

The Department for Medicaid Services (DMS) has revised cost sharing amounts and categories as part of policy changes effective January 1, 2014. The copay for non-emergency use of the emergency room was listed in some communications as being applicable to all members (including members who are excluded from other copays). To maintain alignment with Kentucky's State Plan and Kentucky Administrative Regulation, non-emergency use of the emergency room copay of \$8 will be exempt for the following individuals:

(1) Children.—Services furnished to individuals under 18 years of age (and, at the option of the State, individuals under 21, 20, or 19 years of age, or any reasonable category of individuals 18 years of age or over but under 21) are excluded from cost sharing.

(2) Pregnant women.—Services furnished to pregnant women if such services related to the pregnancy, or to any other medical condition which may complicate the pregnancy are excluded from cost sharing obligations. These services include routine prenatal care, labor and delivery, routine postpartum care, family planning services, complications of pregnancy or delivery likely to affect the pregnancy, such as hypertension, diabetes, and urinary tract infection, and services furnished during the postpartum period for conditions or complications related to the pregnancy. The postpartum period is the immediate postpartum period which begins on the last day of pregnancy and extends through the end of the month in which the 60-day period following termination of pregnancy ends. States may further exclude from cost sharing all services furnished to pregnant women if they desire.

(3) Institutionalized individuals.—Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution if the individual is required (pursuant to §435.725, 435.733, 435.832, or 436.832), as a condition of receiving services in the institution, to spend all but a minimal amount of his income required for personal needs, for medical care costs are excluded from cost sharing.

(4) American Indians.—Items and services furnished to an American Indian directly by an American Indian health care provider or through referral under contract health services.

(5) Services furnished to an individual who is receiving hospice care

Should you have any questions regarding this information, please contact the Department for Medicaid Services, Division of Provider and Member Services at 800-635-2570.