

Medical Assistance Pharmacy & Dental Limits

A Factsheet for HealthChoices



As part of the fiscal year 2011-12 state budget, the Medical Assistance (MA) program reduced pharmacy and dental benefits for most adult MA consumers.

Pharmacy – The state reduced pharmacy coverage in January 2012 for adults in fee-for-service MA (ACCESS) to 6 prescriptions per month, with certain automatic exceptions. See PHLP Factsheet for more information.

Dental – The state reduced dental benefits in September 2011 for most adults in fee-for-service MA to cover dentures only once in a lifetime, and to cover crowns, root canals, periodontal services, and additional dentures only through a benefit limit exception.

Which MA managed care plans have adopted the benefit changes?

	<i>Pharmacy Cap (6 Rx/month)</i>	<i>Dental Limits</i>
Aetna	No	Feb. 2012
AmeriHealth Caritas	July 2012	Jan. 2012
Coventry	No	No
Gateway	May 2012	Nov. 2011
Geisinger	No	March 2013
HealthPartners	No	April 2012
Keystone First	July 2012	Jan. 2012
United	March 2012	Oct. 2011
UPMC	May 2012	May 2012

MA consumers can change their managed care plan at any time (www.enrollnow.net or 800-440-3989), but should make sure their doctors accept the new plan beforehand.

What qualifies for a Benefit Limit Exception?

The prescribing doctor or dentist can request a “benefit limit exception” from the MA managed care plan. A letter from a PCP is often necessary for a dental exception request.

A benefit limit exception will be granted if, without the additional service, (i) the patient’s life would be in danger, (ii) the patient’s health would get much worse, or (iii) the patient would need more expensive services. See 55 Pa Code s. 1101.31(f). Full appeal rights apply if the MCO denies the exception request.