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	Version 2.0	

DOCUMENT HISTORY LOG

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³
Baseline	1.0	November 15, 2005	Initial version Uniform Managed Care Manual Chapter 6.3, "CHIP Cost Sharing."
Revision	1.1	September 1, 2007	Chapter 6.3 is revised to change the enrollment period from 6 months to 12 months and to eliminate enrollment fees for Members at 133% up to and including 150% of FPL.
Revision	1.2	September 25, 2010	Chapter 6.3 is updated to reflect the current cost sharing table in the CHIP State Plan.
Revision	1.3	March 1, 2011	Chapter 6.3 is updated to reflect the current cost sharing table in the CHIP State Plan.
Revision	1.4	September 1, 2011	Chapter 6.3 is updated to reflect the current cost sharing table in the CHIP State Plan.
Revision	1.5	January 10, 2012	Revision 1.5 applies to contracts issued as a result of HHSC RFP numbers XXX-08-0001, XXX-12-0002, and XXX-12-0003. "General Information" is added to clarify that co-payments must be capped at the lesser amount if the MCO and provider have negotiated a lesser amount for a benefit than the identified co-payment; that there is no cost-sharing on benefits for preventive services or pregnancy-related assistance; and that the MCO is not responsible for payment of unauthorized non-emergency services provided to a CHIP Member by an out-of-network provider.
Revision	2.0	July 15, 2015	"Cost Sharing table effective January 1, 2014" is added to reflect eligibility changes required by the ACA. Beginning January 1, 2014, the ACA required the federal government and states to rely on modified adjusted gross income (MAGI) income counting rules when determining eligibility for CHIP. All children (age 1 through 18) with family incomes under 138 percent of the federal poverty level (FPL) will enroll in Medicaid, and those from 138-201 percent FPL will be eligible for CHIP coverage.

¹ Status should be represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions

² Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., "1.2" refers to the first version of the document and the second revision.

³ Brief description of the changes to the document made in the revision.



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General Information

The following table includes maximum CHIP cost sharing amounts. If the MCO and the provider have negotiated a lesser amount for a benefit than the identified co-payment, then the co-payment must be capped at the lesser amount.

The following examples are provided for illustrative purposes only.

General
Information
Added by
Version 1.5

Example 1: The MCO and a provider have negotiated a \$23.00 rate for an office visit. If the Member's family income is 185% FPL, the co-payment will be capped at \$23.00 for services provided on or after March 1, 2012.

Example 2: The MCO and a pharmacy provider have negotiated a \$9.30 total reimbursement (dispensing fee + product cost) for a prescription of 800mg of Ibuprofen, 50 tablets. If the Member's family income is 185% FPL, the co-payment will be capped at \$9.30 for that prescription provided on or after March 1, 2012.

Co-payments do not apply, at any income level, to:

1. well-baby and well-child care services, as defined by 42 C.F.R. §457.520;
2. preventative services;
3. pregnancy-related services;
4. Native Americans or Alaskan Natives;
5. Members of the CHIP Perinatal subprogram (Perinates (unborn children) and Perinate Newborns).

An MCO is not responsible for payment of unauthorized non-emergency services provided to a CHIP Member by an out-of-network provider. In such circumstances, the CHIP Member will be responsible for all costs.



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CHIP COST SHARING

Version 2.0

Cost Sharing
Table effective
1/1/14 Added
by Version 2.0

CHIP Cost-Sharing	
	Effective January 1, 2014**
<u>Enrollment Fees (for 12-month enrollment period):</u>	
	Charge
<u>At or below 151% of FPL*</u>	<u>\$0</u>
<u>Above 151% up to and including 186% of FPL</u>	<u>\$35</u>
<u>Above 186% up to and including 201% of FPL</u>	<u>\$50</u>
<u>Co-Pays (per visit):</u>	
<u>At or below 100% of FPL</u>	Charge
Office Visit	\$3
Non-Emergency ER	\$3
Generic Drug	\$0
Brand Drug	\$3
Facility Co-pay, Inpatient	\$15
Cost-sharing Cap	5% (of family's income)***
<u>Above 100% up to and including 151% FPL</u>	Charge
Office Visit	\$5
Non-Emergency ER	\$5
Generic Drug	\$0
Brand Drug	\$5
Facility Co-pay, Inpatient (per admission)	\$35
Cost-sharing Cap	5% (of family's income)***
<u>Above 151% up to and including 186% FPL</u>	Charge
Office Visit	\$20
Non-Emergency ER	\$75
Generic Drug	\$10
Brand Drug	\$35
Facility Co-pay, Inpatient (per admission)	\$75
Cost-sharing Cap	5% (of family's income)***



