

FAQs: Healthcare Plan Changes, particularly, switching to standard national formulary.
10/16/18 Draft

FAQs

Q. I heard the deductibles and co-pays are changing. What will the new co-pays be beginning January 1, 2019?

SelectCare Plan (vast majority of employees):		
CO-PAYS:	CURRENT	NEW
PREVENTIVE CARE	\$0	\$0
BEHAVIORAL HEALTH	\$0	\$0
PRIMARY HEALTHCARE VISIT	\$20	\$25
SPECIALIST VISIT	\$20	\$30
MRI	\$0	\$30
EMERGENCY ROOM VISIT	\$50	\$75
SelectCare & Total Choice	CURRENT	NEW
PHARMACY DEDUCTIBLE	\$25	\$50
MAX. PHARM. OUT OF POCKET COST (Including Deductible)	\$775/\$2,750 person/family	\$800/\$2,800 person/family

Q. The copays will be different for primary care and specialists. What type of doctors are considered primary and what type are considered specialists?

A. Primary care providers typically offer general health services and are the initial contact in most cases for ailments. Examples of primary care providers are family and general practitioners, internal medicine providers, naturopaths, geriatric providers, and pediatric providers. Specialists provide care that is focused and generally restricted to a very specific field of medicine. Some common examples of specialist providers include cardiologists, endocrinologists, gastroenterologists, and neurologists.

- The following rehabilitative services will be subject to the same copay as primary care providers:
 - Physical Therapist
 - Occupational Therapist
 - Speech Therapist
 - Chiropractor
 - Acupuncturist

Q. How will my pharmacy plan change?

A. Effective January 1, 2019, the prescription drug formulary will change to the Express-Scripts (ESI) standard national formulary known as the National Preferred Formulary. In addition, ESI will be implementing cost containment initiatives such as expanded prior authorization and drug quantity management. Please note, employees will be able to get medications they need, and transitioning to a standard national drug formulary will have a positive impact on the future cost of the plan for both the

State and employees. **Comprehensive communications will be provided to employees and retirees on the state plan, with sufficient lead time, once we get closer to the transition.**

Q. What does a standard national drug formulary mean?

A. ESI determines which medicines to include on its drug list (the standard national formulary). ESI has a National Pharmacy and Therapeutics Committee ("P&T") that is made up of independent physicians and other medical experts who are not employed by ESI. The P&T Committee is selected based on their contributions to medical and pharmacy practice and clinical expertise in their area of specialty. In order for a drug to be recommended to be included on the formulary, the P&T Committee reviews medical literature, standards of practice, scientific studies, personal experience, and generally accepted clinical practice guidelines to confirm that a medication is safe and effective. This process ensures the medicines included on its National Preferred Formulary (NPF) are the best combination of clinical appropriateness and cost effectiveness.

The NPF is generated on a periodic basis (typically twice per year for ESI) to keep pace with the ever-changing pharmaceutical industry, both to contain costs and to enhance quality measures.

Q. Where can I find ESI's National Preferred Formulary and exclusion list?

A. Although this list is fluid and will change again before it is implemented on January 1, 2019, this link provides a list of excluded drugs and their preferred alternatives to ESI's **current** NSF:

https://www.express-scripts.com/art/pdf/Preferred_Drug_List_Exclusions2019.pdf

Q. What if my medication is on a list of "excluded medications"?

A. In short, there will be a grace period at the beginning of 2019 in which you may request an appropriate exception, if that is not approved, you can appeal. See below for details.

Q. What is the grace period?

A. If on January 1st you are prescribed one of the medications on the exclusion list, Express Scripts will be contacting you and your physician/provider directly in advance to discuss alternatives so that a coordinated effort can be made to either adjust your prescription or begin the exception/appeal process well before the end of the 90 day grace period, which will be from January 1 until April 1, 2019. Such exceptions cannot not be considered until January 1st. The grace period will allow employees to fill their prescriptions as usual. This provides time for members to contact their physician/provider to see if there are appropriate alternative medications on the preferred list of medications. The period between January 1 and April 1, 2019 should **only** be considered a transition period.

Q. What if there are no appropriate alternative medications on the preferred list? Is there an exception?

A. If your physician/provider determines that no alternatives are appropriate, or that the excluded medication is most appropriate, they will then be able to coordinate with ESI in order to request a medical necessity exception. If the exception is granted the employee will pay as appropriate through the formulary pricing, at the 40% level.

Q. What if an exception request is denied?

A. Although an exception is approved more often than not, the employee can begin an appeal process if the exception request is denied. The appeal process would proceed as follows:

1. Medical necessity exception sent to ESI by member physician/provider. Decision rendered within 24-72 hours. If approved, no further action is needed.
2. If the exception is denied, the member can use the State's current contracted third party independent pharmaceutical appeal service, MCMC, LLC. Their turnaround time for decision is 2 to 5 days. If the exception denial is overturned, ESI will reverse the denial and no further action is required. MCMC is contracted by the Department of Human Resources and is separate from ESI.
3. If the denial is upheld, an appeal can be made to the highest level, which would be Department of Financial Regulation at the State, per statute.

Q. Will using an excluded drug cost more?

A. If a member receives an exception, the member would pay at the non-preferred brand name tier copay, which is 40%. The member can submit a separate appeal to request that the medication be paid at the preferred brand name tier, which, if approved, would result in a co-pay of 20%.

Q. Who else participates with ESI's National Preferred Formulary?

A. Express Scripts provides pharmacy benefits to 83 million members. 60% of ESI's non-governmental and nearly all of their State clients use the National Preferred Formulary. The neighboring States plans of New England also currently use the National Preferred Formulary.

Q. I read that the PBM will limit the amount of the drug I can get?

A. Drug quantity management primarily applies to narcotics or opioids, drugs subject to abuse. This management is an attempt to mitigate a variety of practices used to abuse medications through an enhanced oversight coordination between Express Scripts, the pharmacies, and the physicians.

Q. I am a State retiree on the State Health Care Plan. How does the transition to the national, standard formulary impact me?

A. This depends on whether you are on Medicare or not. If you and/or your dependent(s) are on Medicare, the drug plan you have is called a Medicare EGWP plan, and the change to the active employee formulary does not impact you. The current formulary that is associated with the Medicare EGWP plan, called the Premier Access formulary, is very similar, but slightly different from the current open formulary on the active employee plan because of federal rules, and will NOT be affected by the changes to the active employee plan formulary, but will be subject to the usual updates that occur every year.

If you are not on Medicare, then the above plan for active employees applies to you. These changes impact you in the same manner as active employees.