

Revision:

ATTACHMENT 4.19-B
Section 24, Page 1a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

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

Item VIII: Payment of Title XVIII Part B Outpatient Psychiatric Services

Except for a nominal recipient co-payment, if applicable, the Medicaid agency makes payment for Medicare cost-sharing based on the following:

Group	State Plan Rates *	Medicare Allowable amount based on 62.5% of charges
QMB		
QMB Plus		
FBDE		

* For Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses the methodology specified on page 3 of this supplement.

TN: _____ Approval Date _____ Effective Date _____

Supersedes TN: _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB number for this information collection is 0938-0193 (Expires: TBD). The time required to complete this information collection is estimated to average 1 hour per

response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21224-1850.