

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: District of Columbia

A. The following charges are imposed on categorically and medically needy except as specified in 42 CFR 447.53(b). In accordance with 42 CFR 447.53(b), services furnished to: individuals under 18 years of age, pregnant women, and institutionalized individuals, and services furnished by a health maintenance organization (HMO) to enrollees are excluded from cost sharing. Services or supplies furnished for purposes of family planning and emergency care services are excluded from cost sharing.

NOTE: Applies to categorically needy.

Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
Prescription Drugs			X	\$1.00 Average Medicaid payment for prescription drugs.
Eyeglasses			X	\$2.00 Average Medicaid payment for eyeglasses.

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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:

Either the physician or the pharmacist will determine if the recipient is unable to pay the charge. The recipient must make it known to the provider his or her inability to pay the charge.

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

The cost sharing exclusions are identified in the provider manual. Providers are reminded periodically of the cost sharing exclusions.

- E. Cumulative maximums on charges:

State policy does not provide for cumulative maximums.

Cumulative maximums have been established as described below: