

Provider Services
P.O. Box 6008
Hauppauge, NY 11788



July, 8, 2011

Dear Provider:

You are probably aware that Governor Cuomo tasked the Medicaid Redesign Team (MRT) in finding ways to reduce costs and increase quality and efficiency in the Medicaid program. As a result several changes to Medicaid benefits and managed care eligibility were enacted. These changes will have a significant impact on the Medicaid program, especially for enrollees and providers in managed care plans such as SHP.

Here is a brief summary of the current and upcoming changes. For more detailed information (such as codes for various services), please go to the Provider section of our website at www.suffolkhealthplan.com.

Prescription Footwear & Compression Stockings

Effective 04/01/2011, Medicaid benefit limitations were put in place for Prescription Footwear and Compression Stockings. Coverage limitations are as follows:

Prescription Footwear is not covered except in the following circumstances (this benefit is covered through the managed care plan):

- Children under 21 years of age, who require orthopedic footwear to correct, accommodate or prevent a physical deformity or range of motion malfunction in a diseased or injured part of the ankle or foot; to support a weak or deformed structure of the ankle or foot.
- When a shoe is attached to a lower limb orthotic brace. Prior Authorization from SHP is required for beneficiaries who are age 21 and older, using only codes L3224 and L3225 and any addition and/or modifications to those shoe codes.
- As a component of a comprehensive diabetic treatment plan to treat amputation, or pre-ulcerative calluses, or peripheral neuropathy with evidence of callus formation of either foot, or a foot deformity or poor circulation.

Compression Stockings are not covered except in the following circumstances (this benefit is covered under the Medicaid pharmacy benefit until 10/1/11):

- Compression stocking, below knee, 30-40 mm Hg or 40-50 mm Hg when used in the treatment of an open venous stasis ulcer **only**.
- Full length surgical stockings of any compression gradient for treatment of severe varicosities and edema during pregnancy **only**.

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To see a list of specific codes related to these benefit limitations please go to the Provider section of our website at www.suffolkhealthplan.com.

Enteral Formula

Effective 04/01/2011 coverage for enteral formula was limited to 3 situations:

- Tube-fed individuals who cannot chew or swallow food and must obtain nutrition through formula via tube,
- Individuals with rare inborn metabolic disorders requiring specific medical formulas to provide essential nutrients not available through any other means, and
- Children who require medical formulas due to mitigating factors in growth and development.

Smoking Cessation

Effective 6/1/2011, smoking cessation counseling services will be covered for all Medicaid Managed Care members over age 9 who smoke and all FHPlus members age 19 and above who smoke.

Pregnant women will continue to be eligible for up to 6 counseling sessions during the pregnancy and up to 6 sessions during the six-month post-partum period.

All other eligible enrollees may receive up to 6 sessions per calendar year.

Personal Care Services

Effective 8/1/2011 Personal Care services will become part of the Medicaid managed care benefit package. SHP will review all requests for services, including increases in the current level of services and renewals of service authorizations. SHP will contract with existing Personal Care Services agencies for provision of these services. Members who are currently receiving services will be directly contacted in July. There will be no interruption in the services provided. Physicians will still submit requests for assessments for the need for Personal Care Services (the M11Q), but to the plan instead of CASA or the local social services agency.

Physical Therapy/Occupational Therapy/Speech Therapy

Medicaid: Effective 10/1/11, no more than 20 PT/OT/ST visits per calendar year are covered in private practitioners' offices, hospital OPDs and diagnostic/treatment centers. The limitation does not apply to children, patients with developmental disabilities or traumatic brain injury, or to services provided in a nursing home, inpatient hospital or as

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part of a home care program.

FHP - Effective 10/1/11, no more than 20 PT/OT/ST visits per calendar year are covered in private practitioners' offices, hospital OPDs and diagnostic/treatment centers. The limitation does not apply to services provided in an inpatient hospital or as part of a home care program.

See <http://www.suffolkhealthplan.com/ProviderPDFs/RehabilitationVisitLimitations.pdf> for details.

Pharmacy

Effective 10/1/2011, the pharmacy benefit will be bundled into the Managed Care benefit package. We will keep you abreast of the details, via notices such as this one and our website, as more information becomes available (http://www.suffolkhealthplan.com/p_pharmabenefits_fhpmed.html).

If you want to know more about any of these changes or limitations please visit us at www.suffolkhealthplan.com.

If you have any questions please feel free to call Provider Services at 1-877-747-6789

Sincerely,

Provider Services