North Dakota Department of Human Services
Feedback from Medicaid Medical Advisory Committee
Medicaid Cost Sharing

Copayments

- Copayments end up being a provider reduction in provider reimbursement.
- Copayments are cost prohibitive for providers to spend time to collect if they are unable to collect at the time of the service.
- Copayments do not have the same effect on utilization as they do within private insurance.
- Copayments do not appear to be worth the trouble to recipients, providers and the Department.
- Family Member: copayments try to limit what people get for healthcare. Some recipients should be seeking care sooner. Copayments can be a disincentive for recipients to seek healthcare contributing to delayed care which ends up being more expensive care in the long run.
- For many people/families, it is difficult to get recipient to the doctor in the first place (disability or transportation) and then they have to have copayments.

Premiums

- Premiums would be a financial burden to consumers, but a different burden than copayments. Copayments can disproportionately impact the sickest individuals.
- There may be positive intrinsic impacts for consumers contributing to their coverage.
- Premiums minimize the burden on recipients and providers but may increase burden on counties and Department.
- Premiums may be easier for recipients to manage.
- With ACA and mandate for health care coverage, people have to have coverage and may be a low utilizer of services. They would prefer to have copayments over monthly premium.
- Concerns expressed about impact on county eligibility work if more Medicaid recipients had to make premium payments.
- Would need to manage process of premium collection. How to collect? For people on limited incomes, they may need to pay with cash, or look at money orders (additional financial burden).
- Most people recognize that investment in their care is good, but when people are living hand to mouth, this is not clear to people.
- If clients fail to pay premiums, could lead to increased uninsured rate and higher churning. Having point of sale copayments (like for Pharmacy) would assist all providers in collecting copayments up front.