

**AHCCCS Copayments
FAQ's for Providers
5/7/2012**

Q1 – How do I tell if a patient has a copay?

A1 – Copay requirements will be indicated via a member specific copay level found in all AHCCCS eligibility verification processes other than IVR. Every member will be assigned a copay level which will reflect whether they are exempt from copays, subject to optional (nominal) copays, or subject to mandatory (hard) copays.

Q2 – Will the eligibility verification systems tell me if a member has a copay?

A2 – Yes. The member copay level will be available via all eligibility verification processes other than IVR.

Q3 – How do I tell if a patient's copay is either exempt, optional (nominal), or mandatory (hard)?

A3 – Member copay levels (00, 20, 21, 25, 40, 45 and 50) are identified in the chart attached to the Provider correspondence on the AHCCCS Copays webpage.
http://www.azahcccs.gov/commercial/Downloads/CopayLetterProvidersRev4_withCharts.pdf

Q4 – What are the copay amounts?

A2 – Copay amounts range from \$0 to \$30 depending on the type of service and population category the member belongs to. Copay levels for each member are identified in the chart attached to the Provider correspondence on the AHCCCS Copays webpage.
http://www.azahcccs.gov/commercial/Downloads/CopayLetterProvidersRev4_withCharts.pdf

Q5 – How do I tell what services and amounts a copay should apply to?

A5 – Copays for specific services and the corresponding copay amounts are determined by the specific member copay levels (00, 20, 21, 25, 40, 45 and 50) and are indicated in the chart attached to the Provider correspondence on the AHCCCS Copays webpage.
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Q6 – Will copays be on the member ID cards?

A6 – No. Copay information is not reflected on the member ID card, but the members copay level will be available via all eligibility verification processes other than IVR.

Q7 – Do copays apply when AHCCCS is a secondary payer?

A7 – Yes.

Q8 – Will copay amounts show up on eligibility verifications?

A8 – No. Only the member's assigned copay level will be available. Copay amounts for services are determined by the specific member copay levels (00, 20, 21, 25, 40, 45 and 50) and are defined in the chart attached to the Provider correspondence on the AHCCCS Copays webpage
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Q9 – Does the lawsuit/injunction impact all mandatory copays?

A9 – No, the lawsuit/injunction only impacts the TWG population (also known as the "AHCCCS Expansion Population") which consists of members who are Childless Adults (also known as AHCCCS Care) and members who are in the Medical Expense Deduction program (MED). The injunction that was imposed by the federal District Court for the month of October 2010 ended. On October 25, 2010, the federal Court of Appeals issued an Order allowing AHCCCS to require mandatory copays for members in AHCCCS Care and MED. Therefore, beginning November 1, 2010, members in AHCCCS Care and MED are subject to mandatory copays. Please be aware that mandatory copays for the TMA population (copay level 50) are not impacted by the lawsuit/injunction and TMA members remain subject to mandatory copay requirements.

Q10 – Can services be denied for non-payment of a copay?

A10 - Only nonpayment of mandatory copays (Member copay levels 40, 45 and 50) can result in a refusal of services. In addition, whether or not the provider obtains the mandatory copayment from the member, the provider's reimbursement will be reduced by the amount of the copayment. Services can not be denied for members with NOMINAL (OPTIONAL) copays if the member is unable to pay.

Q11 – Can members be billed for copays if they are not paid at the time of the visit?

A11 – Providers can bill members for the copayment amount. This applies to members with nominal copays as well as members with mandatory copays. AHCCCS rule R9-22-702(C) allows providers to bill members to collect a copayment. As stated above, providers are prohibited from denying a service due to a member's inability to pay a copay when it is nominal.

Q12 – Do copays apply to claims processed/paid directly by AHCCCS?

A12 - Copays do not apply to any claims paid directly by AHCCCS FFS.

Q13 – Are there specific rate codes that can be used to identify copay populations?

A13 – No, copay populations do not directly correlate to certain rate codes. Copay amounts and the services with copays are determined by the specific Member Copay levels (00, 20, 21, 25, 40, 45 and 50).

Q14 – Who can I contact if I have copay questions?

A14– E-mail copay-related questions to: AHCCCSCoPays@azahcccs.gov