

Section II - Program Designs

Some DVHA programs include full health insurance coverage. All include a pharmacy benefit. These programs include:

DVHA Pharmacy Programs (other coverage guidelines apply for Part D and ESI wrap plans and OTC coverage)

Plan	Benefit	Potential Beneficiaries	Income Limit	Resource Limit	Monthly Premium	Beneficiary Copayment	Coinsurance
Vermont Medicaid / VHAP / Dr. Dynasaur (Covers inpatient and outpatient health care and pharmacy)	Medicaid Covered Drugs	Medicaid: Aged / disabled, children, parents or caretakers of children. VHAP: Age 18 and over, income eligible Dr. Dynasaur: income eligible, under age 18 and pregnant women	VHAP: up to 185% of FPL Dr. Dynasaur: up to 300% of FPL	Applies only to Medicaid	Medicaid: None VHAP: \$0 - \$49 Dr. Dynasaur: \$15 - \$60	Medicaid: \$1, \$2 and \$3, depending on cost of drug. VHAP: \$25 for ER visits and for patients at or above 100% of the FPL, patients are responsible for \$1, \$2 and \$3, depending on the cost of the drug. Dr. Dynasaur: no copayments. In addition, beneficiaries through age 20, nursing home residents and pregnant woman are excluded from paying copayments.	None
VHAP Pharmacy (A pharmacy-benefit only program)	Medicaid covered drugs	Aged / disabled with no Medicare coverage and no pharmacy coverage	<= 150% of the FPL	None	\$15 per person	Patient is responsible for \$1 or \$2, depending on the cost of the drug.	None
VHAP Limited	Medicaid covered drugs				\$0 - \$49	For patients at or above 100% of the FPL: Patients are responsible for \$1, \$2 and \$3, depending on the cost of the drug. In addition, beneficiaries through age 20, nursing home residents and pregnant woman are excluded from paying copayments.	
Vscript (A pharmacy-benefit only program)	Medicaid covered maintenance drugs	Aged / disabled with no Medicare coverage and no pharmacy coverage	>150% but <= 175% of the FPL	None	\$20 per person	Patient is responsible for \$1 or \$2, depending on the cost of the drug.	None
VScript Expanded (A pharmacy-benefit only program)	Medicaid covered maintenance drugs	Aged / disabled with no Medicare coverage and no pharmacy coverage	>175% but <= 225% of the FPL	None	\$50.00 per person	Patients are responsible for \$1 or \$2, depending on the cost of the drug.	None
Healthy Vermonters (A pharmacy-benefit only program)	Beneficiary pays the state's rate for Medicaid covered drugs	Aged / disabled and others with no pharmacy coverage or coverage with an annual limit that has been met	Aged or disabled: up to 400% of the FPL; others: up to 350% of the FPL	None	None at this time	Beneficiary pays the state's rate for drugs	None

DVHA Pharmacy Programs that "Wrap" Part D Plans

Plan	Benefit	Potential Beneficiaries	Income Limit	Monthly Premium	Beneficiary Copayment/Coinsurance
Full-Benefit Duals	Coverage of defined drugs in classes that are excluded from Medicare Part D coverage. (Note: Full-benefit duals do not have a PDP deductible, donut hole or coinsurance.)	Aged or disabled with Medicare D pharmacy and/or credible coverage. Resource limit applies.		None	Copayments of up to \$6.50 apply to Part D plan coverage; Copayments of \$1, \$2 and \$3, depending on cost of drug, apply to Medicare Part D excluded drugs. In addition, beneficiaries through age 20, nursing home residents and pregnant woman are excluded from paying copayments.
100% LIS-eligible VPharm Members (can be VPharm 1, 2 or 3)	1) PDP copayments of no greater than \$6.50 should be billed to VPharm. Claims greater than this amount will be rejected. 2) Coverage of defined drugs in classes that are excluded from Medicare Part D coverage. (Note: 100% LIS-eligible VPharm members do not have a PDP deductible, donut hole or coinsurance.)	Aged or disabled with Medicare D pharmacy coverage. Requires that Medicare has deemed members eligible for subsidy.	See below: Members can fall into any of the FPL categories listed below for VPharm members.	\$15/\$20/\$50 depending on VPharm plan.	Part D copayment of \leq \$6.50 should be billed to VPharm. Patient is responsible for \$1 or \$2 of the Part D copayment, depending on the cost of the drug.
VPharm 1	1) Payment of the PDP premium not covered by the Low Income Subsidy (LIS) and cost-sharing for drugs covered by beneficiary's PDP and not covered by the LIS (copayment, deductible, coinsurance and "donut hole"), and 2) coverage of defined drugs in classes that are excluded from Medicare Part D coverage.	Aged or disabled with Medicare D pharmacy coverage. No resource limit.	\leq 150% of the FPL	\$15 per person	Part D copayment/coinsurance should be billed to VPharm. Patient is responsible for \$1 or \$2 of the Part D copayment, depending on the cost of the drug.
VPharm 2	1) Payment of the PDP premium and cost-sharing for maintenance drugs covered by beneficiary's PDP (copayment, deductible, coinsurance and "donut hole"), and 2) coverage of defined maintenance drugs in classes that are excluded from Medicare Part D coverage.	Aged or disabled with Medicare D pharmacy coverage. No resource limit.	$>$ 150% but \leq 175% of the FPL	\$20 per person	Part D copayment/coinsurance for maintenance drugs should be billed to VPharm. Patient is responsible for \$1 or \$2 of the Part D copayment, depending on the cost of the drug.

