**Section 148.190 Copayments**

The following implements cost sharing in compliance with 42 USC 1396o (section 1916 of the Social Security Act):

a) With the exception of those classes of individuals identified in 89 Ill. Adm. Code 140.402(d) and those services identified in 89 Ill. Adm. Code 140.402(e), copayments will be assessed on inpatient services provided under all Medical Assistance Programs administered by the Department, as provided in the Illinois Public Aid Code [305 ILCS 5]. Effective July 1, 2012 through August 31, 2019, copayments will be in the following amounts:

1) Inpatient hospital services: a daily copayment amount as defined in federal regulations at 42 CFR 447.50 et seq., which, for dates of service beginning July 1, 2012 through March 31, 2013, is $3.65. Beginning April 1, 2013 through August 31, 2019, the nominal copayment amount is $3.90.

2) Non-emergency services defined as Non-emergency/Screening Level in Section 148.140(b) rendered in an emergency room: a nominal copayment amount as defined in federal regulations at 42 CFR 447.50 et seq., which, for dates of service beginning July 1, 2012 through March 31, 2013, is $3.65. Beginning April 1, 2013 through August 31, 2019, the nominal copayment amount is $3.90.

b) In each instance where a copayment is payable, the Department will reduce the amount payable to the affected provider by the amount of the required copayment.

c) No provider may deny care or services on account of an individual's inability to pay a copayment; this requirement, however, shall not extinguish the liability for payment of the copayment by the individual to whom the care or services were furnished.

(Source: Amended at 44 Ill. Reg. 18579, effective November 9, 2020)