

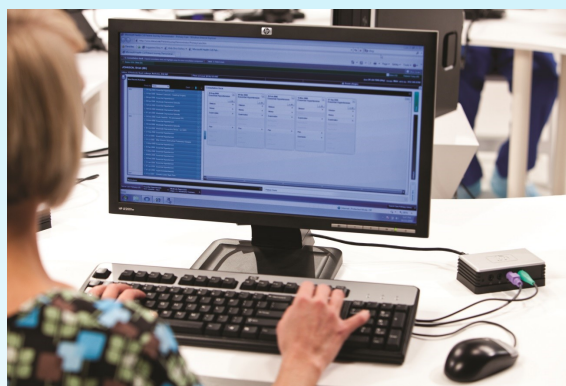
IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201639 JULY 7, 2016

IHCP implements interim process to track member cost-sharing

Federal regulations require that Medicaid members with cost-sharing obligations (such as contributions, premiums, deductibles, copayments, and other Medicaid-related charges) pay no more than 5% of the family's total countable income toward these charges. The 5% calculation considers the total cost-sharing amounts paid by all members in the Medicaid household against the total countable income for the Medicaid household. States can decide whether to apply the cost-sharing limit on a monthly or quarterly basis. Indiana has chosen to apply the limit based on calendar quarters (January – March, April – June, July – September, October – December).

Indiana Health Coverage Programs (IHCP) members reaching 5% of the Medicaid household income in a given quarter will receive written notice informing them that cost-sharing obligations are suspended for the remainder of the current quarter. The written notice will name the affected member, and the date of the notice will establish the calendar quarter affected. Members are instructed to present their notice to IHCP providers in lieu of paying a copayment. If a member shows the notice to an IHCP provider, the provider cannot charge the member a copayment if the date of service is within the same calendar quarter as the date on the notice.



Providers are reminded that the following members are exempt from cost-sharing obligations:

- American Indians
- Alaskan Natives
- Under age 18, except for Children's Health Insurance Program (CHIP) members
- Pregnant
- Residing in an institution
- Receiving hospice care
- Eligible for Medicaid due to a diagnosis of breast or cervical cancer

The Eligibility Verification System will indicate if a member is exempt from copayments. Members in exempt categories are not affected by the cost-sharing tracking process – they should never be charged copayments.

The IHCP is developing a process to systematically track member cost-sharing and to monitor when the 5% limit is reached through healthcare claim adjudication. A tracking mechanism is planned to be a feature of the Provider Healthcare Portal, which will replace Web interChange. Until that system is implemented, the interim process of issuing member notifications will be used.

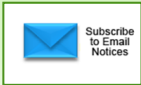
A member may initiate contact with the Indiana Family and Social Services Administration, Division of Family Resources (FSSA/DFR) local office if he or she feels cost-sharing expenses add up to more than 5% of Medicaid household income in a given quarter. The member should request a case review and submit copies of receipts to support the cost-sharing payments that have been made. A review of the receipts as well as of claims submitted for all household members will determine if the cost-sharing limitation has been reached.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-577-1278.

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