STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
The following covered services are exempt from recipient copayment charges:				
1. Laboratory services			None	
2. The professional component of diagnostic radiology, nuclear medicine, radiation therapy and medical diagnostic services, when the professional component is billed separately from the technical component			None	
3. Services furnished by a home health agency			None	
4. Services furnished by a psychiatric partial hospitalization program			None	
5. Drugs, including immunizations, dispensed by a physician			None	
6. Specific drugs identified by the Department in the following categories: (A) Antihypertensive agents (B) Antidiabetic agents (C) Anticonvulsants (D) Cardiovascular preparations (E) Antipsychotic agents (F) Antineoplastic agents (G) Antiglaucoma drugs (H) Antiparkinson drugs (I) HIV/AIDS specific drugs			None	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
7. Rental of durable medical equipment			None	
8. Outpatient services when the MA fee is under $2			None	
9. Blood and blood products			None	
10. Ostomy supplies			None	
11. Oxygen			None	
12. Medical examinations when requested by the Department			None	
13. Screenings provided under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program			None	
14. More than one of a series of a specific allergy test provided in a 24-hour period			None	
15. Birth center			None	
16. Renal dialysis			None	
17. Targeted case management services			None	
18. Tobacco Cessation Counseling			None	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
The following covered services have a fixed recipient copayment charge:				
1. Pharmacy services, drugs and over-the-counter medications; per prescription/refill			X	$1 per prescription and $1 per refill for generic drugs. $3 per prescription and $3 per refill for brand name drugs.
2. Psychotherapy			X	$0.50 per ½ hour of service
3. Inpatient hospital services provided in a general hospital, a rehabilitation hospital or a private psychiatric hospital			X	$3 per covered day of inpatient care up to an amount not to exceed $21 per admission
4. the total component or only the technical component of the following services: (A) Diagnostic radiology (B) Nuclear medicine (C) Radiation therapy (D) Medical diagnostic services			X	$1 per service

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
5. All other services under Attachment 3.1-A, not otherwise excluded (see Att.4.18-A, pgs. 1, 1a) or subject to a fixed copayment (see Att.4.18-A pg. 1b), are subject to the nominal sliding scale: (A) Outpatient Hospital and other clinic services (Att. 3.1-A.2) (B) Other medically necessary services not otherwise specified in the plan, covered as a result of OBRA '89 (Att. 3.1-A.4.b) (C) Physician's services and medical/surgical services by a dentist (Att. 3.1-A.5) (D) Medical care furnished by licensed practitioners within the scope of their practice as defined by state law (Podiatrists, Optometrists, and Chiropractors) (Att. 3.1-A.6.a,b,c) (E) Medical supplies and equipment (Att. 3.1-A.7.c) (F) Physical therapy, occupational therapy and speech pathology (Att. 3.1-A.7.d) (G) Private duty nursing services (Att. 3.1-A.8) (H) Clinic services (Att. 3.1-A.9) (I) Dental services (Att.3.1-A.10) (J) Physical therapy and related services (Att.3.1-A.11) (K) Dentures, prosthetic devices and eyeglasses (Att. 3.1-A.12.b,c,d) (L) Other diagnostic and rehabilitative services (Att. 3.1-A.13) (M) Certified Registered Nurse Practitioner (CRNP) services (Att. 3.1-A.23) (N) Personal care services (Att. 3.1-A.24.f)			X	Nominal sliding scale, consistent with 42 CFR 447.54(a)(3)(ii), based upon the State fee for the service/item: State Fee: Copayment $2 - $10: $.65 $10.01 - $25: $1.30 $25.01 - $50: $2.55 $50.01 or more: $3.80

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

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

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

/ / The agency reimburses providers the full Medicaid rate for a 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:

The provider must accept the recipient's statement that he or she is unable to pay unless the provider has creditable evidence that the recipient is able to pay but refuses.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) and section 1916(a) and (j) of the Social Security Act are described below:

Exclusions from the cost sharing requirements are programmed into the federally-approved automated claims processing system.

