

### Remember the Open Enrollment Deadlines

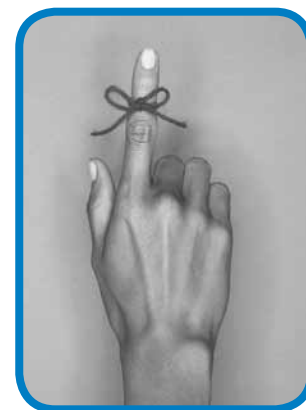
July 1 - September 10, 2010  
Online enrollment

July 1 - August 31, 2010  
Paper forms enrollment

July 1 - September 30, 2010  
Flexible Spending Accounts  
 online and paper enrollment

## Open Enrollment Reminders

- ◆ If you have not made your Open Enrollment changes, you have until midnight of September 10, 2010, to make them **online** through **Member Online Services**. After this date, online Open Enrollment changes will not be accepted and the Open Enrollment link will be closed.
- ◆ Any paper forms postmarked after August 31, 2010, will not be accepted.
- ◆ If you do **not** need to make any changes, please do not submit a form to PEEHIP.
- ◆ **Exception:** If you want to enroll or renew your Flexible Spending Accounts, Federal Poverty Level Discount, or PEEHIP CHIP, you must re-enroll **EACH YEAR** as these programs do not automatically renew. ■



## Dependent Eligibility Verification Audit

In regard to the article published in last month's *PEEHIP Advisor* pertaining to the dependent eligibility verification audit, PEEHIP is notifying its members how to remove an ineligible dependent from their PEEHIP coverage prior to receiving an audit letter from PEEHIP. Based on preliminary research conducted by PEEHIP on ineligible dependents, we have identified ex-spouses who are currently on a PEEHIP contract who should not be.

You may remove an ex-spouse from your coverage in one of two ways:

- ◆ Click the "View/Change Contact Information" link once you have logged in to Member Online Services. Select the "Update my marital status" option, select "divorce" from

the drop box, and then provide the date the divorce was final. This is the date the judge signed the Final Order of the Divorce Decree. Be sure to get a Confirmation page to ensure this change was saved and submitted to PEEHIP. This will remove the ex-spouse from your coverage.

- ◆ If you do not have access to a computer, you may notify PEEHIP of your divorce by completing and mailing or faxing a paper HEALTH INSURANCE STATUS CHANGE form to PEEHIP.

PEEHIP will publish another article in the next *PEEHIP Advisor* with more information related to this endeavor to verify the eligibility of all dependents covered on a PEEHIP contract. ■

## Flexible Spending Account

Don't let a valuable opportunity pass you by - enroll in a PEEHIP Flexible Spending Account (FSA) before the deadline of September 30, 2010! An FSA allows you to set aside pre-tax money via payroll deductions in a Health and/or a Dependent Care account. An FSA provides you with a tax break on eligible health care and dependent care expenses. Remember to enroll or re-enroll by the deadline! ■

# Medicaid & the Children's Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children & Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, you can contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid or CHIP office or dial 877.KIDS.NOW (877.543.7669) or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of April 16, 2010. You should contact your state for further information on eligibility.

State	Program	Contact Information (Website; Phone)
Alabama	Medicaid	<a href="http://www.medicaid.alabama.gov">www.medicaid.alabama.gov</a> ; 800.362.1504
Alaska	Medicaid	<a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">health.hss.state.ak.us/dpa/programs/medicaid/</a> ; (Outside of Anchorage) 888.318.8890; (Anchorage) 907.269.6529
Arizona	CHIP	<a href="http://www.azahcccs.gov/applicants/default.aspx">www.azahcccs.gov/applicants/default.aspx</a> ; 877.764.5437
Arkansas	CHIP	<a href="http://www.arkidsfirst.com/">www.arkidsfirst.com/</a> ; 888.474.8275
California	Medicaid	<a href="http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx">www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx</a> ; 866.298.8443
Colorado	Medicaid and CHIP	Medicaid: <a href="http://www.colorado.gov/">www.colorado.gov/</a> ; 800.866.3513 CHIP: <a href="http://www.CHPplus.org">www.CHPplus.org</a> ; 303.866.3243
Florida	Medicaid	<a href="http://www.fdhc.state.fl.us/Medicaid/index.shtml">www.fdhc.state.fl.us/Medicaid/index.shtml</a> ; 866.762.2237
Georgia	Medicaid	<a href="http://dch.georgia.gov/">dch.georgia.gov/</a> (Click on Programs, then Medicaid); 800.869.1150
Idaho	Medicaid and CHIP	Medicaid: <a href="http://www.accesstohealthinsurance.idaho.gov">www.accesstohealthinsurance.idaho.gov</a> ; 800.926.2588 CHIP: <a href="http://www.medicaid.idaho.gov">www.medicaid.idaho.gov</a> ; 800.926.2588
Indiana	Medicaid	<a href="http://www.in.gov/fssa/2408.htm">www.in.gov/fssa/2408.htm</a> ; 877.438.4479
Iowa	Medicaid	<a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> ; 888.346.9562
Kansas	Medicaid	<a href="http://www.khpa.ks.gov">www.khpa.ks.gov</a> ; 800.766.9012
Kentucky	Medicaid	<a href="http://chfs.ky.gov/dms/default.htm">chfs.ky.gov/dms/default.htm</a> ; 800.635.2570
Louisiana	Medicaid	<a href="http://www.la.hipp.dhh.louisiana.gov">www.la.hipp.dhh.louisiana.gov</a> ; 888.342.6207
Maine	Medicaid	<a href="http://www.maine.gov/dhhs/oms/">www.maine.gov/dhhs/oms/</a> ; 800.321.5557
Massachusetts	Medicaid and CHIP	<a href="http://www.mass.gov/MassHealth">www.mass.gov/MassHealth</a> ; 800.462.1120
Minnesota	Medicaid	<a href="http://www.dhs.state.mn.us/">www.dhs.state.mn.us/</a> (Click on Health Care, then Medical Assistance); 800.657.3739
Missouri	Medicaid	<a href="http://www.dss.mo.gov/mhd/index.htm">www.dss.mo.gov/mhd/index.htm</a> ; 573.751.6944

