

STATE PLAN UNDER TITLE XIX of the SOCIAL SECURITY ACT

State: Kentucky

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-
OTHER TYPES OF CARE

Payment of Medicare Part A & Part B Deductible/Coinsurance

- A. Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State Plan), if applicable, the Medicaid agency uses the following general method for payment:
1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP".

For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a specified rate or method is set out on Page 3 in item B of this attachment (see 3.below).
 2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR".
 3. Payments are up to the amount of a special rate, or according to a special method, described on page 3 in item ____ of this attachment, for those groups and payments listed below and designated with the letters 'NR'.
 4. Any exceptions to the general methods used for a particular group or payment are specified on page 3 in item B of this attachment (See 3. Above)

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Payment of Medicare Part A and Part B Deductible/Coinsurance (cont.)

QMBs:	Part A:	<u>MR</u> Deductibles	<u>MR</u> Coinsurance
	Part B:	<u>MR</u> Deductibles	<u>MR</u> Coinsurance

Other Medicaid Recipients	Part A:	<u>MR</u> Deductibles	<u>MR</u> Coinsurance
	Part B:	<u>MR</u> Deductibles	<u>MR</u> Coinsurance

Dual Eligible (QMB Plus)	Part A:	<u>MR</u> Deductibles	<u>MR</u> Coinsurance
	Part B:	<u>MR</u> Deductibles	<u>MR</u> Coinsurance

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B. Medicaid payment for specified Medicare crossover claims will be the lower of the allowed Medicaid payment rates or the Medicare coinsurance and deductibles.

1. The specified Medicare Part A crossover claims are defined as: Inpatient Hospital and Nursing Facilities (effective 9/01/02).
2. The specified Medicare Part B claims are defined as:
 - a. Physician services, Community Mental Health Center services, Advanced registered nurse practitioner services, podiatry services, chiropractic services, dental services, hearing and vision services, and laboratory and x-ray services (effective 2/01/03);
 - b. Durable Medical Equipment and Pharmacy (effective 4/01/03);
 - c. Emergency ambulance services (effective 6/01/03); and
 - d. Ancillary Services/Nursing Facilities (effective 11/01/03).

In the event that Medicaid does not have a price for codes included on a crossover claim the Medicare coinsurance and deductible will be paid.