



4300 Cox Road • Glen Allen, Virginia 23060 • (804) 965-7400 • (804) 273-6961

Dear Provider:

Beginning August 17, 2005, the Kentucky Department for Medicaid Services pharmacy co-payments shall be as follows (pursuant to 907 KAR 1:604 and E - Recipient Cost-sharing).

(Pharmacy providers will be notified, at the point of sale, of the co-payment amount that is due from the member.)

Prescription Drug Co-payments (Mandatory Eligibility Groups)

The co-payment amounts, which vary according to the type of drug, are as follows:

- \$1 for any generic drug
 - \$1 for any atypical anti-psychotic drug if the atypical anti-psychotic drug does not have a generic equivalent
 - \$2 for a preferred brand name drug as listed on Medicaid's preferred drug list
 - \$3 for a non-preferred brand name drug not listed on the preferred drug list
- DMS will reduce provider reimbursement by \$1 for the above-listed co-payments.

Federal law stipulates that some members are not required to pay co-payments. Listed below are those who **do not** have to pay a co-pay:

- Children under age 18
- Women who are pregnant or within 60 days after delivering a baby
- Members in nursing homes, personal care homes, family care homes or intermediate care facilities for people with mental retardation(ICF/MR)
- Members receiving hospice services
- Foster children
- American Indians or Alaskan Natives
- Pacific Islanders

Medicaid members unable to pay the co-payment continue to have financial responsibility for that co-payment amount to the provider (42 CFR 447.15). Remember that it is not permissible to waive the co-payment. Any provider that systematically engages in this practice will be subject to a corrective action plan by the Department.

If you have questions please contact First Health Services Provider Help Desk, 1-800-432-7005.