

tate Name: Iowa					OMB Control Numb	ber: 0938-1	148
ransmittal Number: IA - 18 - 0020					Expiration da	ate: 10/31/2	014
ost Sharing Amounts - Categorica	lly Needy	Individua	ıls	i de de de la composición dela composición dela composición dela composición dela composición de la composición dela		G	2a
916 916A 2 CFR 447.52 through 54							
he state charges cost sharing to all categoric				-	ions for Coverage) individuals.	Y	es .
Services or Items with the Same Cost S  Service or Item Amount	Dollars or Percentage	ars or			Paulan de la		
Solvios of Atom 7 Amount	\$	Other			Explanation		X
Services or Items with Cost Sharing A	nounts that	Vary by In	come			······································	
Service or Item: Drugs  Indicate the income ranges by which	the cost share	ring amount	t for thi	s service o		emove Serv or Item	/ice
Incomes Incomes Less Greater than than or Equal to		Dollars or Percentage		Jnit	Explanation		en e
0% FPL 50% FPL	0.00	<u> </u>	Prescr	iption			X
50% FPL No upper limit	1.00	\$	Prescr	iption	Copayment charged for each covere dispensed.	ed drug	X
Service or Item: Chiropractor service	es				R	emove Serv or Item	vice.
Indicate the income ranges by which	the cost sha		t for thi	s service o	r item varies.		<b></b>
Incomes Incomes Less Greater than than or Equal to		Dollars or Percentage	1	Unit	Explanation		
0% FPL 50% FPL	0.00	\$	Day				X
50% FPL No upper limit	1.00	\$	Day		Copayment charged for the total ser rendered on a given date.	rvices	X
Service or Item: Physical therapy						emove Ser or Item	
Indicate the income ranges by which	n the cost sha	ring amoun Dollars or	t for thi	s service c	or item varies.		Γ
Greater than than or Equal to	Amount	Percentage	1	Unit	Explanation		230
	0.00		Day		Copayment charged for the total se	rvices	X
S0% FPL No upper limit	1.00	\$	Day		rendered on a given date.		X
Service or Item: Podiatrist services				4,		emove Ser or Item	

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		Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% FPL	50% FPL	0.00	\$	Day		
4	50% FPL	No upper limit	1.00	\$	Day	Copayment charged for the total services rendered on a given date.	
Ser	vice or Item: A	mbulance service	S			Remove or 1	Section 1
Ind	icate the incom	e ranges by which	the cost sha	ring amount	for this service	e or item varies.	
سيس		Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
-	0% FPL	50% FPL	0.00	\$	Day		
H	50% FPL	No upper limit	2.00	\$	Day	Copayment charged for the total services rendered on a given date.	
Sei	vice or Item:[A	udiologist service	S			Remove	100000
Ind	icate the incom	e ranges by which	the cost sha	ring amount	for this service		1000
	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
1		50% FPL	0.00	1	Day	*	
1	50% FPL	No upper limit	2.00		Day	Copayment charged for the total services rendered on a given date.	***************************************
Se	rvice or Item: I	learing aid dealer				Remove	
Ind	icate the incom	ie ranges by which	the cost sha	ring amoun	for this servic	Lucia de la Constantina del Constantina de la Co	,5
	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
-	0% FPL	50% FPL	0.00		Day		ander the
7	50% FPL	No upper limit	2.00	\$	Day	Copayment charged for the total services rendered on a given date.	u
Se	rvice or Item:	/ledical equipment	t, appliances,	prosthetic c	levices, and sic	Remove	200
	icate the incom	ne ranges by which	n the cost sha	iring amoun	t for this servic	117 <sub>000</sub>	
Ind	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
Ind	Cratthe grant	50% FPL	0.00	\$	Day		
Ind						Copayment charged for the total services	
	0% FPL	No upper limit	2.00	\$	Day	rendered on a given date.	
	0% FPL 50% FPL	No upper limit  Optician services	2.00	\$	Day	rendered on a given date.	The Ma

