

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Payment of Medicare Part A and Part B Deductible/Coinsurance

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 special rate or method is set out on Page 3 in item ____ 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 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 1 of this attachment (see 3. above).

TN #. NE 17-0007

Supersedes

TN #. NE-10-09

Approval Date September 15, 2017

Effective Date July 1, 2017

HCFA id: 7982E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

<u>QMBs:</u>	<u>Part A *MR/SP Deductibles</u>	<u>*MR/SP Coinsurance</u>
--------------	----------------------------------	---------------------------

	<u>Part B *MR /SP Deductibles</u>	<u>*MR/SP Coinsurance</u>
--	-----------------------------------	---------------------------

<u>Other</u>	<u>Part A *MR/SP Deductibles</u>	<u>*MR/SP Coinsurance</u>
--------------	----------------------------------	---------------------------

Medicaid

<u>Beneficiaries</u>	<u>Part B *MR/SP Deductibles</u>	<u>*MR/SP Coinsurance</u>
----------------------	----------------------------------	---------------------------

<u>Dual</u>	<u>Part A *MR/SP Deductibles</u>	<u>*MR/SP Coinsurance</u>
-------------	----------------------------------	---------------------------

Eligible

<u>(QMB Plus)</u>	<u>Part B *MR/SP Deductibles</u>	<u>*MR/SP Coinsurance</u>
-------------------	----------------------------------	---------------------------

*For Medicare part A and B Deductible and Coinsurance, services not covered in the Medicaid State Plan the payments will be made at the Medicare payment rate.

TN #. NE 17-0007

Supersedes

Approval Date September 15, 2017 Effective Date July 1, 2017

TN #. NE 11-27

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State Nebraska
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
Payment of Medicare Part A and Part B Deductible/Coinsurance

Item 1

Special Rate Method

For Medicare part A and B Deductible and Coinsurance- Services covered in the Medicaid State Plan. Payments are limited to State Plan rates and payments according to the following method:

1. If the Medicare payment amount for a claim exceeds or equals the State plan rate or payment for that claim, Medicaid reimbursement will be zero (0).
2. If the State plan rates and payments for a claim exceeds the Medicare payment amount for that claim, Medicaid reimbursement is the lesser of:
 - a) The difference between the Medicaid State plan rates and the Medicare paid amount;
or
 - b) The Medicare coinsurance and deductible, if any, for the claim.