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

Transmittal No: 91 LCM-34

Date: March 4, 1991

Division: Medical Assistance

TO: Local District Commissioners

SUBJECT: Update on Utilization Thresholds for HR Adults

ATTACHMENTS: Dear Home Relief Recipient Letter (available on-line)
Medicaid Utilization Fact Sheet (available on-line)
Threshold Override Application (TOA) (not on-line)
Dear Provider Letter (available on-line)
Interim HR UT Notification Procedures (available on-line)

The Utilization Threshold Program for Home Relief Adults will be implemented effective March 1, 1991. This Department recently sent a letter and fact sheet explaining the Program to recipients, who, as of February 4, 1991, were known as having met the eligibility criteria for participation in the Home Relief Utilization Threshold Program. A hot line has been set up for the recipients to call with questions; however, local district staff may still receive questions on this program. We encourage your staff to answer as many questions as they can and to refer the client to the hot line number for additional information. The recipient hotline number is 1-800-421-3891.

A letter and a copy of the Threshold Override Application has been sent to all physicians, clinics, pharmacies and laboratories. If a recipient will require additional service above the threshold, the physicians and clinics are asked to send the override application in for processing as soon as the need is identified. A hot line has also been set up for providers to ask questions. The provider hotline number is 1-800-421-3893.

A copy of all material sent to recipients and providers and other information related to the Utilization Threshold Program is enclosed for your review.

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Each applicant or recipient for Medical Assistance or Public Assistance that has been determined eligible for Home Relief since February 4, 1991 should be provided with a copy of the "Dear Home Relief Recipient" letter and "Fact Sheet" on Medicaid Utilization Thresholds for Home Relief Recipients if they meet the criteria outlined in the enclosed "Interim HR UT Notification Procedures."

This district action should continue until we notify you otherwise. System changes to support the coverage code for those Medicaid recipients in the Home Relief aid category are scheduled to become effective July 1, 1991.

Any questions or comments regarding the Program should be directed to:

James Donnelly
Division of Medical Assistance
New York State Department of Social Services
40 North Pearl Street
Albany, New York 12243
(518) 473-5602

Jo-Ann A. Costantino
Deputy Commissioner
Division of Medical Assistance

Dear Home Relief Recipient:

New York State has a new law which places limits on the number of times you can receive certain medical services through the Medical Assistance Program (Medicaid). The new law, which goes into effect March 1, 1991 is for all recipients who are age 21 to 65 and are in the Home Relief Aid category. If you are not sure of your aid category, ask your caseworker. The enclosed fact sheet lists what services have limits, what the limits are, what services do not have limits, and how to increase your limits.

Under this new law, your doctor, clinic, or pharmacy must first check with Medicaid to see whether you have reached the limit for care or services and will need to see your card before taking care of you. It is very important that you have your plastic "Benefit Identification Card" with you when you go for service. Be sure that you do not lose your card or let someone else use it. If you do lose your card, call your case worker immediately. He/she will have a new card sent to you. It is illegal for you to lend your card to someone else. If someone else uses your card, there will be fewer services for you to use.

You should still be able to get all the medical services you need. Even if you get sick or have an accident during the year, you should be able to get needed services. If you or any member of the household are always sick (chronic illness) or have a very serious accident or illness, your doctor can request an increase in the number of services you receive by filling out a special form.

During the year, if you are using a lot of services, you will receive a letter telling you that you are reaching your limit. You should then ask your doctor or clinic to apply for an increase for you. You will also get a letter telling you when you have reached your limit. Again, talk to your doctor.

These limits on your Medicaid coverage are based on a change in State law. You have the right to have a fair hearing scheduled. However, the hearing officer at the hearing may determine that you do not have a right to a hearing or continuation of Medicaid if the only issue at the hearing is the change in state law. If you have questions about this program, you may call 1-800-421-3891.

Sincerely,

Jo-Ann A. Costantino
Deputy Commissioner
Division of Medical Assistance

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MEDICAID UTILIZATION THRESHOLDS FOR HOME RELIEF RECIPIENTS
FACT SHEET

This program is for:

Recipients who are in the Home Relief Aid category. They generally are people who are:

- from 21 through 64 years old
- not certified disabled or certified blind
- not a single caretaker of a child under 18, or
- not pregnant

The limits on services are:

- Physician and clinic - 14 visits per benefit year
- Laboratory - 18 tests per benefit year
- Pharmacy - 43 items (including prescription drugs, refills and over the counter medicine) per benefit year

Benefit Year:

Your benefit year is the 12 month period beginning March 1, 1991 or later depending on when you become eligible.

There are no limits on:

- methadone maintenance treatment
- mental health services when provided by a psychiatrist, psychologist or mental health clinics
- family planning services including family planning pharmacy items
- kidney dialysis
- care given under a managed care program
- inpatient hospital services or nursing home care

If you are very sick and need more services:

Your doctor can fill out a special form called a Threshold Override Application to ask Medicaid to increase the number of services you can receive or to give you an exemption. All Medicaid doctors and clinics have these forms. In an emergency care will not be denied even if you have reached your limit. However emergency room visits will count as one of your physician/clinic visits until you reach your limit.

