- (k) Payments for sleep services shall be the lower of billed charges, the rate established by the department or the Medicaid, fee schedule for providers who participate in Medicare
- (1) Payments for targeted case management services:
 - 1. Payment is based on negotiated rates which take into consideration Medicaid allowable costs.

The State has a system in place to accumulate claim costs for the services. Rates are reassessed annually based on historical information provided by the Department of Health and verified by the Department of Human Services. Historical data will be used to set the base each year and any new add-ons will be calculated into the new rate.

- A. Services shall be reimbursable only for calendar months during which at least one face to face or telephone contact is made with the beneficiary or collaterals.
- B. Payments shall not be made for services for which another payer is liable, nor for service for which no payment liability has incurred.

- ([*]) [Payment for medical supplies shall be the lowest of billed charges, the rate established by the department, or the Medicare fee schedule for providers who participate in Medicare.]
- ([1]) [Payments for home pharmacy services shall be the lower of billed charges, the rate established by the department of the Medicare fee schedule for providers who participate in Medicare]
- $(\underline{k}[m])$ Payments for sleep services shall be the lower of billed charges, the rate established by the department or the Medicaid, fee schedule for providers who participate in Medicare.
- (1[n]) Payments for targeted case management services:
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