

Table of Contents

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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

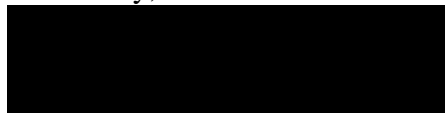
Dear Ms. Taylor:

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

Medicaid Premiums and Cost Sharing: Summary Page (CMS 179)

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

	Federal Fiscal Year	Amount
First Year	2022	\$ 2500000.00
Second Year	2023	\$ 5000000.00

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



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

Transmittal Number: IN - 22 - 0003

Cost Sharing Amounts - Targeting **G2c**

1916
1916A
42 CFR 447.52 through 54

The state targets cost sharing to a specific group or groups of individuals.

Population Name (optional):

Eligibility Group(s) Included:

Incomes Greater than TO Incomes Less than or Equal to

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

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



Medicaid Premiums and Cost Sharing

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.

V.20181119