

HEALTH BENEFITS E-NEWS

*Department of Human Resource
Management
Office of Health Benefits*

December 4, 2013

Value of Healthcare File for W-2 Processing

The cost of health care benefits or “value of healthcare” is required by the Affordable Care Act to be included each year on W-2 Forms. To facilitate this, DHRM will again produce a file to provide the required value for each employee who was employed during the 2013 tax year.

- CIPPS agencies will receive information from the Department of Accounts regarding the W2 process.
- The non-CIPPS test file will be available on Friday, December 6, with the file name “BES-Test-W2-Value-of-Healthcare”
- The non-CIPPS files will be run on December 29 and available on December 30, with the file name “BES-W2-Value-of-Healthcare.”

Medication Therapy Management Pilot Launched in October

COVA Care and COVA HealthAware now include a new Medication Therapy Management (MTM) pilot program at no cost to members. Many health plan participants, spouses and covered dependents take multiple medications for multiple chronic conditions. Launched on October 1, the program’s aim is to enhance the effectiveness of an individual patient’s medication therapy by offering one-on-one confidential reviews of medications directly with a pharmacist. In these sessions, the pharmacist can educate individual members about complying with their drug regimen, how to best use the drug formulary, possible drug reactions and other issues relating to their conditions. Participation in the program is voluntary and completely confidential.

To be eligible, a member must:

- Have three or more of the following chronic conditions: asthma, COPD, depression, diabetes, heart failure, high blood pressure, high cholesterol or osteoporosis, and
- Take seven or more chronic medications.

For each member who qualifies, the MTM program includes one initial and up to three follow-up consultations within a 365-day period. It will use pharmacies in Virginia’s Mirixa network and the Mirixa Call Center for members who do not receive medications from Mirixa network pharmacies. If a member is contacted by the Mirixa Call Center, Mirixa representatives will identify themselves as working with either Anthem or Aetna.

Here is how the program works:

- The member fills a prescription.
- Claims are analyzed to identify eligibility for the MTM program.
- Once a member is identified as eligible, a patient case containing alerts is sent to the pharmacy.
- The pharmacist consults with the member and may also involve the member’s physician to review therapy concerns.
- The pharmacist documents communications with the member and outcomes.

The program also has other benefits for improving member health, including a review of allergies, medical conditions and medications; assisting the member with drug formulary compliance; and identifying any gaps, either in care or in adherence to therapy.

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