Frequently Asked Questions about Medicaid Co-Payments

This document provides information to Medicaid beneficiaries regarding services obtained through the Medicaid program. Information is given in the form of answers to frequently asked questions and identifies co-payment amounts for specific services.

1. What is a co-payment?

A co-payment is an amount of money that you owe to your healthcare provider for Medicaid covered services that you receive. It is usually paid at the time of service. The amount of the co-payment will depend on the service(s) that you receive. (See page 2 for Medicaid co-payment amounts.)

2. Will I have a Medicaid co-payment?

You will not have a co-payment if you are:
- Under 21 years of age
- A Medicare/Medicaid dually eligible beneficiary
- A CSHCS/Medicaid dually eligible beneficiary
- An individual residing in a nursing facility
- A Native American Indian or Alaskan Native consistent with Federal regulations at 42 CFR 447.56(a)(1)(x)
- An individual receiving hospice care
- An individual who receives Medicaid services through the Breast and Cervical Cancer Control Program (BCCCP)

The following services do not have a co-payment:
- Pregnancy-related services
- Family planning-related services
- Some preventive services
- Mental health specialty services and supports provided/paid through the Prepaid Inpatient Health Plan (PIHP)/Community Mental Health Services Program (CMHSP)
- Mental health services provided through state psychiatric hospitals, the state Developmental Disabilities Center, and the Center for Forensic Psychiatry
- Services provided by a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), or Tribal Health Center (THC)

3. What should I do if I cannot afford to pay the Medicaid co-payment at the time I get care or services?

You should tell your provider at the beginning of your appointment that you cannot pay. You will still owe the co-payment. It is considered a debt. Your provider must still provide the care or service.

4. Can a provider refuse to see me?

If you do not pay the co-payment(s) that you owe, a provider(s) may decide not to see you again or refuse to serve you in the future. Before a provider can deny you service, the provider must first:
- Tell you how much you owe for your co-payment(s).
- Give you a bill or receipt showing what you owe.
- Give you a reasonable time to pay the old co-payment(s).

5. Who can I call if I have questions?

- Call your provider.
- Call your Health Plan customer service. The number is on your health plan ID card.

For questions and/or problems, or help to translate, call the Beneficiary Help Line at 1-800-642-3195 or TTY 1-866-501-5656.

Spanish: Si necesita ayuda para traducir o entender este texto, por favor llame al telefono, 1-800-642-3195 or TTY 1-866-501-5656

Arabic: TTY 1-866-501-5656

إذا كان لديكم أيّ سؤال، يرجى الإتصال بخط المساعدة على الرقم المجاني ٣١٩٥-٦٤٢-٨٠٠-١

Medicaid Fee-for-Service Co-payment Amounts

If you have Medicaid Fee-for-Service, are 21 years of age or older, and are not in a Health Plan, you may have the co-payments listed below.

You may have a co-payment if you are enrolled in a Medicaid Health Plan. Your Plan may have different co-payments than those listed below. Refer to your Health Plan Member Handbook or call your health plan for their co-payment information.

SERVICE	MEDICAID CO-PAYMENT
Physician Office Visit	$ 2
Outpatient Hospital Visit	$ 2
Emergency Room Visit for Non-Emergency Service • Co-payment ONLY applies to non-emergency services in the emergency room. • There is no co-payment for true emergency services.	$ 3
Inpatient Hospital Stay	$ 50
Pharmacy	$ 1 – generic/preferred brands $ 3 - brand/non-preferred brands
Chiropractic Visit	$ 1
Dental Visit	$ 3
Hearing Aid	$ 3 per aid
Podiatric Visit	$ 2
Vision Visit	$ 2
Urgent Care Center Visit	$ 2