MaineCare Services
An Office of the
Department of Health and Human Services
Paul R. LePage, Governor Mary C. Mayhew, Commissioner

Department of Health and Human Services
MaineCare Services
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To: MaineCare Member

From: Stefanie Nadeau, Director, Office of MaineCare Services

Stefanie Nadeau

Date: March 9, 2012

NOTICE OF REDUCTION IN MAINECARE SERVICES

Starting **April 1, 2012**, some MaineCare services will be reduced or changed. These changes are required as part of the Department of Health and Human Services' Supplemental Budget, which was signed by Governor LePage on February 26, 2012. PUBLIC Law, Chapter 477, LD 1816, 125th Maine State Legislature.

MAINECARE SERVICE REDUCTIONS AND CHANGES ARE LISTED BELOW:

MCBM Section 75: Vision Services

Adults on MaineCare will only get a routine eye exam once every three (3) years. MaineCare had paid for these routine exams once every two (2) years.

Members in ICF-MR will continue to get one (1) routine eye exam per year.

MaineCare will still pay for exams by ophthalmologists if needed. For example, if you have a medical diagnosis such as diabetes or use certain medication such as the use of Plaquinil, then you may be able to get an exam more often.

These changes apply only to adults.

MCBM Section 15: Chiropractic Services

Chiropractic Services will be limited to 12 visits each year. This change applies only to adults.

MCBM Section 80: Pharmacy Services

Two brand limit – MaineCare Services will now pay for only two brand-name prescriptions each month. However, you can get more than two brand name drugs each month if there is no generic available or you get Prior Authorization.

This new limit will not apply to some people and some types of drugs. Some examples of when the two-brand limit does **not** apply include:

- children under the age of twenty-one,
- pregnant women,
- brand-name drugs required by federal law,
- brand-name drugs for the treatment of cancer, HIV or AIDS,
- brand-name antipsychotic drugs,
- brand-name drugs that the Department has determined to be more cost-effective than a generic.

45-day narcotic limit – There will be a limit of 45 days for new narcotic prescriptions. This does not include prescriptions for members who are receiving cancer treatment, HIV/AIDS or Hospice Care. This change applies only to adults.

For MaineCare members who have been receiving opioids for the treatment of chronic pain for greater than one year, this 45-day limit will start on September 1, 2012.

Smoking cessation – This change only affects adults. There will be new yearly limits for MaineCare members. These limits have not been determined. This information will be provided by the Department as soon as possible.

Discontinue reimbursement for nutritional products at retail pharmacies – MaineCare will no longer pay for nutritional supplements, such as baby formula or Ensure, at retail pharmacies.

MaineCare will still pay for nutritional supplements if purchased at medical supply dealers. In some cases, you may be able to get these products through the Woman, Infants and Children (WIC) program.

These products may be covered for members who have a chronic illness or trauma and cannot eat orally but Prior Authorization is required.

MCBM Section 60: Durable Medical Equipment

Durable Medical Equipment (DME) by mail – MaineCare members will be required to buy certain DME supplies by mail. The full list of supplies that members will need to buy through mail will be provided at a later date.

Reduction of DME supplies to medical supply stores – MaineCare members will not be able to purchase some DME supplies at medical supply stores. You will need to buy them at a retail pharmacy. These include diabetic supplies such as: Lancets, Lancet Device, Syringes/Needles, Monitor devices, and Test strips.

No Appeal Rights: MaineCare members have no right to appeal these reductions in MaineCare services or to request a hearing because the MaineCare Benefits Manual (MCBM) is being amended by rulemaking to reduce these services.

Please remember that all of these changes will start on **April 1, 2012**. Your provider will be able to answer questions about what Policy Section covers your services and if your services will change in any way. If you have questions, please contact Member Services at 1-800-977-6740. The TTY number is: 1-800-977-6741.

You can also find MaineCare rules at: http://www.maine.gov/dhhs/oms/rules/provider_rules_policies.html.