



# RECIPIENT NEWSLETTER

North Dakota Department of Human Services  
Medical Services Division  
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## Reminder: Service Limits and Co-pays

### **The following limits are effective for service dates on or after January 1, 2004:**

Chiropractic manipulation visits ~ 12 per year

Chiropractic x-rays ~ 2 per year

Occupational therapy evaluation ~ 1 per year

Occupational therapy ~ 20 visits per year; *(applies in combination with services delivered in an outpatient hospital setting. This limit does not apply to school-based services for children.)*

Psychological therapy ~ 40 visits per year

Psychological testing - four hours per year

Speech therapy ~ 30 visits per year; *(applies in combination with services delivered in an outpatient hospital setting. This limit does not apply to school-based services for children.)*

Speech evaluation ~ one per year

Physical therapy ~ 15 visits per year; *(applies in combination with services delivered in an outpatient hospital setting. This limit does not apply to school-based services for children.)*

Eyeglasses for individuals 21 and older ~ once every 3 years

Eye exams for individuals 21 and older ~ once every 3 years

If a recipient has a medical need to exceed the limits, a prior authorization for additional services

can be submitted to Medical Services by the service provider. All prior authorization requests will be reviewed by the Medical Services Utilization staff.

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**In addition to the existing co-pays, the following co-pays are in effect for service dates on or after January 1, 2004. Co-pays do not apply to children, pregnant women, and persons in institutions.**

Increase Inpatient Hospital co-pay to \$75 per admission

Increase co-pays for Federally Qualified Health Centers/Rural Health Clinics to \$3 per visit

\$2 co-pay for each Occupational Therapy visit

\$2 co-pay for each Optometry visit

\$2 co-pay for each Psychological service

\$1 co-pay for each Speech Therapy visit

\$2 co-pay for each Physical Therapy visit

\$3 co-pay for each Podiatry visit

\$2 co-pay for each Hearing Test visit

\$3 co-pay for each Hearing Aid dispensing

## Transportation Reimbursement Update

The North Dakota Administrative Code (75-02-02-13.1) states, "No parent, spouse, or any other member of the recipient's medical assistance unit may be paid as an enrolled provider for transportation provided to that recipient."

Payment to family members that are not in the recipient's medical assistance unit, friends or household members, will only be allowed if all other transportation options have been exhausted.

All Transportation must receive prior approval from the county office.

## Prior Authorization for Prescriptions

The North Dakota (ND) Legislature, during the 2003 session, passed legislation instructing the Department of Human Services to implement a prior authorization program for the ND Medicaid pharmacy services program. This is a process where a physician must provide documentation to ND Medicaid if they wish to prescribe a medication that is not proven to be more effective than other, less costly medications. A board consisting of 6 physicians and 6 pharmacists determine what drugs should be prior authorized and what drugs do not need to be prior authorized.

This board of physicians and pharmacists have met several times since July 2003 and they have recommended that ND Medicaid implement a prior authorization program for the following medications: The antihistamines Zyrtec®, Zyrtec-D®, Allegra®, Allegra-D®, and Clarinex® and the stomach acid reducers Prilosec®, Aciphex®, Nexium®, Protonix®, Prevacid®, and generic Prilosec®. The board and ND Medicaid are essentially asking physicians to prescribe the over-the-counter versions of these drugs (the antihistamine Claritin OTC® or the stomach acid reducer Prilosec OTC®) as a first choice.

Effective April 1, 2004, if your physician wants to prescribe one of these types of medications, and they write a prescription for brand or generic Claritin OTC® or Prilosec OTC®, you will simply go to the pharmacy and get it filled. North Dakota Medicaid does pay for those OTC items with no copay. You will notice nothing different from the current process.

However, if your physician wishes to prescribe one of the other products, your physician will have to fill out a form and forward it to your pharmacy, then the pharmacy will forward it to ND Medicaid. If approved, you will be able to have your prescription filled. If it is denied, the physician will have to provide additional information or prescribe one of the over-the-counter (OTC) products.

## Medicaid ID Cards

Our contract with **Graphic Arts** to provide Medicaid ID cards ended December 31, 2003. Medicaid now has a new contract with **On Time Mailing** to provide your Medicaid ID card. Because of the paperwork and artwork involved in designing a new card, the initial implementation process is taking longer than anticipated.

Recipients who became eligible in December and January, may not receive their cards until mid March 2004. Even though you do not have the Medicaid ID card, you are eligible for Medicaid. Your eligibility worker has sent you a letter containing your Medicaid ID number. Please use this letter to verify your eligibility to your medical providers until you receive your Medicaid ID card. Thank you for your patience and understanding. We apologize for any inconvenience this may have caused.

## Name change for the Medicaid Lock-In Program

The Medicaid Lock-In Program is now the **Coordinated Services Program (CSP)**. The name became official on January 1, 2004.

*Purpose: The name change is to eliminate any misunderstanding as to the purpose of the program.*

The Term Lock-in Program seems to imply negativity or is punitive in nature. Notably the Lock-In name does not express the nature of the program. The program is basically a managed care program used to assist recipients in accessing the proper use of medical services.

If you have any questions or concerns related to the Coordinated Services Program, you may contact Medicaid staff at (701) 328-2321.

## **Reminders About Seeking Services Out of State**

- ◆ Out of State services at sites more than fifty miles from the North Dakota Border must be authorized PRIOR to the service being received.
- ◆ Your Primary Physician must submit a written request to the Medicaid program before scheduling the out of state appointment. An in-state, board certified specialist must also send a referral to the Medicaid program.
- ◆ The Medicaid program will determine if the referral meets state requirements. The referral request will be either approved or denied and written notice will be sent to the primary physician, the recipient, the out of state provider, and the county office.
- ◆ Emergency services are allowable if determined necessary by the in-state physician, but are subject to a post-review by the Medicaid program.
- ◆ Recipients in the AltruCare program are not subject to prior authorization from the state Medicaid agency; however, they are subject to prior authorization requirements of the Altru Health System.
- ◆ Recipients in the Primary Care Provider (PCP) program must follow the requirements of the state Medicaid program.
- ◆ County Social Service Boards are responsible for assisting recipients with travel, lodging, and meal arrangements.

## **Medicaid Recipients Required to Report Changes in Eligibility to County**

You must report any insurance additions or changes to your county eligibility as soon as possible. All third party benefits must be used for your medical care before Medicaid payments can be made. **Failure to report these benefits and changes could result in a change of your eligibility status.**

## **Appropriate Use of the Emergency Room and Ambulance Services**

When should I seek services from a hospital Emergency Room?

An emergency is a medical condition which most non-medical people think could result in serious impairment or would place the person's health, or with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy.

If you need Emergency Care, go to the nearest doctor or hospital.

Some examples of what would be considered an emergency are:

- ◆ Severe difficulty in breathing
- ◆ Severe wounds
- ◆ Severe or unusual bleeding
- ◆ Severe pain
- ◆ Severe abdominal pain (except for constipation/menstrual cramps)
- ◆ Severe burns
- ◆ Suspected heart attack
- ◆ Poisoning
- ◆ Inability to swallow
- ◆ Sudden onset of paralysis
- ◆ Unconsciousness

When is it appropriate to use an ambulance?

Ambulance services are meant to provide transportation and care when a person has an emergency medical condition.