

06-14

OFFICE OF THE COUNTY EXECUTIVE ALL-EMPLOYEES MEMORANDUM

DATE: April 21, 2014

EMPLOYEE MEDICAL HEALTH PLAN

FREQUENTLY ASKED QUESTIONS REGARDING THE CHANGE IN EMPLOYEE MEDICAL HEALTH PLAN (EMHP) PRESCRIPTION BENEFITS MANAGER TO WELLDYNERX

County Executive Steven Bellone and the EMHP Labor/Management Committee previously announced in All-Employee Memorandum 05-14 issued on April 1, 2014, that WellDyneRx has been selected as the EMHP's new Prescription Benefits Manager for pharmacy benefits for all **Active and non-Medicare eligible retirees/dependent survivors and their eligible dependents** after an extensive evaluation process. WellDyneRx replaces the incumbent, Express Scripts Inc. (ESI).


At the present time, there is no change for Medicare eligible retirees/dependent survivors enrolled in the Express Scripts Medicare Prescription Drug Plan. However, if after May 1, 2014, you become eligible for the Express Scripts Medicare Prescription Drug Plan and have outstanding open refills, you will need to obtain new prescriptions so you can submit them to Express Scripts Medicare Prescription Drug Plan. WellDyneRx cannot transfer these prescriptions to Express Scripts Medicare Plan.

Effective May 1, 2014, your pharmacy benefits under EMHP will be administered by WellDyneRx. All prescription drug plan rules remain unchanged including the mandatory mail order program. All maintenance prescriptions must be filled through the WellDyneRx Mail Service Pharmacy only. Maintenance medications are defined by the EMHP Benefit Booklet as any prescription medication ordered for more than a 21-days' supply (plus refills). Acute medications of up to a 21-days' supply can continue to be filled at a retail pharmacy.

Attached please find Frequently Asked Questions (FAQs) to help answer some of the common questions regarding the change to the new Prescription Benefits Manager, WellDyneRx. This FAQ contains answers to questions pertaining to co-payments, obtaining refills, filling new prescriptions and the need to obtain new prescriptions, new waivers or prior authorizations.

Also attached to this memorandum is a copy of the new "Prescription Drug Program Mail Service Form" for your use in submitting any **new** mail order prescriptions to WellDyneRx Mail Service Pharmacy. Your new mail order prescription must be attached to this form. This form should be mailed to WellDyneRx, P.O. Box 90369, Lakeland, FL 33804 and should only be used if you opt not to have your prescribing provider fax or e-script your prescription to WellDyneRx.

Should you have questions on the above benefits, please contact the Employee Benefits Unit,
Department of Civil Service/Human Resources via e-mail (ebu@suffolkcountyny.gov).



JENNIFER K. McNAMARA, ESQ.
Acting Director of Labor Relations

Distribution:
One copy per employee/retiree

FREQUENTLY ASKED QUESTIONS AND ANSWERS (FAQs)

CHANGE TO WellDyneRx - (Effective 5-1-14)

Note: At the present time, there is no change for Medicare eligible retirees/dependent survivors enrolled in the Express Scripts Medicare Prescription Drug Plan. However, if after May 1, 2014, you become eligible for the Express Scripts Medicare Prescription Drug Plan and have outstanding open refills, you will need to obtain new prescriptions so you can submit them to the Express Scripts Medicare Prescription Drug Plan. WellDyneRx cannot transfer these prescriptions to the Express Scripts Medicare Plan.

I.D. CARDS

- Q. Will you receive a new I.D. Card?
- A. Yes. You will receive a new EMHP Health Benefits Card with the applicable new pharmacy information, which is necessary to process your pharmacy benefits and claims. You will receive this card prior to May 1, 2014. When you fill a prescription after May 1, 2014, it is important to hand the pharmacist your new ID card and tell him/her your prescription benefits administrator has changed. (The cards look the same but the "Bin Number (RXBIN#)" is new and needed for processing your prescription.)
- Q. If you are enrolled in the Express Scripts Medicare Prescription Drug Plan, will you receive a new I.D. card?
- A. No. You will continue to obtain your prescription drug benefits through the Express Scripts Medicare Prescription Drug Plan. Therefore, you will not be receiving a new ID card. Simply continue to use the ID cards you were previously provided – the one for the Express Scripts Medicare Prescription Drug Plan and the other for all other hospital and medical services.

ENROLLMENT FOR MAIL ORDER REQUIRED

- Q. Do I need to enroll for prescription drug benefits now?
- A. Yes. Everyone should enroll with WellDyneRx, as this will expedite the processing of any maintenance medications you may have now or in the future.
- Q. How do I enroll in mail order?
- A. There are three easy ways to enroll:
- Enroll online at emhp.welldynex.com or
 - Complete and send in the attached mail order form with your prescription and write your **Identification Number** and **Date of Birth** on your prescription; or
 - Call Member Services at 1-855-799-6831 (TTY711)

Note: New prescriptions written for more than a 21-day supply must be sent to WellDyneRx. Prescriptions for more than a 21-days' supply will not be filled for more than 21 days at a retail pharmacy.

