



TO: Pharmacy Providers

RE: Reinstatement of the Monthly Co-pay Maximum for Full Dual Eligible Clients

Effective October 1, 2016, all full dual eligible clients, covered by Medicare Part D and Medicaid will be financially responsible for the first seventeen dollars (\$17.00) of co-pays imposed by their Medicare Part D Prescription Drug Plan (PDP) every calendar month. Once the client's co-pay amount exceeds seventeen dollars (\$17.00) in a given month, any co-pays incurred thereafter will be paid by the Connecticut Medical Assistance Program (CMAP) for the remainder of the calendar month.

All Medicare Part D primary claims for clients who have Medicaid as a secondary payer, must be submitted to Hewlett Packard Enterprise. This will allow the Department of Social Services 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 Hewlett Packard Enterprise first, as either practice may cause the client to pay more than the maximum \$17.00 per calendar month.

The maximum co-payment threshold for Low Income Subsidy/Full Benefit Dual Eligible individuals for 2016 is \$2.95 for generic drugs and \$7.40 for all other drugs. Dual Eligible clients should never be billed a co-pay greater than \$7.40 by their Medicare Part D 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 \$7.40 to be billed to CMAP on or after October 1, 2016. The claim will deny and return the following message back to the pharmacy: "Co-pay only claim greater than \$7.40 Not Allowed". If a claim is returned from the PDP with a co-pay of greater than \$7.40, this issue must be resolved with the PDP.

This bulletin supersedes previous notification regarding Medicare Part D Co-pays for Dual Eligible HUSKY Low Income Subsidy Clients published in Provider Bulletin 2015-58.