

Matrix Pharmacy Program

In our continued effort to reduce your Workers' Compensation medical costs, FHM Insurance Company has formed a partnership with AmeriSys and the Matrix Pharmacy Program to provide your employees with a prescription program. This exciting program is designed specifically to:

- Manage claimant prescription expenses and appropriate utilization
- Reduce costs with proven savings by use of the Patient Identification Card, which dispenses prescriptions **only** to the injured worker and ensures the prescription is exclusively for treatment of that work-related injury

How the Program Works:

*When an injury occurs, please hand to the employee a copy of the enclosed "Dear Injured Worker" letter and the Question & Answer sheet, along with the **Matrix** Pharmacy Form. **THIS FORM IS TO BE USED FOR THE INITIAL PRESCRIPTION ONLY.***

*The employee will present the Pharmacy Form to a **participating** pharmacy (listed on the Form), along with a prescription from the medical provider.*

*A separate RX card will be mailed directly to the employee by **Matrix** after the claim is reported, to be used if further prescriptions are required.*

It is our pleasure to offer you this program and we are confident that you will realize tremendous benefits by participating in the plan. This prescription cost management program will help in the ongoing war against health care cost escalation.

If you have questions regarding this program, please call FHM Insurance Company:

Suzie Babcock

Jenny Ross

Liz Morris

Extn: 408

Extn: 302

Extn: 410

Dear Employee: You are being sent for medical treatment or evaluation for an apparent work-related injury. Should you need prescriptions filled, please provide this form to the pharmacy for initial prescriptions only. In a few days you will receive a prescription card from Matrix. **The pharmacy will need your Date of Injury, Date of Birth, Social Security Number and the Group Number which is 10602144.**

Dear Pharmacist: This employee is being treated for an apparent work-related injury. Please provide a 3-day supply in accordance with the formulary.

Pharmacy Input Codes:

Wal-Mart	PP	Publix	PSP
Winn-Dixie	PRS	K-Mart	PSP
Eckerd	2343	Walgreens	PPSC
Target	PSP	Rite-Aid	PRESCRIP
Kash N Karry	PPSC	Golden Eagle	PSP
Medicine Shoppe	PSP	CVS	5792
Giant Eagle	PSP	Harco	PRESCRIP
Brunos	PPSC		

Independent pharmacies will use BIN#004682 (may be listed as Stockton Group or Pharmacy Plus).

Pharmacy: Please leave "person code" blank. **Group Number is 10602144**

If there are any questions, please contact Matrix at 877-804-4900.

Matrix Pharmacy Form

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Pharmacy Instruction Letter

Dear Injured Worker:

Your employer's Workers' Compensation carrier, FHM Insurance Company, has joined together with AmeriSys and Matrix Pharmacy Program to provide you with a quick and convenient way to get your Workers' Compensation prescription drugs. The program allows you as a member to enjoy the following:

- No out-of-pocket payments
- No need to fill out or file claim forms related to your outpatient prescription drugs
- Major pharmacy chains in the network offering quick and convenient service

Use the Matrix Pharmacy Form (for initial prescriptions only), given to you by your employer when you report an injury, at any of the pharmacies listed on the form. A few days after the injury is reported you will receive a prescription card from Matrix.

**Walgreens
Publix
K-Mart
CVS**

**Eckerd Drugs
Winn-Dixie
Kash N Karry
Wal-Mart**

If you do not have one of those pharmacies in your area, the network includes the following chains:

Target
Rite-Aid
Brunos
Giant Eagle

Harco
Golden Eagle
Medicine Shoppe

In addition to the major chains listed above, there are other pharmacies in the **Matrix** program. If your pharmacy of choice is not listed above, please contact **Matrix** at 877-804-4900 to see if it is included in the network. If the pharmacy is not yet enrolled, they can be contacted about participating in the **Matrix Pharmacy Program**.

Reminder: The Matrix Pharmacy Form you are given by your employer is for initial prescription(s) only. It is essential that you keep in touch with your adjuster at FHM Insurance Company, 888-346-3461 or 407-351-1212. You will receive an RX card direct from Matrix which should be used for any subsequent prescriptions.

If you have any questions about the **Matrix** program, please contact your Nurse Case-Manager at 888-346-3461.

Answers to frequently asked questions about the Matrix Pharmacy Program

Q: *I am taking medication for a non-work-related illness or injury. Can I use this network to get my prescription filled?*

A: No. **Matrix** is for work-related-injury medication only.

Q: *Is there anything I should do when I am no longer getting medication related to my work-related injury?*

A: No. **Matrix** will automatically remove your name from the program.

Q: *Should I still call my assigned adjuster with questions relating to my work injury?*

A: Yes. However, if you have problems or questions about **Matrix**, call your Nurse Case-Manager at **888-346-3461**.

Q: *What if I choose a pharmacy that is not participating in the Matrix network?*

A: You must pay for the prescription, submit a claim to FHM Insurance Company and await payment.

Q: *Will I need my ID card each time I have a prescription filled for my work-related injury?*

A: Yes. Once you have presented the card on your initial visit to the pharmacy, you will be registered in the system from that time until you are no longer in need of work-related-injury medication.

Q: *Do I have a choice between generic or brand drugs?*

A: This will be determined by your physician at the time the prescription is written based on the type of injury.

Q: *Where do I send the receipts for prescriptions I paid for prior to receiving my ID card?*

A: Only your insurance company can reimburse you for prescriptions. Send your receipts directly to *FHM Insurance Company, P.O. Box 616648, Orlando, Florida 32861-6648*.