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| PCP OV Copay Limit\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*  ***Drafting Note for CRITERIA:***COPAY\_OV\_PCP\_LIMIT <> NULL and COPAY\_OV\_SPC\_LIMIT = NULL or DOC\_TYPE = FILING | | |
| **Specialty Care Physician (SCP) Office Visits[CO: and Telehealth]** | {DOCUMENT\_INFO.COPAY\_IN}  {DOCUMENT\_INFO.COINS\_IN} | {DOCUMENT\_INFO.COPAY\_OON}  {DOCUMENT\_INFO.COINS\_OON} |
| **[NH-NP: Mental Health Physician]** | {DOCUMENT\_INFO.MHSA\_OUTPATIENT\_COPAY}  {DOCUMENT\_INFO.MHSA\_COINS\_IN} | {DOCUMENT\_INFO.COPAY\_OON}  {DOCUMENT\_INFO.COINS\_OON} |
| [PCP OV Copay Limit]\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* | | |