



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

IMPORTANT INFORMATION ABOUT YOUR MEDICAL ASSISTANCE BENEFITS

**The Department of Public Welfare is making a change to your
Medical Assistance prescription drug benefit.**

Please read this notice carefully. The change starts January 3, 2012.

What is the change?

You can get up to 6 prescriptions each month. This is a new limit.

Does this change apply to me?

If you are in a managed care plan, contact your managed care plan to ask how this change applies to you.

This change does not apply to you if:

- You are under 21 years of age; or
- You are pregnant; or
- You live in a nursing home or an intermediate care facility.

If you use the PA ACCESS card to get your prescriptions and you do not fit an exception, this change applies to you. If you think this change should not apply to you because you fit one of the exceptions listed above, see the appeal section for information on how to file an appeal.

What if I need more than 6 prescriptions each month?

In some instances, the Department of Public Welfare (department) can approve more than 6 prescriptions. This is called a benefit limit exception. The department can grant a benefit limit exception ("exception") if:

- You have a serious chronic illness or health condition and without the additional prescription, your life would be in danger; or
- You have a serious chronic illness or health condition and without the additional prescription, your health would get much worse; or
- You would need more expensive health care services if the exception is not granted; or,
- It would be against federal law for the department to deny the prescription.

**IF YOU HAVE ANY QUESTIONS ABOUT THE PRESCRIPTION DRUG BENEFIT CHANGE,
PLEASE CALL THE MEDICAL ASSISTANCE RECIPIENT SERVICE CENTER at 1-800-657-7925
For translation, call 1-866-872-8969. For TDD/TYY, call PA Relay 711.**

Some exceptions will be automatic.

A benefit limit exception will happen automatically if your prescription is for one of the drugs listed below. For the drugs with an asterisk (*), the department must have a record of your illness for the benefit limit exception to happen automatically.

Drugs to treat:

- Abnormal or irregular heartbeat
- Angina
- Asthma or COPD (chronic obstructive pulmonary disease)
- Bipolar disorder*
- Cancer
- Depression for patients with depression*
- Diabetes
- Enzyme deficiencies
- Glaucoma
- Hemophilia
- Hepatitis
- High blood pressure for patients with angina, heart disease, heart attack, stroke, kidney disease, diabetes or glaucoma*
- HIV/AIDS
- Immune deficiency
- Infection for patients with HIV/AIDS, cancer, organ transplant, sickle cell anemia or diabetes*
- Multiple sclerosis
- Nausea and vomiting for patients with cancer or pancreatitis*
- Opiate dependency
- Parkinson's disease
- Pulmonary hypertension
- Serious mental illness
- Thyroid disorders

Drugs to prevent:

- Blood clots
- Pregnancy
- Seizures for patients with seizure disorder*

Drugs to:

- Reduce stomach acid for patients with gastrointestinal bleeding, Barrett's esophagitis or Zollinger Ellison*
- Stop migraine headaches
- Suppress the immune system

How do I get an exception?

If your prescription is not automatically approved at the pharmacy, your doctor or other health care provider can ask the department for a benefit limit exception.

To ask for a benefit limit exception, the doctor or other health care provider who prescribed the drug must fax or call the Medical Assistance (MA) Pharmacy Provider Call Center between 8:00 a.m. and 4:30 p.m., Monday through Friday and give the MA staff person:

- Your name, address, date of birth, and ACCESS Card number
- Provider name, address, telephone and fax number, medical license number and National Provider Identifier number
- Information about the drug being prescribed, your diagnosis and why you need the exception

Once the department has the needed information, the department will respond to the request within 24 to 72 hours. You and your doctor will get a written notice of the decision.

What if I need my prescription filled right away?

If you need the drug right away, your pharmacist may give you up to a 5 day emergency supply.

What if my exception request is denied?

If a request for an exception is denied, you and your doctor will get a written notice of the decision. The written notice will explain how to appeal.

If you have been receiving the drug and your request for an exception is denied, and you file an appeal that is hand delivered or postmarked within 10 days of the written notice of the decision, you can get your drug while you wait for a decision about your appeal.

What are my rights to appeal this change?

If you think this change should not apply to you because you are under age 21, pregnant, or in a nursing home or intermediate care facility, you may file an appeal and ask for a fair hearing.

Because this change is caused by state law, you cannot appeal the change itself. You can only appeal its application to your factual situation. If you file an appeal challenging the benefit change itself, and not how it applies to your individual situation, the department will dismiss your appeal without granting a fair hearing.

This pharmacy benefit change is authorized by 62 P.S. § 443.6, as amended by Act 2011-22.

How do I file an appeal?

If you want to have a hearing, you may call your caseworker, but you must also fill out and sign the form on the reverse side of this page. After you have filled out the form, mail it or take it to your county assistance office.

Your appeal must be postmarked or received by February 3, 2012. Otherwise, it will be dismissed without a hearing.

If you are appealing because you think this change does not apply to you because you are under 21 years of age, or pregnant, or you live in a nursing home or an intermediate care facility and your appeal is postmarked or received before January 3, 2012, your current pharmacy benefit will remain in place until your appeal is decided.

