

State Name: Pue							OMB Control Number: 0938	
Transmittal Num		<u> </u>					Expiration date: 10/31	/2014
Cost Sharing	Amounts - C	ategoricall	ly Needy 1	Individua	als			G2a
1916 1916A 42 CFR 447.52 t	hrough 54							
The state charges	s cost sharing to		aring Amo	unt for All	Incom	es		Yes
	vice or Item	Amount	Dollars or Percentage				Explanation	
+			\$	Visit				X
	Items with Cost			Vary by In	come		Remove Se	ervice
Service	or Item: Hospita	ıl: Admission					or Iten	1
	the income rang				for this	s service o	r item varies.	
	ncomes Inco eater than than o	mes Less or Equal to		Dollars or Percentage	τ	J <b>nit</b>	Explanation	
+	PRPL 50% I		0.00	\$	Entire	Stay	NOTES: 1. Co-pay does not apply to any service provided to beneficiary by a provider participating in the Preferred Provider Network (PPN). PPN is subset of providers within General Provider Network. PPN provides services to beneficiaries without cost-sharing or requirement for referrals. Beneficiary is not required to use the PPN. Beneficiary who chooses a non-PPN provide from General Network is subject to co-pays. 2. Indicator of co-pay included on ID card that the beneficiary presents to the provider.	<b>X</b>
<b>+</b> 50%	% PRPL   100%	PRPL	4.00	\$	Entire	Stay	See Notes 1 and 2 above.	X
<b>+</b> 100	% PRPL 150%	PRPL	5.00	\$	Entire	Stay	See Notes 1 and 2 above.	X
+ 150	% PRPL No up	oper limit	8.00	\$	Entire	Stay	See Notes 1 and 2 above.	X
+ 0%	PRPL 150%	PRPL	0.00	\$	Entire	Stay	Notes: 1. Applicable to Medicaid Optional Targeted Low-Income Children, also known as CHIP. 2. Indicator of co-pay included on ID card that the beneficiary presents to the provider.	X



