

Revision: HCFA-PM- (MB)

State: West Virginia

Citation 3.2 Coordination of Medicaid with Medicare and Other Insurance

(a) Premiums

(1) Medicare Part A and Part B

1902(a)(10)(E)(i) and 1905(p)(1) of the Act

(i) Qualified Medicare Beneficiary (QMB)

The Medicaid agency pays Medicare Part A premiums (if applicable) and Part B premiums for individuals in the QMB group defined in Item A.25 of ATTACHMENT 2.2-A, by the following method:

 Group premium payment arrangement for Part A

 X Buy-In agreement for

 X Part A X Part B

 The Medicaid agency pays premiums, for which the beneficiary would be liable, for enrollment in an HMO participating in Medicare.

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Citation

1902 (a) (10) (E) (ii)
and 1905 (s) of the Act

(ii) Qualified Disabled and Working
Individual (QDWI)

The Medicaid agency pays Medicare Part A premiums under a group premium payment arrangement, subject to any contribution required as described in ATTACHMENT 4.18-E, for individuals in the QDWI group defined in item A.26 of ATTACHMENT 2.2-A 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 buy-in 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
(QI-1)

The Medicaid agency pays Medicare Part B premiums under the State buy-in 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
42CFR 431.625

(vi) Other Medicaid Recipients

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

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 Health 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 (Except 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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(b) Deductibles/Coinsurance

(1) Medicare Part A and B

1902(a)(30), 1902(n),
1905(a), and 1916 of the Act

Supplement 1 to 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)(i) and
1905(p)(3) of the Act

(i) Qualified Medicare Beneficiaries
(QMBs)

The Medicaid agency pays Medicare
Part A and Part B deductible and
coinsurance amounts for QMBs (subject
to any nominal Medicaid copayment)
for all services available under
Medicare.

1902(a)(10), 1902(a)(30),
and 1905(a) of the Act

(ii) Other Medicaid Recipients

The Medicaid agency pays for Medicaid
services also covered under Medicare
and furnished to recipients entitled
to Medicare (subject to any nominal
Medicaid copayment). For services
furnished to individuals who are
described in section 3.2(a)(1)(iv),
payment is made as follows:

42 CFR 431.625

X 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.

1902(a)(10), 1902(a)(30),
1905(a), and 1905(p)
of the Act

(iii) Dual Eligible--QMB plus

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

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Condition or Requirement

1906 of the Act

(c) Premiums, Deductibles, Coinsurance and Other Cost Sharing Obligations

The Medicaid agency pays all premiums, deductibles, coinsurance and other cost sharing obligations for items and services covered under the State plan (subject to any nominal Medicaid copayment) for eligible individuals in employer-based cost-effective group health plans.

When coverage for eligible family members is not possible unless ineligible family members enroll, the Medicaid agency pays premiums for enrollment of other family members when cost-effective. In addition, the eligible individual is entitled to services covered by the State plan which are not included in the group health plan. Guidelines for determining cost effectiveness are described in section 4.22(h).

1902(a)(10)(F) of the Act

(d) The Medicaid agency pays premiums for individuals described in item 19 of Attachment 2.2-A.

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