

Idaho Medicaid Public Schedule of Premiums and Cost-sharing Requirements

In accordance with federal regulations at 42 CFR 447.57, the Department of Health and Welfare is making available a public schedule describing current Medicaid premiums and cost-sharing requirements to contain the information below.

(1) The group or groups of individuals who are subject to premiums and/or cost sharing and the current amounts;

Premiums

The following Medicaid programs are allowed to assess premiums to enrollees, as provided in IDAPA 16.03.18, “Medicaid Cost Sharing”:

- a. The State Children’s Health Insurance Program (SCHIP; §200)
- b. Home Care for Certain Disabled Children (HCCDC, also known as “Katie Beckett”; §205)
- c. The Medicaid SED Program in support of Youth Empowerment Services (YES; §207)
- d. Medicaid Enhanced Plan for Workers with Disabilities (§215)

Group Subject to Premiums	Monthly Premium Amounts
SCHIP	<ul style="list-style-type: none"> • For incomes above 133% FPL* and equal to or less than 150% FPL = \$10. (§200.01) • For incomes above 150% FPL and equal to or less than 185% FPL = \$15. (§200.02)
HCCDC/“Katie Beckett”	<ul style="list-style-type: none"> • For incomes above 150% FPL and equal to or less than 185% FPL = \$15. The maximum monthly premium a family at this income level must pay is \$30. • For incomes above 185% FPL and equal to or less than 250% FPL = 1.0% of family income. • For incomes above 250% FPL and equal to or less than 300% FPL = 1.5% of family income. • For incomes above 300% FPL and equal to or less than 400% FPL = 2.0% of family income. • For incomes above 400% FPL and equal to or less than 500% FPL = 2.5% of family income. • For incomes above 500% FPL and equal to or less than 600% FPL = 3.0% of family income. • For incomes above 600% FPL and equal to or less than 700% FPL = 3.5% of family income. • For incomes above 700% FPL and equal to or less than 800% FPL = 4.0% of family income. • For incomes above 800% FPL and equal to or less than 900% FPL = 4.5% of family income. • For incomes above 900% FPL = 5.0% of family income. (§205.01–02)
Medicaid SED Program/YES	<ul style="list-style-type: none"> • For incomes above 150% FPL and equal to or less than 185% FPL = \$15. • For incomes above 185% FPL and equal to or less than 300% FPL = 5.0% of countable family income.
Enhanced Plan for Workers with Disabilities	<p>A participant in the Medicaid for Workers with Disabilities coverage group must share in the cost of Medicaid coverage, if required.</p> <ul style="list-style-type: none"> • For incomes above 133% FPL and equal to or less than 250% FPL = \$10. (§215.03)

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| | <ul style="list-style-type: none">• For incomes above 250% FPL = the greater of \$10 or 7.5% of the participant's income above 250% FPL. (§215.04) |
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* **NOTE:** "FPL" refers to the Federal Poverty Level guidelines available here:

<https://aspe.hhs.gov/poverty-guidelines>

Co-payments

In accordance with IDAPA 16.03.18.310 and 42 CFR 447.54, Medicaid participants may be charged a co-payment amount of \$3.65 per visit for certain outpatient services:

1. Accessing hospital Emergency Department for non-emergency medical conditions;
2. Accessing emergency transportation services for non-emergency medical conditions;
3. Chiropractic services;
4. Occupational therapy;
5. Optometric services;
6. Outpatient hospital services;
7. Physical therapy;
8. Podiatry services;
9. Physician Office Visits, unless the visit:
 - a. Is for a preventive wellness exam, immunizations, or family planning; or
 - b. Is for urgent care provided at a clinic billing as an urgent care facility; and
10. Speech therapy. (§320.01–10)

The following participants are exempt from co-payments:

- a. A child under the age of nineteen (19) with family income less than or equal to 133% FPL;
- b. An individual age of nineteen (19) or older with family income less than or equal to 100% FPL;
- c. A pregnant or post-partum woman when the services provided are related to the pregnancy;
- d. An inpatient in a hospital, nursing facility, intermediate care facility for persons with intellectual disabilities (ICF/ID), or other medical institution;
- e. An adult participant who receives services provided under a 1915(c) waiver;
- f. A participant who has other health care coverage that is the primary payor for the services provided;
- g. A participant receiving hospice care;
- h. A child in foster care receiving aid or assistance under Title IV, Part B of the Social Security Act;
- i. A participant receiving adoption or foster care assistance under Title IV, Part E of the Social Security Act, regardless of age; and
- j. A woman eligible under the breast and cervical cancer eligibility group. (§300.01.a.–j.)

Participants Exempt from all Cost-sharing

Native American and Alaskan Native participants are exempt from cost-sharing requirements. The participant must declare his race to the Department to receive this exemption. (§025)

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(2) Mechanisms for making payments for required premiums and cost sharing charges;

Premiums

Mechanisms for making payments of premiums vary by program group, but payment options and instructions are clearly set forth in monthly notices mailed to all participants subject to premiums.

Co-payments

The provider of services is responsible for collection of the co-payment from the participant. The provider may require payment of an applicable co-pay prior to rendering services, and may choose to waive payment of any co-pay. (§330.01–03)

(3) The consequences for an applicant or recipient who does not pay a premium or cost sharing charge;

- a. For SCHIP enrollees, failure to pay the premium can make the participant ineligible for coverage. (§200.03)
- b. For HCCDC enrollees, failure to pay the premium will not cause the participant to lose coverage or eligibility for services. (§205.05)
- c. For Medicaid SED program enrollees, payment of premiums will be enforced within the limitations of federal laws and regulations governing state Medicaid programs (§207.02), and failure to pay will make a participant subject to termination.
- d. For enrollees in the Medicaid Enhanced Plan for Workers with Disabilities, failure to pay the premium can make the participant ineligible for coverage.

(4) A list of hospitals charging cost sharing for non-emergency use of the emergency department; and

All hospitals in Idaho that accept Idaho Medicaid and have emergency departments may choose to charge cost-sharing for non-emergency use of the emergency department. As provided in IDAPA 16.03.18.330.03, the hospital may choose to waive payment of any co-pay.

(5) A list of preferred drugs or a mechanism to access such a list, including the agency Web site.

The [Preferred Drug List \(PDL\)](http://medicaidpharmacy.idaho.gov) is available on the Idaho Medicaid Pharmacy Program website at <http://medicaidpharmacy.idaho.gov>.



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