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İ	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
	0% FPL	50% FPL	0.00	1	<del></del>	Exhiguation	
	50% FPL	No upper limit	2.00	L	Day	Copayment charged for the total services	
-	30701111	тчо аррет папе	2.00	s	Day	rendered on a given date.	
Ser	vice or Item:	)ptometrist service	·S			Remove or I	
(ndi	cate the incom	e ranges by which	the cost sha	ring amount	for this service		
	Incomes	Incomes Less		Dollars or			
		than or Equal to		Percentage	Unit	Explanation	
+	0% FPL	50% FPL	0.00	\$	Day		
4	50% FPL	No upper limit	2.00	s	Day	Copayment charged for the total services	( Primbido
Vě					Day	rendered on a given date.	
Çer:	vice or Item:	Orthopedic shoes				Remove	*C1660
i)(/I	vice of field.	orthopedic shoes	470	····		or I	ten
indi	cate the incom	ie ranges by which	the cost sha	ring amount	for this service	e or item varies.	
	Incomes	Incomes Less	<u> </u>	Dollars or			
soesset:		than or Equal to	Amount	Percentage	Unit	Explanation	
-1-	0% FPL	50% FPL	0.00	\$	Day		
		<del> </del>		<u></u>			
L	50% FPL	No upper limit	2.00	ė.	D	Copayment charged for the total services	
4	50% FPL	No upper limit	2.00	\$	Day	Copayment charged for the total services rendered on a given date.	
Mar C				\$	Day		Se
Mar C		No upper limit  Psychologist service		\$	Day	rendered on a given date.	24 A
Ser	vice or Item:		ees			rendered on a given date.  Remove or.I	24 A
Ser	vice or Item:	Psychologist servic	ees			rendered on a given date.  Remove or.I	
Ser	vice or Item: F cate the incom Incomes Greater than	Psychologist service ranges by which	es the cost sha Amount	ring amount Dollars or Percentage	for this service	rendered on a given date.  Remove or.I	24 A
Ser	vice or Item: F	Psychologist service ranges by which	es the cost sha	ring amount Dollars or Percentage	for this service	rendered on a given date.  Remove On I  e or item varies.	2.3
Ser Indi	vice or Item: F cate the incomes Incomes Greater than 0% FPL	Psychologist service ranges by which Incomes Less than or Equal to 50% FPL	es the cost sha  Amount 0,00	ring amount Dollars or Percentage	for this service Unit Day	rendered on a given date.  Remove On I  e or item varies.  Explanation	24 A
Ser	vice or Item: F cate the incomes Incomes Greater than 0% FPL	Psychologist service ranges by which Incomes Less than or Equal to	es the cost sha Amount	ring amount Dollars or Percentage	for this service	rendered on a given date.  Remove On I  e or item varies.	24 A
Ser Indi	vice or Item: F cate the incomes Greater than 0% FPL 50% FPL	Psychologist service ranges by which Incomes Less than or Equal to 50% FPL	Amount 0,00	ring amount Dollars or Percentage	for this service Unit Day	rendered on a given date.  Remove On I  e or item varies.  Explanation  Copayment charged for the total services rendered on a given date.	ten
Ser Indi	vice or Item: F cate the incomes Greater than 0% FPL 50% FPL	Psychologist service ranges by which Incomes Less than or Equal to 50% FPL	Amount 0,00	ring amount Dollars or Percentage	for this service Unit Day	rendered on a given date.  Remove or item varies.  Explanation  Copayment charged for the total services	ten
Ser Indi	vice or Item: F cate the incomes Greater than 0% FPL 50% FPL vice or Item: F	Psychologist service ranges by which Incomes Less than or Equal to 50% FPL No upper limit Rehabilitation agen	Amount 0,00 2.00	ring amount Dollars or Percentage \$	Unit Day	rendered on a given date.  Remove or item varies.  Explanation  Copayment charged for the total services rendered on a given date.  Remove or item varies.	ten
Ser Indi	vice or Item: Ficate the incomes Greater than 0% FPL 50% FPL vice or Item: Ficate the incomes	Psychologist service ranges by which Incomes Less than or Equal to 50% FPL  No upper limit  Rehabilitation agente ranges by which	Amount 0,00 2.00	ring amount Dollars or Percentage \$ \$	Unit Day	rendered on a given date.  Remove or item varies.  Explanation  Copayment charged for the total services rendered on a given date.  Remove or item varies.	ten
Ser Indi	vice or Item: F cate the incomes Greater than 0% FPL 50% FPL vice or Item: F	Psychologist service ranges by which Incomes Less than or Equal to 50% FPL  No upper limit  Rehabilitation agente ranges by which Incomes Less	Amount 0,00 2.00	ring amount Dollars or Percentage \$ \$  aring amount Dollars or	Unit Day Day	rendered on a given date.  Remove or item varies.  Explanation  Copayment charged for the total services rendered on a given date.  Remove or item varies.	ten
Ser Indi	vice or Item: Ficate the incomes Greater than 0% FPL 50% FPL vice or Item: Ficate the incomes	Psychologist service ranges by which Incomes Less than or Equal to 50% FPL  No upper limit  Rehabilitation agente ranges by which	Amount 0.00 2.00 ccy services in the cost sha	Dollars or Percentage  \$  sring amount Dollars or Percentage	Unit Day Day t for this service	rendered on a given date.  Remove On I  e or item varies.  Explanation  Copayment charged for the total services rendered on a given date.  Remove or item varies.	ten
Ser Indi	vice or Item: F cate the incomes Greater than 0% FPL 50% FPL vice or Item: F icate the incomes Greater than 0% FPL	Psychologist service ranges by which Incomes Less than or Equal to 50% FPL  No upper limit  Rehabilitation agente ranges by which Incomes Less than or Equal to 50% FPL	Amount 0.00 2.00 acy services the cost sha Amount 0.00	ring amount Dollars or Percentage \$  \$  aring amount Dollars or Percentage	Unit Day Day	rendered on a given date.  Remove Op. I  e or item varies.  Explanation  Copayment charged for the total services rendered on a given date.  Remove or item varies.  Explanation	e Se
Ser Indi	vice or Item: F cate the incomes Greater than 0% FPL 50% FPL vice or Item: F icate the incomes Greater than Incomes Greater than	Psychologist service ranges by which Incomes Less than or Equal to 50% FPL  No upper limit  Rehabilitation agente ranges by which Incomes Less than or Equal to	Amount 0.00 2.00 ccy services a the cost sha	ring amount Dollars or Percentage \$  \$  aring amount Dollars or Percentage	Unit Day Day t for this service	rendered on a given date.  Remove Op. I  e or item varies.  Explanation  Copayment charged for the total services rendered on a given date.  Remove or item varies.  Explanation  Copayment charged for the total services	ten e Si
Ser Indi	vice or Item: F cate the incomes Greater than 0% FPL 50% FPL vice or Item: F icate the incomes Greater than 0% FPL	Psychologist service ranges by which Incomes Less than or Equal to 50% FPL  No upper limit  Rehabilitation agente ranges by which Incomes Less than or Equal to 50% FPL	Amount 0.00 2.00 acy services the cost sha Amount 0.00	ring amound Dollars or Percentage  \$ string amound Dollars or Percentage  \$	Unit Day  t for this service Unit Day	rendered on a given date.  Remove or item varies.  Explanation  Copayment charged for the total services rendered on a given date.  Remove or item varies.  Explanation  Copayment charged for the total services rendered on a given date.	a Se
Ser Indi	vice or Item: F cate the incomes Greater than 0% FPL 50% FPL vice or Item: F icate the incomes Greater than 0% FPL	Psychologist service ranges by which Incomes Less than or Equal to 50% FPL No upper limit Rehabilitation agente ranges by which Incomes Less than or Equal to 50% FPL No upper limit	Amount 0.00 2.00 acy services the cost sha Amount 0.00	ring amound Dollars or Percentage  \$ string amound Dollars or Percentage  \$	Unit Day  t for this service Unit Day	rendered on a given date.  Remove Op. I  e or item varies.  Explanation  Copayment charged for the total services rendered on a given date.  Remove or item varies.  Explanation  Copayment charged for the total services	ten

