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Supplement 1 to Attachment 4.19-B  
Page 1  
OMB No.: 0938

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State: Colorado

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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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 A of this attachment, for those groups and payments listed below and designated with the letters "NR".
4. Any exception to the general methods used for a particular group or payment are specified on Page 3 in item \_\_\_\_\_ of this attachment (see 3 above).

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Supplement 1 to Attachment 4.19-B  
Page 2  
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QMBs:	Part A <u>NR</u> Deductibles	<u>NR</u> Coinsurance
	Part B <u>NR</u> Deductibles	<u>NR</u> Coinsurance

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Other Medicaid Recipients	Part A <u>NR</u> Deductibles	<u>NR</u> Coinsurance
	Part B <u>NR</u> Deductibles	<u>NR</u> Coinsurance

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Dual Eligible (QMB Plus)	Part A <u>NR</u> Deductibles	<u>NR</u> Coinsurance
	Part B <u>NR</u> Deductibles	<u>NR</u> Coinsurance

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A. For QMB Only, QMB Plus (QMBs with full Medicaid benefits), and Other Dual Eligibles (Medicare and Medicaid without QMB coverage), the reimbursement methodology for Medicare Part A and Part B services is as follows:

1. When Medicare and Medicaid services or items are comparable and paid under a comparable reimbursement methodology, the Medicaid payment is the lower of the following two values:
  - a. the Medicaid allowed amount minus the Medicare payment; or,
  - b. the sum of the Medicare coinsurance and deductible.
2. In the event Medicaid does not have an applicable fee related to the coding contained in a crossover claim or the payment methodologies are different, the Medicaid payment is the sum of the Medicare coinsurance and deductible. Circumstances of this include but are not limited to crossover claims where the service is not covered by Medicaid or the service is covered by Medicaid but pursuant to a payment methodology that is not compatible with the Medicare crossover claim.
3. If the crossover claim does not include adequate coding, such as HCPCS codes on each claim line, then Medicaid's payment is the sum of the Medicare coinsurance and deductible.
4. Following is specific information relating to certain providers:

Medicare UB 04 Part B claims. Nursing Facility Part B, freestanding Rural Health Clinics, freestanding Federally Qualified Health Clinics, Dialysis, and Independent Rehabilitation crossover claims are exempt from Lower Of Pricing and are reimbursed at the sum of the Medicare coinsurance and deductible.

5. Greater specificity regarding the circumstances under which Medicaid pays the sum of the Medicare coinsurance and deductible rather than utilizing Lower of Pricing methodology may be found in the Department's MMIS system documentation.

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