

R9-22-711. Copayments

A. For purposes of this Article:

1. A copayment is a monetary amount that a member pays directly to a provider at the time a covered service is rendered.
2. An eligible individual is assigned to a hierarchy established in subsections (B) through (E), for the purposes of establishing a copayment amount.
3. A copayment is assessed prospectively. No refunds shall be made for a retroactive period if there is a change in a person's status altering the amount of a copayment.
4. Family planning services and supplies are exempt from copayments for all members.

B. The following individuals are exempt from all AHCCCS copayments:

1. An individual under age 19 including individuals eligible for the KidsCare Program in A.R.S. § 36-2982;
2. An individual determined to be Seriously Mentally Ill (SMI) by the Arizona Department of Health Services;
3. A Native American eligible under the parent program in A.R.S. § 36-2981.01;
4. A Native American enrolled with IHS;
5. An eligible individual not enrolled with a contractor and classified as fee-for-service;
6. A pregnant woman eligible for any AHCCCS program;
7. An individual eligible for the family planning services program in A.R.S. § 36-2907.04;
8. An individual eligible for the Arizona Long Term Care Program in A.R.S. § 36-2931;
9. An individual eligible for Medicare Cost Sharing in A.R.S. § 36-2972; and
10. An individual eligible for the Children's Rehabilitative Services program under A.R.S. § 36-2906(E).
11. An institutionalized person under R9-22-216.

C. Unless otherwise listed in subsection (B), an individual eligible for the parent program in A.R.S. § 36-2981.01 is subject to a \$1.00 per visit copayment for a nonemergency use of the emergency room. A provider shall not deny service because of the member's inability to pay a copayment.

D. Unless otherwise listed in subsection (B) or (C), the following individuals are subject to the copayments listed in this subsection. A provider shall not deny a service because of the member's inability to pay a copayment.

1. A family eligible under Section 1931 of the Act;
2. An individual eligible for Young Adult Transitional Insurance (YATI) in A.R.S. § 36-2901(6)(iii);
3. An individual eligible for State Adoption Assistance in R9-22-1426;
4. An individual eligible for Supplemental Security Income (SSI);
5. An individual eligible for SSI Medical Assistance Only (SSI/MAO) in R9-22-1500;
6. An individual eligible for the Transitional Medical Assistance (TMA) in A.R.S. § 36-2924;
7. An individual eligible for the Freedom to Work program in A.R.S. § 36-2901(6)(g); and
8. An individual eligible for the Breast and Cervical Cancer Treatment program in A.R.S. § 36-2901.05.
9. An individual enrolled for behavioral health services in A.R.S. § 36-2907.

Covered Services	Copayment
Physician office visit	\$1.00 per office visit
Nonemergency use of the emergency room.	\$1.00 per visit

E. Unless otherwise listed in subsection (B), (C) or (D) the following individuals are required to pay the copayments listed in this subsection. The provider may deny a service if the member does not pay the required copayment.

1. An individual whose income is under 100% of the Federal Poverty Level in A.R.S. § 36-2901.01, or
2. An individual eligible for the Medical Expense Deduction program in A.R.S. § 36-2901.04.

Covered Services	Copayment
Generic prescriptions or brand name prescriptions if generic is not available	\$4.00 per prescription
Brand name prescriptions when generic is available	\$10.00 per prescription
Nonemergency use of the emergency room.	\$30.00 per visit
Physician office visit	\$5.00 per office visit

F. A provider is responsible for collecting any copayment.

G. On April 20, 2004, the United States District Court for the District of Arizona issued a preliminary injunction prohibiting enforcement of subsection (E) of this rule. For so long as the injunction is in effect, persons who would, but for the injunction, be subject to the copayment requirements and other provisions of subsection (E) shall be subject to the copayment requirements and other provisions of subsection (D).