

COPAYMENTS INCLUDED IN VARIOUS BENEFIT PACKAGES UNDER CONSIDERATION

ADULT MEDICAID PACKAGES			GENERAL ASSISTANCE PACKAGES (8)		
Updated: 02/23/05 3:00 PM	Current (1)	New Proposal (9)		Current (1)	New Proposal (9)
Brand Name Prescriptions (2) (3) (6)	\$1.00	\$3.00	Brand Name Prescriptions (2) (3) (6)	\$2.00	\$12.00
Generic Drug Prescription (3)	\$1.00	\$1.00	Generic Drug Prescription (3)	\$2.00	\$6.00
Inpatient Hospital (acute)/day (6)	\$3:Max. \$21	\$3:Max.\$21	Inpatient Hospital (acute)/day (6)	\$6:Max \$42	\$6:Max \$42
Inpatient Hospital (rehab)/day (6)	\$3:Max. \$21	\$3:Max.\$21	Inpatient Hospital (rehab)/day (6)	\$6:Max \$42	\$6:max \$42
Outpatient Hospital (5)	up to \$3.00	up to \$3.00	Outpatient Hospital (5)	up to \$6.00	\$6.00
Emergency Services (4)	none	none	Emergency Services	none	\$25.00
Doctor Visit (5)	up to \$3.00	up to \$3.00	Doctor Visit (5) (7)	up to \$6.00	\$6.00/\$10.00
Laboratory Tests (5)	none	up to \$3.00	Laboratory Tests (5)	none	\$6.00
Skilled Nursing Facility	none	none	Skilled Nursing Facility	none	none
Waiver Services	none	none	Waiver Services	not covered	not covered
Nurse Midwife	none	none	Nurse Midwife	none	none
Ambulance (5)	up to \$3.00	up to \$3.00	Ambulance (5)	up to \$6.00	\$6.00
CRNP (5)	up to \$3.00	up to \$3.00	CRNP (5)	up to \$6.00	\$6.00
Disposable Medical Supply (5)	up to \$3.00	up to \$3.00	Disposable Medical Supply (5)	not covered	not covered
FQHC/RHC (6)	\$3.00	\$3.00	FQHC/RHC (6)	\$6.00	\$6.00
Home Health Agency Services	none	\$3.00	Home Health Agency Services	none	\$6.00
Family Planning	none	none	Family Planning	none	none
Durable Medical Equipment (5)	up to \$3.00	up to \$3.00	Durable Medical Equipment (5)	up to \$6.00	\$6.00
Case Manager (5)	up to \$3.00	up to \$3.00	Case Manager (5)	up to \$6.00	\$6.00
Dentist (5)	up to \$3.00	up to \$3.00	Dentist (5)	up to \$6.00	\$6.00
Podiatrist (5)	up to \$3.00	up to \$3.00	Podiatrist (5)	up to \$6.00	\$6.00
Short Procedure Unit (6)	\$3.00	\$3.00	Short Procedure Unit (6)	\$6.00	\$6.00
Chiropractor (5)	up to \$3.00	up to \$3.00	Chiropractor (5)	up to \$6.00	\$6.00
Ambulatory Surgical Center (6)	\$3.00	\$3.00	Ambulatory Surgical Center (6)	\$6.00	\$6.00
Birth Center	none	none	Birth Center	none	none
Independent Med/Surgical Center (5)	up to \$3.00	up to \$3.00	Independent Med/Surgical Center (5)	up to \$6.00	\$6.00
Optometrist (5)	up to \$3.00	up to \$3.00	Optometrist (5)	up to \$6.00	\$6.00
Renal Dialysis Center (5)	none	up to \$3.00	Renal Dialysis Center (5)	not covered	not covered
Hospice (5)	none	\$3:Max.\$21	Hospice (5)	none	\$6:max \$42
Tobacco Cessation	none	none	Tobacco Cessation	none	none
Portable X-ray	\$1.00	up to \$3.00	Portable X-ray	\$2.00	\$6.00
Inpatient Hospital (psychiatric) (6)	\$3:Max. \$21	\$3:Max.\$21	Inpatient Hospital(psychiatric) (6)	\$6:Max \$42	\$6:Max \$42
Psychotherapy	\$.50/ 1/2 hour	\$.50/ 1/2hour	Psychotherapy	\$1/ 1/2 hour	\$1/ 1/2 hour
Psychiatric Partial Program	none	none	Psychiatric Partial Program	none	none
Outpatient Psychiatric clinic (5)	up to \$3.00	up to \$3.00	Outpatient Psychiatric clinic (5)	up to \$6.00	up to \$6.00
Outpatient Drug and Alcohol clinic (5)	up to \$3.00	up to \$3.00	Outpatient Drug and Alcohol	up to \$6.00	up to \$6.00

(1) Currently, emergency services and services provided to pregnant women and residents of some facilities are excluded from copayment requirements per Federal Regulation.

(2) Even if there is no generic available.

(3) Currently some drugs are exempted from the copayment, all of the restricted packages would get rid of those exemptions. Drugs currently excluded include those dispensed by a physician and drugs for diabetes, high blood pressure, heart disease, psychosis, etc. Under this proposal we will remove the exemption from copayments for Antihypertensive agents, Antidiabetic agents, Anticonvulsants, cardiovascular preparations, Antipsychotic agents, Antineoplastic Agents, Antiglaucoma drugs, Antiparkinson drugs and drugs whose only approved indication is the treatment of AIDS.

(4) Waived if admitted to inpatient care.

(5) States are permitted to establish copayments based on the fee paid for the service i.e., \$10.00 or less - \$.50; \$10.01 to \$25.00 - \$1.00; \$25.01 to \$50.00 - \$2.00; \$50.02 or more - \$3.00. For General Assistance the copayment fees are doubled.

(6) The standard copayment amount for any service may be determined by applying the maximum co-payment amounts to the agency's average payment for the service, e.g., the average payment is \$50.01 the copayment can be set at \$3.00. For GA would be doubled. For inpatient the maximum is 7 days.

(7) For specialist the fee is \$10.00 per visit.

(8) As a non-Medicaid Program, not bound by Federal Medicaid Copayment regulations.

(9) Under this new co-payment plan, the Department will no longer reimburse state only recipients for co-payments in excess of \$180 in a 6 month period or all other recipients for co-payments in excess of \$90 in a six month period.