Zocor, Celexa, Zolof, Cozaar, and Diovan.** The table below illustrates how pill splitting allows you to receive the same dose of a medication in a fewer number of tablets. Thus, the overall cost of the medication is reduced:

If any medication in the Pill Splitting program is

	Product and Strength	Quantity	Member Co-pay	Member Annual Savings
Without Pill Splitting	Drug A 40 mg tablets	30	\$15.00	
With Pill Splitting	Drug A 80 mg tablets	15	\$7.50	\$90.00

appropriate for your illness or condition, but you are currently not on it, contact your physician. It is up to your physician to recommend pill splitting and write your prescription accordingly.

Will my physician support pill splitting? Is this a new "thing?" No, it is not a fad. Most physicians are aware of it. The pharmacy and therapeutics committee chose only pills that are safe to split.

Mail Order Prescription Buying

Under this program, you can obtain up to a three-month supply of maintenance medications for the price of two copayments. For details, including how to get started ordering by mail, please see *Order Medications Through Mail Order Service* on page two.



Reminder: Sign Up For Medicare When First Eligible

This is a general reminder to all retired participants and their insured dependents covered under the State group health insurance program: You must sign up for Medicare Part A when you first become eligible and for Medicare Part B when it becomes available as the primary payer of your health insurance claims.

After your employment ends, Medicare is considered your “primary” payer (that is, it pays first) and your health plan the “secondary” payer. This is required under state statute, as the State program is designed to integrate with, rather than duplicate, Medicare benefits. Here’s what could happen if you fail to enroll in Medicare as required:

- Your health plan will deny any claims Medicare would have paid after the date Medicare coverage could have been effective.
- Medicare will deny payment because you were not enrolled in Medicare and the charges would then become your financial responsibility.
- When you eventually do sign up for Medicare, your Part B premiums will be significantly higher. According to Medicare, your premiums will be 10% higher for each 12-month period you were eligible but did not enroll.

After enrolling in Medicare and paying the Part B premium, why should I continue my State group health insurance coverage? Medicare, while providing basic protection against the cost of health care, does not cover all medical expenses. Medicare covers approximately 80% and you are responsible for the other 20%. Many participants choose to continue under the State program to have insurance coverage for this other 20%. Medicare currently does not cover prescription drugs; the State program does. Also, your monthly premium for the State program reduces once you and/or your insured family members are enrolled in Medicare.

Can I delay Part B enrollment without paying higher Medicare premiums? Yes, in certain cases. If you didn’t take Part B when you were first eligible because you or your spouse were working and had health insurance coverage that was primary through your or your spouse’s employer or union, you can sign up for Part B during a Medicare Special En-

rollment Period. You can sign up:

- Anytime you are covered by the employer or union health plan through your or your spouse’s current or active employment, or
- During the eight months following the month the employer or union health plan coverage ends or when the employment ends (whichever is first).

You must enroll and continue your enrollment in Part B to be eligible for the state group health insurance program.

How do Medicare and a disability affect my State group health insurance coverage? Medicare is available to persons who have received Social Security benefits for at least 24 months or who have permanent kidney failure. In order to continue to be insured under the State program, you or your family member in this situation must enroll in Medicare Part A when first eligible and Part B when it becomes primary.

What does the Department of Employee Trust Funds (DETF) need from me when I become enrolled in Medicare? When you or your insured family members become enrolled in Medicare, send a copy of your Medicare card(s) to DETF. We mail an information packet to all retirees shortly before they turn 65 -- but you don’t have to wait for this mailing in order to send us a copy of your card.

To obtain the reduced premium under the State’s health insurance program (when eligible), send your card copy along with a note, stating the Social Security number and name of the person who is the subscriber to: Department of Employee Trust Funds, P.O. Box 7931, Madison WI 53707-7931. This is especially important if you or family members are eligible for Medicare due to a disability, since DETF is not made aware of this situation unless informed by the member.

Where To Get More Information

If you have questions about your eligibility for Medicare Parts A and B or if you want to apply for Medicare, call the Social Security Administration (SSA) or visit the SSA Internet site at www.ssa.gov. The toll free telephone number is 1-800-772-1213. The TTY-TDD number for the hearing impaired is 1-800-325-0778. You can also get information about buying Parts A and B if you do not qualify for premium-free Part A.

How Does My Health Plan Rate? Says Who?

First, there was the Health Plan Employer Data and Information Set (HEDIS); then came Leapfrog. Now we have the Wisconsin Hospital Association's *CheckPoint*, the work of the Wisconsin Healthcare Purchasers for Quality, and the Wisconsin Collaborative for Healthcare Quality. All of these initiatives, and many others in development, have a similar mission: To provide consumers of health care better information on quality and safety. How to make sense of them all? Which, if any, effectively give you what you need to be an educated health care consumer? And who's to say one report or initiative is more reliable, meaningful, or valid than another?

The good news

The Department of Employee Trust Funds (DETF), as administrator of the group health insurance program, is leading the effort to build member awareness of health care safety and quality and to hold insurance plans and their providers accountable for their performance. In addition, DETF has played a significant role in forging major quality and safety partnerships among business and industry leaders statewide. All are seeking ways to ultimately increase the value of health care by fostering consumer education and awareness of safety issues and improving the quality and effectiveness of care.

