

Recipient Notices, August 2010

This notice is being sent to all Medicaid and NC Health Choice recipients so that everyone knows about the changes. You may not be receiving any of these services.

Important Information For Medicaid Recipients Under Age 21

This pertains to all services mentioned in this notice. Children under age 21 who have Medicaid are entitled to medically necessary screening, diagnostic and treatment services that are needed to “correct or ameliorate defects and physical and mental illnesses and conditions” under the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program, regardless of whether the requested service is covered under the Medicaid State Plan. For more information about EPSDT, please refer to: <http://www.dhhs.state.nc.us/dma/epsdt>. EPSDT does not apply to children who have NC Health Choice.

IMPORTANT INFORMATION FOR NORTH CAROLINA MEDICAID RECIPIENTS

This notice is to let you know about important information and changes that are going to be taking place in Medicaid medical services over the next several months.

Changes in Medical Services for Medicaid Recipients

- Medicaid will no longer cover weight loss surgery, breast lifts, and surgery to remove excess skin and tissue from the abdomen. Breast reduction surgery will only be covered when related to treatment of congenital absence of the breast or loss of significant breast tissue due to trauma or medically necessary (cancer or high cancer risk) mastectomy.
- If you, or someone in your family, has seen a surgeon and started the surgeon’s program to prepare for weight loss surgery prior to July 1, 2010, you may be allowed to complete the program if certain conditions are met: (1) the request for prior approval must be approved before November 30, 2010; and (2) the surgery must be completed before December 31, 2010. You should discuss this with your surgeon or call DMA through the CARE-LINE at 1-800-662-7030.
- As of October 1, 2010, podiatry services will be limited to certain medical conditions or diagnoses.
- If you, or someone in your family, are currently receiving Maternal Outreach Worker Services, you may be affected by the following: The Maternal Outreach Worker program has been eliminated and will no longer be provided in local Health Departments, Federally Qualified Health Centers and Rural Health Centers. Most of the Maternal Outreach Worker responsibilities will be taken over by Maternity Care Coordinators and Child Service Coordinators located in local Health Departments.
- Effective November 1, 2010, co-payments will be a maximum of \$3.00 for clinic and outpatient services. For non-emergency visits to a hospital emergency room, the co-payment amount is increased to \$6.00. Local Health Department visits and outpatient behavioral health services are now subject to co-payments.

IMPORTANT INFORMATION FOR MEDICAID AND NORTH CAROLINA HEALTH CHOICE FOR CHILDREN RECIPIENTS

This notice is to let you know about important information and changes that are going to be taking place in Medicaid and NC Health Choice medical services over the next several months.

Changes to Behavioral Health Services for Medicaid and NC Health Choice Recipients

Community Support Team (CST), Intensive In-Home (IIH), and Day Treatment (DT): If you, or someone in your family, are receiving CST, IIH, or DT services, you may be affected by these changes. **It is important that you talk with your QP (case manager) to see if these changes are going to affect you.**

In order to improve services to people with behavioral health problems, the state is requiring that service provider agencies go through a certification process to provide these three important services. These new certified agencies will be called Critical Access Behavioral Health Agencies (CABHAs). **Please talk with your QP to find out if your current provider agency is planning to become a CABHA and what that might mean for you. Beginning January 1, 2011, CST, IIH, and DT are three services that can only be provided by a CABHA.**

- If your provider agency is certified as a CABHA on or before December 31, 2010, you may continue to receive **CST, IHH, or DT services** from your current provider, and nothing will change.
- If your provider agency is not planning to become a CABHA, Medicaid strongly encourages you to consider choosing a new provider agency that is or will be certified as a CABHA before December 31, 2010. If you need a new provider after December 31, 2010 because your current provider agency is not certified as a CABHA, DMA will work with you and your Local Management Entity (LME) to make sure that you are connected to a new provider and do not have a break in services.

Please talk with your QP to find out more about CABHAs. Your LME will be contacting you to help you find out more about CABHA agencies in your area and can assist you if you need to change to a different agency. For more information about CABHAs, go to the website: <http://www.ncdhhs.gov/mhddsas/cabha/index.htm>.

Other Changes to Community Support Team (CST): As of August 1, 2010, you will only be able to receive CST for 6 months per calendar year. You will be allowed up to 32 hours of Community Support Team every 60 days.

Changes to Outpatient Behavioral Health Services: If you, or someone in your family, are currently receiving outpatient behavioral health services, and are **under 21 years of age**, you may be affected by these changes. As of November 1, 2010, after your sixteenth (16th) visit, your provider will need to get approval from DMA to continue to work with you. Before this change, your provider had to get approval from DMA after your twenty-sixth (26th) visit.

Changes to Community Support Services (CSS) Child and Adult: You or your child may be receiving this service if you or your child has a caseworker, case manager, or QP. This service will be ending as of December 31, 2010. Even though this service is ending, DMA will continue to review requests for this service for children, if no other, more helpful service is available.