Greater than than or Equal to Amount Percentage Unit Explanation    150% PRPL   No Upper Limit   150% PRPL   15								
Service or Item:   Ambulatory visits to Primary Care Physician (PCP), Specialist, or Sub-Specialist   Double or Item   Service or Item:   Ambulatory visits to Primary Care Physician (PCP), Specialist, or Sub-Specialist   Double or Item   Service or Item:   Ambulatory visits to Primary Care Physician (PCP), Specialist, or Sub-Specialist   Remove Service or Item   Incomes   Incomes Less   Incomes   Incomes Less   Incomes		Incomes	Incomes Less		Dollars or			
Lapplicable to Medicaid Optional Targeted Low-Income Children, also known as CHIP. 2. Indicator of co-pay included on ID eard that the beneficiary presents to the provider.						Unit	~	
Incomes Greater than the Department of the Cost sharing amount for this service or item varies.  Incomes Greater than than to Full to Manount of Percentage Unit Explanation    NOTES:   L.Co-pay does not apply to any service provided to beneficiary by a provider participating in the Preferred Provider Network (PPN). PPN is subset of providers within General Provider Network (PPN). PPN is subset of providers within General Provider Network (PPN). PPN is subset of providers within General Network is subject to co-pays. 2. Indicator of co-pay included on ID card that the beneficiary presents to the provider.  1 50% PRPL   100% PRPL   1.50   S   Visit   See Notes I and 2 above.    1 150% PRPL   150% PRPL   0.00   S   Visit   See Notes I and 2 above.    1 150% PRPL   150% PRPL   0.00   S   Visit   See Notes I and 2 above.    1 150% PRPL   150% PRPL   0.00   S   Visit   See Notes I and 2 above.    1 150% PRPL   150% PRPL   0.00   S   Visit   See Notes I and 2 above.   S   Visit   S   Visit   See Notes I and 2 above.   S   Visit   S   Visi	+		No Upper Limit	0.00		Entire Stay	<ol> <li>Applicable to Medicaid Optional Targeted Low-Income Children, also known as CHIP.</li> <li>Indicator of co-pay included on ID card</li> </ol>	X
Incomes   Greater than   Incomes Less   Care than   Incomes Less   Care than   Incomes   Care than   Incomes   Care than   C				<del>-</del>	-		ialist, or Sub-Specialist or Item	ce
Greater than than or Equal to Amount Percentage Unit Explanation  0% PRPL 50% PRPL 0.00  NOTES: 1. Co-pay does not apply to any service provided to beneficiary by a provider participating in the Preferred Provider Network (PPN). PPN is subset of providers within General Provider Network (PPN). PPN is subset of providers within General Provider Network percentage within General Provider Network percentage without cost-sharing or requirement for referrals. Beneficiary is not required to use the PPN. Beneficiary who chooses a non-PPN provider from General Network is subject to co-pays. 2. Indicator of co-pay included on ID card that the beneficiary presents to the provider.  100% PRPL 150% PRPL 1.500 \$ Visit See Notes 1 and 2 above.  150% PRPL No upper limit 2.00 \$ Visit See Notes 1 and 2 above.  150% PRPL 150% PRPL 0.00 \$ Notes: 1. Applicable to Medicaid Optional Targeted Low-Income Children, also known as CHIP. 2. Indicator of co-pay included on ID card that the beneficiary presents to the provider.  Notes: 1. Applicable to Medicaid Optional Targeted Low-Income Children, also known as CHIP. 2. Indicator of co-pay included on ID card that the beneficiary presents to the provider.  Notes: 1. Applicable to Medicaid Optional Targeted Low-Income Children, also known as CHIP. 2. Indicator of co-pay included on ID card that the beneficiary presents to the provider.  Notes: 1. Applicable to Medicaid Optional Targeted Low-Income Children, also known as CHIP. 2. Indicator of co-pay included on ID card that the beneficiary presents to the provider.  150% PRPL No upper limit 0.00 Remove Service of Co-pay included on ID card that the beneficiary presents to the provider.	Ind			the cost share		t for this servic	ce or item varies.	
NOTES:   1. Co-pay does not apply to any service provided to beneficiary by a provider participating in the Preferred Provider Network (PPN). PPN is subset of providers within General Provider Network (PPN). PPN is subset of providers within General Provider Network. PPN provides services to beneficiaries without cost-sharing or requirement for referrals. Beneficiary is not required to use the PPN. Beneficiary is not required to use the PPN. Beneficiary who chooses a non-PPN provider from General Network is subject to co-pays. 2. Indicator of co-pay included on ID card that the beneficiary presents to the provider.   Yisit   See Notes 1 and 2 above.   Yisit   Yisit   See Notes 1 and 2 above.   Yisit   Yisit   Yisit   See Notes 1 and 2 above.   Yisit   Yi						TT */		
1. Co-pay does not apply to any service provided to beneficiary by a provider participating in the Preferred Provider Network (PPN). PPN is subset of providers within General Provider Network (PPN). PPN is subset of providers within General Provider Network. PPN provides services to beneficiaries without cost-sharing or requirement for referrals. Beneficiary is not required to use the PPN. Beneficiary is not required to use the PPN. Beneficiary presents to the provider from General Network is subject to co-pays. 2. Indicator of co-pay included on ID card that the beneficiary presents to the provider.   100% PRPL   1.00						Unit	-	_
+ 100% PRPL 150% PRPL No upper limit 2.00 \$ Visit See Notes 1 and 2 above.  + 150% PRPL No upper limit 2.00 \$ Visit See Notes 1 and 2 above.    150% PRPL   150% P	+		50% PRPL		\$	Visit	1. Co-pay does not apply to any service provided to beneficiary by a provider participating in the Preferred Provider Network (PPN). PPN is subset of providers within General Provider Network. PPN provides services to beneficiaries without cost-sharing or requirement for referrals. Beneficiary is not required to use the PPN. Beneficiary who chooses a non-PPN provider from General Network is subject to co-pays.  2. Indicator of co-pay included on ID card	X
+ 150% PRPL No upper limit 2.00 \$ Visit See Notes 1 and 2 above.  O% PRPL 150% PRPL 0.00	+	50% PRPL	100% PRPL			Visit	See Notes 1 and 2 above.	X
+ Notes: 1. Applicable to Medicaid Optional Targeted Low-Income Children, also known as CHIP. 2. Indicator of co-pay included on ID card that the beneficiary presents to the provider.  Notes: 1. Applicable to Medicaid Optional Targeted Low-Income Children, also known as CHIP. 2. Indicator of co-pay included on ID card Low-Income Children, also known as CHIP. 2. Indicator of co-pay included on ID card that the beneficiary presents to the provider.  Service or Item: High-tech Laboratories, Clinical Laboratories, and X-Rays  Remove Service or Item:	+	100% PRPL	150% PRPL			Visit	See Notes 1 and 2 above.	X
The state of the state of the provider of the	+	150% PRPL	No upper limit	2.00	\$	Visit	See Notes 1 and 2 above.	X
150% PRPL No upper limit 0.00 Service or Item: High-tech Laboratories, Clinical Laboratories, and X-Rays  Notes:  1. Applicable to Medicaid Optional Targeted Low-Income Children, also known as CHIP.  2. Indicator of co-pay included on ID card that the beneficiary presents to the provider.  Remove Service or Item: High-tech Laboratories, Clinical Laboratories, and X-Rays	+		150% PRPL	0.00		Visit	<ol> <li>Applicable to Medicaid Optional Targeted Low-Income Children, also known as CHIP.</li> <li>Indicator of co-pay included on ID card</li> </ol>	X
Service or Item: High-tech Laboratories, Clinical Laboratories, and X-Rays or Item	+		No upper limit	0.00	\$	Visit	Notes: 1. Applicable to Medicaid Optional Targeted Low-Income Children, also known as CHIP. 2. Indicator of co-pay included on ID card	X
		L		·			or Item	ce



