

What Do I Need To Know About Medicaid Copays?

Update for Beneficiaries

Many people on Medicaid have already been paying copays. Starting January 1, 2019, everyone who is not otherwise exempt will start paying copays for some services.

Preventive services DO NOT HAVE COPAYS. Preventive services include screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.

This copay policy will begin on January 1, 2019, even if the Kentucky HEALTH program has not started.

Frequently Asked Questions (FAQs)

1. What is a copay?

A copay is a fee that is charged for some healthcare services. If you receive a service that requires a copay, you pay the provider at the time of service. You can ask if there is a copay when you schedule an appointment.

2. Who is exempt from copays?

Individuals who are exempt will not be required to pay copays. Exemptions may apply, but are not limited, to:

- Foster children
- Children enrolled in Medicaid
- Pregnant women (includes 60-day period after pregnancy ends)
- Kentucky Medicaid beneficiaries who have reached their cost sharing limit for the quarter
- Individuals receiving hospice care

3. Are any services exempt from copays?

Exemptions may apply, but are not limited, to:

- Emergency services
- Some family planning services
- Preventive services

More FAQs



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These FAQs refer to the policy that takes effect January 1, 2019

4. How will I know what my copay will be?

Your healthcare provider may tell you when you schedule your appointment or at the time of service if you have a copay. For instance, if you are going to see your doctor because you are sick, the doctor will tell you any copay required. If you go to the pharmacy to pick up a generic drug, the pharmacist will tell you the copay amount for that drug. See the list of copays on the next page.

5. If I receive more than one service from a provider, will I have multiple copays?

Copays are paid per visit. One visit includes all services performed in one day at the same place by the same group of doctors.

6. Is there a limit to how much I will be charged in copays?

Yes. Medicaid recipients cannot be charged more than 5% of their household income during the same 3-month quarter of the year, also known as your "cost-sharing limit". Quarters are: January - March, April - June, July - September, October - December.

7. What happens if I meet the 5% cost-sharing limit?

If you have reached your quarterly cost sharing limit, you will not need to pay a copay for services. To find out if you have reached your limit, ask your provider, or contact your Managed Care Organization (MCO).

8. Can a provider refuse to see me if I cannot pay the copay for a specific service?

If your income is 100% or below Federal Poverty Level (FPL), you cannot be refused services. If your income is over 100% FPL and you do not pay the copay, the provider has the option to refuse services. See last page for FPL chart. **Pregnant women and children can never be refused services for inability to pay.**

9. I am at or below 100% Federal Poverty Level (FPL) and my provider refuses to see me since I cannot afford my copay. What do I do?

Providers are not allowed to refuse services to beneficiaries at or below 100% FPL. You should contact your MCO to report an issue. See next page for FPL chart. **Pregnant women and children can never be refused services for inability to pay.**

If you have questions, please contact your Managed Care Organization (MCO)

aetnaSM

1-855-300-5528

Anthem
BlueCross

1-855-690-7784

Humana CareSource

1-855-852-7005

PASSPORT
HEALTH PLAN

1-800-578-0603

WellCare

1-877-389-9457

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What services require a copay beginning January 1, 2019?

Service or Item	Copay
Generic drug	\$1
Brand name drug that does not have a generic	\$1
Brand name drug that has a generic version available	\$4
Specialty visits (Chiropractor, Dental, Vision, Podiatry (foot))	\$3
Therapy services (Physical therapy, Speech therapy, Occupational therapy)	\$3
Office visit (With a physician, physician's assistant, advanced registered nurse practitioner, certified pediatric and family nurse practitioner, nurse midwife, or any behavioral health professional)	\$3
Laboratory, diagnostic, or x-ray service	\$3
Outpatient hospital service	\$4
Durable medical equipment	\$4
Outpatient surgery (ambulatory surgical center)	\$4
Emergency room visit for a non-emergency service	\$8
Inpatient services (Hospital admission or Mental health/Substance abuse admission)	\$50

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Federal Poverty Level (FPL) Chart

Kentucky Medicaid beneficiaries whose monthly household income is under 100% Federal Poverty Level (FPL) cannot be refused services.* Use the chart below to see if you may be under 100% FPL, based on your household size and monthly household income.**

Please note: Income below is before taxes and does not take exclusions into consideration.

100% Federal Poverty Level by Household Size				
If you have	1	person in your household and your income is	\$1,012	per month or less, you cannot be refused services
If you have	2	people in your household and your income is	\$1,372	per month or less, you cannot be refused services
If you have	3	people in your household and your income is	\$1,732	per month or less, you cannot be refused services
If you have	4	people in your household and your income is	\$2,092	per month or less, you cannot be refused services
If you have	5	people in your household and your income is	\$2,452	per month or less, you cannot be refused services
If you have	6	people in your household and your income is	\$2,812	per month or less, you cannot be refused services
If you have	7	people in your household and your income is	\$3,172	per month or less, you cannot be refused services
If you have	8	people in your household and your income is	\$3,532	per month or less, you cannot be refused services

*Providers have the option to refuse services to Medicaid beneficiaries who are over 100% FPL if they do not pay their copay and if that is their rule for everybody.

This table is **NOT an official determination of FPL. Please contact your Application Assister or Managed Care Organization (MCO) if you are unsure if your income is below 100% FPL.



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