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(BPD)

OMB No.: 0938-

State /Territory: Kentucky

Citation 3.2 Coordination of Medicaid with Medicare and Other Insurance

(a) Premiums

(1) Medicare Part A and Part B

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

(i) Qualified Medicare Beneficiaries (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.

Buy - in agreement for

Part A

Part B

Other arrangements described below.

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Citation	(ii)	<u>Qualified Disabled and Working Individual (QDWI)</u>
1902(a)(10)(E)(ii) and 1905(s) of the Act		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.
	(iii)	<u>Specified Low-Income Medicare beneficiary (SLMB)</u>
1902(a)(10)(E)(iii) and 1905(p)(3)(A)(ii) of the Act		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 <u>ATTACHMENTS 2.2-A</u> of this plan.
	(iv)	<u>Qualifying Individual – 1(QI-1)</u>
1902(a)(10)(E)(iv)(I) 1905(p)(3)(A)(ii), and 1933 of the Act		The Medicaid Agency pays Medicare Part B premiums under the State buy in process for individuals described in Section 1902(a)(10)(iv)(I) and subject to section 1933 of the Act.
	(v)	<u>Qualifying Individual – 2(QI-2)</u>
1902(a)(10)(E)(iv)(II), 1905(p)(3)(A)(ii), and 1933 of the Act		The Medicaid agency pays the portion of the amount of the increase to the Medicare Part B premium attribution to the Home Health Provision to the individuals describe in Section 1902(a)(10)(E)(iv)(II) and subject to Section 1933 of the Act.

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- (vi) Other Medicaid Recipients
- 1843(b) and 1905(a)
of the Act and 42
CFR 431.625
- The Medicaid agency pays Medicare Part B premiums 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 (ABD or SSI); (b) receiving State supplements under title XIV; 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).
- (2) Other Health Insurance
- 1902(a)(30) and
1905(a) of the Act
- 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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Citation (b) Deductibles / Coinsurance

(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)
1905 (p) of the Act

(i) Qualified Medicare Beneficiaries (QMBS)

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

42 CFR 431.625
1902(a)(10)(E) and
1905(a) of the Act

(ii) Other Medicaid Recipients

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

For the entire range of service available under Medicare.

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

(iii) Dual Eligible- -QMB 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 normal Medicaid copayment) for all services available under Medicare.

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Citation	Condition or Requirement
1906 of the Act	<p>(c) <u>Premiums, Deductibles, Coinsurance and Other Cost Sharing Obligations</u></p> <p>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.</p> <p>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).</p>
1902 (a) (10) (F) of the Act	<p>(d) <input type="checkbox"/> The Medicaid agency pays premiums for individuals described in item 19 of Attachment 2.2-A.</p>

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