State	Program	Contact Information (Website; Phone)
Montana	Medicaid	<a href="http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml">medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</a> ; 800.694.3084
Nebraska	Medicaid	<a href="http://www.dhhs.ne.gov/med/medindex.htm">www.dhhs.ne.gov/med/medindex.htm</a> ; 877.255.3092
Nevada	Medicaid and CHIP	Medicaid: <a href="http://dwss.nv.gov/">dwss.nv.gov/</a> ; 800.992.0900 CHIP: <a href="http://www.nevadacheckup.nv.org/">www.nevadacheckup.nv.org/</a> ; 877.543.7669
New Hampshire	Medicaid	<a href="http://www.dhhs.state.nh.us/DHHS/MEDICAIDPROGRAM/default.htm">www.dhhs.state.nh.us/DHHS/MEDICAIDPROGRAM/default.htm</a> ; 800.852.3345 x5254
New Jersey	Medicaid and CHIP	Medicaid: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> ; 800-356-1561 CHIP: <a href="http://www.njfamilycare.org/index.html">www.njfamilycare.org/index.html</a> ; 800.701.0710
New Mexico	Medicaid and CHIP	Medicaid: <a href="http://www.hsd.state.nm.us/mad/index.html">www.hsd.state.nm.us/mad/index.html</a> ; 888.997.2583 CHIP: <a href="http://www.hsd.state.nm.us/mad/index.html">www.hsd.state.nm.us/mad/index.html</a> (Click on Insure New Mexico); 888.997.2583
New York	Medicaid	<a href="http://www.nyhealth.gov/health_care/medicaid/">www.nyhealth.gov/health_care/medicaid/</a> ; 800.541.2831
North Carolina	Medicaid	<a href="http://www.nc.gov">www.nc.gov</a> ; 919.855.4100
North Dakota	Medicaid	<a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">www.nd.gov/dhs/services/medicalserv/medicaid/</a> ; 800.755.2604
Oklahoma	Medicaid	<a href="http://www.insureoklahoma.org">www.insureoklahoma.org</a> ; 888.365.3742
Oregon	Medicaid and CHIP	<a href="http://www.oregonhealthykids.gov">www.oregonhealthykids.gov</a> ; 877.314.5678
Pennsylvania	Medicaid	<a href="http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm">www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm</a> ; 800.644.7730
Rhode Island	Medicaid	<a href="http://www.dhs.ri.gov">www.dhs.ri.gov</a> ; 401.462.5300
South Carolina	Medicaid	<a href="http://www.scdhhs.gov">www.scdhhs.gov</a> ; 888.549.0820
Texas	Medicaid	<a href="http://www.gethipptexas.com/">www.gethipptexas.com/</a> ; 800.440.0493
Utah	Medicaid	<a href="http://health.utah.gov/medicaid/">health.utah.gov/medicaid/</a> ; 866.435.7414
Vermont	Medicaid	<a href="http://ovha.vermont.gov/">ovha.vermont.gov/</a> ; 800.250.8427
Virginia	Medicaid and CHIP	Medicaid: <a href="http://www.dmas.virginia.gov/rcp-HIPP.htm">www.dmas.virginia.gov/rcp-HIPP.htm</a> ; 800.432.5924 CHIP: <a href="http://www.famis.org/">www.famis.org/</a> ; 866.873.2647
Washington	Medicaid	<a href="http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm">hrsa.dshs.wa.gov/premiumpymt/Apply.shtm</a> ; 877.543.7669
West Virginia	Medicaid	<a href="http://www.wvrecovery.com/hipp.htm">www.wvrecovery.com/hipp.htm</a> ; 304.342.1604
Wisconsin	Medicaid	<a href="http://dhs.wisconsin.gov/medicaid/publications/p-10095.htm">dhs.wisconsin.gov/medicaid/publications/p-10095.htm</a> ; 800.362.3002
Wyoming	Medicaid	<a href="http://www.health.wyo.gov/healthcarefin/index.html">www.health.wyo.gov/healthcarefin/index.html</a> ; 307.777.7531

