

## **Template #7: Payment for Services**

If you are enrolled in Medicaid and meet the criteria for the specialty behavioral health services, the total cost of your authorized behavioral health treatment will be covered. No fees will be charged to you.

Some members will be responsible for “cost sharing”. This refers to money that a member must pay when services or drugs are received. You might also hear terms like “deductible, spend-down, copayment, or coinsurance,” which are all forms of cost sharing. Your Medicaid benefit level will determine if you will have to pay any cost sharing responsibilities. If you are a Medicaid beneficiary with a deductible (“spend-down”), as determined by the State, you may be responsible for the cost of a portion of your services.

Should you lose your Medicaid coverage, your Prepaid Inpatient Health Plan (PIHP) contractor and/or provider may need to re-evaluate your eligibility for services. A different set of criteria may be applied to services that are covered by another funding source such as General Fund, Block Grant, or a third-party payer.

If Medicare is your primary payer, the Contractor will cover all Medicare cost sharing consistent with coordination of benefit rules.

[Note to the Contractor: you may add additional information to this template]