STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

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 items _&_ of this attachment (see 3. above).
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: _____________________________

California

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

Payment of Medicare Part A and Part B Deductible/Coinsurance

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<tr>
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TN No. 98-016
Supersedes Approval Date 6/7/99 Effective Date 8/1/99

TN No. 94-008
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

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

Payment of Medicare Part A and Part B Deductible/Coinsurance

1. Payments for nursing facilities services are made up to the full amount of the Medicare rates, and are to be considered as designated “MR.”

2. For Medicare Part B psychiatric services payments are limited to the State Plan rates considering the full difference, if any, between the actual Medicare payments and the Medicare allowable and are not limited to the Medicare “cost sharing amounts”, and are to be considered as designated “SP.”
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Payment of Medicare Part C 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 the 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 6 in items 1-2 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(s) of this attachment (see 3. above).

Supersedes
TN No. ___

Approval Date FEB - 5 2007
Effective Date April 1, 2006

HFCA ID:
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Payment of Medicare Part C Deductible/Coinurance

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TN No. 06-007
Supercedes
TN No. ________

FEB - 5 2007
Approval Date

Effective Date April 1, 2006

HFCA ID.
Methods and Standards for Establishing Payment Rates
Other Types of Care
Payment of Medicare Part C Deductible/Coinsurance

1. For Qualified Medicare Beneficiaries (QMB) and other Medicaid recipients enrolled in Medicare Part C (Medicare Advantage) managed health care plans, the department will pay the difference of the Medicare plan's payment to the provider for a service or services identified, including any billed charges for deductibles, coinsurance, and/or co-payments, and the maximum allowable reimbursement rate under the Medicaid State Plan for the same identified service or services only if the maximum allowable reimbursement rate under the Medicaid State Plan exceeds the Medicare plan's payment.

2. For QMB and QMB Plus recipients enrolled in Medicare Advantage managed care health plans, the department will pay no more than the Medicare fee-for-service payment for the same identified service or services if the service is not allowable under the Medicaid State Plan.