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## Informational Notice

**Date:** August 20, 2012

**To:** Participating Physicians, Chiropractors, Podiatrists, Optometrists, Advance Practice Nurses, Federally Qualified Health Center (FQHC), Encounter Rate Clinic (ERC), Rural Health Clinic (RHC) and Hospitals

**Re:** Cost Sharing

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As a result of [Public Act 097-0689 \(pdf\)](#), referred to as the Save Medicaid Access and Resources Together (SMART) Act, changes were made to the participant cost-sharing for Medicaid, All Kids and Illinois Healthy Women.

### Cost Sharing Requirements for Medicaid and All Kids

Effective with dates of service on or after July 16, 2012, the department will be implementing new co-payment amounts for services. The chart included with this notice identifies the co-payment amounts and will replace the copayment information in Appendix 12, 13 and 14 of Chapter 100, General Policy and Procedures Handbook.

**Note:** Residents of nursing homes, intermediate care facilities for the developmentally disabled and supportive living facilities do not pay co-pays. The following services are exempt from copayments: well-child visits, immunizations, preventive services, services provided under the Breast & Cervical Cancer (BCC) program and diagnostic services.

### Cost Sharing Requirements for Illinois Healthy Women

Effective with dates of service on or after July 16, 2012, the department will be implementing new co-payment amounts for certain services rendered to participants enrolled in Illinois Healthy Women. The following identifies the services and co-payment amounts.

- There are **no co-pays** for your **family planning (birth control) medical services and contraceptive methods**. Providers must bill for family planning services using the appropriate evaluation and management CPT Code along with modifier FP. Diagnosis coding should document the family planning service provided, as shown in the V25 series from the ICD-9-CM.
- Family planning-**related** medical services will require a \$3.65 co-pay for **office visits**. Family planning-**related** medical services may include follow-up for: abnormal pap findings, HPV vaccinations, sexually transmitted infections, urinary tract, vaginal, other lower genital tract and genital skin infections. Refer to the [Practitioner Handbook](#), Topic A-223.2 for additional services that may be subject to a copayment.
- Prescriptions, **except for contraceptive (birth control) methods**, will require a \$2.00 co-pay for each generic prescription and \$3.65 for each name brand prescription.

**Collection of Co-payments**

The department will automatically deduct the co-payment from the provider's reimbursement. When billing the department, providers should bill their usual and customary charge and should not report the co-payment on the claim. Providers will be responsible for collecting co-payments from the participant. Providers may choose not to charge a co-payment, but if co-payments are charged, the co-payment amount cannot exceed the amounts shown on the chart.

Federal regulations stipulate that a provider cannot deny services to an individual covered under a Title XIX or Title XXI program due to the person's inability to pay a co-payment. This requirement does not apply to the All Kids Premium Level 2. Providers may apply their office policies relating to the co-payments to participants covered under the All Kids Premium Level 2.

Questions regarding this notice may be directed to the Bureau of Comprehensive Health Services at 1-877-782-5565.

Theresa A. Eagleson, Administrator  
Division of Medical Programs

### General Appendix 12 Cost-Sharing for Participants

	All Kids Assist* 0% - 133%	All Kids Share* 133% - 150%	All Kids Premium Level 1* 150% - 200%	All Kids Premium Level 2* 200% - 300%	Medicaid Adults (FamilyCare Assist, AABD and HBWD)* 0% - 133%	Breast and Cervical Cancer Program	Illinois Healthy Women*	Illinois Veterans Care
CPT Codes 99201 – 99215	\$0	\$3.65/visit	\$5.00/visit	\$10.00/visit	\$3.65/visit	\$0	\$3.65/visit	\$15.00/visit
CPT Codes 99241 – 99245	\$0	\$3.65/visit	\$5.00/visit	\$10.00/visit	\$3.65/visit	\$0	\$3.65/visit	\$15.00/visit
CPT Codes 90801 – 90911	\$0	\$3.65/visit	\$5.00/visit	\$10.00/visit	\$0	\$0	Not Covered	\$15.00/visit
CPT Codes 92002 – 92014	\$0	\$3.65/visit	\$5.00/visit	\$10.00/visit	\$3.65/visit	\$0	Not Covered	\$15.00/visit
CPT Codes 98940 – 98943	\$0	\$3.65/visit	\$5.00/visit	\$10.00/visit	Not Covered	\$0	Not Covered	Not Covered
T1015 (Medical or Dental Encounter)	\$0	\$3.65/visit	\$5.00/visit	\$10.00/visit	\$3.65/visit	\$0	\$3.65/visit	\$15.00/visit
T1015 (Behavioral Health Encounter)	\$0	\$3.65/visit	\$5.00/visit	\$10.00/visit	\$0		Not covered	\$15.00/visit
Family Planning Services Billed with Modifier FP	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Restorative Dental	\$0	\$3.65/visit	\$5.00/visit	\$10.00/visit	Not Covered	\$0	Not Covered	Not Covered
Prescription Drugs (Per 30-day supply)	\$0	Brand \$3.65 Generic \$2	Brand \$5 Generic \$3	Brand \$7 Generic \$3	Brand \$3.65 Generic \$2	\$0	Brand \$3.65 Generic \$2	Brand \$14 Generic \$6
Over-The Counter (OTC) Medications Prescription Required	\$0	\$2.00/drug	\$3.00/drug	Not covered	\$2.00/drug	\$0	\$2.00/drug	Not Covered
Emergency Room Visit	\$0	\$3.65/visit	\$5.00/visit	\$30.00/visit	\$0	\$0	Not Covered	\$50.00/visit
Emergency Room Visit for Non-emergent Service	\$3.65/visit	\$10.00/visit	\$25.00/visit	\$30.00/visit	\$3.65/visit	\$0	Not Covered	\$50.00/visit
Hospital Inpatient Services (Including admissions for substance abuse and mental health services)	\$0	\$3.65/admission	\$5.00/admission	\$100/admission	\$3.65/day	\$0	Not Covered	\$150/admission
Hospital Outpatient Services	\$0	\$3.65/visit	\$5.00/visit	5% of HFS rate	\$0	\$0	Not Covered	10% of HFS rate
Annual Copayment Maximum	\$0	\$100 per family	\$100 per family	\$500 per child	\$0	\$0	\$0	\$0

\*No co-payment for Well-Child, Immunizations, Preventive Services, Diagnostic Services or Family Planning. Family planning **related** medical services require a co-pay for office visits.