Crosswalk for Changes to Imposition of Cost Sharing under Medicaid and Supporting Regulations Contained in 42 CFR Sections 447.50 – 57 (CMS-R-53)

Section OMB# 0938-1148	Type of Change	Rationale for Change
Cost Sharing Amounts – Categorically Needy Individuals (Attachment 4.18-A, page 1)	Conversion of previous preprints into a fillable PDF format. Information now collected on PDF G2a.	Conversion allows for simplified data input and improved electronic submission through the MMDL system. As a result of the revisions to the templates, there will be little if no increase in burden estimates because it is expected that although the structure and content has been revised, the type and amount of information required to be submitted by the States is much the same, if not less because much of the information that was previously entered by the state is now prepopulated, which will require less time and for state, as well as reduce errors that require back and forth between CMS and the state.
Cost Sharing Requirements (Attachment 4.18-A, page 2)	Conversion of previous preprints into a fillable PDF format. Information now collected on PDF G1.	Conversion allows for simplified data input and improved electronic submission through the MMDL system. As a result of the revisions to the templates, there will be little if no increase in burden estimates because it is expected that although the structure and content has been revise, the type and amount of information required to be submitted by the States is much the same, if not less because much of the information that was previously entered by the state is now prepopulated, which will require less time and for state, as well as reduce errors that require back and forth between CMS and the state.
	Added a section for the state to	This information related to non-

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OMB# 0938-1148	indicate if the content of	proformed drives and in a six
	indicate if they charge cost sharing for preferred drugs and non-emergency use of the ED. Added a section for the state to attest that they meet the public notice requirements of 42 CFR 447.57.	preferred drugs and noon- emergency use of the ED has always been collected from states but not in a streamlined an efficient manner. This will allow for more efficient review of SPAs and reduce the need for time consuming interactions with the states to collected information needed to ensure
		the state is in compliance with the statute and regulations.
Cost Sharing Limitations (Attachment 4.18-A, page 3)	Conversion of previous preprints into a fillable PDF format. Information now collected on PDF G3 .	Conversion allows for simplified data input and improved electronic submission through the MMDL system. As a result of the revisions to the templates, there will be little if no increase in burden estimates because it is expected that although the structure and content has been revise, the type and amount of information required to be submitted by the States is much the same, if not less because much of the information that was previously entered by the state is now prepopulated, which will require less time and for state, as well as reduce errors that require back and forth between CMS and the state.
	Added a section related to the 5% aggregate limit on cost sharing and for the states to indicate how they track an individual's cost sharing.	This information related to the aggregate limit has always been collected from states but not in a streamlined an efficient manner. This will allow for more efficient review of SPAs and reduce the need for time consuming interactions with the states to collected information needed to ensure the state is in compliance with the statute and regulations.

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Cost Sharing Amounts – Medically Needy Individuals (Attachment 4.18-C, pg 1)	Conversion of previous preprints into a fillable PDF format Information now collected on PDF G2b.	Conversion allows for simplified data input and improved electronic submission through the MMDL system. As a result of the revisions to the templates, there will be little if no increase in burden estimates because it is expected that although the structure and content has been revise, the type and amount of information required to be submitted by the States is much the same, if not less because much of the information that was previously entered by the state is now prepopulated, which will require less time and for state, as well as reduce errors that require back and forth between CMS and the state.
Cost Sharing Amounts – Medically Needy Individuals (Attachment 4.18-C, pg 2)	Conversion of previous preprints into a fillable PDF format. Information now collected on PDF G1.	Conversion allows for simplified data input and improved electronic submission through the MMDL system. As a result of the revisions to the templates, there will be little if no increase in burden estimates because it is expected that although the structure and content has been revise, the type and amount of information required to be submitted by the States is much the same, if not less because much of the information that was previously entered by the state is now prepopulated, which will require less time and for state, as well as reduce errors that require back and forth between CMS and the state.
	Added a section for the state to indicate if they charge cost sharing for non-preferred drugs	This information related to non- preferred drugs and noon- emergency use of the ED has

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ONIB# 0338-1148	and non-emergency use of the ED. Added a section for the state to attest that they meet the public notice requirements of 42 CFR 447.57.	always been collected from states but not in a streamlined an efficient manner. This will allow for more efficient review of SPAs and reduce the need for time consuming interactions with the states to collected information needed to ensure the state is in compliance with the statute and regulations.
Cost Sharing Amounts – Limitations (Attachment 4.18-C, pg 3)	Conversion of previous preprints into a fillable PDF format. Information now collected on PDF G3.	Conversion allows for simplified data input and improved electronic submission through the MMDL system. As a result of the revisions to the templates, there will be little if no increase in burden estimates because it is expected that although the structure and content has been revise, the type and amount of information required to be submitted by the States is much the same, if not less because much of the information that was previously entered by the state is now prepopulated, which will require less time and for state, as well as reduce errors that require back and forth between CMS and the state.
	Added a section related to the 5% aggregate limit on cost sharing and for the states to indicate how they track an individual's cost sharing.	This information related to the aggregate limit has always been collected from states but not in a streamlined an efficient manner. This will allow for more efficient review of SPAs and reduce the need for time consuming interactions with the states to collect information needed to ensure the state is in compliance with the statute and regulations.
Cost Sharing amounts - Targeting	Section G2c developed for identification of specific group or groups of individuals targeted for cost sharing	This information was previously collected on a preprint that is sun setting (Attachment 4.18-F) This new template allows the

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		information to be collected from states in a more streamlined an efficient manner. This will allow for more efficient review of SPAs and reduce the need for time consuming interactions with the states to collect information needed to ensure the state is in compliance with the statute and regulations.
Attachment 4.18-B	No change	N/A – Subject matter is not addressed in this fillable Pdf
Attachment 4.18-D	No change	N/A – Subject matter is not addressed in this fillable Pdf
Attachment 4.18-E	No change	N/A – Subject matter is not addressed in this fillable Pdf