MAIL ORDER PROCESS

Q. How does WellDyneRx's Mail Service Pharmacy work?

A. Mail Service Pharmacy process:

- Enroll in WellDyneRx Mail Service
- Your prescription order enters WellDyneRx processing system.
- A pharmacist reviews your dosage and checks for drug interactions and allergies.
- For added safety, another pharmacist double checks your order for accuracy after it is dispensed.
- For security, WellDyneRx mails your medications in a plain, tamper-evident package

Note: Prescriptions filled through mail order are subject to all plan rules; such as step therapy and mandatory generic requirements.

Q. How can mail order prescriptions be submitted to WellDyneRx?

A. Once you enroll for mail order, prescriptions may be submitted as follows:

- Your physician may fax it to WellDyneRx
- Your physician may e-script it to WellDyneRx
- You may mail your script to WellDyneRx.

Q. If you are currently receiving prescriptions through ESI Mail Order, will you need to obtain a new prescription from your physician?

A. No. Your current prescriptions with remaining refills will automatically be transferred to WellDyneRx.

Q. How can you check to see if prescriptions that were transferred to WellDyneRx are being processed?

A. You can check if your prescription(s) was transferred online at emhp.welldynrx.com or by calling 1-855-799-6831 (TTY711) to speak to a Member Service Representative.

Note: The following prescriptions may not be transferrable. Therefore, you must obtain a new prescription and submit it to WellDyneRx Mail Service Pharmacy:

- *No remaining refills*
- *Controlled substances*
- *Compounds*

Q. How do you pay for mail order prescriptions?

A. You may pay by credit card or by check. Note: WellDyneRx will allow you to have an outstanding (unpaid) balance of up to \$80.00 before your prescriptions will no longer be filled and payment in full is required. **Payment must be sent within thirty (30) days of the date of WellDyne's invoice.** If after thirty (30) days, you have a balance; WellDyneRx will not fill your prescription(s) until the outstanding balance is paid in full.

Q. When will my mail order prescription arrive?

A. New prescription orders arrive in about 10 business days after WellDyneRx receives your complete order. Refills will arrive within seven (7) business days of you requesting a refill, provided it is timely (i.e., not a "refill too soon" which means you have no more than 25% of your prescription left).

Q. Can my medication be shipped overnight?

A. Yes. However, if you request to have your medication shipped overnight, you will be responsible for delivery/shipping charges.

Q. Can my medication be shipped to a different address?

A. Yes. If you want WellDyneRx to ship your medication to a different address, you must notify WellDyneRx. However, note that WellDyneRx can update your information for shipping purposes only.

MAILING OF TEMPERATURE-SENSITIVE MEDICATIONS

Q. You are concerned that your medication may be affected by temperature extremes if it sits in your mailbox while at work. How do you know if your medication will be effective?

A. Typically, short exposure to temperature or humidity fluctuations should not affect your medication. A government agency studied the effect of temperature changes on the quality of medication at mail order and concluded that even when temperature and humidity fluctuations occurred during shipment the products still met their quality standards.

Q. How are temperature-sensitive medications protected during delivery?

A. Medications with specific temperature sensitivity are shipped as necessary, such as medications that must remain cold are shipped on ice.

FORMULARY, PRIOR AUTHORIZATIONS and WAIVERS

Q. Is WellDyneRx's formulary different?

A. Yes. For the most up-to-date formulary (list of preferred medications), visit the WellDyneRx website at emhp.welldynrx.com or the EMHP website, www.emhp.org. As you have previously been informed, a formulary is a list of preferred drugs that have been shown to be safe, effective and have the best cost value for you and the plan.

Q. Will my current prior authorization on file with ESI transfer over to WellDyneRx?

A. Yes. Your prior authorization will transfer to WellDyneRx.

Q. Will my current waiver that is on file at ESI transfer over to WellDyneRx?

A. Yes. Your approved waiver will transfer to WellDyneRx.

CONTROLLED SUBSTANCES, COMPOUNDS AND SPECIALTY DRUGS

Q. Can controlled substances be obtained through WellDyneRx Mail Service Pharmacy?

A. Yes. If the controlled substance is also a maintenance product it is available through WellDyneRx. **However, you must mail the hard copy prescription to WellDyneRx.** If you are unsure about whether your medication is a controlled substance, please call WellDyneRx at 1-855-799-6831 (TTY711), **after** May 1st to speak with a customer service advocate to determine if your controlled substance drug(s) can be dispensed through the WellDyneRx Mail Service Pharmacy.

