

Revision: HCFA-PM-93-5 (MB)  
May 1993

State: Nevada

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, through the group premium payment arrangement, unless the agency has a Buy-in agreement, for such payment as indicated below.

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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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.

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

(iv) 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).

X 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  
of the Act

— The Medicaid agency pays insurance 1905(a) 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 or age or older and disabled individuals, entitled to Medicare Part A but not enrolled in Medicare Part B).\*

\*Only when cost effective.

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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 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.

Section 1902  
(a) (10) (E) (i) and

(i) Qualified Medicare Beneficiaries (QMBS)  
The Medicaid agency pays Medicare Part A and Part B 1905 (p) (3) of the Act 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 or medically needy (subject to any nominal Medicaid copayment.)

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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) _____ The Medicaid agency pays premiums for individuals described in Item 19 of Attachment 2.2-A.</p>