

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: KENTUCKY

- A. Cost Sharing Provisions Under the Commonwealth Global Choices Benefit Plan: The following charges are imposed on the medically needy for services. Cost sharing is being imposed under 1916 of the Social Security Act:

Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins	Co-pay	
Prescription Drugs		X	X	\$1 for each generic drug or atypical antipsychotic drug that does not have a generic equivalent; \$2 for each preferred brand name drug that does not have a generic equivalent and is available under the supplemental rebate program; or 5% co-insurance or not to exceed \$20 for each non-preferred brand name drug. The Department for Medicaid Services (DMS) shall reduce a pharmacy provider's reimbursement by the applicable co-pay/co-insurance outlined above. A cap of \$225 per calendar year (January 1 – December 31) per recipient will apply to prescription drug co-payments. Additionally, the maximum amount of cost sharing shall not exceed 5% of a family's total income for a quarter. The average payment per prescription drug is \$51.88 for FY 2005.
Audiology				\$0.00
Chiropractor			X	\$2.00 for each visit. DMS shall reduce a provider's reimbursement by \$2.00. The average payment for a chiropractic service is \$39.60 in FY 2005. Coverage of chiropractic services shall be limited to twenty-six (26) visits per recipient per twelve (12) month period.
Dental			X	\$2.00 for each visit. DMS shall reduce a provider's reimbursement by \$2.00. The average payment for a dental service is \$128.27 in FY 2005.
Hearing Aid Dealer				A co-payment will not be imposed on hearing aids. However, members will be limited to \$800 maximum per ear every 36 months; 1 hearing aid evaluation per year (by audiologist); 1 complete hearing evaluation per year (by audiologist); 3 follow-up visits within 6 months following 1 additional follow up at least 6 months following fitting of hearing aid. Hearing coverage is limited to an individual under age twenty-one (21);
Podiatry			X	\$2.00 for each visit. DMS shall reduce a provider's reimbursement by \$2.00. The average payment for a podiatry service is \$61.02 in FY 2005.
Optometry*			X	\$2.00 for each visit. DMS shall reduce a provider's reimbursement by \$2.00. The average payment to an optometrist for a general ophthalmological service is \$44.02 in FY 2005.
General ophthalmological services*			X	\$2.00 for each visit. DMS shall reduce a provider's reimbursement by \$2.00. The average payment for an ophthalmological service is \$29.84 in FY 2005.
Eyewear				A co-payment will not be imposed on eyewear. However, members will be responsible for any eyewear charges over \$200 per year. Eyewear coverage is limited to an individual under age twenty-one(21).

*CPT codes 92002, 92004, 92012, and 92014.

**CPT codes 99201, 99202, 99203, 99204, 99211, 99212, 99213, and 99214