DVHA Pharmacy Programs that "Wrap" Part D Plans (Continued)

Plan	Benefit	Potential Beneficiaries	Income Limit	Monthly Premium	Beneficiary Copayment/Coinsurance
VPharm 3	1) Payment of the PDP premium and cost-sharing for maintenance drugs covered by a beneficiary's PDP (copayment, deductible, coinsurance and "donut hole"), and 2) coverage of defined maintenance drugs in classes excluded from Medicare Part D coverage.	Aged or disabled with Medicare D pharmacy coverage. No resource limit.	>175% but <= 225% of the FPL	\$50 per person	Part D copayment/coinsurance for maintenance drugs should be billed to VPharm. Patient is responsible for \$1 or \$2 of the Part D copayment, depending on the cost of the drug.
Healthy Vermonters with Medicare Part D Coverage	Beneficiary pays the state's rate for drugs in classes that are excluded from Medicare Part D coverage.	Aged, disabled with no pharmacy coverage other than Medicare Part D, or coverage with an annual limit that has been met. No resource limit.	Aged or disabled: up to 400% of the FPL; others up to 350%	None at this time	Beneficiary pays the state's rate for drugs

Note: Effective August 1, 2009, DVHA will only cover the cost-sharing (deductible, donut hole and coinsurance) for select statins (HMG COA reductase inhibitors) and proton pump inhibitors (PPIs) for VPharm Part D-eligible beneficiaries. • Statins – all dosage strengths of simvastatin, lovastatin and pravastatin. • PPIs – omeprazole RX 20 mg and 40 mg • Most of the drugs no longer covered by VPharm under this pilot do not require prior authorization (PA) from the Part D Plans. However, if a beneficiary obtains a PA from his/her Part D Plan, the drug will continue to be covered by VPharm. • A VPharm coverage exception may be possible for a non-covered drug but only when a prescriber can provide, through the DVHA exception process, a detailed explanation regarding drugs that were either found to be ineffective or resulted in adverse or harmful side effects, or were expected to be ineffective or result in harmful or adverse side effects.

DVHA Employer-Sponsored Insurance "Wrap"

Plan	Benefit	Potential Beneficiaries	Income Limit	Resource Limit	Monthly Premium	Beneficiary Copayment / Coinsurance
<p>Employer-Sponsored Insurance (ESI) - "WRAP" (A pharmacy-benefit only program) ESI beneficiaries are those Vermonters who receive financial assistance from the state to help pay the monthly premiums associated with the health insurance plans offered by their employers. For these beneficiaries, the state provides secondary coverage.</p>	<p>1) For ESI beneficiaries not eligible for VHAP, the program pays the cost sharing for Medicaid-covered medications used to treat the following chronic health conditions: Asthma, Depression, Hyperlipidemia, Hypertension, Diabetes, Arthritis, COPD, Ischemic Heart Disease, Congestive Heart Failure, Chronic Renal Failure and Low Back Pain. Cost-sharing coverage will pay co-pays, coinsurance and deductibles for Medicaid-covered medications for these conditions only.</p>	<p>Enrollees in Vermont's Employer Sponsored Insurance (ESI) Plans not eligible for VHAP.</p>	<p>Vermonters up to 300% of the FPL</p>	<p>None</p>	<p>There is a monthly ESI premium balance that is the employee's responsibility. It can range from \$60 to \$185 for an individual and \$120 to \$370 for a couple.</p>	<p>None</p>
	<p>2) For ESI beneficiaries who meet VHAP eligibility requirements, wraparound coverage will apply to all VHAP covered drugs. Wraparound coverage for these beneficiaries is not limited to medications for the chronic care health conditions listed above.</p>	<p>Enrollees in Vermont's Employer Sponsored Insurance (ESI) Plans who are eligible for VHAP.</p>	<p>See VHAP eligibility requirements</p>	<p>None</p>	<p>There is a monthly ESI premium balance that is the employee's responsibility. It can range from \$7 to \$49 for each person.</p>	<p>For VHAP beneficiaries who are at or above 100% of the FPL: patients are responsible for \$1 or \$2, depending on the cost of the drug. In addition, beneficiaries through age 20, nursing home residents and pregnant woman are excluded from paying copayments.</p>

