

Health First Colorado Co-payment Policy Updates

What Pharmacies & Providers Need to Know

Dr. Judy Zerzan, Chief Medical Officer
January Montañó, Policy Specialist
Alex Weichselbaum, Policy Specialist

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Our Mission

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**



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Agenda

- Overview of co-payment policy updates
 - 5% monthly co-payment maximum
 - Co-payment increases effective January 1, 2018
- What does this mean for you and members?
- Guidance for Pharmacies
- Guidance for Providers
- Resources & reminders



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5% Co-Payment Maximum



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5% Co-Payment Maximum

- Patient protection measure to aid families based on their Federal Poverty Level
 - Part of the 2005 Budget Reconciliation Act, published into CFR, at Title 42 CFR §§447.53, 447.56(f), in January 2014
- Health First Colorado Members that reach 5% of their monthly household income in copays won't have copays for the rest of that month



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Implementation Timeline

March 2017

Colorado interChange operationalized 5% maximum

October 2017

Member noticing began when 5% maximum is reached



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How it works

- The *monthly* co-pay maximum is based on a formula:
 - 5% of the member's *monthly* household income
- Once up to 5% of a member's monthly household income is paid, they no longer have to pay co-payments for the rest of *that* month
- The co-payment maximum is shared by all members of a household.
- The co-payment maximum includes both pharmacy and provider services co-payments.



Example

A family of 4 Health First Colorado members each have 3 prescriptions. Each prescription has a \$3 copay, for a total of \$36 a month in prescription copays.

This family's household income is \$750/month, which means that \$36 is 5% of their monthly household income. As a result, this families monthly out-of-pocket maximum is \$36.

If this family fills all 12 prescriptions they will have no co-payments for *any* covered service for the rest of that month.



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Co-Payment Amounts May Vary

- Due to the 5% co-pay cap, providers and pharmacies may see copays that vary and are not whole dollars.
- For example, if a member goes to the pharmacy to fill a prescription, which is \$3 co-payment, and the household only has \$2.47 left until they meet their monthly copayment maximum. The amount the member owes at that point is \$2.47.



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Reminder: Co-Payment Exempt Populations

Health First Colorado members
exempt from co-pays

Pregnant
women

Children
under the
age of 19

American
Indians
and
Alaska
Natives

Qualifying
former
foster
care
youth



More information on additional exempt populations and exemptions can be found in the Member Handbook (pg. 14), Provider Billing Manuals (General Provider Information) and 10 CCR 2505-10, Section 8.8754.5 (A-G).



Co-Payment Increases



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Co-Payment Increases

SB17-267 requires co-payments to increase by January 1, 2018 for

outpatient
hospital
services

pharmacy
services



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Co-Payment Amounts

Service	Dates of service on and prior to December 31, 2017	Dates of service on and after January 1, 2018
Outpatient hospital visit	\$3	\$4
Outpatient hospital non-emergent emergency room visit	\$3	\$6
Generic drug	\$1	\$3
Brand name drug	\$3	\$3



*What does this mean for
you and members?*



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What Does This Mean For You?

You must verify a member's eligibility and co-payment amount at each visit.

Due to the 5% co-payment maximum, you may see copays that vary and are not whole dollars. (for example, \$2.53)

What Does This Mean For Members?

Members may see an increase in the amount of their co-pays, while also a decrease in the number of co-pays they pay each month.

A member's co-payments may vary from month-to-month depending on the number and types of services a member receives in a given month.

Guidance for Pharmacies

January Montaña, Policy Specialist



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Pharmacy Co-Pays

Service	Dates of service on and prior to December 31, 2017	Dates of service on and after January 1, 2018
Generic drug	\$1	\$3
Brand name drug	\$3	\$3



Changes apply to all new and refill prescriptions

New Co-payment - Same Process

Check the member's eligibility and co-payment amount on the claim response at every visit.

A member's co-payment amount may be changing, *BUT* the process for checking a member's co-payment amount stays the same.

Key Reminders

1. Always verify a member's eligibility at each visit
2. Always check the member's co-payment amount at each visit
3. Only collect the co-payment amount listed on the claim response
4. A member's co-payment amount may vary throughout the month



Guidance for Providers

Alex Weichselbaum, Policy Specialist



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Outpatient Hospital Co-Payments


Service	Dates of service on and prior to December 31, 2017	Dates of service on and after January 1, 2018
Outpatient hospital visit	\$3	\$4
Outpatient hospital non-emergent emergency room visit	\$3	\$6



Verifying Eligibility & Co-Payments

A step-by-step Quick Guide for verifying member eligibility and co-payment amounts is available at: CO.gov/hcpf/interchange-resources