To see if any more states have added a premium assistance program since April 16, 2010, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
866.444.EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
877.267.2323, Ext. 61565

## New Name, Same Great Service

Southland National Insurance Corporation, PEEHIP's Optional Plan Administrator, has changed the name of its benefits division to Southland Benefit Solutions, LLC. While the name has changed, the people who have provided outstanding personal service for 27 years remain the same. The Web site, phone number, address and all other means of communication also remain the same. ■



# How to Avoid Having a Prescription Reject at the Pharmacy

If your prescription is rejected at the pharmacy, there could be a number of reasons why this happened. Listed below are the most common reasons medications are rejected and what you can do to remedy the problem:

- ◆ **Make sure PEEHIP, your pharmacy and your school system have your correct name, date of birth, and gender.** If the information on your prescription does not match what is in PEEHIP's system when your pharmacy attempts to process your prescription, your claim may be rejected. Simply ask your pharmacy to verify that they have your correct name, date of birth, and gender and correct it if it is incorrect. If you recently married and have a new last name, simply provide PEEHIP with a copy of your updated Social Security card with your new last name so that it can be updated in our system. If your school system has your name incorrect, simply ask your school system to update their records with your correct name and date of birth; otherwise, the monthly contribution report they send to RSA will override PEEHIP's information.
- ◆ **Determine if your medication requires a Prior Authorization (PA), and if it does, make sure your doctor's office requests a PA.** If your doctor's office has not requested a Prior Authorization Review for a medication that requires a PA, the claim for your medication will be rejected. Further, if your doctor's office has completed a Prior Authorization Review but the **necessary clinical information** was not provided to warrant an approval of the Prior Authorization, the claim will be rejected.
- ◆ **Determine if your newly prescribed medication is part of the PEEHIP Step Therapy Program.** If it is, you must meet the Step Therapy requirements in order for your drug claim to be paid by PEEHIP. Otherwise,

the pharmacy claim for the medication will be rejected. For example, you are required to try a Step 1 drug before PEEHIP will pay for a Step 2 drug. The Step 1 drug is usually a generic drug with the lowest copay, and the second step drug is usually a brand drug with a higher copay. If after trying the Step 1 drug your physician decides to prescribe a Step 2 drug, PEEHIP will cover the Step 2 drug without the need of a Prior Authorization (PA) as long as the Step 1 drug is in your claims history within the past 130 days. However, if your doctor bypasses the Step 1 drug and prescribes a Step 2 drug, a PA must be completed and submitted by your doctor's office and the PA must be approved in order for PEEHIP to pay for your Step 2 medication.

- ◆ **Make sure you do not let more than 130 days lapse between refills of your medication if the medication is part of PEEHIP's Step Therapy Program.** A lapse of greater than 130 days will cause your medication to revert back to a "new" prescription status making it subject to the Step Therapy Program requirements. Prior to the lapse, you were "grandfathered in" from these requirements. To resolve the issue, ask your doctor if one of the first step drugs is right for you, and if so, to prescribe it for you. If after trying the first step drug and it does not work for you, you can then get the second step drug without a Prior Authorization. Otherwise, your doctor's office will have to request a Prior Authorization Review for the brand name medication that you were taking.
- ◆ **Determine if you are enrolled in Medicare Part D.** If you are enrolled in Medicare Part D, your prescription claims must be filed with Medicare Part D and not with PEEHIP. You cannot have coverage under both the PEEHIP prescription drug program and through Medicare Part D. If you

wish to have your PEEHIP prescription drug coverage reinstated, you must provide a letter to PEEHIP from Medicare stating that you are no longer enrolled in Medicare Part D. The letter must provide the cancellation date of the Medicare Part D coverage.

- ◆ **Your medication may be covered under Medicare Part B.** Certain drugs and supplies are covered under Medicare Part B such as diabetes supplies (test strips and lancets); oral anti-cancer medications; respiratory medications; and immunosuppressants. These Medicare Part B medications and supplies are not covered under the PEEHIP prescription drug program for **Medicare eligible members who have Medicare as primary coverage** and should be filed with Medicare Part B. Make sure you use a Medicare participating pharmacy and present your Medicare Card to the pharmacist.
- ◆ **Make sure your pharmacy has your correct insurance card.** New insurance cards will be mailed by Blue Cross Blue Shield in mid-September to all active and retired members currently enrolled in PEEHIP hospital medical coverage. The new insurance cards will provide the new prescription drug program information that will be effective October 1, 2010, with the change to the prescription drug carriers MedImpact and BioScrip. Prescriptions filled **before** October 1, 2010, must be processed using your **old** PEEHIP insurance card, and prescriptions filled **on or after** October 1, 2010, must be processed using your **new** PEEHIP insurance card; otherwise, your prescription claim will be rejected. ■