



Medicaid Premiums and Cost Sharing

State Name:

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Cost Sharing Requirements

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1916
1916A
42 CFR 447.50 through 447.57 (excluding 447.55)

The state charges cost sharing (deductibles, co-insurance or co-payments) to individuals covered under Medicaid.

Yes

- The state assures that it administers cost sharing in accordance with sections 1916 and 1916A of the Social Security Act and 42 CFR 447.50 through 447.57.

General Provisions

- The cost sharing amounts established by the state for services are always less than the amount the agency pays for the service.
- No provider may deny services to an eligible individual on account of the individual's inability to pay cost sharing, except as elected by the state in accordance with 42 CFR 447.52(e)(1).
- The process used by the state to inform providers whether cost sharing for a specific item or service may be imposed on a beneficiary and whether the provider may require the beneficiary to pay the cost sharing charge, as a condition for receiving the item or service, is (check all that apply):
- The state includes an indicator in the Medicaid Management Information System (MMIS)
 - The state includes an indicator in the Eligibility and Enrollment System
 - The state includes an indicator in the Eligibility Verification System
 - The state includes an indicator on the Medicaid card, which the beneficiary presents to the provider
 - Other process

Description:

Cost sharing amounts and policies for all populations are outlined in the Indiana Health Coverage Program (IHCP) Provider Manual. Provider reference materials, such as the medical policy manual and the modules, describing Medicaid policy is available on IndianaMedicaid.com. Providers are instructed to utilize the modules during IHCP provider workshops, at the IHCP annual seminar, within banners and bulletins, during provider association meetings, and when communicating with OMPP staff. Providers were informed of the cost-sharing policy via bulletin which was disseminated by email and is currently archived on IndianaMedicaid.com. The Indiana Office of Medicaid Policy and Planning has formed a communications team to efficiently distribute material and policy changes to providers. The team has a timeline for publications to describe the processes affected by CoreMMIS and any policy updates. Once CoreMMIS has been implemented, tentatively scheduled for January 2, 2017, providers will have the enhanced ability to view cost-sharing liability within the EVS.

- Contracts with managed care organizations (MCOs) provide that any cost-sharing charges the MCO imposes on Medicaid enrollees are in accordance with the cost sharing specified in the state plan and the requirements set forth in 42 CFR 447.50 through 447.57.

Cost Sharing for Non-Emergency Services Provided in a Hospital Emergency Department



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The state imposes cost sharing for non-emergency services provided in a hospital emergency department.

Yes ▾

- The state ensures that before providing non-emergency services and imposing cost sharing for such services, that the hospitals providing care:
 - Conduct an appropriate medical screening under 42 CFR 489.24, subpart G to determine that the individual does not need emergency services;
 - Inform the individual of the amount of his or her cost sharing obligation for non-emergency services provided in the emergency department;
 - Provide the individual with the name and location of an available and accessible alternative non-emergency services provider;
 - Determine that the alternative provider can provide services to the individual in a timely manner with the imposition of a lesser cost sharing amount or no cost sharing if the individual is otherwise exempt from cost sharing; and
 - Provide a referral to coordinate scheduling for treatment by the alternative provider.
- The state assures that it has a process in place to identify hospital emergency department services as non-emergency for purposes of imposing cost sharing. This process does not limit a hospital's obligations for screening and stabilizing treatment of an emergency medical condition under section 1867 of the Act; or modify any obligations under either state or federal standards relating to the application of a prudent-layperson standard for payment or coverage of emergency medical services by any managed care organization.

The process for identifying emergency department services as non-emergency for purposes of imposing cost sharing is:

Hospitals operationalize this process by performing the required EMTALA screening on the enrollee. The provider is reimbursed for the screening. If a non-emergency based on the prudent layperson standard is determined to exist, the hospital collects the co-payment. Cost sharing for non-emergency services provided in a hospital emergency department is only applicable to individuals in HIP 2.0 as authorized under the state's section 1115 demonstration waiver.

Cost Sharing for Drugs

The state charges cost sharing for drugs.

Yes ▾

The state has established differential cost sharing for preferred and non-preferred drugs.

No ▾

- All drugs will be considered preferred drugs.

Beneficiary and Public Notice Requirements

- Consistent with 42 CFR 447.57, the state makes available a public schedule describing current cost sharing requirements in a manner that ensures that affected applicants, beneficiaries and providers are likely to have access to the notice. Prior to submitting a SPA which establishes or substantially modifies existing cost sharing amounts or policies, the state provides the public with advance notice of the SPA, specifying the amount of cost sharing and who is subject to the charges, and provides reasonable opportunity for stakeholder comment. Documentation demonstrating that the notice requirements have been met are submitted with the SPA. The state also provides opportunity for additional public notice if cost sharing is substantially modified during the SPA approval process.

Other Relevant Information



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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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