Subject: Option 1 Copayment Deduction
Plan: Coordinated Care Option 1
Bulletin Number: 14-011

Date: October 31, 2014
Bulletin Number: 14-011
Effective Date: November 1, 2014

The purpose of this bulletin is to inform all participating providers that updates have been made to the Remittance Advice to accommodate the implementation of copayments.

- Effective for dates of services beginning November 1, 2014
- Copay Rsn will reflect the Option 1 Copay
- Applicable copayments are listed below
  - $2.00 co-payment per PCP visit
  - $10.00 co-payment per Specialist visit
  - $25.00 co-payment per Emergency room visit*
    *waived if visit results in a hospital admission

Providers are responsible for collecting the appropriate co-payments when services are rendered.

If you have questions regarding this bulletin, please contact your Provider Representative at (561) 659-1002.

Please insert this bulletin into your Provider Handbook. The policies and procedures in this bulletin supersede any related policies and procedures within the handbook.