STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

A. The State permits hospitals to impose cost sharing for non-emergency services furnished in an emergency department for groups of individuals subject to the following conditions:

- The individual has actually available and accessible an alternate non-emergency services provider with respect to such services;
- The hospital has performed an appropriate medical screening examination under section 1867 of the Act, and has determined that the individual does not have an emergency medical condition;
- Before providing the non-emergency services, the hospital has informed the individual that:
  it may require payment of specified cost sharing before the services can be provided;
  the name and location of an alternate non-emergency services provider that is available and accessible;
  the fact that the alternate provider can provide the services without the imposition of the higher cost sharing amount permitted for the inappropriate use of the emergency room (i.e., a lesser co-payment for the service may be allowed and required under section 1916A (a) of the Act as at the alternate non-emergency provider); and
  it can provide a referral to coordinate treatment.

1. Such cost sharing is limited to the following groups of individuals, and the cost sharing amounts or levels indicated, subject to the statutory conditions and maximums indicated in the paragraph 2.

Groups of individuals

2. Cost sharing under paragraph 1 shall be subject to the following limitations and conditions.

a. For individuals with incomes above 100 percent of the Federal Poverty Level (FPL) but at or below 150 percent, cost sharing cannot exceed twice the nominal cost sharing amount under section 1916 of the Act, as referenced in Attachments 4.18-A and 4.18-C.

b. Cost sharing can be imposed upon individuals otherwise exempt from alternative cost sharing under section 1916A of the Act, so long as no cost sharing is imposed to receive such care through an outpatient department or alternative health provider, but such cost sharing cannot exceed a nominal amount under section 1916 of the Act.

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c. Cost sharing is subject to the aggregate of 5 percent of family income for premiums and cost sharing under section 1916A of the Act based on a monthly schedule.

d. Cost sharing under this provision is instead of any cost sharing that may be imposed under section 1916A(a) of the Act.

3. A list of hospitals implementing this cost sharing can be found at www.health.utah.gov/umb.