

Medicaid Cost-Sharing Survey

Overview

States may impose a co-payment, premium, deductible, or other charge for certain Medicaid services—known as cost-sharing—based on income. NASUAD surveyed its member in order to gather greater detail from states about their use of cost-sharing in Medicaid state plan and waiver programs. Fifteen states responded to this inquiry.

Response Summary

Of the 15 states responding to this survey, 10 states indicated they do not have cost-sharing while five states (Arkansas, Idaho, Ohio, Oklahoma, and Washington) indicated that they do have cost-sharing. These five states were asked what structure was used to cover the cost-sharing, they specified the following:

- Arkansas uses premiums,
- Arkansas, Idaho, and Oklahoma use co-payments, and
- Ohio uses other types of fees, such as spend-down and liability.

States with cost-sharing were asked what income threshold was used in determining payment amount. They gave varying responses depending on which services were implementing cost-sharing, ranging from 300% of the Federal Benefit Rate to varying percentages of the Federal Poverty Level (64%, 133%, 150% and 200%). Four of the five states explained that if an individual failed to pay their part for services their eligibility for services would not be affected, however, their service provider could decide to terminate services for non-payment.

Eligibility groups participating in cost-sharing in the various states included:

- Adults with developmental disabilities,
- The families of children with long term disabilities or complex medical needs (often called the Katie Beckett group),
- Adults with physical disabilities,
- The families of children with physical or developmental disabilities, and
- The aging.

Finally, these five states were asked if the implementation of maintenance-of-effort requirements under the Affordable Care Act has impacted cost-sharing. All five states responded “no”.