

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

- A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Effective 1 October 1981 (no change as of 10/1/85)

Type Charge				
Service	Deduct	Coins	Copay	Amount and Basis for Determination
6a. Podiatrists			X	\$1 per office visit (POV)
6c. Chiropractors			X	\$1 POV
9. Mental Health Clinics			X	\$1 per clinic visit
10. Dental			X	\$2 POV
11a. Physical Therapy			X	\$1 POV
11b. Occupational Therapy			X	\$1 POV
11c. Services for Individuals with Speech, Hearing and Language Disorders			X	\$1 POV
12a. Prescribed Drugs			X	\$1 per prescription
12b. Dentures			X	\$3 denture
12c. Prosthetic Devices			X	\$3 per item
12d. Eyeglasses			X	\$3 per pair
14b. Services for Individuals Age 65 or Older in Institutions for Mental Diseases			X	One-half first days per diem rate (PDR)
15. Intermediate Care Facility (ICF)			X	One-half first day's PDR
15a. ICF Services in Institutions for the Mentally Retarded			X	One-half first day's PDR
17a. Transportation – Ambulance (ground)			X	\$3 one way
			X	\$3 one way
			X	\$2 each way
			X	\$1 each way

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- A. The following charges are imposed on the categorically needy for services other than those provided under section 905(a)(1) through (5) and (7) of the Act:

Type Charge				
Service	Deduct	Coins	Co-pay	Amount and Basis for Determination
Exceptions:				
1.	Services furnished to children under the age of 19.			
2.	Services furnished to pregnant women if such services relate to the pregnancy.			
3.	Services furnished to any individual who is an inpatient in a hospital, long-term care facility or other medical institution and who is required, as a condition of receiving services in the institution, to spend down for medical costs all but a minimal amount required for personal needs.			
4.	Services provided in a facility equipped to furnish the required care to meet a medical emergency.			
5.	Services and supplies furnished to individuals of child-bearing age as part of the family planning program.			
6.	Services furnished by a health maintenance organization (HMO); (at such time as HMO services become a part of the Nevada Medicaid program).			

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- B. The method used to collect cost sharing charges for the categorically needy individuals:

- ☒ Providers are responsible for collecting the cost sharing charges from individuals.
- ☐ The agency reimburses providers the full Medicaid rate for a service and collects the cost sharing charges from individuals.

- C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

The provider determines whether the recipient can pay by asking. However, certain groups of recipients are exempt from copayment by Medicaid policy. These individuals are identified by notation on their Medicaid certificate. The recipients include: those under the age of 19; pregnant women for those services related to pregnancy; institutionalized individuals; those receiving emergency services; those receiving family planning services; and those receiving services as part of an HMO program. Co-payment amounts are deducted automatically from the computer-calculated Medicaid payments to the provider.

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- D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

Providers were informed by bulletin December 8, 1983; the recipient's Medicaid Certificate would show under the notes column the recipient was exempt from copayment. Through Medicaid's post-payment review system, three percent of the recipients whose services are paid each month are sent VOS forms which include a question about recipient payment for service. In addition, recipients are informed of their exempt status.

- E. Cumulative maximums on charges:

- ☒ State policy does not provide for cumulative maximums.
- ☐ Cumulative maximums have been established as described below: