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| LOCAL COMMISSIONERS MEMORANDUM |
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DSS-4037EL (Rev. 9/89)

Transmittal No: 93 LCM-21

Date: March 9, 1993

Division: Health & Long
Term Care

TO: Local District Commissioners

SUBJECT: Medicaid Utilization Threshold Program - Changes

ATTACHMENTS: Medicaid Utilization Thresholds Fact Sheet
(available on-line)

Beginning April 1, 1993, the following changes to the Medicaid Utilization Threshold program will become effective.

- For all recipients other than adult Home Relief (HR) recipients between the ages of 21 and 64:

The threshold for pharmacy benefits will change from 60 items to 40 items. Pharmacy items include prescription drugs, over the counter medicines, and medical surgical supplies.

- For recipients in the Recipient Restriction Program:

Restricted recipients, regardless of aid category or age, will no longer be exempt from the Utilization Threshold Program. These recipients will be subject to the established threshold limits for physician/clinic, pharmacy and laboratory services. A service authorization must be obtained by a provider in order to receive Medicaid payment.

An implementation date for the proposed changes applicable to Home Relief recipients between the ages of 21 and 64 has not been established because of court action precluding the Department from such implementation. Local districts will be notified in a subsequent Local Commissioners Memorandum as to outcome of the court action.

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Any questions or comments regarding this material should be directed to:

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MEDICAL ASSISTANCE UTILIZATION THRESHOLDS FACT SHEET

There are limits on the number of times you can receive certain medical services through the Medical Assistance Program.

There are limits on the following types of service:

Number of visits, items or lab tests allowed in a year.

Service Type	Recipients who are: - under 21 or 65 or over - certified disabled - certified blind - single caretaker of a child under 18	Most other people between 21 and 65
Physician and Clinic	14 visits	14 visits
Laboratory	18 tests	18 tests
Pharmacy (prescription drugs and over the counter medicine)	40 items	43 items

EMERGENCY MEDICAL CARE WILL BE COVERED EVEN IF YOU HAVE REACHED THESE LIMITS

There are no limits on the following services:

- family planning services
- methadone maintenance treatment
- obstetric services (pregnancy)
- care given under a managed care program (see below)
- kidney dialysis
- child teen health plan
- other services - call 1-800-421-3891.

Benefit Year

Service limits are for a 12 month period called a benefit year which begins the month you become eligible for Medical Assistance. You will have these same limits even if you go on and off Medical Assistance during this benefit year. After the benefit year is over a new 12 month benefit year will begin with the full number of service limits (for example: 18 laboratory tests). Services not used from the last benefit year will not be carried over to the new benefit year.

During each benefit year we will keep track of the number of services you are using and will let you know by mail if you are using services quickly and are in danger of reaching your limit. We will also let you know by mail if you have reached your service limit.

MA Benefit Identification Card

When you go for a medical service, your doctor, clinic or pharmacy must first check with Medical Assistance to see whether you have reached the limit for medical services. It is important that you show your plastic "Benefit Identification Card" each time you go for medical services.

If you need more services

Your doctor can fill out a special form called a "Threshold Override Application", to ask Medical Assistance to increase the number of services you can receive or to give you an exemption from service limits.

You should ask your doctor to fill out the Threshold Override Application to get more services when:

- you or other household members have a serious illness or are sick a lot; or
- you get a letter from Medical Assistance warning you that you are using services quickly and are in danger of reaching your service limit; or
- you get a letter from Medical Assistance telling you that you have reached your service limit.

IF YOU NEED SERVICES ABOVE YOUR LIMIT MAKE SURE THAT YOU ASK YOUR DOCTOR TO FILL OUT THE THRESHOLD OVERRIDE APPLICATION. REMEMBER, IF YOU DO NOT ASK FOR MORE SERVICES AND YOU REACH YOUR LIMIT, MEDICAL ASSISTANCE WILL NOT PAY FOR ADDITIONAL SERVICES EXCEPT FOR EMERGENCY MEDICAL CARE, UNTIL YOUR NEW BENEFIT YEAR BEGINS.

Managed Care Programs

If you enroll in a Managed Care Program you will not be subject to the Utilization Threshold Program. To find out if there is a Managed Care Program available to you, please call your Local Social Services District.

If you have any questions

You may call 1-800-421-3891 Monday to Friday - 9am to 5pm and someone will help you.

Fair Hearing Rights

You have a right to a Fair Hearing when your application for an exemption or an increase in service limits is denied and you have reached your service limits. At this hearing you can raise the issue of whether we correctly figured the number of services you used.