REVISION:	AUGUST 199	1 (<i>BPD</i>)	CAB NO 0936
	State/Terr	itory:	OHIO
<u>Citation</u>	3.2	Coordination	on of Medicaid with Medicare and Other
•	(1	a) <u>Premiums</u>	
		(l) Medic	care Part A and Part B
1902(a)(1 1905(p) o		The l (if a indi	Medicaid agency pays Medicare Part A premiums applicable) and Part B premiums for viduals in the QMB group defined in Item A.20 TTACHMENT 2.2-A, by the following method: Group premium payment arrangement for Part Buy-In agreement for
		\Box	Other arrangements described below.

TN No. 97-19
Supersedes Approval Date 1-16-92
TN No. 87-1

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Revision:

HCFA-PM-97-3

(CMSO)

December 1997

State OHIQ

<u>Citation</u>

1902 (a) (E) (ii) and 1905 (s) of the Act (ii) Qualified Disabled and Working Individual (ODWI)

The Medicaid agency pays Medicare Part A premiums under a group premium payment arrangement, subject to any contribution required as described in <u>ATTACHMENT 4.18-E</u>, for individuals in the QDWI group defined in item A.26 of <u>ATTACHMENT 2.2-A</u> of this plan.

1902 (a) (10) (E) (iii) and 1905 (p) (3) (A) (ii) of the Act (iii) Specified Low-Income Medicare
Beneficiary (SLMB)

The Medicaid agency pays Medicare Part B premiums under the State buyin process for individuals in the SLMB group defined in item A.27 of ATTACHMENT 2.2-A of this plan.

1902 (a) (10) (E) (iv) (I), 1905 (p) (3) (A) (ii), and 1933 of the Act (iv) Qualifying Individual - 1 (OI-1)

The Medicaid agency pays Medicare Part B premiums under the State buyin process for individuals described in 1902 (a) (10) (E) (iv) (I) and subject to 1933 of the Act.

1902 (a) (10) (E) (iv) (II), 1905 (p) (3) (A) (ii), and 1933 of the Act (v) Qualifying Individual - 2 (QI-2)

The Medicaid agency pays the portion of the amount of increase to the Medicare Part B premium attributable to the Home Health Provision to the individuals described in 1902 (a) (10) (E) (iv) (II) and subject to 1933 of the Act.



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1843 (b) and 1905 (a) of the Act and 42 CFR 431.625

(vi) Other Medicaid Recipients

The Medicaid agency pays Medicare Part B premiums to make Medicare Part B coverage available to the following individuals:

X All individuals who are: (a)
receiving benefits under titles
I, IV-A, X, XIV, or XVI (AABD
or SSI); b) receiving State
supplements under title XVI: or
c) within a group listed at 42
CFR 431.625 (d) (2).

___ Individuals receiving title II or Railroad Retirement benefits.

Medically needy individuals (FFP is not available for this group).

1902 (a) (30) and 1905 (a) of the Act (2) Other Heath Insurance

The Medicaid agency pays insurance premiums for medical or any other type of remedial care to maintain a third party resource for Medicaid covered services provided to eligible individuals 65 years of age or older and disabled individuals, entitled to Medicare Part A but not enrolled in Medicare Part B.



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AUGUST 1991

State/Territory:

Citation

Deductibles/Coinsurance (b)

(1) Medicare Part A and B

Section 1902(n) of the Act

Attachment 4.19-B describes the methods and standards for establishing payment rates for services covered under Medicare, and/or the methodology for payment of Medicare deductible and coinsurance amounts, to the extent available for each of the following groups.

Sections 1902 (a)(10)(E) and 1905(p) of the Act

Qualified Medicare Beneficiaries (QMBS) (i)

> The Medicaid agency pays deductibles and coinsurance for QMBs (subject to any nominal Medicaid copayment) for all services available under Medicare.

42 CFR 431.625 1902(a)(10)(E) and 1903(a)(1) of the Act (ii)Other Medicaid Recipients

> The Medicaid agency pays Medicare deductibles and coinsurance (subject to any nominal Medicaid copayment) for services furnished to individuals who are described in section 3.2(a)(1)(iii) above, as follows:

For the entire range of services available under Medicare. Part B

Only for the amount, duration, and scope of services otherwise available under this plan.

(iii) Dual Eligible--OMB plus Other Medicaid Recipients

> The Medicaid agency pays deductibles and coinsurance for services furnished to individuals eligible both as QMBs and categorically or medically needy (subject to any nominal Medicaid copayment) for all services available under Medicare.

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