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	Incomes	Incomes Less		Dollars or		
90.00		than or Equal to	Amount	Percentage	Unit	Explanation
-	0% FPL	50% FPL	0.00	\$	Day	
	50% FPL	No upper limit	3.00	\$	Day	Copayment charged for the total services rendered on a given date
	······································					Remove Se
Serv	vice or Item:[S	ervices rendered in	a a physician	(MD/DO)	office visit	or Item
Indi	cate the incom	e ranges by which	the cost sha	ring amount	for this service	
	Incomes	Incomes Less		Dollars or		
	Greater than	than or Equal to	Amount	Percentage	Unit	Explanation
4.	0% FPL	50% FPL	0.00	¢.	Day	
्युव	CAAL EDI			<u>                                     </u>	Day	
-	50% FPL	No upper limit	3.00	\$	Day	Copayment charged for the total services rendered on a given date.
(33-4-1-2)		<u> </u>			Lanca de la constantina della	
Şer	vice or Item: N	Aedicare Part B cro	ossover clain	13		Remove Se
	Ł					er Iten
Indi	icate the incom	e ranges by which	the cost sha	ring amount	for this service	e or item varies,
	Incomes	Incomes Less		Dollars or		
		than or Equal to	Amount	Percentage	Unit	Explanation
	0%	50% FPL	0.00	\$	Other	
	50% FPL	No upper limit	1,00			Dually eligible (Medicare and Medicaid)
			,	il i		members must make a copayment for each
4		1		ls l	Other	Medicare Part B (crossover) claim submitted
	1	1		<b>  </b>		to Medicaid, for services for which Medicaid
						otherwise collects a copayment.
		4			l-w-	Remove Se
Ser	vice or Item: N	lon-Emergency us	e of the ER			or Item
	ionta tha incom	ne ranges by which	the east she	ring armoun	t for this sarvio	المراقع
In di	cate the moon		i the cost sha		tior this service	e or item varies.
Indi	T	1 T		Dollars or	1	Ì
Indi	Incomes Greater then	Incomes Less	Amount	Darcantage	110.4	Evalenation
	Greater than	than or Equal to	Amount	Percentage		Explanation Explanation
Indi	Greater than		Amount 0,00		Unit Visit	Explanation
7	Greater than 0%	than or Equal to		\$		Copayment charged for nonemergency
	Greater than 0%	than or Equal to	0.00	\$		

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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 (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

#### 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.

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