DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 0 2 — 1 0 X
2. STATE: Kentucky
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE: 09/01/02

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
1902(n) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 02 $ 00
b. FFY 03 $ (28m)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19. B, Page 20.23 **(see Note Below)
Supplement 1 to Attachment 4.19-B, page 1 to page 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Same

10. SUBJECT OF AMENDMENT:
Payment of Medicare Part A and Part B deductible/Co-Insurance

11. GOVERNOR'S REVIEW *(Check One)*:

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL: Mike Robinson
13. TYPED NAME: Mike Robinson
14. TITLE: Commissioner
15. DATE SUBMITTED: 9/19/02

16. RETURN TO:
Frances McGraw
Eligibility Policy Branch
Department for Medicaid Services
275 East Main Street 6WC
Frankfort, KY 40621

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 19, 2002
18. DATE APPROVED: October 15, 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: September 1, 2002
20. SIGNATURE OF REGIONAL OFFICIAL: Rhonda R. Cottrell
21. TYPED NAME: Rhonda R. Cottrell
22. TITLE: Associate Retional Administrator
Division of Medicaid

23. REMARKS:

Approved with the following change: Attachment 4.19-B, Page 20.23, has been removed. See attached email dated 10/7/02.

FORM HCFA-179 (07-92)

Instructions on Back

From: <Wanda.Fowler@mail.state.ky.us>
To: <DKimble@cms.hhs.gov>, <Wanda.Fowler@mail.state.ky.us>
Date: 10/7/02 9:25AM
Subject: RE: KY SPA 02-10 Informal CMS Question

Let's delete 20.23. thanks.

> -----Original Message-----
> From: Davida Kimble [SMTP:DKimble@cms.hhs.gov]
> Sent: Monday, October 07, 2002 9:18 AM
> To: Wanda.Fowler@mail.state.ky.us
> Cc: Darlene Noonan; Dianne Thornton; Renard Murray
> Subject: KY SPA 02-10 Informal CMS Question
>
> Wanda,
>
> The pages 20.23 and 2 are just different formats of the same page. Please
> remove one of the pages. Page 2 is a reformat but the choice is yours.
>
> Please call me if you have any questions.
>
> Davida

CC: <DNoonan@cms.hhs.gov>, <DThornton@cms.hhs.gov>, <RMurray@cms.hhs.gov>

STATE PLAN UNDER TITLE XIX of the SOCIAL SECURITY ACT

State: Kentucky

Payment of Medicare Part A and Part B Deductible/Coinsurance (cont.)

QMBs:	Part A: SP Deductibles	SP Coinsurance
	Part B: MR Deductibles	MR Coinsurance

Other Medicaid Recipients	Part A: SP Deductibles	SP Coinsurance
	Part B: MR Deductibles	MR Coinsurance

Dual Eligible (QMB Plus)	Part A: SP Deductibles	SP Coinsurance
	Part B: MR Deductibles	MR Coinsurance

STATE PLAN UNDER TITLE XIX of the SOCIAL SECURITY ACT

State: Kentucky

Payment of Medicare Part A and Part B Deductible/Coinsurance (cont.)

B. Medicaid payment for specified Medicare crossover claims will be the lower of the allowed Medicaid payment rates less the amounts paid by Medicare and other payors, or the Medicare coinsurance and deductibles. The specified Medicare crossover claims are defined as: Inpatient Hospital and Nursing Facilities

In the event that Medicaid does not have a price for codes included on a crossover claim the Medicare coinsurance and deductible will be paid.

Medicaid payment for all other allowed Medicare crossover claims will be the amount of the Medicare coinsurance and deductible.

STATE PLAN UNDER TITLE XIX of the SOCIAL SECURITY ACT

State: Kentucky

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

Payment of Medicare Part A & Part B Deductible/Coinsurance

A. 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 specified rate or method is set out on Page 3 in item _B 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 _____ of this attachment (See 3. Above)