DVHA Over-The-Counter (OTC) Pharmacy Coverage

<p>Vermont Medicaid, VHAP, VHAP Limited, VHAP Pharmacy, Dr. Dynasaur(Medicaid by 1115 Waiver), State Children's Health Insurance Program (SCHIP)</p>	<ol style="list-style-type: none"> 1. Manufacturer rebate required. 2. OTC coverage requires a prescription, and the drug must be part of the medical treatment for a specific current health problem. 3. Prior authorization and other limitations of the Preferred Drug list (PDL) may apply. 4. Coverage is limited to generic drug formulations except as specified in the PDL
<p>VScript , VScript Expanded (Medicaid by 1115 Waiver)</p>	<ol style="list-style-type: none"> 1. Maintenance drug coverage only. 2. Manufacturer rebate required. 3. Prior authorization and other limitations of the Preferred Drug list (PDL) may apply. 4. OTC coverage limited to diabetic supplies, loratadine, cetirizine and non-steroidal anti-inflammatory analgesics (NSAIDS). A prescription is required, and the drug must be part of the medical treatment for a specific current health problem. 5. Coverage is limited to generic drug formulations.
<p>VPharm 1 (100% State funded for deductible, coverage gap, coinsurance and copayments)</p>	<ol style="list-style-type: none"> 1. Manufacturer rebate required. 2. OTC coverage limited to those drugs that are not covered by PDP. A prescription is required, and the drug must be part of the medical treatment for a specific current health problem. There is no coverage for OTC proton pump inhibitors. 3. Prior authorization and other limitations of the Preferred Drug list (PDL) may apply. 4. Coverage is limited to generic drug formulations except as specified in the PDL
<p>VPharm 2 & 3 (100% State funded for deductible, coverage gap coinsurance and copayments)</p>	<ol style="list-style-type: none"> 1. Maintenance drug coverage only. 2. Manufacturer rebate required. 3. OTC coverage limited to diabetic supplies, loratadine, cetirizine and non-steroidal anti-inflammatory analgesics (NSAIDS) when not covered by PDP. A prescription is required, and the drug must be part of the medical treatment for a specific current health problem. 4. Prior authorization and other limitations of the Preferred Drug list (PDL) may apply. 5. Coverage is limited to generic drug formulations.
<p>Employee Sponsored Insurance (ESI) Wrap - Eligible for VHAP (Medicaid by 1115 Waiver)</p>	<ol style="list-style-type: none"> 1. Manufacturer rebate required. 2. Coverage wraps ESI plan OTC coverage. A prescription is required, and the drug must be part of the medical treatment for a specific current health problem. 3. Prior authorization and other limitations of the Preferred Drug list (PDL) may apply. 4. Coverage is limited to generic drug formulations.
<p>Employee Sponsored Insurance (ESI) Wrap - Not eligible for VHAP (100% State funded)</p>	<ol style="list-style-type: none"> 1. Manufacturer rebate required. 2. OTC coverage limited to those drugs used to treat the 11 chronic conditions: Asthma, Depression, Hyperlipidemia, Hypertension, Diabetes, Arthritis, COPD, Ischemic Heart Disease, Congestive Heart Failure, Chronic Renal Failure and Low Back Pain. 3. Prior authorization and other limitations of the Preferred Drug list (PDL) may apply. 4. Coverage is limited to generic drug formulations.