Q. Will prescriptions for compounds or controlled substances transfer to WellDyneRx?

A. No. Compound and controlled substance prescriptions cannot be transferred. You must obtain a new prescription from your physician and submit your prescription to WellDyneRx's Mail Service Pharmacy.

Q. Can Specialty Drugs still be obtained through mail order?

A. Yes. You should use US Specialty Care (USSC), WellDyneRx's in-house specialty pharmacy. USSC has expertise in these specialty medications and the diseases they treat and can provide a level of counseling to patients, caregivers and prescribers that is not available through retail or neighborhood pharmacies. USSC is committed to providing patients with the highest quality of care at the lowest possible costs.

REFILLS

Q. When ordering through mail, will your prescriptions be automatically refilled or will you have to order them?

A. Your prescriptions will not be filled automatically. You should order refills about three weeks before you run out of your medication. Refills can be ordered 24/7 on line at emhp.welldynrx.com; or by calling WellDyne's automated prescription line at 1-855-799-6831 (TTY711), option 1; or by completing and returning the reorder form sent with your previous order.

Q. Can you obtain an emergency refill?

A. Yes. If you need help getting your medications due to an emergency or natural disaster, call WellDyneRx Customer Service at **1-855-799-6831** (TTY711). When allowed by EMHP, WellDyneRx can help you get an immediate refill.

UTILIZING RETAIL PHARMACIES

Q. Can you still use a retail pharmacy?

A. You can use a retail pharmacy to fill up to a 21-day supply of non-maintenance medications only. Any prescription over 21 days and up to 90 days **must** be filled through WellDyneRx Mail Service Pharmacy.

Q. If you are taking maintenance medication that is being regulated every thirty (30) days until the dosage is right, will you be able to fill at a retail pharmacy until medication is regulated?

A. Yes, but your script will be filled for a 21-day supply at the applicable retail co-pay, not for a 30-day supply.

WEBSITE

Q. Can you access WellDyneRx's website?

A. Yes. Once you register **on or after May 1st**, you can begin using WellDyneRx's website, **emhp.welldynrx.com**. WellDyneRx's website is easy to use and offers a fast, safe and secure way to refill mail service prescriptions, manage your account, get drug pricing and more. You can visit WellDyneRx's website, **emhp.welldynrx.com**, any time **after April 24, 2014** to do the following:

- You can sign up on-line under the member portal or with member services to receive text messages and emails that remind you to refill and take your medications.
- You can see the status of your prescriptions, review past orders and list any over-the-counter drugs you take.
- You can view your prescription claims processed by WellDyneRx.

QUESTIONS AND ADDITIONAL INFORMATION

Q. If you have questions, issues or just want to learn more about your prescription benefits, can you contact WellDyneRx now?

A. No. All contact with WellDyneRx must be **on or after May 1, 2014**. You can contact them as follows:

Website – emhp.welldynrx.com

Customer Service & Mail Service Pharmacy – 1-855-799-6831 (TTY711)

(For general benefit information as well as mail service refills, order information, or to talk with a pharmacist)

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes the need for transparency and accountability in financial reporting.

2. The second part of the document outlines the various methods and techniques used to collect and analyze data. It includes a detailed description of the experimental procedures and the statistical tools employed.

3. The third part of the document presents the results of the study, showing the trends and patterns observed in the data. It includes several tables and graphs to illustrate the findings.

4. The final part of the document discusses the implications of the results and offers suggestions for further research. It concludes by highlighting the significance of the study and its contribution to the field.



PRESCRIPTION DRUG PROGRAM
MAIL SERVICE FORM
 Mail Order Prescriptions Made Easy!



HOW TO ORDER NEW MEDICATION

This form is only needed for first time orders, dependents who have been added since the last order and who require a prescription to be filled via mail order, or changes to current information. Be sure to complete your method of payment.

To begin ordering your maintenance prescription medications from the WellDyneRx Mail Service Pharmacy, enroll using one of the following options.

Option 1

Enroll online at emhp.welldynrx.com. Mail your prescriptions to WellDyneRx or have your prescriber fax them to 877-221-1259.

Option 2

Enroll by completing this form and mailing it back to WellDyneRx in the envelope provided, or mail to WellDyneRx, PO Box 90369, Lakeland, FL 33804-0369.

Include your prescriptions in the envelope or have your prescriber fax them to 877-221-1259.

Remember to write your **Identification Number** and **Date of Birth** on your prescriptions.

Please Note: Only prescribing physicians may fax prescriptions to a pharmacy.

WellDyneRx will dispense the days supply as written by the prescriber. For example, if your prescription is written for 22-90 days, WellDyneRx will fill the 22-90 day supply as written.

To save time, please look at your prescription before you leave your prescriber's office. Check the drug name, quantity and days supply. The days supply should match the number of days you want us to provide with each refill. Please review your Plan benefits for the maximum days supply your Plan will allow with each mail order refill.