		Incomes	Incomes Less		Dollars or			
		Greater than	than or Equal to		Percentage	Unit	Explanation	
	+	0% PRPL	50% PRPL	0.00	\$	Procedure	NOTES:  1. Co-pay does not apply to any service provided to beneficiary by a provider participating in the Preferred Provider Network (PPN). PPN is subset of providers within General Provider Network. PPN provides services to beneficiaries without cost-sharing or requirement for referrals. Beneficiary is not required to use the PPN. Beneficiary who chooses a non-PPN provider from General Network is subject to co-pays.  2. Indicator of co-pay included on ID card that the beneficiary presents to the provider.	X
	+	50% PRPL	100% PRPL	0.50	\$	Procedure	See Notes 1 and 2 above.	X
	+	100% PRPL	150% PRPL	1.00	\$	Procedure	See Notes 1 and 2 above.	X
	+	150% PRPL	No upper limit	1.50	\$	Procedure	See Notes 1 and 2 above.	X
,	+	0% PRPL	150% PRPL	0.00	\$	Procedure	Notes: 1. Applicable to Medicaid Optional Targeted Low-Income Children, also known as CHIP. 2. Indicator of co-pay included on ID card that the beneficiary presents to the provider.	X
	+	150% PRPL	No upper limit	0.00	\$	Procedure	Notes: 1. Applicable to Medicaid Optional Targeted Low-Income Children, also known as CHIP. 2. Indicator of co-pay included on ID card that the beneficiary presents to the provider.	x

Remove Service Service or Item: Special Diagnostic Tests or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

	Incomes	Incomes Less		Dollars or			
	Greater than	than or Equal to	Amount	Percentage	Unit	Explanation	
+	0% PRPL	50% PRPL	0.00	\$	Procedure	NOTES:  1. Co-pay does not apply to any service provided to beneficiary by a provider participating in the Preferred Provider Network (PPN). PPN is subset of providers within General Provider Network. PPN provides services to beneficiaries without cost-sharing or requirement for referrals. Beneficiary is not required to use the PPN. Beneficiary who chooses a non-PPN provider from General Network is subject to co-pays.  2. Indicator of co-pay included on ID card that the beneficiary presents to the provider.	x
+	50% PRPL	100% PRPL	1.00	\$	Procedure	See Notes 1 and 2 above.	X
+	100% PRPL	150% PRPL	1.50	\$	Procedure	See Notes 1 and 2 above.	X



