Revision: HCFA-PM-85-14 (BERC) SEPTEMBER 1985

ATTACHMENT 4.18-A Page 1 OMB No: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Tennessee

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:

Type of Charge

Service and Basis for Determination	<u>Deduct.</u>	<u>Coins.</u>	Copay.	Amount
Pharmacy			<u>X</u>	\$3.00 per prescription or refill (generic drugs excluded from copay)

Average payment for individual drugs is \$57.15.

ATTACHMENT 4.18-A Page 2 OMB No: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: <u>Tennessee</u>

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 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 basis for determining that an individual is unable to pay the charge will be selfdeclaration. If the individual tells the pharmacist he or she is unable to pay, the individual will be assumed to be unable to pay.

Revision: HCFA-PM-85-14 (BERC) September 1985 ATTACHMENT 4.18-A Page 3 OMB No: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Tennessee

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

Since enrollees have the opportunity to self-identify and be granted copay exemptions, we do not believe that enforcement will be a major issue. Enrollees will be notified through Member Handbooks and other means of the categories of eligibility and service that are exempt from cost-sharing. Providers will be informed of the exclusions so that they can, in turn, advise their patients. Pharmacies will be educated about copay exclusions. Family planning drugs and supplies have already been identified and programmed at \$0 copay.

E. Cumulative maximums on charges:

X State policy does not provide for cumulative maximums

I

Cumulative maximums have been established as described below:

ATTACHMENT 4.18-C Page 1 OMB No: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Tennessee

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

Type of Charge

Deduct. Coins. Copay. Amount

X

Service and Basis for Determination

Pharmacy

\$3.00 per prescription or refill (generic drugs excluded from copay)

Average payment for individual drugs is \$57.15.

Revision: HCFA-PM-85-14 (BERC) SEPTEMBER 1985 ATTACHMENT 4.18-C Page 2 OMB No: 0938-0193 529

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Tennessee

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:

If the individual tells the pharmacist he or she is unable to pay, the individual will be assumed to be unable to pay.

ATTACHMENT 4.18-C Page 3 OMB No: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: <u>Tennessee</u>

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

Since enrollees have the opportunity to self-identify and be granted copay exemptions, enforcement will not be an issue. Enrollees will be notified through Member Handbooks and other means of the categories of eligibility and service that are exempt from cost-sharing. Providers will be informed of the exclusions so that they can, in turn, advise their patients. Pharmacies will be educated about copay exclusions. Family planning drugs and supplies have already been identified and programmed at \$0 copay.

E. Cumulative maximums on charges:

X State policy does not provide for cumulative maximums.

Cumulative maximums have been established as described below:

> . الله ال

ATTACHMENT 4.18-D Page 1 OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State/Territory: TENNESSEE

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):

TN No. <u>92-5</u> Supersedes TN No. ^{NEW}	Approval Da	ate	Effective Date 1/1/92	
TN NO. 124			HCFA ID: 7986E	

ATTACHMENT 4.18-D · Page 2 OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: _____TENNESSEE

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

```
.<u>//</u>Yes , <u>//</u>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.

 multiplication and solid second data and solid second data.

TN No. 92-5 Supersedes Approval Date 3/11/92	Effective Date1/1/92
TN NO. <u>NEW</u>	HCFA ID: 7986E

ATTACHMENT 4.18-E Page 1 OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: TENNESSEE

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):

TN No. 92-5 Supersedes Approval Date _	3/11/92	Effective	Date 1/1/92
TN NO. <u>NFW</u>		HCFA ID:	7986E

.

٩

ATTACHMENT 4.18-E Page 2 OMB No.:0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State/Territory: TENNESSEE

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

$\overline{\Box}$	Yes	<u>/</u> No	2

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:

TN No. 92-5 3/11/92 Supersedes Approval Date	Effective Date1/1/92
TN NO. <u>New</u>	HCFA ID: 7986E