\section*{\textsection 447.53 \hspace{1cm} Denial of service for nonpayment.}

\begin{enumerate}
\item The agency may permit a provider, including a pharmacy or hospital, to require an individual to pay cost sharing as a condition for receiving the item or service if—
\begin{enumerate}
\item The individual has family income above 100 percent of the FPL,
\item The individual is not part of an exempted group under \textsection 447.56(a), and
\item For cost sharing imposed for non-emergency services furnished in an emergency department, the conditions under \textsection 447.54(d) of this part have been satisfied.
\end{enumerate}
\end{enumerate}

\begin{enumerate}
\item Except as provided under paragraph (e)(1) of this section, the state plan must specify that no provider may deny services to an eligible individual on account of the individual’s inability to pay the cost sharing.
\end{enumerate}

\begin{enumerate}
\item Nothing in this section shall be construed as prohibiting a provider from choosing to reduce or waive such cost sharing on a case-by-case basis.
\end{enumerate}

\section*{\textsection 447.53 \hspace{1cm} Prohibition against multiple charges.}

\section*{\textsection 447.53 \hspace{1cm} Income-related charges.}

\begin{enumerate}
\item Subject to the maximum allowable charges specified in \textsection\textsection 447.52(b), 447.53(b) and 447.54(b), the plan may establish different cost sharing charges for individuals at different income levels. If the agency imposes such income-related charges, it must ensure that lower income individuals are charged less than individuals with higher income.
\end{enumerate}

\section*{\textsection 447.53 \hspace{1cm} Services furnished by a managed care organization (MCO).}

\begin{enumerate}
\item Contracts with MCOs must provide that any cost-sharing charges the MCO imposes on Medicaid enrollees are in accordance with the cost sharing specified in the state plan and the requirements set forth in \textsection\textsection 447.50 through 447.57.
\end{enumerate}

\section*{\textsection 447.53 \hspace{1cm} Cost sharing for drugs.}

\begin{enumerate}
\item The agency may establish differential cost sharing for preferred and non-preferred drugs. The provisions in \textsection\textsection 447.56(a) shall apply except as the agency exercises the option under paragraph (d) of this section. All drugs will be considered preferred drugs if so identified or if the agency does not differentiate between preferred and non-preferred drugs.
\end{enumerate}

\begin{enumerate}
\item At state option, cost sharing for drugs may be established at or below the amounts shown in the following table (except that the maximum allowable cost sharing shall be increased each year, beginning October 1, 2015, by the percentage increase in the medical care component of the CPI-U for the period of September to September of the preceding calendar year, rounded to the next higher 5-cent increment. Such increase shall not be applied to any cost sharing that is based on the amount the agency pays for the service):
\end{enumerate}

\begin{tabular}{|l|c|c|}
\hline
\textbf{Services} & \textbf{Maximum allowable cost sharing} & \\
 & \textbf{Individuals with family income} & \textbf{Individuals with family income >150\% of the FPL} \\
 & \textbf{<150\% of the FPL} & \\
\hline
Preferred Drugs & $4 & $4. \hspace{1cm} 20\% of the cost the agency pays. \\
Non-Preferred Drugs & 8 & \\
\hline
\end{tabular}
(c) In states that do not have fee-for-service payment rates, cost sharing for prescription drugs imposed on individuals at any income level may not exceed the maximum amount established for individuals with income at or below 150 percent of the FPL in paragraph (b) of this section.

(d) For individuals otherwise exempt from cost sharing under §447.56(a), the agency may impose cost sharing for non-preferred drugs, not to exceed the maximum amount established in paragraph (b) of this section.

(e) In the case of a drug that is identified by the agency as a non-preferred drug within a therapeutically equivalent or therapeutically similar class of drugs, the agency must have a timely process in place so that cost sharing is limited to the amount imposed for a preferred drug if the individual's prescribing provider determines that a preferred drug for treatment of the same condition either will be less effective for the individual, will have adverse effects for the individual, or both. In such cases the agency must ensure that reimbursement to the pharmacy is based on the appropriate cost sharing amount.

§447.54 Cost sharing for services furnished in a hospital emergency department.

(a) The agency may impose cost sharing for non-emergency services provided in a hospital emergency department. The provisions in §447.56(a) shall apply except as the agency exercises the option under paragraph (c) of this section.

(b) At state option, cost sharing for non-emergency services provided in an emergency department may be established at or below the amounts shown in the following table (except that the maximum allowable cost sharing identified for individuals with family income at or below 150 percent of the FPL shall be increased each year, beginning October 1, 2015, by the percentage increase in the medical care component of the CPI-U for the period of September to September of the preceding calendar year, rounded to the next higher 5-cent increment):

<table>
<thead>
<tr>
<th>Services</th>
<th>Maximum allowable cost sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-emergency Use of the Emergency Department</td>
<td>$8 \text{ No Limit.}</td>
</tr>
</tbody>
</table>

(c) For individuals otherwise exempt from cost sharing under §447.56(a), the agency may impose cost sharing for non-emergency use of the emergency department, not to exceed the maximum amount established in paragraph (b) of this section for individuals with income at or below 150 percent of the FPL.

(d) For the agency to impose cost sharing under paragraph (a) or (c) of this section for non-emergency use of the emergency department, the hospital providing the care must—

1. Conduct an appropriate medical screening under §489.24 subpart G to determine that the individual does not need emergency services.

2. Before providing non-emergency services and imposing cost sharing for such services:

(i) Inform the individual of the amount of his or her cost sharing obligation for non-emergency services provided in the emergency department;

(ii) Provide the individual with the name and location of an available and accessible alternative non-emergency services provider;

(iii) Determine that the alternative provider can provide services to the individual in a timely manner with the imposition of a lesser cost sharing amount or no cost sharing if the individual is otherwise exempt from cost sharing; and

(iv) Provide a referral to coordinate scheduling for treatment by the alternative provider.

(e) Nothing in this section shall be construed to:

1. Limit a hospital's obligations for screening and stabilizing treatment of...