What is a copay/copayment?

A relatively small fixed fee that a health insurer (such as an HMO) requires the patient to pay upon incurring a medical expense (as for a routine office visit, surgical procedure, or prescription drug) covered by the health insurer. (per Merriam-Webster dictionary definition)

COPAYS FOR MEDICAID?

FULL NC MEDICAID FOR CHILDREN
• No copays are required for services rendered to children covered by Medicaid

FULL NC MEDICAID FOR ADULTS
• $3.00 copays on visits other than one physical annually

OTHER FACTS:

If the provider accepts Medicaid, the Medicaid payment must be accepted as payment in full, with the exception of applicable copays.

Providers cannot deny services to any Medicaid patient because of their inability to pay a deductible, coinsurance, or copay. The inability to pay shall not eliminate their liability for the cost sharing charge. The provider may set up an account for the patient and collect the amount owed at a later date.

THIRD PARTY PAYERS

• Only obligated to collect copays if you are in network

• For FP clients who are insured, Title X requires that clients whose family income is at or below 250% FPL not pay more (in copays or additional fees) than they would otherwise pay when the schedule of discounts is applied (SFS)

• Copayments vary in respect to payer and plan. Verify coverage and client responsibility for accurate collection.

COPAYS ARE NEVER COLLECTED IN

• Communicable Disease
• Sexually Transmitted Disease Services

Resources:
• Medicaid Participation Agreement
• NC DHHS Medicaid Policies & Manuals
• Program Rules and Regulations
• NC General Statutes
• NC Administrative Code

Public Health Administrative Consultants
• Kathy Brooks- 336-212-1678 Kathy.brooks@dhhs.nc.gov
• Brook Johnson – 919-710-0133 Brook.johnson@dhhs.nc.gov
• Samantha Smith 919-306-0429 samantha.smith@dhhs.nc.gov
• Becky Webb 919-815-0160 rebecca.webb@dhhs.nc.gov

NC Health Choice (NCHC) is insurance for children of families who make too much to qualify for Medicaid, but too little to afford private insurance.

Common Health Choice Categories:
• MiCJ – Families with income at or below 159% of FPL $0 copay
• MiCK – Families with income to 211% of FPL $5 copay

PROVIDERS CANNOT CHARGE COPAYS TO MEDICAID PATIENTS FOR:
• Core Services
• Individuals under the age of 21 years
• Prescribed drugs related to pregnancy
• Health Check related services
• Community Alternative Program (CAP) services
• Family Planning Services and prescribed drugs (birth control)
• Local Management Entity (LME) Mental Health services
• Dental services provided in a health department (excludes adult dental services)