

CHIP copay changes

Late last year, the Texas Health and Human Services Commission updated the *Uniform Managed Care Manual* Chapter 6.3 – CHIP Cost Sharing. Because of a computer glitch, some CHIP members haven't been charged enough for co-pays. This issue impacts all CHIP health plans in Texas.

Effective May 1, 2018, we will send replacement member ID cards showing the correct copays for future visits and prescription drugs for affected members.

Copay changes for some CHIP members

Effective May 1, 2018, providers will need to collect CHIP copays in accordance with the new schedule shown below. Copay amounts changed from \$3 to \$5 for members classified at or below 100 percent of the federal poverty level for:

- Nonpreventive office visits.
- Nonemergency ER visits.
- Brand-name prescription drugs.

An inpatient facility stay copay changed from \$15 to \$35.

Copay amounts						
Federal poverty levels	Office visits (nonpreventive)	Nonemergency ER visits	Facility stay, inpatient (per admission)	Prescription generic drugs	Prescription brand drugs	Annual cost- sharing/copay caps
At or below 151%	\$5	\$5	\$35	\$0	\$5	5% cap of family annual gross income
Above 151% up to and including 186%	\$20	\$75	\$75	\$10	\$35	5% cap of family annual gross income
Above 186% up to and including 201%	\$25	\$75	\$125	\$10	\$35	5% cap of family annual gross income

Contact us with any questions

Contact your local Provider Relations representative or call Provider Services at 1-800-454-3730 if you have any questions about this communication.