

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nevada

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- Reimbursement Ceiling, when calculating Medicare Equivalent Ratio, means the sum of the products of all Medicaid Services delivered and paid during the Base Period and the Average Reimbursement by Third Party Payers for those services for the same period.

As otherwise used herein, Reimbursement Ceiling means the sum of the products of all Medicaid Services delivered and paid during the Service Period and the Average Reimbursement by Third Party Payers for those services for the same period.

- Average Reimbursement by Third Party Payers means, for each procedure (HCPCS/CPT) code, the average reimbursement amount of the top five (5) commercial payers to UNSOM during the Base Period. "Commercial payers" exclude Medicare, Workers Compensation and any other payer(s) not subject to market forces.
- Service Period means a three month period commencing on the effective date of this provision, the accompanying UNSOM supplemental payment analysis will be rebased every 3 years.
- Base Period means the one year period commencing January of the previous year of the rebasing year and ending December 31 of the same year.
- Practitioner means an individual who is employed by the University Of Nevada School Of Medicine and is either a Physician (MD or DO), Physician Assistant (PA-C), Advanced Practitioner of Nursing (APN), Clinical Psychologist, Licensed Registered Nurse, Licensed Nurse Practitioner, Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), Licensed Clinical Professional Counselor, Interns and Psychological Assistants.
- Practitioner Services means medical services (enumerated by HCPCS/CPT code) delivered to eligible Medicaid recipients by a Practitioner.

TN No. 11-018
Supersedes
TN No. 06-009

Approval Date: SEP 25 2012

Effective Date: April 1, 2012