HOW TO ORDER REFILLS

To place a refill order, please visit emhp.welldynrx.com or call **855-799-6831** approximately three weeks prior to depletion of your medication supply.

SAVINGS

Mail Service can save you money. To find out the cost for your mail order medication, please visit emhp.welldynrx.com.

Since your plan has a mandatory generic requirement, WellDyneRx will dispense the FDA approved generic equivalent for brand medications whenever possible, unless your physician indicates otherwise. Brand-name medications may be subject to a higher cost. The FDA requires that all drugs be safe and effective. Since generics use the same active ingredients and are shown to work the same way in the body, they have the same risks and benefits as their brand name counterparts.

QUALITY IS FIRST PRIORITY

The WellDyneRx Mail Service Pharmacy is staffed by registered pharmacists and certified pharmacy technicians. With advanced robotics and state-of-the-art technology, our highly trained professionals conduct multiple quality and accuracy checks on your order.

Your prescription order will be shipped using US Mail or UPS. Refrigerated items are shipped in accordance with FDA and manufacturers' specifications. For your security, some controlled substances are shipped UPS Ground with a tracking number and may require a signature.

CONTACT INFORMATION

WellDyneRx
 PO Box 90369, Lakeland, FL 33804-0369
 Toll-Free Phone: 855-799-6831
 Toll-Free TTY: 800-900-6570
 Toll-Free Fax: 877-221-1259
emhp.welldynrx.com
Hours of Operation: 24 hours a day, 7 days a week

MAIL SERVICE ENROLLMENT FORM

Subscriber's Last Name			First Name			Middle Initial			Date of Birth (mm/dd/yy)					
<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/> / <input type="text"/> / <input type="text"/>					
Primary Address						City			State			Zip Code		
<input type="text"/>						<input type="text"/>			<input type="text"/>			<input type="text"/>		
Shipping Address (if different than Primary Address)						City			State			Zip Code		
<input type="text"/>						<input type="text"/>			<input type="text"/>			<input type="text"/>		
Home Phone			Cell Phone			E-mail Address								
<input type="text"/>			<input type="text"/>			<input type="text"/>								
Group Name (Primary)						WDRXGRP			Identification Number					
<input type="text"/>						<input type="text"/>			<input type="text"/>					
Group Name (Secondary)						WDRXGRP			Identification Number					
<input type="text"/>						<input type="text"/>			<input type="text"/>					
Contact Preference: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text														
Please Charge My: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express														
Credit Card #:						Expiration Date								
<input type="text"/>						<input type="text"/>								
Cardholder's Name:											Signature*			
<input type="text"/>											<input type="text"/>			

*Credit Card Will Be Used For All Future Orders. Remember to write your Identification Number and Date of Birth on your prescriptions.
 Once WellDyneRx has received all necessary information, orders will ship within 2 to 3 business days.

PATIENT PROFILE

It is your responsibility to complete this section accurately. If you do not complete this section, WellDyneRx will assume you have none of these drug allergies or disease states listed and will note Patient Drug Allergies and Disease States as "NONE". You may update this information at any time by calling Member Services at 1-855-799-6831.

Patient Information

Drug Allergies

Health Conditions

	DATE OF BIRTH MM DD YYYY	Male/Female M F	None Amoxicillin Aspirin Cephalosporins Codeine Erythromycin Penicillin Sulfa Tetracyclines Other (Specify)**	None Asthma Bleeding Disorder COPD Depression Diabetes GERD/Ulcer High Cholesterol/Heart Disease Hypertension Liver Disease Renal Disease
1. Primary Subscriber's First Name <input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Spouse's First Name <input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Other Dependent's First Name <input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Other Dependent's First Name <input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Other Dependent's First Name <input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Other Dependent's First Name <input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please Specify Patient and Other Drug Allergies

Please enclose additional family member information on a separate piece of paper.

Acknowledgement: WellDyneRx will substitute FDA approved generic equivalent drugs for any brand name medication(s) ordered unless specified by the prescribing physician on each prescription. I will take personal responsibility for payment of all medications that I or my family members receive.

Remember to write your Identification Number, Date of Birth, and Fill Now or Hold on each prescription sent in. If "Hold" is not written on the front of your prescription, your medication will be filled immediately

Signature _____ Date _____

Enclose with prescription(s)

WELLDYNERX WILL CONTACT YOUR PRESCRIBER FOR NEW PRESCRIPTIONS

Complete this section only if requesting new mail order prescription(s) from your prescribing physician. We substitute generics on prescriptions unless otherwise noted by your prescribing physician.

Patient Name	Date of Birth	Medication Name and Strength	Prescriber's Name, Phone Number and Fax Number

Once WellDyneRx has received all necessary and correct information, orders will ship within 2 to 3 business days.