

Cost Sharing for Adult Medicaid Clients and Exemptions

Cost sharing or copays will begin on 1/1/2023 for certain adult Medicaid clients. There are some exemptions, including but not limited to pregnancy-related services. The out-of-pocket costs clients may pay are small **but important**. The Arkansas Medicaid program covers medical costs, so clients don't have big bills after an emergency or illness.

Components of cost sharing:

- **Copay:** A small fee clients pay when they receive a medical service or fill a prescription.
- **Copay limit:** Limits to the total amount clients pay each quarter (3-month period). Once a client meets the limit, he/she will not pay co-pays for the rest of that quarter. The client starts paying co-pays again the next quarter.

	Beginning 2023																	
Adult clients who pay to cost sharing	<p>Adult clients above 20% of FPL who are in the following programs:</p> <ul style="list-style-type: none"> • ARHOME: Only Individuals enrolled in a QHP and those awaiting enrollment in a QHP; medically frail clients will NOT have cost sharing • Workers with Disabilities, and • Transitional Medicaid Adult <p>Exemptions: Individuals in these Medicaid programs who do NOT have to pay copays include:</p> <ul style="list-style-type: none"> • Under 20% FPL • Medically frail • 19- and 20-year-olds • Individuals in hospice • Pregnant women • American Indian/Alaskan Native 																	
Service-specific copay amounts	<p>Adults pay \$4.70/\$9.40, depending on the service. (These copay amounts do not apply to ARKids B.)</p> <p>Exemptions Services that are exempt from copays (copays are not charged) include:</p> <ul style="list-style-type: none"> • Emergency services • Family planning services and supplies • Pregnancy-related services** • Preventive services • Inpatient hospitalization <p>**To override pharmacy copays for a pregnant client, use the Pregnancy Indicator of 2 in the NCPDP field #335-2C. The valid values are Blank=Not Specified, 1=Not Pregnant, or 2=Pregnant. OR, put in the pregnancy diagnosis (ICD-10) of Z33.1 in the NCPDP field #424-DO.</p>																	
Copay limits	<p>Quarterly copay limit is based on household federal poverty level</p> <table border="1"> <thead> <tr> <th>FPL</th> <th>Copay Limit</th> </tr> </thead> <tbody> <tr> <td>0%-20%</td> <td>\$0</td> </tr> <tr> <td>21%-40%</td> <td>\$27</td> </tr> <tr> <td>41%-60%</td> <td>\$54</td> </tr> <tr> <td>61%-80%</td> <td>\$81</td> </tr> <tr> <td>81%-100%</td> <td>\$108</td> </tr> <tr> <td>101%-120%</td> <td>\$135</td> </tr> <tr> <td>121%-138%</td> <td>\$163</td> </tr> </tbody> </table>		FPL	Copay Limit	0%-20%	\$0	21%-40%	\$27	41%-60%	\$54	61%-80%	\$81	81%-100%	\$108	101%-120%	\$135	121%-138%	\$163
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Clients' copays contributing to copay limit	The ARHOME clients and all Medicaid clients who pay copays in the individual's family. Example: two adults in a family in ARHOME at 40% FPL. If they each are charged \$15 in copays, their total copays would be limited to \$27. (ARKids B copays do not count toward the copay limit, but TEFRA premiums do.)
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