	T	T		D-11		T T	_
	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	150% PRPL	No upper limit	2.00	\$	Procedure	See Notes 1 and 2 above.	X
+	0% PRPL	150% PRPL	0.00	\$	Procedure	Notes: 1. Applicable to Medicaid Optional Targeted Low-Income Children, also known as CHIP. 2. Indicator of co-pay included on ID card that the beneficiary presents to the provider.	x
+	150% PRPL	No upper limit	0.00	\$	Procedure	Notes: 1. Applicable to Medicaid Optional Targeted Low-Income Children, also known as CHIP. 2. Indicator of co-pay included on ID card that the beneficiary presents to the provider.	X
Ser	vice or Item:	Dental: Preventive	and/or Resto	rative		Remove Servor Item	vice
Indi	cate the incom	e ranges by which	n the cost sha	ring amount	t for this servic	e or item varies.	
	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% PRPL	50% PRPL	0.00	\$	Procedure	Notes: 1. Indicator of co-pay included on ID card that the beneficiary presents to the provider. 2. Dental providers are not part of the Preferred Provider Network (PPN).	X
+	50% PRPL	100% PRPL	1.00		Procedure	See Notes 1 and 2 above.	X
+	100% PRPL	150% PRPL	1.50		Procedure	See Notes 1 and 2 above.	X
+	150% PRPL	No upper limit	2.00	\$	Procedure	See Notes 1 and 2 above.	X
+	0% PRPL	150% PRPL	0.00	\$	Procedure	Notes: 1. Applicable to Medicaid Optional Targeted Low-Income Children, also known as CHIP. 2. Indicator of co-pay included on ID card that the beneficiary presents to the provider.	X
+	150% PRPL	No upper limit	0.00		Procedure	Notes: 1. Applicable to Medicaid Optional Targeted Low-Income Children, also known as CHIP. 2. Indicator of co-pay included on ID card that the beneficiary presents to the provider.	X
Ser	vice or Item:	harmacy: Preferre	ed			Remove Serv	vice
Indi	cate the incom	e ranges by which	n the cost sha	ring amount	t for this servic		

Page



	Incomes	Incomes Less		Dollars or			
	Greater than	than or Equal to	Amount	Percentage	Unit	Explanation	
+	0% PRPL	50% PRPL	0.00		Other	Notes: 1. Indicator of co-pay included on ID card that the beneficiary presents to the provider. 2. Co-pay charged for each covered drug dispensed. 3. Pharmacies are not part of the Preferred Provider Network (PPN).	X
+	50% PRPL	100% PRPL	1.00	\$	Other	See Notes 1, 2, and 3 above.	X
+	100% PRPL	150% PRPL	2.00	\$	Other	See Notes 1, 2, and 3 above.	X
+	150% PRPL	No upper limit	3.00	\$	Other	See Notes 1, 2, and 3 above.	X
+	0% PRPL	150% PRPL	0.00	\$	Other	Notes: 1. Applicable to Medicaid Optional Targeted Low-Income Children, also known as CHIP. 2. Indicator of co-pay included on ID card that the beneficiary presents to the provider.	x
+	150% PRPL	No upper limit	0.00	\$	Item	Notes: 1. Applicable to Medicaid Optional Targeted Low-Income Children, also known as CHIP. 2. Indicator of co-pay included on ID card that the beneficiary presents to the provider.	x

Remove Service Service or Item: Pharmacy: Non-Preferred or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

	Incomes	Incomes Less		Dollars or			l
		than or Equal to	Amount	Percentage	Unit	Explanation	
+	0% PRPL	50% PRPL	0.00		Other	Notes: 1. Indicator of co-pay included on ID card that the beneficiary presents to the provider. 2. Co-pay charged for each covered drug dispensed. 3. Pharmacies are not part of the Preferred Provider Network (PPN).	x
+	50% PRPL	100% PRPL	3.00	\$	Other	See Notes 1, 2, and 3 above.	X
+	100% PRPL	150% PRPL	4.00	\$	Other	See Notes 1, 2, and 3 above.	X
+	150% PRPL	No upper limit	6.00	\$	Other	See Notes 1, 2, and 3 above.	X
+	0% PRPL	150% PRPL	0.00		Other	Notes: 1. Applicable to Medicaid Optional Targeted Low-Income Children, also known as CHIP. 2. Indicator of co-pay included on ID card that the beneficiary presents to the provider.	X
+	150% PRPL	No upper limit	0.00		Other	Notes:  1. Applicable to Medicaid Optional Targeted Low-Income Children, also known as CHIP.  2. Indicator of co-pay included on ID card that the beneficiary presents to the provider.	X



