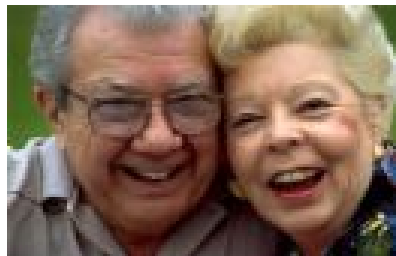


ConnPACE

Semi-Annual Report to Governor M. Jodi Rell

July 2007 – December 2007



Connecticut Department
of Social Services
Making a Difference

Michael P. Starkowski, Commissioner



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

March 18, 2008

The Honorable M. Jodi Rell
Governor
State of Connecticut
State Capitol
210 Capitol Avenue
Hartford, CT 06106

Dear Governor Rell:

As required under Connecticut General Statutes, Section 17b-495(d), I am submitting the Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled Program (ConnPACE) Semi-Annual Report for the period of July 1, 2007 to December 31, 2007.

Thank you for the opportunity to share ConnPACE's continued progress and success in service Connecticut's elderly and disabled for more than 21 years.

If you have any questions regarding the report, please do not hesitate to contact me.

Sincerely,

Michael P. Starkowski
Commissioner

cc: Senator Mary Ann Handley
Senator Gayle Slossberg
Representative Peggy Sayers
Representative Elizabeth Ritter

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Semi-Annual Report: July to December 2007

The Department of Social Services presents the following information as an overview of the services we provided to the elderly and disabled individuals enrolled in the state-funded Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled Program, ConnPACE. The first half of State Fiscal Year 2008 shows that the processes for paying monthly Medicare D premiums and completing formulary exceptions on behalf of our clients have continued to be successful. As the report illustrates, Medicare Part D continues to have a significant impact on the expenditures and has also influenced client enrollment.

For the first-half of State Fiscal Year 2008, the ConnPACE Program subsidized the cost of 491,614 prescriptions totaling \$18,564,694 for an average of 38,126 clients. Fifty-one percent of prescription drugs paid for during this period were for generic products. In addition to the prescription benefit, the ConnPACE Program subsidized Medicare Part D premiums in the amount of \$3.9 million for an average of 37,192 clients per month.

The ConnPACE program is promulgated under regulations of Connecticut State Agencies, Sections 17b-262-684 to 17b-262-692, and Connecticut General Statutes, Sections 17b490 to 17b-498.

DSS ORGANIZATION

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Amalia Vazquez Bzdyra	Deputy Commissioner – Administration
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Marcia Mains	Director, Medical Operations
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Department of Social Services

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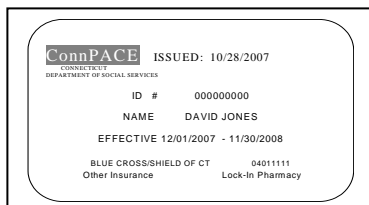
Semi-Annual Report: July to December 2007- Eligibility Guidelines

The Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled Program, ConnPACE, is a state-funded program that assists in providing prescription drug benefits to Connecticut's senior and disabled citizens.

To participate in ConnPACE, a person submits an application with a registration fee and proof of age, state residency, income, disability (if applicable), enrollment in Medicare Part D (if applicable), and insurance (if any). Participants must apply annually for re-determination of eligibility.

Requirements for ConnPACE Eligibility:

- Residency:** A person must be a resident of Connecticut for six months prior to applying;
- Age:** A person must be 65 years of age or older or;
- Disabled:** A person can be between the ages of 18 and 64 and receiving disability benefits under the Social Security Disability Program (Title II) or the Supplemental Security Income Program (Title XVI);
- Income:** A person must have an annual adjusted gross income of less than \$23,100 if single, or combined income of less than \$31,100 if married, effective January 1, 2007;
- Insurance** A person must not be enrolled in Medicaid, have prescription drug coverage that pays a portion or all of each prescription purchased, or have prescription drug coverage after a deductible has been met;
- Medicare Part D:** A person must be enrolled in a Medicare Part D Prescription Drug Plan (PDP), if the applicant has Medicare Part A and/or Part B;
- Social Security/
Extra Help:** A person must apply for the Social Security's Low Income Subsidy ("Extra Help") benefit with Medicare. Extra help may be available if a participant's annual income is less than or equal to \$15,315 and assets are less than \$11,710 for a single person, OR annual income is less than or equal to \$20,535 and assets less than \$23,410 for a married couple, effective April 1, 2007;
- Registration Fee:** A person must submit a \$30.00 registration fee with their application.



