



**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 2015. Currently, the co-pay for generic drugs is \$2.55 and the co-pay for all other drugs is \$6.35. **For dates of service of January 1, 2015 forward**, the co-pay for generic drugs will be \$2.65 and for all other drugs it will be \$6.60.

Clients covered under a HUSKY Benefit Plan will continue to be responsible for the first \$15.00 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 \$15.00 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 HP Enterprise Services. This will allow the Department of Social Services to track a client's \$15.00 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 HP first, as either practice may cause the client to pay more than the maximum \$15.00 per calendar month. The Connecticut Medical Assistance Program (CMAP) will cover those Medicare Part D co-pays in excess of the monthly \$15.00 maximum.

Beginning January 1, 2015, Dual Eligible clients should never be billed a co-pay greater

than \$6.60 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 \$6.60 to be billed to CMAP on or after January 1, 2015. The claim will deny and return the following message back to the pharmacy: **"Co-pay only claim greater than \$6.60 Not Allowed"**. If a claim is returned from the PDP with a co-pay of greater than \$6.60, **this issue must be resolved with the PDP.**

