



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

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Expiration date: 10/31/2014

Cost Sharing Amounts - Targeting G2c

1916
1916A
42 CFR 447.52 through 54

The state targets cost sharing to a specific group or groups of individuals.

Population Name (optional):

Eligibility Group(s) Included:

Incomes Greater than TO Incomes Less than or Equal to

	Service	Amount	Dollars or Percentage	Unit	Explanation	
+			<input type="text"/>	<input type="text"/>		X

The state permits providers to require individuals to pay cost sharing as a condition for receiving items or services, subject to the conditions specified at 42 CFR 447.52(e)(1). This is only permitted for non-exempt individuals with family income above 100% FPL.

Providers may require payment of cost sharing as a condition for receiving all items or services listed above.

List the services or items for which providers may require payment of cost sharing as a condition of receiving the service or item.

Cost Sharing for Non-preferred Drugs Charged to Otherwise Exempt

If the state targets cost sharing for non-preferred drugs to specific groups of individuals (entered above), answer the following question:

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

The cost sharing charges for non-preferred drugs imposed on otherwise exempt non-exempt

	Amount	Dollars or Percentage	Unit	Explanation	
+		<input type="text"/>	<input type="text"/>		X



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

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

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

The cost sharing charges for non-emergency services provided in the hospital emergency department imposed on otherwise exempt non-exempt

	Amount	Dollars or Percentage	Unit	Explanation	
+	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	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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