Once determined eligible, the participant receives a ConnPACE benefits card. The ConnPACE cardholder presents the card to their dispensing pharmacy to have their prescription filled. The pharmacist validates the client's eligibility, appropriate coverage, and primary payer for the drug, and then collects the co-payment from the cardholder. ConnPACE subsidizes the appropriate balance due.

Semi-Annual Report: July to December 2007- Eligibility Activity

The ConnPACE Program has again seen a steady decline in enrollment during this reporting period. The total number of enrollees in July 2007 was 38,784 individuals; and at the end of December 2007, enrollment had declined to 37,689. In the last reporting period, January through June of 2007, a similar trend was seen in ConnPACE enrollment.

The Department attributes this ongoing decline to persons that qualify for the Medicare Savings Group or the Low Income Subsidy Extra Help benefit under the Social Security Program for Medicare Part D.

Under these programs, beneficiaries do not pay Medicare Part D premiums or deductibles; and their prescription co-pays are minimal. Depending on a beneficiary's subsidy level, the Medicare Part D co-pays will be a maximum of \$2.15 for generics and \$5.35 for the brand name product, or can be as low as \$1.00 for generics and \$3.10 for brands.

ConnPACE Enrollees-December 2007	
Elderly	32,694
Disabled	4,995
Medicare Savings Group	
	12,418
Extra Help Low Income Subsidy	
	5,650

The Department of Social Services contracts with Electronic Data Systems to process all applications and renewals, issue ConnPACE cards, and provide a Client Call Center.

The ConnPACE Program received 3,200 new applications and 12,243 renewal applications during this reporting period. Of the new applications, 1,131 were approved; and for the renewal applications, 11,999 were approved. All applications and renewals are processed within seven business days.

The Department received eight requests for reconsideration to change the start date of clients' eligibility. All reconsiderations were approved. One additional request was received to appeal the denial of eligibility. This request was denied because the client was over the income limit.

ConnPACE Application		
Please return to: ConnPACE, P.O. Box 5011, Hartford, CT 06102-5011		
<input type="checkbox"/> <i>Sí, me gustaría recibir la aplicación y notificaciones del ConnPACE en Español solamente.</i> <small>(Yes, I would like to receive my ConnPACE application and notifications in Spanish only.)</small>		
If married, each spouse must complete a separate application and submit a separate \$30 fee.		
PLEASE COMPLETE ALL SECTIONS OF THE APPLICATION & SUBMIT PROPER DOCUMENTATION/PROOF.		
1. IDENTIFICATION		OFFICE USE
Last Name	First Name	Middle Initial
Street Address		Box or Apt #
City	State	Zip Code
Telephone Number	*Your Social Security Number	
*Your Social Security Number will serve as the basis for your ConnPACE client identification number, unless you specifically object.		
SEX: circle one	Female	Male
2. MARITAL STATUS (check one) <input type="checkbox"/> Go to #3 <input type="checkbox"/>		3. DATE OF BIRTH (proof required)
<input type="checkbox"/> Single, Divorced, Widowed <input type="checkbox"/> Married (Spouse's Social Security # _____) <input type="checkbox"/> Separated or spouse resides in a nursing home		____/____/____ Month Day Year
4. RACE (optional)		
<input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Alaska Native <input type="checkbox"/> Asian		
5. RESIDENCY (proof required (drivers license, tax form, etc))		
Have you been a Connecticut resident for the past 6 months?		Circle YES or NO
6. DISABILITY (proof required (Social Security Third Party Query Form))		
Are you over the age of 18 and eligible for disability payments under the Social Security Disability (Title II) or the Supplemental Security Income (Title XVI) program?		Circle YES or NO
7. INCOME INFORMATION (proof of all income sources required) Office Use YR		
Please use total income from the last calendar year, unless this year's income is lower. If you are married, you must fill in a social security amount for your spouse. If your spouse does not receive social security, enter zero.		
List all of your income:		
If joint information place amount in "Applicant" column		Annual Amount
		Applicant Spouse
➤ Adjusted Gross Income from the Federal Income Tax Return		\$ _____ \$ _____
➤ Social Security (minus Medicare Part B premiums), Supplemental Security Income, and Railroad Retirement Income		\$ _____ \$ _____
➤ Pensions, Retirement Income, Annuities, Veteran's Benefits		\$ _____ \$ _____
➤ Interest and Dividends		\$ _____ \$ _____
➤ Other income (Wages, Net Rental Income, Non-Taxable Income)		\$ _____ \$ _____
<small>Continued on reverse side</small>		

