



New Mexico Community Plan Fee-for-Service Copayments for Services

There are no copayments for UnitedHealthcare Community Plan New Mexico members, unless the member meets the eligibility category of: Working Disabled Individual (WDI) or Children's Health Insurance Program (CHIP).

Unless the member receiving services has a category of eligibility (COE) 071, 420 or 421 (CHIP), or 074 (WDI), no other copayments are currently applicable.

The member's COE is available online at the New Mexico Medicaid Portal, nmmedicaid.acs-inc.com/static/index.htm, or at other UnitedHealthcare Community Plan eligibility verification sources such as UnitedHealthcareOnline.com. Member copay information is on the member's ID card.

- For detailed copayment information for CHIP members, please see table 1.
- For detailed copayment information for WDI members, please see table 2.
- **Copayments for unnecessary use of an emergency room (ER) or a non-preferred brand name drug have been proposed, but are not yet approved, by the Centers for Medicare & Medicaid Services (CMS). For the proposed copayment, please see table 3. Pharmacies and hospitals should not impose these copayments until further notice.**

Generally, the following statements apply:

- Native American members are exempt from copayment provisions. Services rendered at an Indian health services facility, Tribal 638¹ or urban area facility are always exempt from applying copays.
- Only one copayment may be applied per visit or session.
- Certain copayment exemptions apply. Copayments may not be applied to preventive services, family planning services, supplies, drugs, devices, etc. For more information please view the detailed cost sharing chart at hsd.state.nm.us/LookingForInformation/cost-sharing-chart.aspx.

If you have questions please contact the Medical Assistance Division (MAD) fiscal agent, Xerox, Care Provider's Help Desk at **505-246-0710** or **800-299-7304**.

1 Tribal Contract or Compact Health Centers (also called a 638 contract or compact) are operated by tribes or tribal organizations and Urban Indian Health Centers are outpatient health care programs and facilities that specialize in caring for American Indians and Alaska natives. They're operated under the Indian Self-Determination Act. hrsa.gov/opa/eligibilityandregistration/healthcenters/tribalurbanindian/index.html



Table 1: CHIP Members (Categories of Eligibility: 071, 0420 and 0421)

Service	Copayment	Comments
Outpatient/practitioner services visit	\$5	Includes outpatient visit to a physician or other practitioner, dental visit, urgent care visit, therapy session, or behavioral health service session. This copay is not applied to ER professional charges as there is a separate ER facility copay.
Unnecessary non-emergent use of the ER	\$8	The hospital care provider must meet certain requirements before assessing this copay.
Inpatient hospital admission	\$25	Copay not applied when the hospital receives the member as a transfer from another hospital. The copay is always applied to the hospital charge, not the professional charge.
Pharmacy prescription	\$2	
Pharmacy non-preferred (brand) prescription	\$3	Copay applies for a non-preferred (brand name) drug when there is a less expensive therapeutically equivalent drug on the prescription drug list (PDL), unless the prescriber determines the alternative PDL drug will be less effective or have greater adverse reactions.

Table 2: WDI Members (Category of Eligibility: 074)

Service	Copayment	Comments
Outpatient/practitioner services visit	\$7	Includes outpatient visit to physician or other practitioner, dental visit, urgent care visit, therapy session, or behavioral health service session. This copay is not applied to ER professional charges as there is separate ER facility copay.
Unnecessary non-emergent use of the ER	\$8	The hospital care provider must meet certain requirements before assessing this copay.
Inpatient hospital admission	\$30	Copay not applied when the hospital receives the member as a transfer from another hospital. The copayment is always applied to the hospital charge, not the professional charge.
Pharmacy prescription (any prescription: brand or generic)	\$3	



Table 3: Other Community Plan Members

Copayments have been proposed, but are not yet approved, by CMS. They must not be enforced by care providers until further notice.

If approved, the copayment would apply to the following members: Alternative Benefit Package (ABP) members, ABP exempt members and other standard Community Plan members, except for the following: members in foster care, adoption programs or institutional categories of eligibility.

Service	Copayment	Comments
Unnecessary non-emergent use of the ER	\$8	The hospital provider must meet certain requirements before assessing this copay.
Pharmacy non-preferred (brand) prescription	\$3	Copay applies for a non-preferred (brand name) drug when there is a less expensive therapeutically equivalent drug on the PDL, unless the prescriber determines the alternative drug on the PDL will be less effective or have greater adverse reactions.

Care providers are responsible for complying with all instructions, directives and billing provisions regarding copayments made available by the Human Services Department (HSD) and its authorized agents.

Care providers are also responsible for obtaining, maintaining and keeping updated program rules and instructions on copayments and other pertinent material made available by HSD and its authorized agents through mailings and as found on the HSD/MAD website at hsd.state.nm.us/mad/CMedAssisPrograms.html/, and on the New Mexico Medicaid Portal at nmmedicaid.acs-inc.com/static/index.htm.

Please consult the New Mexico Medicaid Program Copayments document on the HSD/MAD website for more detailed information regarding copayments: hsd.state.nm.us/LookingForInformation/cost-sharing-chart.aspx and hsd.state.nm.us/LookingForInformation/client-co-payments.aspx.