(BPD) Supplement 1 to ATTACHMENT 4.19-B
Page 1

OMB No.: 0938-

#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nevada

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

## 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 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 1 of this attachment (see 3. above).

TN No.: 92-5 Approval Date: Feb 21, 1992 Effective Date: 01/01/92 Supersedes HCFA ID: 7982E

Supersedes TN No.: 89-9

Revision: HCFA-PM-91-4

AUGUST 1991

Revision: HCFA-PM-91-4 (BPD) Supplement 1 to ATTACHMENT 4.19-B

AUGUST 1991

Page 2

OMB No.: 0938-

#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nevada

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

### Payment of Medicare Part A and Part B Deductible/Coinsurance

QMBs: Part A SP Deductibles SP Coinsurance Part B SP Deductibles SP Coinsurance Part A \_\_\_\_ Deductibles Other \_\_\_\_ Coinsurance Medicaid Recipients Part B SP Deductibles SP Coinsurance Part A SP Deductibles Dual SP Coinsurance Eligible (QMB Plus) Part B SP Deductibles SP Coinsurance

TN No.: 04-009 Approval Date: <u>08/25/04</u> Effective Date: 04/01/04 Supersedes

TN No.: 92-05