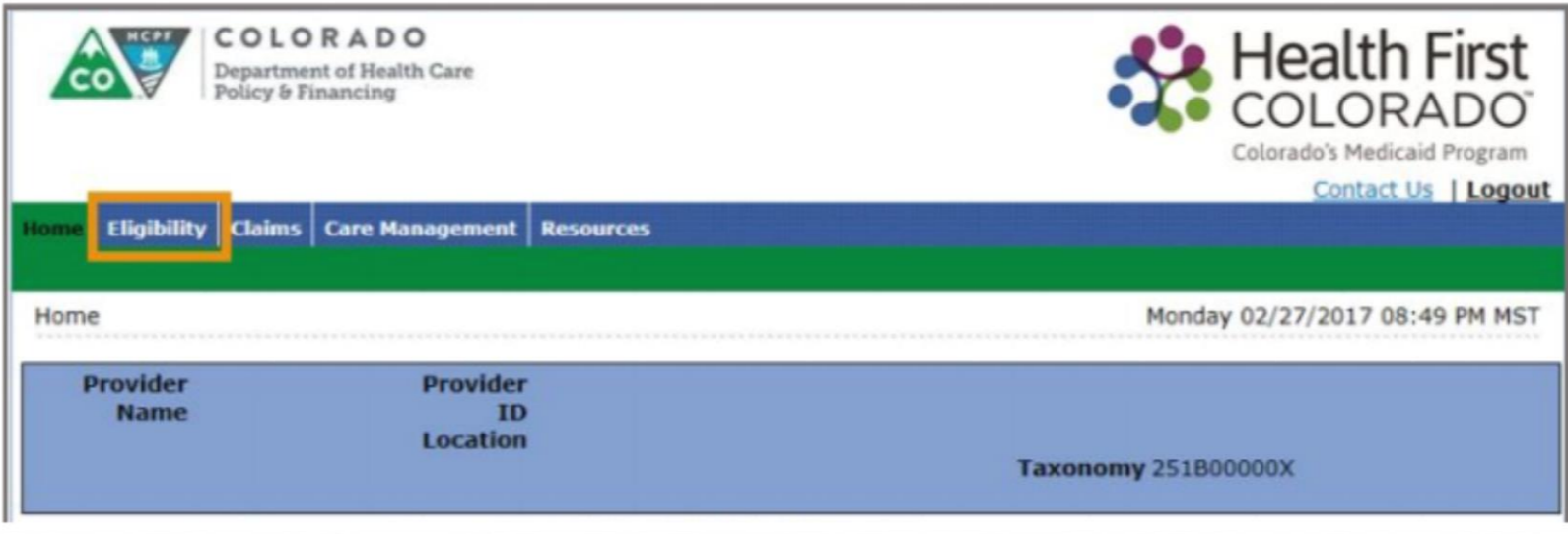
UPDATED 03/12/17





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Provider Web Portal Cheat Sheet - Verifying Member Eligibility and Co-payment (including MCO/BHO assignments, ACC, & PCMP)

1. Login to Provider Web Portal
2. Click Eligibility



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Colorado's Medicaid Program
[Contact Us](#) | [Logout](#)

Home **Eligibility** Claims Care Management Resources

Home Monday 02/27/2017 08:49 PM MST

Provider Name	Provider ID Location
	Taxonomy 251B00000X

Checking Co-Payment Amounts

- **How do I check a member's co-payment amount?**
 - See the verifying member eligibility Quick Guide that includes where to find a member's co-pay amount at:
CO.gov/hcpf/interchange-resources
 - This can be found on the eligibility verification response, which will show all co-payment amounts.



Checking Co-Payment Amounts

- What will I see if a member has reached their 5% co-payment maximum for the current month?
 - Providers will see a co-pay of \$0.
 - This can be found on the eligibility verification response which will show the member is co-payment exempt.



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Non-Emergent Use of ED

- The emergency status of an Emergency Department (ED) visit must be determined by the hospital/provider.
- Non-emergent ED use should be reported using revenue codes 0456 or 0459.
 - These codes will have a \$6 co-payment associated with them.
 - Other ED revenue codes for emergency services have a \$0 co-payment amount.



Key Reminders

1. Always verify a member's eligibility at each visit
2. Always check the member's co-payment amount at each visit
3. Only collect the co-payment amount listed in the Provider Portal
4. A member's co-payment amount may vary throughout the month



Resources



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Guidance

- Provider Billing Manuals
 - Inpatient/Outpatient Billing Manual
 - General Provider Information Manual
- Provider Bulletin
 - [Colorado.gov/hcpf/bulletins](https://colorado.gov/hcpf/bulletins)
- FAQs for Providers, Pharmacies and Members
 - HealthFirstColorado.com/copay



Questions?

Providers: DXC Technology
at 1-844-235-2387

Pharmacies: Magellan Help
Desk at 1-800-424-5725

