



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

Transmittal Number: OK - 23 - 0006

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 |
|------------|--|--------|-----------------------|-------|--|---------------|
| Add | Inpatient Hospital Services | 10.00 | \$ | Day | Up to \$75.00 maximum | Remove |
| Add | Outpatient Hospital Services | 4.00 | \$ | Visit | | Remove |
| Add | Organized Outpatient Clinic Services | 4.00 | \$ | Visit | | Remove |
| Add | Ambulatory Surgery Services | 4.00 | \$ | Visit | | Remove |
| Add | Physicians Services | 4.00 | \$ | Visit | \$0 copay for the administration of Advisory Committee on Immunization Practices (ACIP) recommended Vaccines | Remove |
| Add | Physician Assistant/ Anesthesiologist Assistant | 4.00 | \$ | Visit | | Remove |
| Add | Advanced Practice Nurse Services | 4.00 | \$ | Visit | | Remove |
| Add | Optometrist Services | 4.00 | \$ | Visit | | Remove |
| Add | Dental Services | 4.00 | \$ | Visit | | Remove |
| Add | Durable Medical Equipment Services | 4.00 | \$ | Item | Blood glucose testing supplies & insulin syringes have \$0 copay. | Remove |
| Add | Home Health Agency Services | 4.00 | \$ | Visit | | Remove |
| Add | Rural Health Clinic (RHC) Services | 4.00 | \$ | Visit | | Remove |
| Add | Federally Qualified Health Center (FQHC) Services | 4.00 | \$ | Visit | | Remove |
| Add | Medicare Part B Crossover Claims | 1.00 | \$ | Visit | | Remove |
| Add | Behavioral health and substance abuse services - inpatient | 10.00 | \$ | Day | Up to \$75.00 maximum | Remove |



Medicaid Premiums and Cost Sharing

| Add | Service or Item | Amount | Dollars or Percentage | Unit | Explanation | Remove |
|-----|---|--------|-----------------------|--------------|---|--------|
| Add | Behavioral health and substance abuse services - outpatient | 3.00 | \$ | Visit | | Remove |
| Add | Laboratory and X-ray Services | 4.00 | \$ | Visit | | Remove |
| Add | Prescription Drugs | 4.00 | \$ | Prescription | Limited to the drug benefit under the state plan. Tobacco cessation products have \$0 copay. Prenatal vitamins have \$0 copay. Birth control has a \$0 copay. Naloxone have \$0 copay. Medication assisted treatments for opioid use have \$0 copay. | Remove |
| Add | Preferred generic drugs for HCBS waiver members | 0.00 | \$ | Prescription | HCBS waiver members incur tiered copays for prescription drugs through an additional benefit that is supplied through the 1915(c) HCBS waivers. | Remove |
| Add | Prescription Drugs drug valued between \$0 - \$10.00 for HCBS waiver members | 0.65 | \$ | Prescription | HCBS waiver members incur tiered copays for prescription drugs through an additional benefit that is supplied through the 1915(c) HCBS waivers. | Remove |
| Add | Prescription Drugs drug valued between \$10.01 - \$25.00 for HCBS waiver members | 1.20 | \$ | Prescription | HCBS waiver members incur tiered copays for prescription drugs through an additional benefit that is supplied through the 1915(c) HCBS waivers. | Remove |
| Add | Prescription Drugs drug valued between \$25.01 - \$50.00 for HCBS waiver members | 2.40 | \$ | Prescription | HCBS waiver members incur tiered copays for prescription drugs through an additional benefit that is supplied through the 1915(c) HCBS waivers. | Remove |
| Add | Prescription Drugs drug valued at \$50.01 or more for HCBS waiver members | 3.50 | \$ | Prescription | HCBS waiver members incur tiered copays for prescription drugs through an additional benefit that is supplied through the 1915(c) HCBS waivers. | Remove |
| Add | State Plan Personal Care Services | 4.00 | \$ | Visit | | Remove |
| Add | Physical Therapy/ Occupational Therapy/ Speech and Audiologist Therapy (PT/OT/ST) | 4.00 | \$ | Visit | | Remove |
| Add | Alternative Treatment for Pain Mangement | 4.00 | \$ | Visit | | Remove |
| Add | Prosthetics and Orthotics | 4.00 | \$ | Prescription | | Remove |

Services or Items with Cost Sharing Amounts that Vary by Income

| | |
|---------------------------------------|------------------------|
| Service or Item: <input type="text"/> | Remove Service or Item |
|---------------------------------------|------------------------|



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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 |
|------------|----------------------|-------------------------------|--------|-----------------------|------|-------------|---------------|
| Add | | | | | | | Remove |

Add Service or Item

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.

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.

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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