



**MONTANA MUNICIPAL INTERLOCAL
AUTHORITY**
PO Box 6669
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RISK MANAGEMENT BULLETIN

Please distribute to all appropriate personnel and post in a conspicuous place.

TO: All MMIA Members **RM Bulletin #07-10**

DATE: April 1, 2010

FROM: Ann Komac/Claims Manager

RE: New Work Comp Pharmacy Benefit Management First Fill Process

Effective April 1, 2010 Cypress Care/Health Care Solutions, Inc. will provide pharmacy management benefits services for the MMIA's Workers' Compensation Program. Attached is an electronic copy of the First Fill Form your injured employee will need to present at the pharmacy should they file a workers' compensation claim and need to fill a prescription related to the claim. The First Fill Form is also available on the MMIA website at <http://www.mmia.net>

This form will enable your employee to fill prescriptions written by their initial treating physician for medications related to their injury. First fill prescriptions will be limited to a 7-day supply with a cost maximum of \$150.00 per prescription. When issued, the injured worker can use the card on a one-time basis at the pharmacy of their choice; there are no out-of-pocket costs for the worker.

First Fill is designed to work in conjunction with the Cypress Care Prescription Program for ongoing prescription needs. In this program Cypress Care provides First Fill Forms that act as a single-use pharmacy solution for injured workers requiring medication(s) immediately after being injured. This form is to be given to the injured worker at the time of the injury, usually by a risk manager, occupational nurse, or human resource personnel. The person designated to handing out these forms will be responsible for properly filling in a member ID and Member Name. The form briefly explains these procedures.

If you have any questions or concerns regarding this process please direct them to Ann Komac/Claims Manager at 1-800-635-3089 or via e-mail akomac@mmia.net.

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This newsletter is published as a service to our members. The articles are not a substitute for the Memorandum of Liability Coverage or other coverage documents. All coverage determinations are made on a case-by-case basis, and can only be viewed on the unique facts of the claim presented.

First Fill Information

Montana Municipal Interlocal Authority



Dear Injured Worker,

Cypress Care has been selected by the MMIA to assist you in obtaining prescription drugs related to your workers' compensation claim. This form enables you to fill prescriptions written by your authorized workers' compensation physician for medications related to your injury. Simply **fill in the form below** and present it at the pharmacy at the time your prescription is filled. This form guarantees that you will have **no out-of-pocket expenses** when you fill your first prescription.

For your convenience, Cypress Care has an extensive network of retail pharmacies. Cypress Care's pharmacy network includes the following major chain drug stores:

For additional pharmacy locations, you may also call our toll free number or visit our website at www.cypresscare.com and use the pharmacy locator in the quick links section of the home page.

If you have any questions, or would like to learn about our convenient home delivery service, please call our toll-free customer service number: **800.419.7191**.



First Fill Form: Complete and take to your pharmacy

Bin #: 010876 Group Number: MMIAFF

Member ID:

Last 4 digits of SSN + date of injury; No spaces (i.e. 9999050206)

Member Name:

Injured worker's first & last name

Employer Name:

Insert Employer Name

Date of Injury:

Pharmacy Help Desk: 800.419.7191

PLEASE NOTE: This form allows you to fill your initial prescriptions with a cost maximum of \$150 per prescription and no more than a 7-day supply per prescription. Once your claim has been reviewed, you will be sent a new card in the mail. If you do not receive the pharmacy card, please call us at 800.419.7191.