

Medicaid Premiums and Cost Sharing

State Name: Indiana

Transmittal Number: IN - 15 - 0004

Cost Sharing Amounts - Medically Needy Individuals

1916 1916A 42 CFR 447.52 through 54

The state charges cost sharing to all medically needy individuals.

PRA Disclosure Statement

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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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