



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

Transmittal Number: PR - 16 - 0002

Expiration date: 10/31/2014

Cost Sharing Amounts - Categorically Needy Individuals G2a

1916
1916A
42 CFR 447.52 through 54

The state charges cost sharing to all Yes

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

	Service or Item	Amount	Dollars or Percentage	Unit	Explanation	
+			\$	Visit		X

Services or Items with Cost Sharing Amounts that Vary by Income

Service or Item:

Remove Service or Item

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

	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% PRPL	50% PRPL	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 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	4.00	\$	Entire Stay	See Notes 1 and 2 above.	X
+	100% PRPL	150% PRPL	5.00	\$	Entire Stay	See Notes 1 and 2 above.	X
+	150% PRPL	No upper 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



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	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	150% PRPL	No Upper Limit	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

Service or Item:

Remove Service or Item

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

	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% PRPL	50% PRPL	0.00	\$	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. Indicator of co-pay included on ID card that the beneficiary presents to the provider.	X
+	50% PRPL	100% PRPL	1.00	\$	Visit	See Notes 1 and 2 above.	X
+	100% PRPL	150% PRPL	1.50	\$	Visit	See Notes 1 and 2 above.	X
+	150% PRPL	No upper limit	2.00	\$	Visit	See Notes 1 and 2 above.	X
+	0% PRPL	150% 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.	X
+	150% PRPL	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 that the beneficiary presents to the provider.	X

Service or Item:

Remove Service or Item

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



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	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or 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

Service or Item:

Remove Service or Item

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



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	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

Service or Item:

Remove Service or Item

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	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

Service or Item:

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	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or 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

Service or Item: Pharmacy: Non-Preferred

Remove Service or Item

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

	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or 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



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Service or Item:

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+	0% PRPL	50% PRPL	0.00	\$	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.	X
+	50% PRPL	100% PRPL	4.00	\$	Visit	See Notes 1, 2, and 3 above.	X
+	100% PRPL	150% PRPL	5.00	\$	Visit	See Notes 1, 2, and 3 above.	X
+	150% PRPL	No upper limit	8.00	\$	Visit	See Notes 1, 2, and 3 above.	X
+	0% PRPL	150% 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.	X
+	150% PRPL	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 that the beneficiary presents to the provider.	X

Service or Item:

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



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	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% PRPL	50% PRPL	0.00	\$	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. Indicator of co-pay included on ID card that the beneficiary presents to the provider.	X
+	50% PRPL	100% PRPL	2.00	\$	Visit	See Notes 1 and 2 above.	X
+	100% PRPL	150% PRPL	3.00	\$	Visit	See Notes 1 and 2 above.	X
+	150% PRPL	No upper limit	4.00	\$	Visit	See Notes 1 and 2 above.	X
+	0% PRPL	150% 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.	X
+	150% PRPL	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 that the beneficiary presents to the provider.	X

Add Service or Item

Cost Sharing for Non-preferred Drugs Charged to Otherwise Exempt

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

No

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

	Amount	Dollars or Percentage	Unit	Explanation	
+					X



Medicaid Premiums and Cost Sharing

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 (entered above), answer the following question:

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

No

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	
+					X

PRA Disclosure Statement

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