

ARKids First-B Cost Sharing and Reimbursement

Section II of ARKids First-B manual:

224.000 Cost Sharing

10-1-15

Co-payment or coinsurance applies to all ARKids First-B services, with the exception of immunizations, preventive health screenings, family planning, prenatal care, eyeglasses, medical supplies and audiological services (only Tympanometry, CPT procedure code 92567, when the diagnosis is within the ICD range ([View ICD codes](#))). Co-payments or coinsurances range from up to \$5 per prescription to 10% of the first day's hospital Medicaid per diem.

ARKids First-B families have an annual cumulative cost sharing maximum of 5% of their annual gross family income. The annual period is July 1 through June 30 SFY (state fiscal year). The ARKids First-B beneficiary's annual cumulative cost sharing maximum will be recalculated and the cumulative cost sharing counter reset to zero on July 1 each year.

The cost sharing provision will require providers to check and be alert to certain details about the ARKids First-B beneficiary's cost sharing obligation for this process to work smoothly. The following is a list of guidelines for providers:

1. On the day service is delivered to the ARKids First-B beneficiary, the provider must access the eligibility verification system to determine if the ARKids First-B beneficiary has current ARKids First-B coverage and whether or not the ARKids First-B beneficiary has met the family's cumulative cost sharing maximum.
2. The provider must check the remittance advice received with the claim submitted on the ARKids First-B beneficiary, which will contain an explanation stating that the ARKids First-B beneficiary has met their cost sharing cap.
3. It is strongly urged that providers submit their claims as quickly as possible to Hewlett Packard Enterprise for payment so that the amount of the ARKids First-B beneficiary's co-payment can be posted to their cost share file and the amount added to the accrual.

250.010 Reimbursement Introduction

2-1-10

Reimbursement for services provided to ARKids First-B beneficiaries is based on the current Medicaid reimbursement methodology of the corresponding Medicaid program or service.

ARKids First-B family's annual cost-sharing has a 5% maximum.

When Providers Are Required to Refund a Co-pay or Co-insurance:

Providers will be required to refund to ARKids First-B families the amount that the provider collected from the family for cost-sharing if, at the time the claim is submitted and processed, the system determines that the family's cumulative cost-sharing maximum has been met. This may



Provider Relations Outreach Specialist

happen even though the family was required to provide cost-sharing on the date of service when the provider waits a period of time to submit the claim to Medicaid.

Example: The family has not met its cost-sharing maximum on the date of service. Therefore, the provider collects the required cost-share amount. The provider submits the claim two months later. In the interim, the family's annual cumulative cost-sharing maximum has been met and the family will not be required to cost-share again until the next SFY. The system cannot track cost-sharing until the claim is processed. In this case, even though the family was required to cost-share on the date of service, that amount is not in the system until the claim is processed. On the date the claim adjudicated, the family had met its obligation for cost-sharing (i.e. other claims were adjudicated). Therefore, the provider must refund to the family the amount that the family paid. There will be a statement on the remittance advice that the cost-sharing maximum has been met and that Medicaid is paying the full Medicaid allowed rate for the service.