

## NEWS FROM PHLP

# Update on When Managed Care Plans will Start Rx

## Limits for Adults

The dates that some Medicaid Managed Care Plans will start to limit adults to six prescriptions per month have changed since our previous newsletter was published.

- **United Healthcare Community Plan** will start the limits on **March 1st**. The notice they are sending to members about the change has been approved by DPW and is currently being mailed.

- **UPMC for You** plans to start the limits on **April 1st**. *This is a target date* and may be changed. DPW has not yet approved the notice UPMC will send to members and that must happen before notices are printed and mailed. In addition, the notice must be mailed to plan members at least 30 days before the changes start.

Keystone Mercy and AmeriHealth Mercy are still undecided about when they will start the limits. Again, if they decide to impose the limits they must first have their notices approved by DPW and then send written notice to members at least 30 days before the limits start.

Aetna Better Health, Health Partners, and Coventry Cares still have no plans to impose the limits on their members. Please see our November Health Law News for more information about the limits, drugs that are automatically exempt from the limits, and the Benefit Limit Exception Process. We also created a consumer fact sheet about the prescription limits and this can found on our website at [www.phlp.org](http://www.phlp.org).

On January 5<sup>th</sup>, DPW announced it intends to only contract with up to three organizations — one for each of three geographic regions of the state — to perform the Financial Management Services function. The waivers affected include the Aging, Attendant Care, CommCare, Consolidated, Independence, OBRA, and PFDS. Organizations can apply to perform Financial Management Services for one, two or all three regions so, depending on DPW's decision, there could be just one agency chosen to serve the entire state. DPW maintains that reducing the number of Financial Management Service organizations from 37 to 3 or less, will reduce costs and increase efficiencies. Consumer advocates are concerned because waiver recipients will lose their ability to choose their Financial Management Service organization as there will be only one FMS organization per region. Additionally, several of the existing organizations that currently provide Financial Management Services are consumer-run organizations, such as the Centers for Independent Living. Losing that funding will not only affect the consumers that use those organizations, but will likely result in layoffs of people employed by those organizations, many of whom are people with disabilities. We have not yet heard a timeline for these changes. PHLP will update readers about these developments.