

## DPW Expands Drug Types Auto-Exempt From Six Prescription Limit

In April, the Department of Public Welfare added four types of medications to their list of drugs that are automatically exempt from Medical Assistance's (MA) coverage limit of six prescriptions per month for adults. The four drug types are: chronic kidney disease medications, gout medications, statins for plaque stabilization, and vaccines. Individuals who are subject to the prescription drug limit should be able to receive these types of medications automatically- even if they have already gotten six medications filled that month.

As a reminder, adults who get their MA coverage through the ACCESS card have been limited to six drugs per month since January 2012. **All** medications count toward the six drugs someone can get in a given month; however, once the limit is reached, individuals will only be able to get additional medications covered if the type of medication is listed as one that is auto-exempt from the limit, or if their doctor requests a Benefit Limit Exception and MA approves it.

All but three of the MA managed care plans across the state are also imposing the six medications per month limit. The three managed care plans that have **not** limited their prescription coverage are: Coventry Cares (operating everywhere but the LehighCapital Zone), Geisinger Family Plan (operating in the New East Zone), and Health Partners (operating in the Southeast Zone).

The other six managed care plans that have implemented the six drug limit (Aetna Better Health, AmeriHealth Mercy Health Plan, Gateway Health Plan, Keystone Mercy Health Plan, United Healthcare Community Plan, and UPMC for You) must follow DPW's rules regarding which types of medications are auto-exempt from the limit. This means that the four new types of medications listed above should be auto-exempt from the six drug limit for individuals enrolled in one of these managed care plans.

Some managed care plans have auto-exempted additional types of drugs beyond what is required under DPW's rules. Individuals can contact their plan to find out which of their drugs are auto-exempt from the limit.

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*(Continued from Page 1)* Again, **all** medications count toward the six prescription limit; once someone has gotten six drugs filled in a month, they should still be able to get medications that are automatically exempt from the limit. To obtain any other medications, their doctor will have to request a Benefit Limit Exception and get it approved by the plan in order for it to be covered.

As a reminder, individuals on **Medicare** are **not** subject to this limit because they get their medication through Medicare Part D and not MA. But, the limit does apply to older adults who are not yet eligible for Medicare and who receive their medications through Medical Assistance (either through the ACCESS card or through one of the managed care plans that has adopted the limits).

Individuals having trouble accessing their medications through MA because of the six prescription limit should call our Helpline at 1-800-274-3258.

## Attention Medicare Beneficiaries with Diabetes

On July 1<sup>st</sup>, Medicare will be starting a national mail-order program for diabetic testing supplies covered under Medicare Part B that are delivered to an individual's home. Examples of Part B covered testing supplies are blood sugar monitors, lancets, and test strips. After July 1<sup>st</sup>, all beneficiaries in Pennsylvania who have **Original Medicare and who want to have diabetic testing supplies delivered to their homes** must use a national mail-order contract supplier to get these supplies.

Beneficiaries will still have the option to go to a retail pharmacy that participates with Medicare or a local Medicare-enrolled supplier storefront to get their diabetic testing supplies. Medicare beneficiaries who get their coverage through a Medicare Advantage Plan should contact their plan to find out how to get their diabetic testing supplies.

Medicare requires its mail-order contract suppliers to accept assignment which means that they must accept the Medicare approved amount as payment in full and cannot charge beneficiaries more than the 20% coinsurance that applies and any unpaid deductibles. However, pharmacies or supplier storefronts are not required to accept assignment and may therefore charge beneficiaries more than the 20% coinsurance and any unmet deductibles.

Beneficiaries should ask their pharmacy or supplier storefront if they accept assignment. If not, they may want to consider switching to a pharmacy or supplier storefront that **does** accept assignment or consider using a mail-order contract supplier in order to save money. Individuals can contact 1-800-MEDICARE (1-800-633-4227) or visit [www.medicare.gov/supplier](http://www.medicare.gov/supplier) to find national mail-order contract suppliers or to find suppliers that accept assignment.

Medicare sent out a letter to beneficiaries about this change at the end of 2012 and will be sending another letter in May informing Medicare beneficiaries who use diabetic testing supplies about this change. A sample of the May letter can be viewed here: <http://www.cms.gov/Outreach-and-Education/Outreach/Partnerships/Downloads/DMEPOSbeneLetterNtlMailOrderProgMay2013.pdf>.

