

Health Plus Medical & Claims Payment Bulletin

Bulletin number: CL - 203

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Subject: Family Health Plus Co-Payments

Policy:

- Co-payments for Family Health Plus (FHP) members were implemented on September 1, 2005 for certain covered services, as prescribed by the State.

The following services are subject to a co-payment:

SERVICE	CO-PAY AMOUNT	CO-PAY COLLECTED BY
Brand Name Prescription Drugs	\$6 per prescription or refill	Pharmacy
Generic Prescription Drugs	\$3 per prescription or refill	Pharmacy
Clinic Visits	\$5 per visit	Clinic
Physician Visits	\$5 per visit	Facility or Physician Office
Dental Service Visits	\$5 per visit up to \$25 per year	Dental Clinic or Office
Lab Tests	\$0.50 per CPT code billed	Provider who performs test
Radiology Services (i.e. diagnostic x-rays, ultrasound, nuclear medicine, radiation therapy)	\$1 per radiology service (\$1 total if billed globally; if billed separately, \$1 each for technical and professional services) Co-pay waived if part of ER visit	Physician and Facility
Inpatient Hospital Stays	\$25 per stay	Hospital
Non-Urgent Emergency Room Visits	\$3 per visit	Hospital

SERVICE	CO-PAY AMOUNT	CO-PAY COLLECTED BY
Covered Over-The-Counter (OTC) Medications (i.e. smoking cessation patches and gum, insulin)	\$0.50 per medication	Product Vendor
Covered Medical Supplies (i.e. hearing aid batteries, enteral formula, diabetes test strips, lancets)	\$1 per supply	Product Vendor

The following services are **NOT** subject to a co-payment:

- Emergency services
- Mental health or chemical dependence clinics
- Psychotropic medications
- Home care and DME
- Family planning services, tests, & supplies
- Vision care
- Tuberculosis medications
- Prescription drugs for residents of Adult Care Facilities

The following Members are EXEMPT from all Family Health Plus co-payments:

- Under age 21
- Pregnant, up to 60 days postpartum (exempt for both pregnancy and non-pregnancy related services, whether provided in an outpatient or inpatient setting)
- Permanent nursing home residents
- Residents of community-based residential or intermediate care facilities licensed by the Office of Mental Health or the Office of Mental Retardation and Developmental Disability. Residents of adult care facilities licensed by the State Department of Health are exempt from pharmacy co-pays only.

- FHP members who cannot afford the co-payment must not be denied a service based on their inability to pay.

Providers are responsible for collecting co-payments, but are not required to bill members who are unable to pay at the time of service. Providers may not bill Health Plus for the co-payments not collected from members.

- Health Plus has reduced capitation to participating primary care providers to reflect collection of co-payments from FHP members for capitated services. FFS claims by PCPs will be further reduced to account for co-payment revenue to the provider.
- Health Plus will reduce the payment for each FHP fee for service claim from a participating provider by the amount of the applicable co-pay.
- Members who feel they have inappropriately paid a co-payment may call Member Services for assistance. If Member Services determines that the payment was not required, the representative will document this finding in Customer Focus and request that a check be mailed to the member for the amount of the co-pay.
- If the allowed/payment amount was reduced by the co-payment in error, the provider must file an appeal with the Claims Department. If it is determined that the co-payment amount was taken in error, then an adjustment will be made to the claim and the applicable co-payment amount will be sent to the payee.

Policies in this manual are intended to reflect standard Health Plus procedures. In instances where a provider’s contract contains other policies which may be more or less restrictive than those in this manual, these contractual provisions will apply.

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