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CHIP COST SHARING

Version 2.0

Cost Sharing
Table effective
1/1/14 Added
by Version 2.0

CHIP Cost-Sharing	
	Effective January 1, 2014**
Above 186% up to and including 201% FPL	Charge
Office Visit	\$25
Non-Emergency ER	\$75
Generic Drug	\$10
Brand Drug	\$35
Facility Co-pay, Inpatient (per admission)	\$125
Cost-sharing Cap	5% (of family's income)***

*The federal poverty level (FPL) refers to income guidelines established annually by the federal government.

** Effective March 1, 2012, CHIP members will be required to pay an office visit copayment for each non-preventive dental visit.

*** Per 12-month term of coverage.



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CHIP Cost-Sharing			
	Effective through February 28, 2011	Effective March 1, 2011- February 29, 2012	Effective March 1, 2012**- December 31, 2013
<u>Enrollment Fees (for 12-month enrollment period):</u>			
	Charge	Charge	Charge
<u>At or below 150% of FPL*</u>	\$0	\$0	\$0
<u>Above 150% up to and including 185% of FPL</u>	\$35	\$35	\$35
<u>Above 185% up to and including 200% of FPL</u>	\$50	\$50	\$50
<u>Co-Pays (per visit):</u>			
At or below 100% of FPL	Charge	Charge	Charge
Office Visit	\$3	\$3	\$3
Non-Emergency ER	\$3	\$3	\$3
Generic Drug	\$0	\$0	\$0
Brand Drug	\$3	\$3	\$3
Facility Co-pay, Inpatient	\$10	\$10	\$15
Cost-sharing Cap	1.25% (of family's income)***	1.25% (of family's income)***	5% (of family's income)***
Above 100% up to and including 150% FPL	Charge	Charge	Charge
Office Visit	\$5	\$5	\$5
Non-Emergency ER	\$5	\$5	\$5
Generic Drug	\$0	\$0	\$0
Brand Drug	\$5	\$5	\$5
Facility Co-pay, Inpatient (per admission)	\$25	\$25	\$35
Cost-sharing Cap	1.25% (of family's income)***	1.25% (of family's income)***	5% (of family's income)***
Above 150% up to and including 185% FPL	Charge	Charge	Charge
Office Visit	\$7	\$12	\$20
Non-Emergency ER	\$50	\$50	\$75
Generic Drug	\$5	\$8	\$10
Brand Drug	\$20	\$25	\$35
Facility Co-pay, Inpatient (per admission)	\$50	\$50	\$75



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CHIP Cost-Sharing			
	Effective through February 28, 2011	Effective March 1, 2011- February 29, 2012	Effective March 1, 2012**- December 31, 2013
Cost-sharing Cap	2.5% (of family's income)***	2.5% (of family's income)***	5% (of family's income)***
Above 185% up to and including 200% FPL	Charge	Charge	Charge
Office Visit	\$10	\$16	\$25
Non-Emergency ER	\$50	\$50	\$75
Generic Drug	\$5	\$8	\$10
Brand Drug	\$20	\$25	\$35
Facility Co-pay, Inpatient (per admission)	\$100	\$100	\$125
Cost-sharing Cap	2.5% (of family's income)***	2.5% (of family's income)***	5% (of family's income)***

*The federal poverty level (FPL) refers to income guidelines established annually by the federal government.

** Effective March 1, 2012, CHIP members will be required to pay an office visit copayment for each non-preventive dental visit.

*** Per 12-month term of coverage.