



**Date:** January 7, 2010

**To:** CAHCH Members and Board of Directors, Behavioral Health Task Force

**From:** Kim Skehan, VP for Clinical & Regulatory Services

**Re:** New DSS Co-Pay Requirement for Dual Eligible Clients Effective 1/1/10

On Monday, the State of CT Department of Social Services (DSS) distributed Provider Bulletin 2009-62 announcing a monthly co-pay of \$15.00 for dual eligible Medicare Part D and Medicaid clients for medications purchased under the Medicare Part D Prescription drug plan. This co-pay was approved as a result of the 2009 Budget Implementation Bill (PA 09-5). All providers and pharmacies should have received this notification. All clients impacted by this new requirement received a letter notifying them of this change. See PB 2009-62 attached.

**NOTE:** This co-pay is different from the 15% co-pay being charged to clients serviced under the CT Home Care Program for Elders that also went into effect on January 1, 2010. CAHCH is closely monitoring the effects of these co-pays on service provision, since this significantly impacts our elderly and behavioral health populations. Please contact Kim Skehan at [skehan@cahch.org](mailto:skehan@cahch.org) with any feedback related to this issue. We will continue to communicate with DPH and DSS regarding our concerns.

Providers are reminded to check the DSS web portal regularly at [www.ctdssmap.com](http://www.ctdssmap.com) to insure receipt of important notices and bulletins.

# interChange Provider Important Message

## New Medicare Part D Co-pay Requirement Effective January 1st

Effective January 1, 2010, all full dual eligible clients, covered by Medicare Part D and Medicaid will be financially responsible for the first fifteen dollars (\$15.00) of co-pays imposed by their Medicare Part D Prescription Drug Plan (PDP) every calendar month. Once the client's co-pay amount exceeds fifteen dollars in a given month; any co-pays incurred thereafter will be paid by the Connecticut Medical Assistance Program for the remainder of the calendar month. The cost of the Medicare Part D co-payment may be shared by the client and the Connecticut Medical Assistance Program if the full cost of the co-pay would cause the client to exceed their monthly co-pay responsibility. All clients impacted by the new co-pay requirement have received a letter to notify them of this change.

Below is an excerpt from the letter clients received which you may post in your pharmacy:

Medicaid clients who are also receiving the Medicare Part D benefit will be responsible for paying up to \$15.00 per calendar month in Medicare Part D co-payments. A co-payment is an amount you pay for each prescription.

- ❖ You will be responsible for paying the Medicare Part D co-payments of up to \$15.00 per month. Once the \$15.00 per month in Medicare Part D co-payments has been reached, the Connecticut Department of Social Services will begin providing coverage for the Medicare Part D co-payments for the rest of the month.
- ❖ Pharmacies are not obligated to provide Medicare Part D prescriptions without collecting the necessary co-payments.

This information, along with changes to the Medicaid and ConnPACE/SAGA Preferred Drug Lists (PDL) can be obtained in Provider Bulletin [PB09-62](#). To access the bulletin from the Home page, go to [Information > Publications](#), enter [PB09-62](#) in the Bulletin Number Field and click search.

