

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 categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act. 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).
Office visit for care by a physician,** physician's assistant, advanced registered nurse practitioner, certified pediatric and family nurse practitioner, or nurse midwife			X	\$2.00 per each visit. The average payment for this service is \$37.12 in FY 2005. DMS shall reduce a provider's reimbursement by \$2.00.
Physician Service			X	\$2.00 per each service. DMS shall reduce a provider's reimbursement by \$2.00. The average payment for this service is \$37.12 in FY 2005.

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

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