At the hearing, you can tell the hearing official why you think the facts we have about you are wrong. You may present evidence and bring witnesses. You may represent yourself or have someone else represent you. You can get free legal help by calling one of the phone numbers listed in this notice. If you speak a language other than English and need an interpreter, and ask us in advance, we will help you get an interpreter at no charge to you.

If you or your representative would like to meet with us to discuss the issue under appeal informally or to give us information which might change the decision on your benefit, please call your caseworker. This informal meeting will not delay or cancel your hearing.

A hearing will be scheduled for you either over the telephone or in person, whichever you choose. If you ask to appear in person for the hearing, it will be held in the city listed below for the county in which you live.

If you want to talk to a lawyer about this change, call:

In Southwest Pennsylvania

Laurel Legal Services at (800) 253-9558

Southwestern PA Legal Services at
(888) 855-3873

Neighborhood Legal Services at
(866) 761-6572

In Southeast Pennsylvania

Philadelphia Legal Assistance at
(215) 981-3800

Community Legal Services of Philadelphia at
(215) 227-2400

Legal Aid of Southeastern PA at
(877) 429-5994

In Northeast Pennsylvania

North Penn Legal Services at (877) 953-4250

In Northwestern Pennsylvania

Northwestern Legal Services at (800) 665-6957

In Central Pennsylvania

MidPenn Legal Services at (800) 326-9177

Statewide

Pennsylvania Health Law Project at
(800) 274-3258

Pennsylvania Legal Aid Network at
(800) 322-7572

HEARING LOCATIONS

ERIE FOR: Cameron, Clarion, Crawford, Elk, Erie, Forest, McKean, Mercer, Potter, Venango, Warren.

HARRISBURG FOR: Adams, Centre, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Lycoming, Mifflin, Montour, Northumberland, Perry, Snyder, Union, York.

PHILADELPHIA FOR: Bucks, Chester, Delaware, Montgomery, Philadelphia.

PITTSBURGH FOR: Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Clearfield, Fayette, Greene, Indiana, Jefferson, Lawrence, Somerset, Washington, Westmoreland.

PLYMOUTH FOR: Bradford, Carbon, Clinton, Columbia, Lackawanna, Luzerne, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming.

READING FOR: Berks, Lehigh, Northampton, Schuylkill.

I WANT A HEARING BECAUSE:

(attach additional pages, if necessary)

DO YOU WANT A TELEPHONE HEARING, OR AN IN-PERSON HEARING? (circle one)

TELEPHONE

IN-PERSON

DO YOU NEED AN INTERPRETER? (circle one) **YES** **NO**

If you circled YES, what language?

Date

Representative's Name Printed
Representative's Telephone Number

Representative's Signature

Your Name Printed
Your Telephone Number

Your Signature

Your Address

County

Case Record Number

Mail or take this form to your caseworker at the county assistance office.

PRESORTED
FIRST-CLASS MAIL
US POSTAGE
PAID
HARRISBURG, PA
CWOPA

IMPORTANT INFORMATION ABOUT YOUR MEDICAL ASSISTANCE BENEFITS

IMPORTANT INFORMATION – THIS NOTICE CONTAINS INFORMATION ABOUT CHANGES TO HEALTH CARE BENEFITS FOR PEOPLE IN YOUR HOUSE.

If you need someone to translate the notice for free, please call 1-866-542-3015.

INFORMACIÓN IMPORTANTE – ESTE AVISO CONTIENE INFORMACIÓN ACERCA DE CAMBIOS EN LOS BENEFICIOS DE ATENCIÓN DE LA SALUD PARA LAS PERSONAS QUE VIVEN EN SU CASA. Si necesita que alguien le traduzca gratis el aviso, llame al 1-866-542-3015.

重要信息-此通知包括关于您的家庭成员的医疗照顾福利有变化的信息。如果您需要请人免费翻译此通知，请致电 1-866-542-3015。

ВАЖНЫЕ СВЕДЕНИЯ. ДАННОЕ УВЕДОМЛЕНИЕ СОДЕРЖИТ ИНФОРМАЦИЮ ОБ ИЗМЕНЕНИЯХ В МЕДИЦИНСКОМ ОБСЛУЖИВАНИИ ЛИЦ, ПРОЖИВАЮЩИХ В ВАШЕМ ДОМЕ. Если вам нужно, чтобы кто-нибудь перевел данное уведомление (бесплатно), звоните по телефону 1-866-542-3015.

ព័ត៌មានសំខាន់ – សំបុត្រនេះមានព័ត៌មានអំពីការផ្លាស់ប្តូរអត្ថប្រយោជន៍សុខាភិបាលសម្រាប់អ្នកដែលនៅផ្ទះរបស់លោកអ្នក។ បើលោកអ្នកត្រូវការអ្នកណាម្នាក់ដោយឥតគិតថ្លៃសម្រាប់ប្រែសុំប្រតិបត្តិការសូមទូរស័ព្ទមកលេខ 1-866-542-3015.

THÔNG TIN QUAN TRỌNG – THÔNG BÁO NÀY GỒM NHỮNG CHI TIẾT VỀ VIỆC THAY ĐỔI PHÚC LỢI CHĂM SÓC Y TẾ DÀNH CHO THÂN NHÂN CỦA QUÝ VỊ. Nếu quý vị cần người phiên dịch miễn phí thông báo này, xin gọi số 1-866-542-3015.