## PHLP 20<sup>th</sup> Anniversary Event In Pittsburgh— Tickets Still Available!

In honor of our 20th anniversary of incorporation, PHLP is hosting an anniversary breakfast on Wednesday, May 29<sup>th</sup> at the DoubleTree Pittsburgh Downtown. We invite you to join us and celebrate PHLP's work as the only non-profit law firm in the Commonwealth exclusively focused on access to quality health care for low-income families, persons with disabilities and the elderly.

The breakfast will begin at 8:15 am and conclude by 10 am. We will publicly acknowledge four "health care champions":

- Staunton Farm Foundation
- East Liberty Family Health Center
- Matthew Moses, Esq. (former PHLP Board Member)
- Southwestern Pennsylvania Area Agency on Aging, Inc.

The program will include a keynote from Professor Alan Meisel, the founder and director of the Health Law Certificate Program at the University of Pittsburgh School of Law.

For more information and to register for the event, please go to [www.phlp.org](http://www.phlp.org).

## Round 2 of Medicare's DMEPOS Begins July 1<sup>st</sup>— More Areas of PA Affected

Original Medicare beneficiaries living in certain parts of Pennsylvania will soon be required to use contracted suppliers to get many types of medical equipment. Medicare began its Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program in January 2011 in nine areas around the country in an effort to help control Medicare's costs for medical equipment and supplies and to save money for beneficiaries and taxpayers.

Beneficiaries living in specific zip codes in the Greater Pittsburgh area (which includes Allegheny County and several surrounding counties) were part of that first group. Now, in Round 2, the Competitive Bidding Program is extending to 91 areas across the country and will include many zip codes in the following PA counties: Bucks, Chester, Delaware, Lackawanna, Lehigh, Luzerne, Mercer, Montgomery, Northampton, Philadelphia, and Wyoming counties. Small areas of Berks, Bradford, Carbon, Columbia, Crawford, Lancaster, Lawrence, Monroe, Schuylkill, Susquehanna, Venango, and Wayne counties are also included in Round 2. Medicare beneficiaries can contact 1-800-MEDICARE or visit [www.dmecompetitivebid.com](http://www.dmecompetitivebid.com) to find out if their particular zip code is part of the Round 2 area.

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*(Continued from Page 3)* Please note that the zip code used for the beneficiary is their permanent residence that is on file with the Social Security Administration (SSA). If the individual's address on file with SSA is within a zip code included in Round 2, that person will be impacted by the change, even if they physically do not live at that address. Examples of when someone's permanent residence with SSA differs from their physical address are when the person has a Representative Payee or when the person has a family member's address on file as their permanent residence.

This change will also affect Medicare beneficiaries who visit one of the participating zip codes. If an individual needs one of the items listed below during their visit, she will have to use a contracted supplier for that area in order to obtain the equipment or supplies.

**The DMEPOS program only affects individuals who receive their Medicare through the Original Medicare program (use the red, white and blue Medicare card).** Consumers who get their Medicare coverage through a Medicare Advantage plan are **not** impacted by this DMEPOS program, but instead must get their medical equipment or supplies through a provider that participates in their particular plan's network.

Under DMEPOS Round 2, Original Medicare beneficiaries must use a contract supplier that was chosen by Medicare through a competitive bidding process for the following types of Medical equipment and supplies:

- Oxygen, oxygen equipment, and supplies,
- Standard (Power and Manual) wheelchairs, scooters, and related accessories,
- Walkers and related accessories,
- Enteral nutrients, equipment, and supplies,
- Continuous Positive Airway Pressure (CPAP) devices and Respiratory Assist Devices (RADs) and related supplies and accessories,
- Hospital beds and related accessories,
- Negative Pressure Wound Therapy pumps and related supplies and accessories,
- Support surfaces (Group 2 mattresses and overlays).

A list of specific items in each category is available here: [www.dmecompetitivebid.com](http://www.dmecompetitivebid.com). Individuals can also find a list of contract suppliers at this website or by visiting [www.medicare.gov/supplier](http://www.medicare.gov/supplier).

