



# MEDICAID OVERSIGHT AND ADVISORY COMMITTEE

Department for Medicaid Services

**COPAYMENTS**

August 15, 2018

# Copayment Policy

- **Copayments have been a part of the Department's Managed Medicaid Program for several years.**
- **Copayment requirements have not changed for recipients enrolled in fee-for-service (FFS).**
- **Prior to 7/2/18, the Medicaid contracted Managed Care Organizations (MCO) were given discretion to determine their policy on copayment administration, resulting in some copayments being waived.**
- **MCOs were no longer permitted to waive copayments beginning 7/2/18, in accordance with the administrative regulation that took effect that date.**
- **Due to Kentucky HEALTH being remanded to the U.S. Department for Health and Human Services (HHS), there was some confusion on copayment implementation by the MCOs.**
- **DMS has reinstated to MCOs the same discretion on copayment administration that they had prior to 7/2/18.**

# Copayment Amount by Service or Item

Service or Item	Copayment Amount
Preferred and non-preferred generic drug*	\$1.00
Preferred brand name drug that does not have a generic equivalent	\$1.00
Non-preferred brand name drug	\$4.00
Chiropractor	\$3.00
Dental – for members not enrolled in the Alternative Benefit Plan	\$3.00
Podiatry (Foot care)	\$3.00
Optometry (Vision) – for members not enrolled in the Alternative Benefit Plan	\$3.00
General ophthalmological (vision) services – for members not enrolled in the Alternative Benefit Plan	\$3.00

Office visit for care by a physician, physician assistant, advanced practice registered nurse, certified pediatric and family nurse practitioner, nurse midwife, or any behavioral health professional	\$3.00
Physician service	\$3.00
Visit to a rural health clinic, primary care center, or federally qualified health center	\$3.00
Outpatient hospital service	\$4.00
Emergency room visit for a non-emergency service	\$8.00
Inpatient hospital admission	\$50.00
Physical therapy, speech therapy, occupational therapy	\$3.00
Durable medical equipment	\$4.00
Ambulatory surgical center	\$4.00
Laboratory, diagnostic, or x-ray service	\$3.00