Copayment requirements are set forth in Medical Assistance regulations (55 Pa.Code 1101, General Provisions) which are distributed to all providers. Violations of these requirements are subject to penalties set forth in Section 1101 for violating Medical Assistance regulations.

The billing instructions were originally transmitted to providers via Medical Assistance bulletins. These instructions have been incorporated in the billing instruction sections of the provider handbooks which are given to all providers.

American Indians/Alaska Natives (AI/AN):

(i) AI/AN are exempt from payment of an enrollment fee or premium if the AI/AN is eligible for or has received an item or service directly by an Indian health care provider, an Indian Tribe, Tribal Organization, or Urban Indian Organization (I/T/U), or through a referral under contract health services (CHS). AI/AN are exempt from payment of coinsurance, copayment, or similar charge for any item or service covered by Medicaid if the AI/AN is furnished the item or service directly by an Indian health care provider, I/T/U or through a referral under CHS.

(ii) Pennsylvania will accept documentation from an Indian health care provider, I/T/U, or CHS provider that an AI/AN was eligible for or furnished the item or service as indicated in (i) above. The State will exempt the AI/AN from cost sharing as indicated in (i) above, via editing in the state's eligibility and claims processing systems.

(iii) Information about the AI/AN cost sharing exclusion will be included in beneficiary information at eligibility determination/redetermination, and made available on the Department's website.

E. Cumulative maximums on charges:

☒ State policy does not provide for cumulative maximums.

☐ Cumulative maximums have been established as described below:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

A. The following charges are imposed on the medically needy for services:

Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
The following covered services are exempt from recipient copayment charges:				
1. Laboratory services			None	
2. The professional component of diagnostic radiology, nuclear medicine, radiation therapy and medical diagnostic services, when the professional component is billed separately from the technical component			None	
3. Services furnished by a home health agency			None	
4. Services furnished by a psychiatric partial hospitalization program			None	
5. Drugs, including immunizations, dispensed by a physician			None	
6. Rental of durable medical equipment			None	
7. Outpatient services when the MA fee is under $2				
8. Blood and blood products			None	
9. Ostomy supplies				
10. Oxygen			None	
11. Medical examinations when requested by the Department			None	
12. Screenings provided under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program			None	
13. More than one in a series of specific allergy test provided in a 24-hour period			None	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

A. The following charges are imposed on the medically needy for services:

Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
13. Birth Center				
14. Renal dialysis			None	
15. Targeted Case Management			None	
17. Tobacco Cessation Counseling			None	
The following covered services have a fixed recipient copayment charge:				
1. Psychotherapy			X	$0.50 per ½ hour of service
2. Inpatient hospital services provided in a general hospital, a rehabilitation hospital or a private psychiatric hospital			X	$3 per covered day of inpatient care up to an amount not to exceed $21 per admission
3. The total component or only the technical component of the following services: (A) Diagnostic radiology (B) Nuclear medicine (C) Radiation therapy (D) Medical diagnostic services			X	$1 per service

