

## **Medicaid Premiums and Cost Sharing**

State Name: Indiana	<b>-</b>	OMB Control Number: 0938-1148
Transmittal Number: IN - 15 - 0004		Expiration date: 10/31/2014
Cost Sharing Amounts - Targeting		G2c
1916 1916A 42 CFR 447.52 through 54		
The state targets cost sharing to a specific group or gro	oups of individuals.	No 🔻

## 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.

V.20140415

TN#: 15-0004 ndiana G2c (pg.1) Approval Date: 8/29/16

Effective Date: February 1, 2015