



TO: Pharmacy Providers

RE: Medicare Part D Co-pays for Dual Eligible HUSKY Low Income Subsidy Clients

The co-payment threshold for Low Income Subsidy/Full Benefit Dual Eligible individuals is changing for 2018. Currently, the co-pay for generic drugs is \$2.95 and the co-pay for all other drugs is \$7.40. **For dates of service of January 1, 2018 forward**, the co-pay for generic drugs will be \$3.35 and for all other drugs it will be \$8.35.

Clients covered under a HUSKY Benefit Plan will continue to be responsible for the first seventeen dollars (\$17.00) per month of their Medicare Part D co-pays. For a pharmacy or compound claim billed with Other Coverage Code of 8 and a Carrier Code of MDD (Medicare D co-pay-only claim), a co-pay will be applied until seventeen dollars (\$17.00) has been charged to the patient.

All Medicare Part D primary claims for clients who have Medicaid as a secondary payer must be submitted to DXC Technology. This will allow the Department of Social Services (DSS) to track a client's \$17.00 monthly co-pay responsibility. Submitting **all Medicare Part D** claims will allow the client's co-pays to systematically accrue to include prescriptions processed by another pharmacy or the reversal of a previously paid claim. The pharmacy should not try to tally the client's co-pays on their own or charge a client their Medicare Part D co-pay without submitting the claim to DXC Technology first, as either practice may cause the client to pay more than the maximum \$17.00 per calendar month. The Connecticut Medical Assistance Program (CMAP) will cover those Medicare Part D co-pays in excess of the monthly \$17.00 maximum.

Beginning January 1, 2018, Dual Eligible clients should never be billed a co-pay greater

than \$8.35 by their Medicare Part D Prescription Drug Plan (PDP) for a formulary drug.

In order to prevent the inappropriate use of the co-pay only transaction, a new edit is being implemented. This new edit will not allow a co-pay of greater than \$8.35 to be billed to CMAP on or after January 1, 2018. The claim will deny and return the following message back to the pharmacy: **"Co-pay only claim greater than \$8.35 Not Allowed"**. If a claim is returned from the PDP with a co-pay of greater than \$8.35, **this issue must be resolved with the PDP.**