STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of Indiana

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge Deductible	Coinsurance	Copay	Amount and Basis for Determination
Transportation			X	$0.50 for transportation services for which Medicaid pays $10.00 or less
				$1.00 for transportation services for which Medicaid pays $10.01 to $50.00
				$2.00 for transportation services for which Medicaid pays $50.01 or more
Pharmacy			X	$3.00 for each covered drug dispensed.
Emergency Room			X	$3.00 for nonemergency services (procedures billed outside a designated emergency procedure code range) when provided in a hospital emergency room

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B. The method used to collect cost sharing charges for the categorically needy individuals:

■ Providers are responsible for collecting the cost sharing charges from individuals.

□ The agency reimburses providers the full Medicaid rate for a service and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

It is the recipient's responsibility to inform the provider that he or she cannot afford to pay the copayment. Providers and recipients have been notified in writing that Medicaid providers cannot refuse to serve an individual because of that individual's inability to pay the copayment and that the provider may bill the recipient for the amount of copayment due in cases where the recipient is unable to pay the copayment on the date of service. Any uncollected copayment amount is considered a debt to the provider.

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D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

The claims processing system will automatically deduct the copayment amount from the provider's claim for those services for which a copayment is required. The claims processing system will not deduct a copayment for the exemptions identified below. The manner in which the system will identify these exemptions is also described below:

A. Emergency Ambulance Services: The provider will use a specified place of service code denoting emergency ambulance services.

B. Services furnished to pregnant women: The pregnant woman will identify herself to the provider. (Both providers and recipients have been informed that services furnished to pregnant women are exempt from the copay requirement.) Providers will enter a designated code on the claim

- (continued on next page) -

E. Cumulative maximums on charges:

/XX/ State policy does not provide for cumulative maximums.

/_/ Cumulative maximums have been established as described below:

B. (continued from previous page) form to denote that services were rendered to a pregnant woman. The claims processing system will automatically exempt from the copayment deduction anyone on the recipient eligibility file coded as a "SOBRA" eligible pregnant woman and any claim with a primary or secondary diagnosis code indicating pregnancy.

C. Services furnished to individuals less than 18 years of age: The claims processing system will compare the date of birth on the recipient eligibility file to the from date of service on the claim; if 17 years or younger on date of service, the copayment will not be deducted from the reimbursement.

D. Services furnished to individuals who are inpatients in hospitals, nursing facilities, ICF's/MR or other medical institutions: The provider will use a specified place of service code to denote that these services are exempt from the copayment requirement and the claims processing system will automatically exempt recipients with eligibility file records indicating residence in one of the above-named facility types.

E. Family Planning Services/Supplies for Individuals of Child-Bearing Age - Claims are exempted from the copayment if the primary or secondary diagnosis falls within a designated range of codes.

F. HMO Pharmacy Services - When the "HMO" diagnosis code is indicated on the claim, the claims processing system does not deduct a copayment.

G. Emergency Pharmacy Services - Emergency services are not provided at the retail pharmacy level, therefore no special handling of claims processing is necessary to preclude deduction of copayments. (NOTE: claims for services furnished to inpatients noted in D above are not subject to copayment.)

All affected providers and recipients have been informed of these exemptions and received instructions on proper billing procedures.