

**To:** Medicaid and BadgerCare Plus Members Enrolled in Managed Care Programs

**English** – For help to translate or understand this, please call 1-800-362-3002 (TTY).

**Spanish** – Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono 1-800-362-3002 (TTY).

**Russian** – Если вам не всё понятно в этом документе, позвоните по телефону 1-800-362-3002 (TTY).

**Hmong** – Yog xav tau kev pab txhais cov ntaub ntauv no kom koj totaub, hu rau 1-800-362-3002 (TTY).

## Pharmacy Changes for Medicaid, Healthy Start, and BadgerCare Plus HMO Members

The purpose of this notice is to let you know about changes to your Medicaid pharmacy benefit that will start on February 1, 2008.

Your Medicaid pharmacy benefit is currently provided by your HMO. Starting February 1, 2008, your Wisconsin Medicaid or BadgerCare Plus pharmacy benefit will be provided directly by the state Medicaid program.

The state Budget directed Wisconsin Medicaid to make this change. The change will simplify Medicaid pharmacy rules and help save money.

This change only applies to your pharmacy benefits. Your other medical benefits will still be provided by your HMO.

Also, this change **does not** apply to people enrolled in the Program for All-Inclusive Care for the Elderly (PACE) and the Family Care Partnership (formerly the Wisconsin Partnership Program).

Please read all of this notice to understand what this change means for you. If you have questions, please call Medicaid Member Services toll free at 1-800-362-3002.

You may also want to ask your doctor or pharmacist about these changes.

### Prior Approval

Most people will not be affected by these changes. **However, by April 2, 2008, you may need prior approval for a drug you are currently taking.** The drugs that require prior approval by Wisconsin Medicaid may be different than the drugs that have required prior approval by your HMO. Please talk to your doctor or pharmacist about this or call 1-800-362-3002. Your doctor or pharmacist can help you with prior approval. Your doctor or pharmacist may also help you change to a similar drug that does not require prior approval.

If your prior approval request is denied, you can ask your doctor for a different drug or you can appeal the denial. You will receive a letter with information on how to appeal the denial.

Wisconsin Medicaid and BadgerCare Plus want to make sure you get the drugs you need. If you try to fill a prescription and your pharmacist cannot fill it because of these changes, please ask your pharmacist for an emergency supply. Your pharmacist can give you up to a 14-day emergency supply of the drug. Once you get the emergency supply, you should ask your doctor for prior

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**Department of Health and Family Services**

approval. Only one emergency supply fill will be available per drug.

## **Copayments for Drugs**

Starting February 1, 2008, most people in Wisconsin Medicaid or BadgerCare Plus will be required to pay a copayment to the pharmacy to help pay for the cost of the drug.

The following are copayments for drugs:

- \$3.00 for brand name drugs.
- \$1.00 for generic and compound drugs.
- \$0.50 for over-the-counter drugs.

If you are not able to pay the copayment right away, the pharmacy will still give you your drug. The pharmacy will bill you for the copayments later.

If you get all your prescriptions filled at one pharmacy, the most you will have to pay in one month will be \$12.00. However, the \$12.00 does not include copayments for over-the-counter drugs.

The following people are **not** required to pay copayments:

- People in nursing homes.
- Pregnant women.
- Children under age 18 whose family income is at or below 100 percent of the Federal Poverty Level. (This is, for example, \$17,170 for a family of three.)
- Children who are enrolled in a federally recognized tribe.

## **Identification Cards**

Remember to show your identification card each time you visit your pharmacy. You may have one or more of the following identification cards:

- Forward card.
- ForwardHealth card.
- Medicare Part D card.

- Medicaid or BadgerCare Plus HMO card.
- HMO prescription drug card.
- Other commercial health insurance cards.

**Please bring all of your cards to your pharmacy so your pharmacist can tell you which card or cards are needed to fill your prescription.**

All Medicaid and BadgerCare Plus members need a Forward card. If you do not have one, please call 1-800-362-3002 for a new card.

Starting February 1, 2008, Medicaid and BadgerCare Plus identification cards will look different. The new cards will be called ForwardHealth cards. People who get a new card after February 1, 2008, will get a ForwardHealth card. Your pharmacy will accept **either** the current Forward card or the new ForwardHealth card. A picture of both cards is in the Attachment of this *BadgerCare Plus Update*.

## **Other Information**

Because these changes to pharmacy services are based on changes in law, people in Wisconsin Medicaid or BadgerCare Plus cannot request administrative hearings to appeal these Medicaid changes.

If you have questions or concerns, please call Member Services toll free at 1-800-362-3002. Also, please visit our Web site at [dhfs.wisconsin.gov/medicaid1/index.htm](http://dhfs.wisconsin.gov/medicaid1/index.htm) to find a copy of this *Update* and other information related to Pharmacy Consolidation.

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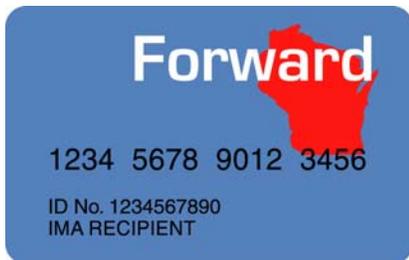
# ATTACHMENT

## Identification Cards

Below is an example of the **new** ForwardHealth card.



Below is an example of the **old** Forward card.



**Questions, call 1-800-362-3002**



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