Remove Service Service or Item: Non-Emergency Services Provided in a Hospital Emergency Room (ER) or Item Indicate the income ranges by which the cost sharing amount for this service or item varies. Incomes Incomes Less Dollars or Greater than than or Equal to Amount Percentage Unit Explanation 0% PRPL 50% PRPL 0.00 NOTES: 1. Co-pay does not apply to any service provided to beneficiary by a provider participating in the Preferred Provider Network (PPN). PPN is subset of providers within General Provider Network. PPN provides services to beneficiaries without cost-sharing or requirement for referrals. Beneficiary is not required to use the PPN. X Visit Beneficiary who chooses a non-PPN provider from General Network is subject to co-pays. 2. Co-pay for non-emergency visit to hospital emergency room may be waived by calling the Medical Advice Line and receiving a code to waive the co-pay. 3. Indicator of co-pay included on ID card that the beneficiary presents to the provider. 50% PRPL 100% PRPL 4.00 See Notes 1, 2, and 3 above. X Visit 100% PRPL 150% PRPL 5.00 See Notes 1, 2, and 3 above. Visit 150% PRPL No upper limit See Notes 1, 2, and 3 above. 8.00 X Visit 0% PRPL 150% PRPL 0.00 Notes: 1. Applicable to Medicaid Optional Targeted + Visit Low-Income Children, also known as CHIP. X 2. Indicator of co-pay included on ID card that the beneficiary presents to the provider. 150% PRPL 0.00 No upper limit Notes: 1. Applicable to Medicaid Optional Targeted Low-Income Children, also known as CHIP. X Visit 2. Indicator of co-pay included on ID card

Service or Item: Non-Emergency Services Provided in a non-Hospital / Freestanding Emergency Room

Remove Service or Item

that the beneficiary presents to the provider.

Indicate the income ranges by which the cost sharing amount for this service or item varies.



PRPL 10	an or Equal to 9% PRPL 100% PRPL	0.00		Unit Visit	NOTES: 1. Co-pay does not apply to any service provided to beneficiary by a provider participating in the Preferred Provider Network (PPN). PPN is subset of providers within General Provider Network. PPN provides services to beneficiaries without cost-sharing or requirement for referrals. Beneficiary is not required to use the PPN. Beneficiary who chooses a non-PPN provider from General Network is subject to co-pays. 2. Indicator of co-pay included on ID card
PRPL 10				Visit	1. Co-pay does not apply to any service provided to beneficiary by a provider participating in the Preferred Provider Network (PPN). PPN is subset of providers within General Provider Network. PPN provides services to beneficiaries without cost-sharing or requirement for referrals. Beneficiary is not required to use the PPN. Beneficiary who chooses a non-PPN provider from General Network is subject to co-pays.  2. Indicator of co-pay included on ID card
	00% PRPL	2.00			that the beneficiary presents to the provider.
PRPL 15		2.00		Visit	See Notes 1 and 2 above.
	50% PRPL	3.00		Visit	See Notes 1 and 2 above.
PRPL No	o upper limit	4.00	\$	Visit	See Notes 1 and 2 above.
RPL 15	50% PRPL	0.00	\$	Visit	Notes: 1. Applicable to Medicaid Optional Targeted Low-Income Children, also known as CHIP. 2. Indicator of co-pay included on ID card that the beneficiary presents to the provider.
PRPL No	o upper limit	0.00	\$	Visit	Notes: 1. Applicable to Medicaid Optional Targeted Low-Income Children, also known as CHIP. 2. Indicator of co-pay included on ID card that the beneficiary presents to the provider.
F	PL 15	PL 150% PRPL PRPL No upper limit	PL 150% PRPL 0.00 PRPL No upper limit 0.00	PL 150% PRPL 0.00 \$ PRPL No upper limit 0.00 \$	PL 150% PRPL 0.00 \$ Visit  PRPL No upper limit 0.00 \$ Visit



Cost Sha Exempt	ring	for Non-em	iergency Ser	vices Provided in	n the Hospital Emergency Department Charged to Otherwise	
the follow	ving	question:	C	<b>0</b>	ces provided in the hospital emergency department (entered above), answers provided in the hospital emergency department to otherwise	wer 
		sharing char e <u>exempt</u> <u>n</u>	~	mergency service	es provided in the hospital emergency department imposed on	
		Amount	Dollars or Percentage	Unit	Explanation	
	+					X

#### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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