

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

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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).

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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

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

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Item 1

Special Rate Method

For nursing facility services, except for Skilled Nursing Units in Small Rural Hospitals ("Swing Beds"), covered under Medicare Part A, 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 payments minus the Medicare payment amount; or
  - b) the Medicare coinsurance and deductible, if any, for the claim.

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