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

A. The following charges are imposed on the medically needy for services:

Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
5. All other services under Attachment 3.1-A, not otherwise excluded (see Att.4.18-C, pgs. 1, 1a) or subject to a fixed copayment (see Att.4.18-C, pg. 1a), are subject to the nominal sliding scale: (A) Outpatient Hospital and other clinic services (Att. 3.1-A.2) (B) Other medically necessary services not otherwise specified in the plan, covered as a result of OBRA '89 (Att. 3.1-A.4.b) (C) Physician's services and medical/surgical services by a dentist (Att. 3.1-A.5) (D) Medical care furnished by licensed practitioners within the scope of their practice as defined by state law (Podiatrists, Optometrists, and Chiropractors) (Att. 3.1-A.6.a,b,c) (E) Medical supplies and equipment (Att. 3.1-A.7.c) (F) Physical therapy, occupational therapy and speech pathology (Att. 3.1-A.7.d) (G) Private duty nursing services (Att. 3.1-A.8) (H) Clinic services (Att. 3.1-A.9) (I) Dental services (Att.3.1-A.10) (J) Physical therapy and related services (Att.3.1-A.11) (K) Dentures, prosthetic devices and eyeglasses (Att. 3.1-A.12.b,c,d) (L) Other diagnostic and rehabilitative services (Att. 3.1-A.13) (M) Certified Registered Nurse Practitioner (CRNP) services (Att. 3.1-A.23) (N) Personal care services (Att. 3.1-A.24.f)			X	Nominal sliding scale, consistent with 42 CFR 447.54(a)(3)(ii), based upon the State fee for the service/item: State Fee — Copayment $2 - $10 — $.65 $10.01 - $25 — $1.30 $25.01 - $50 — $2.55 $50.01 or more — $3.80

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

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

/X/ 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:

The provider must accept the recipient's statement that he or she is unable to pay unless the provider has creditable evidence that the recipient is able to pay but refuses.

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State: Pennsylvania

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) and section 1916(a) and (j) of the Social Security Act are described below:

Exclusions from the cost sharing requirements are programmed into the federally-approved automated claims processing system.

See Attachment 4.18-A, p. 3, D.

E. Cumulative maximums on charges:

☒ State policy does not provide for cumulative maximums.

☐ Cumulative maximums have been established as described below:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Pennsylvania

Premiums Imposed on Low Income Pregnant Women and Infants

A. The following method is used to determine the monthly premium imposed on optional categorically needy pregnant women and infants covered under section 1902(a)(10)(A)(ii)(IX)(A) and (B) of the Act:

B. A description of the billing method used is as follows (include due date for premium payment, notification of the consequences of nonpayment, and notice of procedures for requesting waiver of premium payment):

*Description provided on attachment.

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State/Territory: Pennsylvania

C. State or local funds under other programs are used to pay for premiums:

/_/ Yes /_/ No

D. The criteria used for determining whether the agency will waive payment of a premium because it would cause an undue hardship on an individual are described below:

*Description provided on attachment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Pennsylvania

Optional Sliding Scale Premiums Imposed on
Qualified Disabled and Working Individuals

A. The following method is used to determine the monthly premium imposed on qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act:

B. A description of the billing method used is as follows (include due date for premium payment, notification of the consequences of nonpayment, and notice of procedures for requesting waiver of premium payment):

*Description provided on attachment.

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State/Territory: Pennsylvania

C. State or local funds under other programs are used to pay for premiums:

/_/ Yes /_/ No

D. The criteria used for determining whether the agency will waive payment of a premium because it would cause an undue hardship on an individual are described below:

*Description provided on attachment.

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State/Territory: Pennsylvania

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

A. For groups of individuals with family income above 100 percent but below 150 percent of the FPL:

1. Cost sharing

a. _X_ / No cost sharing is imposed.

b. ___ / Cost sharing is imposed under section 1916A of the Act as follows (specify the amounts by group and services (see below)):

Group of Individuals	Item/Service	Type of Charge			*Method of Determining Family Income (including monthly or quarterly period)
		Deductible	Co-insurance	Co-payment	
Individuals residing in personal care homes or domiciliary care homes.	All	None	None	None	

*Describe the methodology used to determine family income if it differs from your methodology for determining eligibility.

Attach a schedule of the cost sharing amounts for specific items and services and the various eligibility groups.

b. Limitations: _

The total aggregate amount of cost sharing and premiums imposed under section 1916A for all individuals in the family may not exceed 5 percent of the family income of the

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Pennsylvania

family involved, as applied on a monthly and quarterly basis as specified by the State above.