There is a process in place to allow consumers to continue to use current non-contract suppliers if they are renting durable medical equipment prior to July 1, 2013 from a supplier that has elected to be "grandfathered" by Medicare. Suppliers are responsible for notifying their customers about whether they will be a contract supplier under DMEPOS, and, if not, whether they will elect to be grandfathered.

Medicare is in the process of educating various stakeholder groups such as beneficiaries, advocates, and healthcare professionals who prescribe medical equipment and supplies, or help individuals get these items, about the DMEPOS program. Beneficiaries who use the products listed above and whose zip code is participating in Round 2 will be sent a letter about the DMEPOS program before it starts. Information is also provided to beneficiaries through the Medicare Summary Notices sent quarterly.

More information about DMEPOS can be found at [www.medicare.gov](http://www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227).

## Name Change for Two MA Managed Care Plans

As of June 1st, Keystone Mercy Health Plan and AmeriHealth Mercy Health Plan will be changing their names. Both are Medical Assistance (MA) managed care plans in Pennsylvania. Keystone Mercy, which operates in 5 counties in Southeastern PA that make up the Southeast HealthChoices zone, will be called **Keystone First**. AmeriHealth Mercy, operating in the Lehigh Capital and New West HealthChoices zones, will be called **AmeriHealth Caritas Pennsylvania**. The name changes are the result of a change in ownership for these two plans.

Current Keystone Mercy and AmeriHealth Mercy members will receive information from their plans about the name change as well as new ID cards. Individuals will **not** get new ID numbers, nor will they have to change their PCPs. The name change has no impact on member's benefits and services they receive. Furthermore, the plan's phone numbers will not change.

Older adults and persons with disabilities on MA who do not yet have Medicare generally get their MA coverage through a managed care plan except for those receiving the Aging Waiver or those enrolled in a LIFE program. The AmeriHealth Northeast plan that operates in the newest HealthChoices zone (the New East Zone) will not be impacted by this change.

## PHLP Training on HealthChoices

Across the state, most individuals with Medicaid coverage are now enrolled in a managed care plan. ACCESS PLUS has ended. HealthChoices (mandatory managed care) is statewide.

This is an important change for Medicaid recipients, affecting how they access health care services and providers and what they can do if their plan denies a service or medication.

Now that HealthChoices has been implemented in the new zones, we know there are still questions and concerns about this new delivery system. PHLP is beginning to schedule "Part Two" of our trainings to educate consumers, family members, and professionals with additional information they need to know:

- How has coverage changed with HealthChoices (a refresher),
- What if I am unhappy with my current plan,
- What to do if a plan is denying a service or medication, and
- How does HealthChoices increase rights with the Medical Assistance Transportation Program (MATP)?

Come to a **FREE** in-person training by the Pennsylvania Health Law Project (PHLP) to learn about these changes and more!

**Friday, May 17, 2013**  
**2 pm – 4 pm**  
 American Legion  
 912 Main Street  
 Towanda, PA 18848

**Tuesday, June 4, 2013**  
**8 am – 12 pm**  
 Columbia County Complex, Large Conference Room  
 702 Sawmill Road  
 Bloomsburg, PA 17815

These trainings are sponsored in part by the [Pennsylvania Office of Rural Health](#).

**Space is Limited.** Please RSVP through PHLP's Helpline (1-800-274-3258) or [staff@phlp.org](mailto:staff@phlp.org).

## **ATTENTION: Starting August 2013, PHLP Newsletters Only Available Online**

Dear Readers,

Due to the high production cost of sending newsletters through the mail, PHLP will stop mailing newsletters after our July newsletter. The August Senior Health News and all future newsletters will only be available online. You can receive our newsletters by e-mail or download them from our website at:

[www.phlp.org/home-page/news/newsletters](http://www.phlp.org/home-page/news/newsletters). We apologize for any inconvenience this may cause.

We encourage you to join our electronic mailing list so that we can continue to send you the latest news. If you currently receive PHLP's Senior Health News through the mail and would like to receive it electronically, please contact [staff@phlp.org](mailto:staff@phlp.org).

As a reminder, if you need legal advice you can call our Helpline at 800-274-3258. Our Helpline is open on Monday, Wednesday, and Friday.



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