

Medicaid Premiums and Cost Sharing

State Name: Missouri	OMB Control Number: 0938-1148
Transmittal Number: MO - 21 - 0011	
Cost Sharing Requirements	G1
1916	
1916A	
42 CFR 447.50 through 447.57 (excluding 447.55)	
The state charges cost sharing (deductibles, co-insurance or c	o-payments) to individuals covered under Medicaid.

PRA Disclosure Statement

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