Semi-Annual Report: July to December 2007- Eligibility Activity

The ConnPACE Client Call Center provides a toll free number (1-800-423-5026) and a local Farmington, CT number (860-409-4555) for all callers. The Client Call Center is available to callers Monday through Friday from 8:30 a.m. to 4:30 p.m. and provides program enrollment information, assistance with application questions, and coverage information. During this reporting period, the ConnPACE Client Call Center received 35,132 telephone inquiries from ConnPACE clients and eighteen inquiries from providers regarding a ConnPACE client.

Note: Beginning February 4, 2008, the ConnPACE local number will change to (860) 269-2029. Additionally, the ConnPACE Client Call Center will extend business hours to 5:00 PM.



Semi-Annual Report: July to December 2007- Medicare Part D

For the average monthly 37,192 ConnPACE clients with Medicare Part D, enrollment continued to span across twenty-one stand-alone Prescription Drug

companies, encompassing fifty-one different coverage plans. Each prescription drug plan has continued to offer an individualized formulary, monthly premium, deductible, and/or prescription coverage during the “donut hole” period.

CT Medicare Rx Plan Companies	21
Medicare Prescription Drug Plans	51

Cost Summary of 2007 Medicare Part D Prescription Drug Plans

Monthly Premium Range	\$13.40 to \$87.40
Standard Deductible	\$265
Plans with No Deductible	31
Plans with Reduced Deductible	4
Generic Prescription Coverage while in the “donut hole”	15 plans

During this reporting period, there were three Medicare Part D plans that stood out from others in regards to enrollment numbers for ConnPACE clients. The top Medicare Part D Plan that ConnPACE members were enrolled in was Humana. Approximately 35% of ConnPACE members with Medicare Part D were in one of Humana’s Medicare Part D Plans during this reporting period. The Medicare Part D plan that came in second was AARP with approximately 21%, followed by Wellcare with about 6%. The other Medicare Part D plans had significantly lower numbers of ConnPACE members who enrolled in their plans.

Enrollment in Medicare Part D is required for ConnPACE clients who are Medicare eligible.



Extra Help assistance is available for people with lower income and assets. Depending on the level of need, Medicare Part D cost sharing may be reduced. Some ConnPACE clients are eligible for the extra help benefit provided by Medicare, while others will not qualify. During this reporting period, 5,650 clients were eligible for the extra help benefit.

Medicare Part D monthly premiums are fully subsidized by either Medicare, ConnPACE, or a combination of both; and any cost sharing requirements will not exceed the customary ConnPACE \$16.25 per prescription copayment and may be even less. For 2007, Medicare D monthly premiums ranged from \$13.40 to \$87.40; and for this reporting period, ConnPACE paid an average monthly premium of \$27.16 per client.

Semi-Annual Report: July to December 2007- Program Benefits

The ConnPACE Program covers all drugs that require a prescription in the State of Connecticut, plus insulin and insulin syringes. ConnPACE will also pay for most non-formulary prescriptions that are not covered by the client's Medicare Part D Prescription Drug Plan. ConnPACE clients that are eligible for Medicare Part A and/or Part B must enroll in a Medicare Part D Prescription Drug Plan of their choice. ConnPACE subsidizes the monthly Medicare Part D premiums directly to the specific Prescription Drug Plan for these individuals.

The ConnPACE participant pays up to a \$16.25 co-payment for each prescription, and the program reimburses the pharmacy for the remainder. Medicare Part D is the primary payer for the majority of ConnPACE clients, so depending on the plan they are enrolled in and their income status; co-pays are often less than the ConnPACE co-pay. ConnPACE pays towards a Medicare Part D client's deductible, coinsurance, and during the "donut hole" for co-pay costs that exceed \$16.25 per prescription.

The ConnPACE program requires prior authorization for a brand name drug that has at least three (3) Food & Drug Administration (FDA) approved A-rated generic equivalents available; and for an early refill prescription when more than 25% of the medication is remaining.

ConnPACE allows a 30-day supply or 120 units, whichever is greater, to be dispensed up to the prescribed amount. When the client has Medicare Part D coverage, however, dispensing quantities are at the discretion of the primary payer. If a Medicare Part D Plan only allows a 30-day supply, for instance, ConnPACE will not cover the cost of a 60-day supply because the Medicare Part D Plan did not. It will be up to the pharmacy and physician to work with the Medicare Part D Plan to request a prior authorization or exception for quantity limits.

