



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 09381148

Transmittal Number: KY - 23 - 0019

Cost Sharing Requirements	G1
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.	<input type="text" value="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 09381148. 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 C42605, Baltimore, Maryland 212441850.

V.20160722



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 09381148

Transmittal Number: KY - 23 - 0019

Cost Sharing Amounts - Categorically Needy Individuals

G2a

1916
1916A
42 CFR 447.52 through 54

The state charges cost sharing to all categorically needy (Mandatory Coverage and Options for Coverage) individuals.

No

PRA Disclosure Statement

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V.20181119



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 09381148

Transmittal Number: KY - 23 - 0019

Cost Sharing Amounts - Medically Needy Individuals	G2b
1916 1916A 42 CFR 447.52 through 54	
The state charges cost sharing to <u>all</u> medically needy individuals.	<input type="text" value="No"/>

PRA Disclosure Statement

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V.20181119



Medicaid Premiums and Cost Sharing

State Name:

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Transmittal Number: KY - 23 - 0019

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.	<input type="text" value="No"/>

PRA Disclosure Statement

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V.20181119

State: Kentucky

Citation

42 CFR 447.51
through 447.58

4.18 Recipient Cost Sharing and Similar Charges (Continued)

(c) ☒ Individuals are covered as medically needy under the plan.

- (1) An enrollment fee, premium or similar charge is imposed. ATTACHMENT 4.18-B specifies the amount of and liability period for such charges subject to the maximum allowable charges in 42 CFR 447.52(b) and defines the State's policy regarding the effect on recipients of non-payment of the enrollment fee, premium, or similar charge.

Revision: HCFA-PM-91 -.4 (BPD)
August 1991

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State: Kentucky

RESERVED

TN No. 14-005
Supersedes
TN No. 02/05

Approval Date: 08/10/15

Effective Date: 07/01/2014

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: KENTUCKY

B. The method used to collect cost sharing charges for categorically needy individuals:

Providers are responsible for collecting the cost sharing charges from individuals.

- ☐ The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

TN No. 23-0011

Supersedes

TN No. 13-023

Approval Date: _____ Effective Date: 04/1/2023

Revision: HCFA-PM-85-14
SEPTEMBER 1985
OMB.: 0938-0193

ATTACHMENT 4.18-
A
Page 3

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: KENTUCKY

- D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.56(a) are described below:

KY does not impose cost-sharing for non-preferred drugs to individuals otherwise exempt from cost-sharing.

- E. Cumulative maximums on charges:

State policy does not provide for cumulative maximums.

- ☐ Cumulative maximums have been established as described below:

N/A

TN No. 23-0011
Supersedes
TN No. 13-023

Approval Date _____ Effective Date: 04/1/2023

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: KENTUCKY

A.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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☐ The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE: KENTUCKY

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.56(a) are described below:

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sharing. E. Cumulative maximums on charges:

State policy does not provide for cumulative maximums.

☐ Cumulative maximums have been established as described below:

N/A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kentucky

It should be noted that States can select one or more options in imposing cost sharing (including co-payments, coinsurance, and deductibles) and premiums.

A. For groups of individuals with family income above 100 percent but below 150 percent of the F1)1.4

1. Cost sharing

- a. ☒ No cost sharing is imposed.
- b. / Cost sharing is imposed under section 19I6A of the Act as follows (specify the amounts by group and services (see below)):

- Services provided to individuals with income not exceeding 100 percent of the poverty line. Except for those that apply to prescription drugs and Hospital Non-emergency services as defined in 1916A(c) and 1916A(e).
- d. Enforcement
1. Pharmacist are permitted to require, as a condition for the provision of care, items, or services, the payment of any cost sharing.
 2. ☐ Providers permitted to reduce or waive cost sharing on a case-by-case basis.
 3. ☐ State payments to providers must be reduced by the amount of the beneficiary cost sharing obligations, regardless of whether the provider successfully collects the cost sharing.
 4. ☐ States have the ability to increase total State plan rates to providers to maintain the same level of State payments when cost sharing is introduced.
2. Premiums
- No premiums are imposed
- B. For groups of individuals with family income above 150 percent of the FPL: 1. Cost sharing amounts
- a. ☒ No cost sharing is imposed.
 - b. ☒ Cost sharing is imposed under section 19 16A of the Act as follows (specify amounts by groups and services (see below)):\

TN No: 23-0011

Supersedes

TN No: 06-012Approval Date: _____ Effective Date: 04-01-2023

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- d. Enforcement
1. Providers are permitted to require, as a condition for the provision of care, items, or services, the payment of any cost sharing.
 2. ☐ Providers permitted to reduce or waive cost sharing on a case-by-case basis.
 3. ☐ State payments to providers must be reduced by the amount of the beneficiary cost sharing obligations, regardless of whether the provider successfully collects the cost sharing if noted as such in Attachment 3.I-C pages 10.17-10;24, Attachment 4.18-A pages I, 1(a), and Attachment 4.18-C pages 1, 1(a).
 4. ☐ States have the ability to increase total State plan rates to providers to maintain the same level of State payments when cost sharing is introduced.
2. Premiums
- a. ☒ No premiums are imposed.
 - b. ☐ Premiums are imposed under section 1916A of the Act as follows (specify the premium amount by group and income level.
- b. Limitations:
- c. Individuals under 18 years of age that are required to be provided medical assistance under section 1902(a)(10)(A)(i), and including individuals furnished to individuals with respect to whom aid and assistance is made available under part B of the title IV to children in foster care and individuals with respect to whom adoption or foster care assistance is made available under part E of such title, without regard to age;
- Pregnant women;
 - Any terminally ill-individual receiving hospice care, as defined in section 1905(o);
 - Any individual who is an inpatient in a hospital, nursing facility, intermediate care facility, or other medical institution, if such individual is required, as a condition of receiving services in such institution under the State plan, to spend for costs of medical care all but a minimal amount of the individual's income required for personal needs; and
 - Women who are receiving Medicaid by virtue of the applications of sections 1902(a)(10)(A)(ii)(XVIII) and I 902(aa) of the Act.
- d. Enforcement
1. ☐ Prepayment required for the following groups of individuals who are applying for Medicaid:
 2. ☐ Eligibility terminated after failure to pay for 60 days for the following groups of individuals who are receiving Medicaid:
 3. ☐ Payment will be waived on a case-by-case basis for undue hardship.
- C. Period of determining aggregate 5 percent cap
- Specify the period for which the 5 percent maximum would be applied.

TN No: 23-0011

Supersedes

TN No: 06-012Approval Date: _____ Effective Date: 04-01-2023

Quarterly
☐ Monthly

D. Method for tracking cost sharing amounts

Describe the State process used for tracking cost sharing and informing beneficiaries and providers of their beneficiary's liability and informing providers when an individual has reached his/her maximum so further costs are no longer charged.

Not applicable

Also describe the State process for informing beneficiaries and providers of the allowable cost sharing amounts.

TN No: 23-0011

Supersedes

TN No: 06-012

Approval Date: _____ Effective Date: 04/01/2023

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE/TERRITORY:
KENTUCKY

TN No: 23-0011

Supersedes

TN No: 06-012

Approval Date: _____ Effective Date: 04/01/2023

Providers are permitted to require, as a condition for the provision of prescriptions, the payment of cost sharing.

H. Availability of Information

States must make available to the public and to beneficiaries the schedule of the cost sharing/premium amounts for specific items and the various eligibility groups.

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Supersedes
TN No: 06-012

Approval Date: _____ Effective Date: 04/01/2023