

133.000

Cost Sharing

9-15-09

The forms of cost sharing in the Medicaid Program are coinsurance, co-payment, deductibles and premiums. Each are detailed in the following Sections 133.100 through 133.500.

133.100

Inpatient Hospital Coinsurance Charge for Medicaid Beneficiaries Without Medicare

6-1-08

For inpatient admissions, the Medicaid coinsurance charge per admission for non-exempt Medicaid beneficiaries aged 18 and older is 10% of the hospital's interim Medicaid per diem, applied on the first Medicaid covered day. (See Section 124.230 for Working Disabled cost-sharing requirements.)

Example:

A Medicaid beneficiary is an inpatient for 4 days in a hospital whose Arkansas Medicaid interim per diem is \$500.00. When the hospital files a claim for 4 days, Medicaid will pay \$1950.00; the beneficiary will pay \$50.00 (10% Medicaid coinsurance rate).

1. Four (4 days) times \$500.00 (the hospital per diem) = \$2000.00 (hospital allowed amount).
2. Ten percent (10% Medicaid coinsurance rate) of \$500.00 = \$50.00 coinsurance.
3. Two thousand dollars (\$2000.00 hospital allowed amount) minus \$50.00 (coinsurance) = \$1950.00 (Medicaid payment).

133.200

Inpatient Hospital Coinsurance Charge to ARKids First-B Beneficiaries

7-1-11

For inpatient admissions, the coinsurance charge per admission for ARKids First-B participants is 10% of the hospital's Medicaid per diem, applied on the first covered day.

Example:

An ARKids First-B beneficiary is an inpatient for 4 days in a hospital whose Arkansas Medicaid per diem is \$500.00. When the hospital files a claim for 4 days, Medicaid will pay \$1950.00 and the beneficiary will pay \$50.00 (10% Medicaid coinsurance rate).

1. Four (4 days) times \$500.00 (the hospital per diem) = \$2000.00 (hospital allowed amount).
2. Ten percent (10% Medicaid coinsurance rate) of \$500.00 = \$50.00 coinsurance.
3. Two thousand dollars (\$2000.00 hospital allowed amount) minus \$50.00 (coinsurance) = \$1950.00 (Medicaid payment).

133.300

Inpatient Hospital Coinsurance Charge to Medicare-Medicaid Dually Eligible Beneficiaries

9-15-09

The coinsurance charge per admission for Medicaid beneficiaries, who are also Medicare Part A beneficiaries, is 10% of the hospital's Arkansas Medicaid per diem amount, applied on the first Medicare covered day only.

Example:

A Medicare beneficiary, also eligible for Medicaid, is an inpatient for 4 days in a hospital whose Arkansas Medicaid per diem amount is \$500.00.

1. This is the patient's first hospitalization for the Medicare benefit year; so the patient has not met their Medicare Part A deductible.
2. Medicare pays the hospital its allowed Part A charges, less the current (federal fiscal year) Medicare deductible, and forwards the payment information to Medicaid.
3. Ten percent (10% Medicaid coinsurance rate) of \$500.00 (the Arkansas Medicaid hospital per diem) = \$50.00 (Medicaid coinsurance). Medicaid coinsurance is due for the first day only of each admission covered by Medicare Part A.
4. Medicaid's payment is the current (federal fiscal year) Medicare Part A deductible minus \$50.00 Medicaid coinsurance.

If, on a subsequent admission, Medicare Part A assesses coinsurance, Medicaid will deduct from the Medicaid payment an amount equal to 10% of the hospital's Medicaid per diem for one day. The patient will be responsible for the amount deducted from the Medicaid payment.

133.400

Co-payment on Prescription Drugs

6-1-08

Arkansas Medicaid has a beneficiary co-payment requirement in the Pharmacy Program. The payment is applied per prescription. Non-exempt beneficiaries aged 18 and older are responsible for paying the provider a co-payment amount based on the following table: (See Section 124.230 for Working Disabled cost-sharing requirements. See the ARKids First-B provider manual for ARKids-First B cost-sharing requirements.)

Medicaid Maximum Amount	Beneficiary Co-pay
\$10.00 or less	\$0.50
\$10.01 to \$25.00	\$1.00
\$25.01 to \$50.00	\$2.00
\$50.01 or more	\$3.00

133.500

Co-Payment of Eyeglasses for Beneficiaries Aged 21 and Older

6-1-08

Arkansas Medicaid has a beneficiary co-payment requirement in the Visual Care Program. Medicaid beneficiaries 21 years of age and older must pay a \$2.00 co-payment for Visual Care prescription services. Nursing home residents are exempt from the co-pay requirement.