ConnPACE Services Not Covered:

- drugs prescribed for cosmetic purposes, experimental drugs, antihistamines, contraceptives, cough preparations, anti-obesity drugs, multivitamin combinations, smoking cessation gum, over-the-counter preparations
- drugs that the Federal Food and Drug Administration has determined not to be effective (DESI drugs) or vaccines obtained free of charge from the Department of Health Services
- drugs of manufacturers that do not participate in the ConnPACE Drug Rebate Program
- drugs covered by other insurance, lost or destroyed prescription drugs

ConnPACE Manufacturer Non-Rebate Participation Exceptions:

The following drugs continue to be covered by the ConnPACE Program even though the manufacturers do not participate in the ConnPACE Drug Rebate Program:

Benoquin, Canasa Suppositories, Colazal, Dapsone, DuoNeb, Eldepryl, Efudex, Mestinon, Revatio, and Urso

Semi-Annual Report: July to December 2007 - Budget & Expenditures

The ConnPACE Program budget is funded by the State's appropriation, application fees, and manufacturer rebates. Expenditures consist of the subsidies provided for both prescriptions and Medicare Part D premiums.

The ConnPACE Program appropriation for State Fiscal Year 2008 was \$42 million. Medicare Part D has become the primary payer for about 40 % of all prescriptions and continues to reduce expenditures dramatically. Manufacturer rebates were received from 333 Drug Manufacturing Labelers, slightly increasing from last reporting period by \$694,000. Manufacturer rebates still remain significantly lower than in prior years due to the impact of non-rebateable Medicare Part D drugs that were not invoiced to manufacturers. ConnPACE also collected application and renewal fees from approximately 15,443 individuals during this reporting period.

July 1, 2007 through December 31, 2007

Prescription Subsidy	Application Fees	Manufacturer Rebates	Medicare Part D Premium Payments	Total State Net Expenditure
\$18,564,694	\$433,800	\$1,561,845	\$3,828,885	\$20,397,934

The claim volume decreased by approximately 6% from the last six month reporting

Total Paid Claims	Average Cost Per Claim	Average Prescription Claim Per Client Per Month
491,614	\$37.76	2.15

period, but the average cost per claim increased by \$11.00. On average, each ConnPACE client received 2.15 prescriptions per month, which is an increase from last reporting period, most likely due to participants who reached the Medicare Part D "donut hole" toward the end of the year.

The ConnPACE Program requires that generic products be obtained when the brand name drug has at least three FDA approved A-rated generic equivalents available. The ConnPACE Program utilizes both the Federal Allowable Cost and the State Maximum Allowable Cost list for mandatory generic substitution. The beneficiary also benefits because their copays could be less than the \$16.25 ConnPACE

Number of Generic Prescriptions	248,116
Cost of Generic Prescriptions	\$1,794,215
Average Cost Per Generic	\$7.23

Program copay. If the prescriber deems that the patient must have the brand name product, the prescriber must obtain prior authorization from the Department's Prior Authorization agent.

Semi-Annual Report: July to December 2007 - Budget & Expenditures

The remainder of the prescriptions subsidized during this period were for brand name prescriptions where generics are not yet available or the prescriber has obtained authorization for a brand name product to be dispensed. There were 16 requests for brand name prescriptions and all 16 requests were authorized.

Number of Brand Prescriptions	243,498
Cost of Brand Prescriptions	\$16,770,479
Average Cost Per Brand	\$68.87

Medicare Part D was the primary payer for about 40 percent of paid claims. The copay figures represent the states contribution for Medicare Part D prescription copays, plan deductibles, coinsurance, and full prescription payment when clients reached the “donut hole” of the benefit. Most likely, prescription expenditures increased significantly from last reporting period due to many participants reaching the Medicare Part D “donut hole” towards the end of the year. When Medicare Part D no longer incurs majority of the prescription costs for members, the ConnPACE program still picks up any cost over the \$16.25 co-pay, so this increase is expected.

Copay Expenditures	\$14,389,903
Copay Claim Count	189,242
Average Cost Per Claim	\$76.04

states contribution for Medicare Part D prescription copays, plan deductibles, coinsurance, and full prescription payment when clients reached the “donut hole” of the benefit. Most likely, prescription expenditures increased significantly from last reporting period due to many participants reaching the Medicare Part D “donut hole” towards the end of the year. When Medicare Part D no longer incurs majority of the prescription costs for members, the ConnPACE program still picks up any cost over the \$16.25 co-pay, so this increase is expected.