Important Dental Information

To All Parents/Caregivers of NC Medicaid and NC Health Choice Eligible Children: The American Dental Association, the American Academy of Pediatric Dentistry, and the American Academy of Pediatrics all recommend that children have their first dental visit before age 1. Regular dental check-ups every six (6) months are important for not only the optimal oral health of your child, but also for his or her overall health. Oral disease that goes untreated can affect children in many ways beyond pain and infection such as difficulty sleeping, difficulty eating, absences from school, and poor concentration at school. Dental decay is one of the most common diseases of childhood that can be prevented through routine visits to a dentist. Don't wait until dental problems develop to visit a dentist. Remember that preventive oral health care is important for the well-being of children of all ages, including children with baby teeth.

To locate a dentist for your child's dental care, refer to the NC Medicaid Dental Provider List on the DMA website at <http://www.ncdhhs.gov/dma/dental/dentalprov.htm> or call the CARE-LINE at 1-800-662-7030.

Who to Contact With Questions About Information in This Notice: For questions or concerns please contact the CARE-LINE Information & Referral Service at 1-800-662-7030 (English/Spanish) or 1-877-452-2514 (this is a TTY number and only those with TTY equipment can talk to a person when this number is dialed). The CARE-LINE is available to assist you Monday – Friday 8 am to 5 pm.

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IMPORTANT INFORMATION FOR NORTH CAROLINA MEDICAID RECIPIENTS

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Coverage of Lost Medications

Effective August 15, 2010, Medicaid no longer pays for an unlimited number of lost prescription drugs. Medicaid will only pay to replace lost prescription drugs one time in a 365 day period. If prescription drugs are lost, they all must be replaced on the same day. Medicaid will not pay for controlled substance drugs that are lost.

North Carolina Medicaid Recipient Management Lock-In Program

This is a notice to help you understand the one sent last month about the NC Medicaid Recipient Management Lock-In Program. All those who have Medicaid received the notice which stated Medicaid recipients will have to use a single pharmacy and a single healthcare prescriber (doctor, nurse practitioner, physician assistant, or dentist) if you:

- Use more than 6 prescriptions for pain medications for 2 months in a row.
- Use more than 6 prescriptions for anxiety (nerve) medications for 2 months in a row.
- Use prescriptions from more than 3 doctors for pain medications and/or anxiety (nerve) medications for 2 months in a row

This will not affect everyone on Medicaid. If selected, patients will receive a letter telling them they have been selected and will ask them to pick a pharmacy and doctor they would like to visit in order to get their "pain" and "nerve" medications. After choosing your pharmacy and doctor, Medicaid will send an additional letter to your pharmacy and doctor letting them know you will be visiting them for these "pain" and "nerve" medications. **At this time, you do not** need to contact your doctor or pharmacy. You will also receive a final letter with the pharmacy and doctor you will need to visit for these medications.

If you also have Medicare, and under your Part D coverage Medicaid pays for your nerve medications then the requirements above will apply to the nerve medications.

Changes to North Carolina Medicaid Preferred Drug List

The start date for changes to the Preferred Drug List (PDL) is now September 15, 2010. If you have access to a computer, you can refer to the Division of Medical Assistance outpatient pharmacy program's website for a list of the drugs on the PDL and for updates (<http://www.dhhs.state.nc.us/dma/pharmacy>).

Coverage of Prescription Vitamins and Mineral Products

Within the next few months, Medicaid will no longer pay for certain prescription vitamin and mineral products. Prescription prenatal vitamin and fluoride products will continue to be covered for Medicaid patients only. If you are dual-eligible (meaning you have both Medicare and Medicaid), Medicaid will not pay for any vitamin or mineral products.

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Changes in Medicaid In-Home Personal Care Services

In-home Personal Care Services (PCS) and PCS-Plus Programs are scheduled to be replaced with two new in-home care services in 2011. The two new programs are:

- In-Home Care for Children (IHCC) that will provide personal assistance to individuals under age 21 who qualify for the services; and
- In-Home Care for Adults (IHCA) that will provide personal assistance to individuals age 21 and older who qualify for services.

If you, or someone in your family, are currently receiving services through the Medicaid in-home PCS or PCS-Plus program you will be affected by this change. If you, or someone in your family, qualify for one of the new in-home care programs, the Medicaid recipient will be notified and will be transitioned into the program without any break in service.

Dental Services for NC Medicaid Eligible Children

Effective November 1, 2010, Medicaid will no longer pay for the following services for recipients under age 21, unless these services are needed to “correct or ameliorate a defect or physical or mental illness or condition” under EPSDT:

- 1) A full mouth series of x-rays taken on children under age 6 except when the service is rendered in the hospital or ambulatory surgical center setting
- 2) Three (3) bitewing x-rays taken on children under age 13

Ask your dentist if this change will affect dental treatment for your child. If you or your dentist believe that any of the services listed above are medically needed to correct or ameliorate your child’s defect or physical or mental illness or condition, ask your dentist to submit a Non-Covered State Medicaid Plan Services Request Form for Recipients under 21 Years of Age, available at <http://www.ncdhhs.gov/dma/epsdt/>.

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