

Notice of Changes in Your Co-pays for AHCCCS Services

You will have higher co-payments (co-pays) for AHCCCS medical services beginning October 1, 2010 because you are in the Transitional Medical Assistance (TMA) program.

You get services through the TMA program because an increase in your earnings made you ineligible for any other AHCCCS program. You will have to pay higher co-pays for some medical services and will need to make the co-pays in order to get the services. If your earnings did not go up or your circumstances have changed, contact your local DES office to ask them to review your eligibility.

Beginning October 1, 2010, you have the following co-pays:

Prescriptions	\$2.30
Doctor or other provider outpatient office visits for evaluation and management of your care	\$4.00
Physical, Occupational and Speech Therapies	\$3.00
Non-emergency or voluntary surgical procedures	\$3.00

Your pharmacist or medical service provider can deny you services if you do not make the co-pays.

These co-pays do not apply to:

- Children under age 19
- People determined to be Seriously Mentally Ill (SMI) by the Arizona Department of Health Services
- Children eligible to receive services from the Children's Rehabilitative Services program
- People who are in nursing homes, residential facilities such as an Assisted Living Home or who receive Home and Community Based Services such as attendant care or a visiting nurse
- People who receive hospice care

Services that will not require a co-pay include:

- Emergency room services
- Hospitalizations and services received while in a hospital
- Family Planning services and supplies
- Pregnancy related health care including tobacco cessation treatment for pregnant women

Important

You will not have to make co-pays after the total amount of the co-pays you paid is more than 5% of your **gross** (before taxes and deductions) family income during a 3 month timeframe. This is called a quarterly timeframe and is one of the following: 1) January – March, 2) April – June, 3) July – September, or 4) October – December. For example, if your family income is \$3,000 total for the months of January, February and March, the most that you must pay during the quarter is 5% of \$3000 = \$150. If by February you have paid \$150 in co-pays, you would not have to pay co-pays for the rest of the three month timeframe. **NOTE:** When you have made co-pays that are 5% of your total quarterly income, you will not have any co-pays for the rest of the quarter. If you think you have paid co-pays that equal 5% of your total quarterly income and AHCCCS has not told you, send copies of receipts or other proof of how much you have paid to get the copayments stopped for the rest of the quarter to AHCCCS, 801 E. Jefferson, Mail Drop 4600, Phoenix, Arizona 85034.

Legal Basis:

The legal basis for this decision is AHCCCS Rule A.A.C. R9-22-711(E). Because the higher co-pays are due to a law affecting all members in the TMA program, a hearing is not required under federal law.

Please contact us if you have questions about this letter.