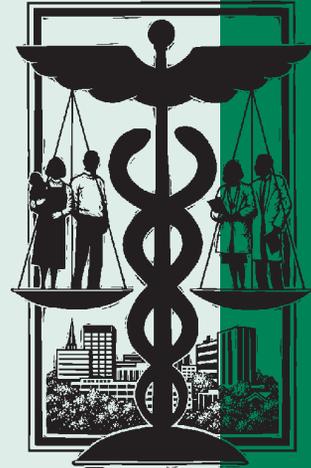
We have a way to go

First, not everyone agrees on what "quality" care is, how to measure it, and how and where it should be reported. Second, there are drawbacks to what currently are **voluntary** efforts on the part of hospitals and health care providers to report their data and information to the general public. To be fair, some hospitals do not currently collect certain data; others do not have enough hospitalizations to meet the minimum number of cases to report.

Perhaps most important, no single report is likely to meet the needs of all who have a stake in the program: participants, employers, physicians, and hospitals.

The signs are encouraging

Even though we have not found all of the answers yet, the health care industry, along with public and private business and labor leaders, has committed to work together to improve the cost and quality of health care in Wisconsin. DETF, administrator of the largest group health insurance program in the State, is at the table, helping to see that it gets done. *It's Your Benefit* will keep you informed as to how it's going.



Internet Links to Selected Patient Safety & Quality Initiatives

The Alliance Quality Forum
www.alliancehealthcoop.com

The Leapfrog Group
www.leapfroggroup.org

National Quality Forum
www.qualityforum.org

Wisconsin Collaborative for Health Care Quality
www.wiqualitycollaborative.org

Wisconsin Hospital Association Checkpoint Initiative
www.wha.org/qualityAndPatientSafety/accountability.aspx

Wisconsin Patient Safety Institute
www.wpsi.org

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The Navitus formulary lists preferred prescription drugs covered in Level 1 and Level 2 (copayments of \$5 and \$15, respectively). Navitus also covers other drugs and those under Level 3 (\$35 copayment) that do not meet the formulary's criteria.

It's important to note that the State's group health insurance program has not offered this Level 3 coverage before — and in the past these drugs would likely not have been covered by some plan's formularies. If you were on a drug in 2003 that falls into

the new Level 3, you have received information from Navitus on whether you could continue to take that drug with a lower copayment for a certain time period until you can safely change over to an alternative. This process is called **grandfathering**.

To review the formulary on-line, go to: <http://www.navitushealth.com/formulary/index.asp>. You may also call Navitus Customer Service toll free at 1-866-333-2757. Customer Service hours are Monday through Friday, 7 a.m. to 9 p.m., CST.

How Well Does My HMO Deliver Health Care?

One measure of health maintenance organization (HMO) performance is the Health Plan Employer Data and Information Set (HEDIS). The Department requires HMOs participating in the group health insurance program to submit HEDIS data so members can evaluate their performance in important areas of public health. You'll find comprehensive HEDIS results in the *Health Plan Report Cards* section of your 2004 *It's Your Choice* booklet.

What exactly is HEDIS? Developed and maintained by the National Committee for Quality Assurance (NCQA), it is the most widely used set of performance measures in the managed care industry. The performance measures are related to many significant public health issues such as cancer, heart disease, smoking, asthma, and diabetes.

How well did Wisconsin HMOs perform?

- On average, Wisconsin participating HMOs scored higher than national averages on measures such as adolescent immunizations, beta blocker treatment after a heart attack, breast cancer treatment, cervical cancer treatment, chlamydia screening, cholesterol management after acute cardiovascular events, comprehensive diabetes care, and use of appropriate medications for people with asthma.
- **Touchpoint Health Plan** was rated the number one HMO in the country for the Effectiveness of Care measures (such as those listed above) for the second year in a row.
- Three of the five top HMOs recognized for Effectiveness of Care in a five-state area (Illinois, Indiana, Michigan, Ohio, Wisconsin) are Wisconsin HMOs: **GHC South Central**, **Network Health Plan**, and **Touchpoint**.

· Wisconsin HMOs achieved significant improvement in immunization scores. For example, on average, they achieved double digit increases in the rates of children and adolescents receiving chicken pox vaccines.

· HMOs showed great improvement and exceeded the national average in three areas of diabetes care: screening LDL (bad cholesterol) levels, controlling LDL levels, and screening for kidney disease.

For the participating HMOs, much of their success in providing improved treatment for diabetics in Wisconsin can be attributed to the **Wisconsin Collaborative Diabetes Project**. This program involves diverse groups such as the Wisconsin Diabetes Prevention and Control Program, the Wisconsin Public Health and Health Policy Institute, and many HMO partners. Most of the HMOs available to State employees and retirees participate in this project. The collaborative improves the care delivered to diabetics in Wisconsin by:

- Distributing new research and resources
- Promoting dynamic brainstorming and planning
- Coordinating the sharing of quality improvement strategies
- Offering opportunities to use health care data from the participating HMOs to initiate new quality improvement initiatives.

For More Information...

- Visit the Diabetes Project's Internet site at: www.dhfs.state.wi.us/health/diabetes/Diabetes_Collaborative_Improvement_Project.htm.
- Visit the NCQA Internet site at www.ncqa.org.

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