Health First Colorado
Co-payment Policy Updates

What Pharmacies & Providers Need to Know

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Our Mission

Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources
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
5% Co-Payment Maximum
5% Co-Payment Maximum

• Patient protection measure to aid families based on their Federal Poverty Level

• Health First Colorado Members that reach 5% of their monthly household income in copays won’t have copays for the rest of that month
# Implementation Timeline

<table>
<thead>
<tr>
<th>March 2017</th>
<th>October 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorado interChange operationalized 5% maximum</td>
<td>Member noticing began when 5% maximum is reached</td>
</tr>
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</table>
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.
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.
### 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
# Co-Payment Increases

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

<table>
<thead>
<tr>
<th>outpatient hospital services</th>
<th>pharmacy services</th>
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**COLORADO**

Department of Health Care Policy & Financing
## Co-Payment Amounts

<table>
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<tr>
<th>Service</th>
<th>Dates of service on and prior to December 31, 2017</th>
<th>Dates of service on and after January 1, 2018</th>
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<tbody>
<tr>
<td>Outpatient hospital visit</td>
<td>$3</td>
<td>$4</td>
</tr>
<tr>
<td>Outpatient hospital non-emergent emergency room visit</td>
<td>$3</td>
<td>$6</td>
</tr>
<tr>
<td>Generic drug</td>
<td>$1</td>
<td>$3</td>
</tr>
<tr>
<td>Brand name drug</td>
<td>$3</td>
<td>$3</td>
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What does this mean for you and members?
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 Montaño, Policy Specialist
# Pharmacy Co-Pays

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⚠️ 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
### Outpatient Hospital Co-Payments

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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
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.
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
Guidance

• Provider Billing Manuals
  ➢ Inpatient/Outpatient Billing Manual
  ➢ General Provider Information Manual

• Provider Bulletin
  ➢ 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