

## Medicaid Premiums and Cost Sharing

State Name: Puerto Rico					OMB Control Number: 0938-1148					
Transmittal Num	ber: <u>PR</u> - <u>16</u>	- 0002					Expiration	n date: 10/3	1/2014	
Cost Sharing	Amounts -	Medically N	Needy Indiv	iduals					G2b	
1916 1916A 42 CFR 447.52 th	hrough 54									
The state charges cost sharing to <u>all</u>									Yes	
The cost shar	o medically nee	edy individuals	is the same	as that ch	narged to cate	gorically needy individua	als.	Yes		
Services	s or Items wit	th the Same Co	ost Sharing A	mount for A	ll Incom	es				
	Service or Ite	em Amoi	Dollars unt Percenta	1	Unit Explanation		Explanation			
+									X	
		th Cost Sharing	g Amounts th	at Vary by I	ncome			Remo	ve	
	vice or Item:							Service o	r Item	
Indi	Indicate the income ranges by which the Incomes Incomes Less Greater than than or Equal to A			Dollars or Percentage		Unit Unit	Explanation			
+									X	
Cost Sharin		eferred Drugs aring for non-pr				ver the follow	ing question:			
The state charges cost sharing for non-preferred drugs to otherwise exempt										
The cost	t sharing charg	ges for non-pref	ferred drugs im	posed on oth	ierwise <u>e</u>	exempt non-	<u>exempt</u>			
	Amount	Dollars or Percentage	Unit			Exp	lanation			
+									X	



## **Medicaid Premiums and Cost Sharing**

Cost Sharing for Non-emergency Services Provided in the Hospital Emergency Department Charged to Otherwise <u>Exempt</u>												
	If the state charges cost sharing for non-emergency services provided in the hospital emergency department (entered above), answer the following question:											
The state exempt	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							
	+					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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