

MEDICAID PROVIDER BULLETIN

December 2018

Copay updates for specific services

Summary of update: Beginning January 1, 2019, Anthem Blue Cross and Blue Shield Medicaid (Anthem) will be required to apply copays to specific non-preventive services. The copays will apply whether or not Kentucky HEALTH is implemented.

Frequently asked questions

Who is exempt from copays?

Individuals who are considered 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).
- Anthem beneficiaries who have reached their cost-sharing limit for the quarter.
- Individuals receiving hospice care.

Are any services exempt from copays?

Exemptions may apply but are not limited to:

- Emergency services.
- Some family planning services.
- Preventive services.

How will providers know if a beneficiary has a copay?

Providers should check the Copay Indicator and whether someone has met their cost sharing limit on KYHealthNet (<https://kymmis.com/KYMMIS/index.aspx>) to see if they need to collect a copay. If the beneficiary is subject to copays **and** has not met their cost sharing limit for the quarter, the provider should collect a copay. Please see pages 3 and 4 of the [Managed Care Copayment FAQ & Quick Reference Guide for Providers](#) for more information and detailed screenshots showing how to check these indicators.

Note: If the beneficiary has reached their cost sharing limit for the quarter, the provider must waive the copay. Anthem will not deduct copay amounts from claims during cost share met time periods.

How will providers know which services require copays?

The list of services that will require a copay are below.

| Service or item | Copay amount |
|--|--------------|
| 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 |



<https://mediproviders.anthem.com/ky>

| Service or item | Copay amount |
|---|--------------|
| Therapy visits (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 nonemergency service | \$8 |
| Inpatient services (hospital admission or mental health/substance abuse admission) | \$50 |

If an Anthem beneficiary receives more than one service in one day, will they have multiple copays?

Copays are paid per visit. A visit is defined as an encounter or series of encounters that are performed on the same date of service at the same entity (including telehealth services).

Can a provider refuse to see an Anthem beneficiary if they do not pay the copay?

If the beneficiary's income is at or below 100% of the Federal Poverty Level (FPL), they cannot be refused services. If the beneficiary's income is over 100% FPL and they do not pay the copay, the provider should handle according to the provider's general business practice for copayment collection.

Note: Children and pregnant women can never be refused services for inability to pay.

How will providers know if a beneficiary is under or over 100% FPL?

Providers should check [KYHealthNet \(HealthNet\)](#) to verify whether a beneficiary is under or over 100% FPL. Please refer to **page 6** of the [Managed Care Copayment FAQ & Quick Reference Guide for Providers](#) for more information and detailed screenshots.

How will providers know if a beneficiary is part of one of the exempt groups?

Providers should access [HealthNet](#) to confirm whether a beneficiary is exempt from copays. Please see **page 7** of the [Managed Care Copayment FAQ & Quick Reference Guide for Providers](#) for more information and detailed screenshots.

Questions?

If you have questions about this communication, please contact your Provider Relations representative or Provider Services at **1-855-661-2028**.