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State/Territory Name: Indiana

State Plan Amendment (SPA) #: 22-0003

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form/Summary Form (with 179-like data)
3) Approved SPA Pages
September 23, 2022

Allison Taylor  
Medicaid Director  
Indiana Family and Social Services Administration  
401 W. Washington Street, Room W374  
Indianapolis, IN  46204

Re:  Indiana State Plan Amendment (SPA) 22-0003

Dear Ms. Taylor:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0003. This amendment proposes to target zero cost sharing to individuals in any eligibility group who are eligible for extended postpartum coverage under section 1902(e)(16) of the Social Security Act.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act, specifically, sections 1916, 1916A, and 42 CFR 447.50-57. This letter is to inform you that Indiana Medicaid SPA 22-0003 was approved on September 23, 2022, with an effective date of April 1, 2022.

If you have any questions, please contact Mai Le-Yuen at 312.353.2853 or via email at mai.le-yuen@cms.hhs.gov.

Sincerely,

James G. Scott, Director  
Division of Program Operations

Enclosures

cc:   Madison May Gruthusen, FSSA  
      Keith McConomy, FSSA
State/Territory name: Indiana

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST = the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

| TN-22-0003 |

Proposed Effective Date

| 04/01/2022 | (mm/dd/yyyy) |

Federal Statute/Regulation Citation

1916 and 1916A of the Social Security Act; 42 CFR 447.52-54 to 42 CFR 447.50-57

Federal Budget Impact

<table>
<thead>
<tr>
<th>Federal Fiscal Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Year 2022</td>
<td>$2500000.00</td>
</tr>
<tr>
<td>Second Year 2023</td>
<td>$5000000.00</td>
</tr>
</tbody>
</table>

Subject of Amendment

This state plan amendment makes changes to target $0 cost sharing to individuals in any eligibility group who are eligible for extended postpartum coverage under section 1902(e)(16). IN 22-0003 is superseded by IN 15-0004, this

Governor’s Office Review

- Governor's office reported no comment
- Comments of Governor's office received
  Describe:

- No reply received within 45 days of submittal
- Other, as specified
  Describe:
  Indiana's State Plan does not require Governor's office review. Please see Section 7.4 of the State Plan.

Signature of State Agency Official

Submitted By: Madison May-Gruthusen
Last Revision Date: Sep 22, 2022
Submit Date: Jun 28, 2022
The state targets cost sharing to a specific group or groups of individuals.

Population Name (optional): Individuals eligible for extended postpartum coverage

Eligibility Group(s) Included: Individuals in any eligibility group who are eligible for extended postpartum coverage under section 1916 and 1916A of the Social Security Act; 42 CFR 447.50-57

Incomes Greater than [ ] TO Incomes Less than or Equal to [ ]

<table>
<thead>
<tr>
<th>Add</th>
<th>Service</th>
<th>Amount</th>
<th>Dollars or Percentage</th>
<th>Unit</th>
<th>Explanation</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add</td>
<td>Transportation - For which Medicaid pays $10 or less</td>
<td>0.00</td>
<td>$</td>
<td>Trip</td>
<td>Individuals eligible for coverage under 1902(e)(16) are charged zero cost sharing for the indicated benefit and service.</td>
<td>Remove</td>
</tr>
<tr>
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<td>Transportation - For which Medicaid pays $10.01 to $50</td>
<td>0.00</td>
<td>$</td>
<td>Trip</td>
<td>Individuals eligible for coverage under 1902(e)(16) are charged zero cost sharing for the indicated benefit and service.</td>
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<tr>
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<td>Transportation - For which Medicaid pays $50.01 or more</td>
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<td>$</td>
<td>Trip</td>
<td>Individuals eligible for coverage under 1902(e)(16) are charged zero cost sharing for the indicated benefit and service.</td>
<td>Remove</td>
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<tr>
<td>Add</td>
<td>Pharmacy</td>
<td>0.00</td>
<td>$</td>
<td>Prescription</td>
<td>Individuals eligible for coverage under 1902(e)(16) are charged zero cost sharing for the indicated benefit and service.</td>
<td>Remove</td>
</tr>
</tbody>
</table>

The state permits providers to require individuals to pay cost sharing as a condition for receiving items or services, subject to the conditions specified at 42 CFR 447.52(e)(1). This is only permitted for non-exempt individuals with family income above 100% FPL.

Cost Sharing for Non-preferred Drugs Charged to Otherwise Exempt Individuals

If the state targets cost sharing for non-preferred drugs to specific groups of individuals (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 to specific individuals (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.

No

Remove Population

Add Population

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.