Medicare Part D requires the Prescription Drug Plans to maintain specific formularies for the Part D beneficiaries. The ConnPACE Program allows ConnPACE clients participating in Medicare Part D to obtain non-formulary drugs. ConnPACE then becomes the primary payer.

Number of Non-Formulary Rx's	9,486
Cost of Non-Formulary Rx's	\$2,073,476
Average Cost Per Non-Formulary Rx	\$219

The top Medicare Part D non-formulary medications submitted to the Department for payment were:

- | | |
|-----------------------|------------|
| ▪ Aciphex | ▪ Januvia |
| ▪ Ambien CR | ▪ Lantus |
| ▪ Avapro | ▪ Lexapro |
| ▪ Benicar/Benicar HCT | ▪ Lipitor |
| ▪ Boniva | ▪ Lyrica |
| ▪ Caduet | ▪ Nexium |
| ▪ Celebrex | ▪ Prevacid |
| ▪ Coreg CR | ▪ Protonix |
| ▪ Cozaar | ▪ Tricor |
| ▪ Diovan/Diovan HCT | ▪ Zetia |

Semi-Annual Report: July to December 2007 - Budget & Expenditures

The ConnPACE non-formulary exception process has been underway for almost a year now and has continued to be successful. This process started on January 17, 2007, with the Department Pharmacy Technicians reviewing any drug claims designated as non-formulary prescriptions exceeding \$600. As a result, the DSS Pharmacy Unit staff has been able to resolve a number of incorrectly billed claims by requesting the pharmacy to simply reverse the inappropriate claim(s).

Most importantly, though, DSS Pharmacy Unit staff can immediately identify Medicare Part D plan formulary options and work with prescribers to change the medication to an alternative formulary drug, file an exception request with the Medicare Part D PDP; or, if necessary, begin the formal Medicare Part D PDP appeals process. Based on the immediate success of this project, additional Pharmacy Technicians have been hired which allowed the dollar threshold to be reduced from \$600 to \$400 in February 2007, and then to \$300 in May of 2007. As the process continued to succeed throughout this reporting period, the dollar threshold was reduced once again to \$250, where it currently stands at this time.

Through daily telephone contact, the Department continues to receive positive feedback on this project from providers. The providers are very receptive to the non-formulary exception process as it saves the state money and helps them manage their large workloads. Our pharmacy technicians' thorough knowledge of medication names and dosages, coupled with establishing key contacts with each of the PDP's, is contributing to making this process work smoothly. For any PDP using a 'plan specific' exception form, the Department has obtained copies for use, as all aspects of this process have been specifically tailored to the policies and requirements of the PDP.

Semi-Annual Report: July to December 2007 - Drug Utilization

Drug utilization by ConnPACE clients remains consistent with the chronic illnesses of the aged and disabled population. Eight drugs are top performers in both the dollar amount paid and the volume of prescriptions purchased as shaded below in yellow.



Top 10 Drugs by Total Amount Paid:

Rank	Drug Name	Total Amount Paid	Number of Prescriptions	Average Amount Paid	Use
1	Nexium 40mg	\$674,142	6,770	\$99.58	Gastrointestinal
2	Plavix 75mg	\$634,917	7,515	\$84.49	Anticoagulant
3	Prevacid 30mg	\$449,167	4,334	\$103.64	Gastrointestinal
4	Lipitor 20mg	\$436,238	6,266	\$69.62	Anticholesterol
5	Protonix 40mg	\$313,401	4,109	\$76.27	Gastrointestinal
6	Aricept 10mg	\$276,797	2,817	\$98.26	Alzheimer's
7	Zetia 10mg	\$272,671	4,664	\$58.46	Anticholesterol
8	Advair Diskus 250-50mcg	\$269,498	2,846	\$94.69	Asthma
9	Fosamax 70mg	\$259,577	5,905	\$43.96	Bone Growth
10	Spiriva 18mcg	\$251,893	3,701	\$68.06	Asthma
TOTAL		\$3,665,926	46,197	\$79.35	

Top 10 Drugs by Number of Prescriptions:

Rank	Drug Name	# of Rx	Amount Paid	Average Amount Paid	Use
1	Lipitor 10mg	8,868	\$396,915	\$44.76	Anticholesterol
2	Plavix 75mg	7,515	\$634,917	\$84.49	Anticoagulant
3	Nexium 40mg	6,770	\$674,142	\$99.58	Gastrointestinal
4	Lipitor 20mg	6,266	\$436,238	\$69.62	Anticholesterol
5	Fosamax 70mg	5,905	\$259,577	\$43.96	Bone Growth
6	Zetia 10mg	4,664	\$272,670	\$58.46	Anticholesterol
7	Prevacid 30mg	4,334	\$449,167	\$103.64	Gastrointestinal
8	Protonix 40mg	4,109	\$313,401	\$76.27	Gastrointestinal
9	Spiriva 18mcg	3,701	\$251,893	\$68.06	Asthma
10	Amlodipine Besylate 5mg	3,669	\$29,134	\$7.94	Cardiac
TOTAL		55,801	\$3,718,054	\$66.64	

Semi-Annual Report: July to December 2007 - Outreach

For the first half of SFY 2008, the Department continued to provide important information to clients concerning the options for Medicare Part D.

The Department of Social Services continues its collaboration with CHOICES staff throughout the state to provide information and enrollment assistance for Medicare Part D. In addition, the Department continues to work closely with CMS federal officials to stay current on important Medicare Part D benefit updates, as well as participating on conference calls with the Medicare Part D Prescription Drug Plan organizations to discuss current benefit structure and to analyze the coordination of benefits with the ConnPACE program.



At the end of November 2007, a letter went out to all ConnPACE members regarding the Medicare Part D open enrollment period that began mid-November and ended December 31, 2007. The letter explained the open enrollment process and addressed client concerns for 2008. The letter also addressed letters that clients could possibly be receiving from their Medicare D Plans regarding changes in coverage for the upcoming year. The mailing also provided ConnPACE clients with some important contact information for agencies such as CHOICES, SSA, and Medicare, as well as phone numbers for all of the Medicare Part D companies.

The Medicare Part D Bus made visits to senior centers, pharmacies, farmers markets, health fairs, expositions/conventions, senior housing, community colleges, libraries, and social/human services agencies. The bus works with representatives from various agencies including CHOICES, SSA, Food Stamps, HUSKY, and Department staff, who provide counseling and enrollment assistance into their various programs. The bus traveled to 74 sites between July and December 2007 to assist residents with ConnPACE questions, Medicare Part D program questions and Low Income Subsidy requirements in addition to other DSS programs such as Medicaid, Medicare Savings Program, Food Stamps, Connecticut Home Care for Elders, etc. The Medicare Part D Bus increased its activity significantly since last reporting period.

The Department continues to support <http://www.connpace.com> to make program information, applications, brochures, semi-annual reports to the Governor, and links to other related sites more widely available.



Semi-Annual Report: July 2007 to December 2007 – Reflections & Looking Ahead

As we come to the end of 2007 and approach the beginning of 2008, it is important to look back at what this program has accomplished and to look ahead at what can be expected in the upcoming year.

As the end of 2007 neared, it was time for the third annual open enrollment period since the Medicare Part D program had been implemented in January 2006. The open enrollment period began November 15, 2007 and ended on December 31, 2007. This time of year allows those who are Medicare eligible to enroll in a Part D Plan or to switch out of their current Medicare D Plan into one that better suits their individual needs. Clients who took advantage of the open enrollment period this year will be enrolled into their new plans with an effective date of January 1, 2008.

The number of Prescription Drug Plan Companies and the different plans they offered remained the same for all of 2007; but for the upcoming year, there will be some changes. Beginning October 11, 2007, the 2008 plans were available for comparison on the Medicare website, www.medicare.gov. The number of Medicare Part D companies will be dropping from twenty-one in 2007 to nineteen for 2008. The number of plans will remain at fifty-one, but the options and companies offering them will be changing.

The Department continues the commitment to ensure that all ConnPACE beneficiaries receive timely, affordable, and comprehensive coverage under the federal Medicare Part D program. For the upcoming 2008 benefit year, ConnPACE will continue to provide wrap around coverage with Medicare Part D just as it did in previous years. The wrap around coverage includes benefits such as monthly premium assistance, assistance with out-of-pocket costs which exceed the current ConnPACE co-payment of \$16.25, and coverage of non-formulary prescription drugs through the ConnPACE non-formulary exception process.

Any questions or comments pertaining to information contained within this report may be addressed to:

***Department of Social Services
Medical Operations – Pharmacy Unit
25 Sigourney Street, 11th Floor
Hartford, CT 06106
(860) 424-5150, Option #6***