



# Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

Transmittal Number: PR - 23 - 0009

## Cost Sharing Amounts - Categorically Needy Individuals G2a

1916  
1916A  
42 CFR 447.52 through 54

The state charges cost sharing to all categorically needy (Mandatory Coverage and Options for Coverage) individuals.

### Services or Items with the Same Cost Sharing Amount for All Incomes

Add	Service or Item	Amount	Dollars or Percentage	Unit	Explanation	Remove
<b>Add</b>						<b>Remove</b>

### Services or Items with Cost Sharing Amounts that Vary by Income

Service or Item:

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

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
<b>Add</b>	50% PRPL	100% PRPL	1.00	\$	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. Not applicable to Medicaid Optional Targeted Low-Income Children, also known as CHIP.	<b>Remove</b>
<b>Add</b>	100% PRPL	150% PRPL	2.00	\$	Other	See Notes 1, 2, and 3 above.	<b>Remove</b>
<b>Add</b>	150% PRPL	No upper limit	3.00	\$	Other	See Notes 1, 2, and 3 above.	<b>Remove</b>

Service or Item:

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



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Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
<b>Add</b>	50% PRPL	100% PRPL	3.00	\$	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. Not applicable to Medicaid Optional Targeted Low-Income Children, also known as CHIP.	<b>Remove</b>
<b>Add</b>	100% PRPL	150% PRPL	4.00	\$	Other	See Notes 1, 2, and 3 above.	<b>Remove</b>
<b>Add</b>	150% PRPL	No upper limit	6.00	\$	Other	See Notes 1, 2 and 3 above.	<b>Remove</b>

Service or Item:

**Remove Service or Item**

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

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
<b>Add</b>	50% PRPL	100% PRPL	4.00	\$	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. 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. 4. Not Applicable to Medicaid Optional Targeted Low-Income Children, also known as CHIP.	<b>Remove</b>
<b>Add</b>	100% PRPL	150% PRPL	5.00	\$	Visit	See notes 1,2,3, and 4 above.	<b>Remove</b>
<b>Add</b>	150% PRPL	No Upper Limit	8.00	\$	Visit	See notes 1,2,3, and 4 above.	<b>Remove</b>

**Add Service or Item**



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## **Cost Sharing for Non-preferred Drugs Charged to Otherwise Exempt Individuals**

If the state charges cost sharing for non-preferred drugs (entered above), answer the following question:

The state charges cost sharing for non-preferred drugs to otherwise exempt individuals.

No

## **Cost Sharing for Non-emergency Services Provided in the Hospital Emergency Department Charged to Otherwise Exempt Individuals**

If the state charges cost sharing for non-emergency services provided in the hospital emergency department (entered above), answer the following question:

The state charges cost sharing for non-emergency services provided in the hospital emergency department to otherwise exempt individuals.

No

### 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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