



October 10, 2014

Workers' Compensation Members of Texas Municipal League Intergovernmental Risk Pool

RE: Progressive Medical, Inc has changed their name to Helios

Texas Municipal League Intergovernmental Risk Pool has used Progressive Medical, Inc. for pharmacy benefits to all of the Risk Pool's workers' compensation members since 2010. Progressive Medical, Inc has changed their name to Helios effective October 1, 2014.

As part of this name change, a new first fill card is needed to replace the previous first fill card from Progressive Medical, Inc. A separate attachment to this email is this new Helios first fill card. When an injured employee reports an injury, the member will need to include their name in the employer section along with the injured worker's name, date of accident and social security number. The injured worker will need to present this card to the pharmacy when taking their first prescription to get filled. Helios will be mailing a prescription card to the injured employee to present to the pharmacy for future prescriptions. Please discontinue using the Progressive Medical first fill card. The Risk Pool's website also has this new card, as well as the Workers' Compensation Claims staff.

Using this first fill letter and the prescription cards will reduce costs of prescriptions below the state fee schedule and lower the claims costs that directly impacts the member's workers' compensation claims experience. Using this pharmacy benefit management program has lowered actual costs by \$1.2 million dollars in the last 12 months.

If you have questions about this first fill card or pharmacy benefit management process, please contact your respective claims specialist in the Workers' Compensation Claims Department at 800 537-6655 or by email, WorkersCompensation@tmlirp.org.

Sincerely,
Mike Bratcher
Workers' Compensation Claims Manager
Texas Municipal League Intergovernmental Risk Pool


TEXAS MUNICIPAL LEAGUE INTERGOVERNMENTAL RISK POOL


1821 Rutherford Lane, First Floor • Austin, Texas 78754 • (512) 491-2300 • (800) 537-6655 *Texas Only*
P.O. Box 149194 • Austin, Texas 78714-9194


MAKING IT EASY... TO GET WORKERS' COMPENSATION PRESCRIPTIONS FILLED.

Helios has been chosen to manage your workers' compensation pharmacy benefits for your employer or their insurer. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy. Please fill out the card based on the instructions below.

Injured Employee:



 If you need a prescription filled for a work-related injury or illness, go to a Helios Tmesys network pharmacy. Give this temporary card to the pharmacist. The pharmacist will fill your prescription at low or no cost to you.

 If your workers' compensation claim is accepted, you will receive a more permanent pharmacy card in the mail. Please use that card for other work-related injury or illness prescriptions.

 Most pharmacies, including all major chains, such as Walgreens, CVS, Rite Aid, Walmart, Target, and more, are included in the network. To find a network pharmacy call 877.229.0649 or visit www.tmesys.com and click on "Pharmacy Locator."

Questions? Need Help?

 **877.229.0649**

CARRIER/TPA _____


EMPLOYER _____

INJURED WORKER NAME _____

SOCIAL SECURITY NUMBER _____

DATE OF INJURY (YYMMDD) _____


Notice to Cardholder: Present this card to the pharmacy to receive medication for your work-related injury. To locate a pharmacy: www.tmesys.com/pharmacy-locator
Download Free Mobile App: www.tmesys.com/MyWorkComp



Attention Pharmacists: Enter RxBIN, RxPCN, and GROUP. Member ID # format is the date of injury, and SSN combined as follows: YYMMDD123456789.
Tmesys is the designated PBM for this patient.

**Tmesys Pharmacy
Help Desk 877.229.0649**

	<u>NDC</u>		<u>Envoy</u>
RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #
GROUP	<u>E504</u>		



NOTE: This First Fill card is only valid for your workers' compensation injury or illness.



Employer:

Immediately upon receiving notice of injury, fill in the information above and give this form to the employee.

HACEMOS MÁS SENCILLO...

EL ABASTECIMIENTO DE LAS RECETAS MÉDICAS DEL PROGRAMA DE COMPENSACIÓN POR ACCIDENTES LABORALES.

Helios ha sido elegido para administrar los beneficios farmacéuticos de su programa de compensación por accidentes laborales para su empleador o su asegurador. Más adelante incluimos su tarjeta First Fill que le permitirá recibir las recetas médicas relacionadas con su lesión en su farmacia local. Llene esta tarjeta siguiendo las instrucciones que se indican a continuación.

Empleado lesionado:



Si necesita que se le abastezca su receta médica para una lesión o enfermedad relacionada con su trabajo, visite una farmacia de la red Helios Tmesys. Entregue esta tarjeta temporal al farmacéutico. El farmacéutico abastecerá su receta médica a bajo costo o sin costo alguno.



Si se acepta su reclamación del programa de compensación por accidentes laborales, recibirá una tarjeta permanente por correo. Use esa tarjeta para otras recetas médicas de lesiones o enfermedades relacionadas con su trabajo.



La mayoría de farmacias, incluyendo todas las principales cadenas como Walgreens, CVS, Rite Aid, Walmart, Target, y más, forman parte de la red. Para encontrar una farmacia de la red, llame al 877.229.0649 o visite www.tmesys.com y haga clic en "Pharmacy Locator" (Localizador de farmacias).

¿Tiene alguna pregunta?

¿Necesita ayuda?



877.229.0649

PORTADORA _____

EMPLEADOR _____

NOMBRE DEL TRABAJADOR LESIONADO _____

NUMERO DE SEGURO SOCIAL _____

FECHA DE LA LESION (AAMMDD) _____

Aviso para el titular de la tarjeta: Presente esta tarjeta a la farmacia para recibir los medicamentos para la lesión relacionada con su trabajo. Para ubicar una farmacia, visite www.tmesys.com/pharmacy-locator

Descargue la aplicación móvil gratuita en www.tmesys.com/MyWorkComp

HELIOS

Attention Pharmacists: Enter RxBIN, RxPCN, and GROUP. Member ID # format is the date of injury and SSN combined as follows: YYMMDD123456789.
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RxBIN	004261		002538
RxPCN	CAL	or	Envoy Acct. #
GROUP	E504		

HELIOS

NOTA: Esta tarjeta First Fill solo es válida para una lesión o enfermedad cubierta por su programa de compensación por accidentes laborales.



Empleador:

Inmediatamente después de recibir un aviso sobre una lesión, llene la información antes indicada y entregue este formulario al empleado.