If you are using your services quickly or reach your limit:

A "warning" letter will be sent to you if you are using services quickly. If you get a "warning letter", you can ask your doctor to fill out the form to ask for more services. If you reach your limit you will receive a letter telling you that you have reached your limit. Your doctor may not be willing to treat you if you have reached your limit because Medicaid will not pay for services over the limit. Tell your doctor you have reached your limit so that he may ask for more services for you. You will be allowed more services if you need them.

If you have questions:

You may call 1-800-421-3891 Monday to Friday 9am to 5pm and someone will help you. You can still receive all medically necessary services.

Dear Provider:

The New York State Legislature recently passed, and Governor Cuomo has signed into law, a bill authorizing the Department of Social Services to implement a Utilization Threshold program for Medical Assistance (Medicaid) recipients in the Home Relief aid category between the ages of 21 and 65. Utilization Thresholds (limits) are the number of Physician/Clinic, Pharmacy and Laboratory services that Home Relief recipients can receive per year through Medicaid without obtaining authorization for increases.

The Electronic Medicaid Eligibility System (EMEVS) is being modified to fully support the Utilization Thresholds for Home Relief recipients initiative. I expect these EMEVS enhancements later this year; however, until then a preliminary system will be implemented.

Effective March 1, 1991 services provided to Home Relief recipients age 21-65 will be counted toward each recipient's threshold. You should continue to make eligibility inquiries through EMEVS as before. If you are subject to Eligibility and Service Ordering Program procedures (Post and Clear/Card Swipe), continue them as well. You should also continue to provide all necessary medical care, services or supplies to eligible patients. During the preliminary phase and until further notice the responses you receive from the EMEVS will be unaffected.

Additional details on this program will be provided as enhancements are made to EMEVS that ultimately will give you on-line access to a recipient's status with Utilization Thresholds. Until these improvements are made and proper notification provided, no claims will be denied if a recipient exceeds the thresholds. However, claims for services rendered during the preliminary phase will be counted toward each recipient's thresholds.

As stated, Utilization Thresholds are the number of services, per benefit year, that recipients can receive without obtaining authorization for increases. The threshold for each category is:

- Physician/Clinic visits 14
- Laboratory tests 18
- Pharmacy prescriptions, refills or other supplies or medicines 43

I would like to emphasize two points:

- This program will not add to the recipient eligibility inquiry that you should presently be doing via EMEVS.
- The Utilization Thresholds have been set at levels that will not be reached by the overwhelming majority of Home Relief recipients. The Department recognizes, however, that an initiative such as this must be sensitive to the needs of individual patients who require medically necessary services beyond the thresholds. Accordingly, a Medicaid Override Application System (MOAS) has been established for these situations. NO RECIPIENT NEED BE DENIED NECESSARY MEDICAL CARE UNDER THIS PROGRAM.

Enclosed for your information and use are:

- A copy of the descriptive fact sheet that is being sent to each affected recipient.
- An instruction sheet and a Threshold Override Application (TOA). Please note that photocopies of the TOA are acceptable.

If you have any questions about this program, you can call 1-800-343-9000 for EMEVS related questions or 1-800-421-3893 for other questions and to order additional Threshold Override applications.

I am asking your cooperation with this initiative in the hope that its successful implementation will allow us to conserve the resources needed to continue to offer a comprehensive Medicaid program in New York State. Thank you.

Sincerely,

Jo-Ann A. Costantino
Deputy Commissioner
Division of Medical Assistance

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INTERIM HR UT NOTIFICATION PROCEDURES

NYS DSS recently sent a one-time notification to PA and MA cases containing individuals who, as of February 4, 1991, were known to WMS as having met the eligibility criteria for participating in the HR UT program. The initial system conversion of such recipients to MA coverage code 16 (HR UT) is tentatively scheduled to occur during June 1991 effective with July 1, 1991.

However, individuals qualifying for HR UT who become known to WMS after February 4, 1991 were unable to be included in that one-time notification. It will therefore be necessary for local districts to send the required timely notice, including the "HR UT fact sheet", to the following cases:

I. Case type 14 (PG-ADC), 16 (HR) and 17 (VA) cases containing at least one recipient whose age is equal to or greater than age 21 but less than age 65, and whose individual categorical code is 09 (no ADC deprivation), and which were:

- a) opened on or after February 4, 1991, or -
- b) active prior to February 4, 1991 but did not contain an individual meeting the above age/category criteria prior to that date.

II. Case type 20 (MA-only) cases containing at least one recipient whose age is equal to or greater than age 21 but less than age 65, and whose individual categorical code is 09 (no ADC deprivation), 16 (public home FNP) or 39 (FNP parent living with his/her child above the PA standard), and which were:

- a) opened on or after February 4, 1991, or
- b) active prior to February 4, 1991 but did not contain an individual meeting the above age/category criteria prior to that date.

Any questions or comments regarding the Program should be directed to:

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