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 2014. Currently, the co-pay for generic drugs is $2.65 and co-pay for all other drugs is $6.60. **For dates of service of January 1, 2014 and forward**, the co-pay for generic drugs will be $2.55 and for all other drugs $6.35.

Clients covered under a HUSKY Benefit Plan will continue to be responsible for the first $15 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 in order for the Department 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, 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, 2014, Dual Eligible clients should never be billed a co-pay greater than $6.35 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 $6.35 to be billed to CMAP on or after January 1, 2014. The claim will deny and return the following message back to the pharmacy: "**Co-pay only claim greater than $6.35 Not Allowed**". If a claim is returned from the PDP with a co-pay of greater than $6.35, **this issue must be resolved with the PDP**.