• Cost sharing with respect to any item or service may not exceed 10 percent of the cost of such item or service.

c. No cost sharing will be imposed for the following services:

• Services furnished to individuals under 18 years of age that are required to be provided Medicaid under section 1902(a)(10)(A)(i), and including services furnished to individuals with respect to whom aid and assistance is made available under part B of 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;

• Preventive services (such as well baby and well child care and immunizations) provided to children under 18 years of age, regardless of family income;

• Services furnished to pregnant women, if such services relate to the pregnancy or to any other medical condition which may complicate the pregnancy;

• Services furnished to a terminally ill individual who is receiving hospice care, (as defined in section 1905(o) of the Act);

• Services furnished to any individual who is an inpatient in a hospital, nursing facility, intermediate care facility for the mentally retarded, 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;

• Emergency services as defined by the Secretary for the purposes of section 1916(a)(2)(D) of the Act;

• Family planning services and supplies described in section 1905(a)(4)(C) of the Act; and

• Services furnished to women who are receiving Medicaid by virtue of the application of sections 1902(a)(10)(A)(ii)(XVIII) and 1902(aa) of the Act.

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.

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State/Territory: Pennsylvania

2. __/ (If above box selected) 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 may be imposed for individuals with family income above 100 percent but below 150 percent of the FPL.

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 1916A of the Act as follows (specify amounts by groups and services (see below)):

Group of Individuals	Item/Service	Type of Charge			*Method of Determining Family Income (including monthly or quarterly period)
		Deductible	Coinsurance	Co-payment	

*Describe the methodology used to determine family income if it differs from your methodology for determining eligibility.

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State/Territory: Pennsylvania

Attach a copy of the schedule of the cost sharing amounts for specific items and the various eligibility groups.

b. Limitations:

- The total aggregate amount of all cost sharing and premiums imposed under section 1916A for all individuals in the family may not exceed 5 percent of the family income of the family involved, as applied on a monthly or quarterly basis as specified by the State above.
- Cost sharing with respect to any item or service may not exceed 20 percent of the cost of such item or service.

c. No cost sharing shall be imposed for the following services:

- Services furnished to individuals under 18 years of age that are required to be provided Medicaid under section 1902(a)(10)(A)(i) of the Act, and including services furnished to individuals with respect to whom aid and assistance is made available under part B of 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;
- Preventive services (such as well baby and well child care and immunizations) provided to children under 18 years of age regardless of family income;
- Services furnished to pregnant women, if such services relate to the pregnancy or to any other medical condition which may complicate the pregnancy;
- Services furnished to a terminally ill individual who is receiving hospice care (as defined in section 1905(o) of the Act);
- Services furnished to any individual who is an inpatient in a hospital, nursing facility, intermediate care facility for the mentally retarded, 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;
- Emergency services as defined by the Secretary for the purposes of section 1916(a)(2)(D) of the Act;
- Family planning services and supplies described in section 1905(a)(4)(C) of the Act; and
- Services furnished to women who are receiving Medicaid by virtue of the application of sections 1902(a)(10)(A)(ii)(XVIII) and 1902(aa) of the Act.

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State/Territory: Pennsylvania

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. __/ (If above box selected) 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

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.

Group of Individuals	Premium	Method for Determining Family Income (including monthly or quarterly period)

Attach a schedule of the premium amounts for the various eligibility groups.

b. Limitation:

• The total aggregate amount of premiums and cost sharing imposed for all individuals in the family may not exceed 5 percent of the family income of the family involved, as applied on a monthly or quarterly basis as specified by the State above.

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State/Territory: Pennsylvania

c. No premiums shall be imposed for the following individuals:

- Individuals under 18 years of age that are required to be provided medical assistance under section 1902(a)(10)(A)(i), and including individuals with respect to whom aid or assistance is made available under part B of 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 application of sections 1902(a)(10)(A)(ii)(XVIII) and 1902(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.

__/ Quarterly

__/ Monthly

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State/Territory: Pennsylvania

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.

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