

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

State/Territory: Nebraska

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:

- Part A                       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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TN No. MS-93-11

Supersedes

Approval Date Jul 12 1993

Effective Date Apr 1 1993

TN No. MS-93-4

Revision: HCFA-PM-93-2 (MB)  
March 1993

State/Territory: Nebraska

Citation

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| 1902(a)(10)(E)(ii) and<br>1905(s) of the Act                         | (ii) <u>Qualified Disabled and Working Individual (QDWI)</u><br><br>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<br>1905(p)(3)(A)(iii)<br>of the Act          | (iii) <u>Specified Low-Income Medicare Beneficiary (SLMB)</u><br><br>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>ATTACHMENT 2.2-A</u> of this plan.  |
| 1902(a)(10)(E)(iv)(I),<br>1905(p)(3)(A)(ii), and<br>1933 of the Act  | (iv) <u>Qualifying Individual - 1 (OI-1)</u><br><br>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),<br>1905(p)(3)(A)(ii), and<br>1933 of the Act | (iv) <u>Qualifying Individual - 2 (OI-2)</u><br><br>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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TN No. MS-98-1

Supersedes

Approval Date May 8 1998

Effective Date Jan 1 1998

TN No. MS-93-4

Revision: HCFA-PM-93-2  
March 1993

(MB)

State/Territory: Nebraska

Citation

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:

- 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).

(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).

TN No. MS-98-1

Supersedes

Approval Date May 8 1998

Effective Date Jan 1 1998

TN No. MS-93-4

Revision: HCFA-PM-93-2 (MB)  
March 1993

State/Territory: Nebraska

Citation

(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.

(i) Qualified Medicare Beneficiaries (QMBs)

Sections 1902  
(a)(10)(E)(i) and  
1905(p)(3) of the Act

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.

(ii) Other Medicaid Recipients

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

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

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).

TN No. MS-93-4  
Supersedes  
TN No. MS-92-1

Approval Date Jun 19 1998

Effective Date Jan 1 1993

Revision: HCFA-PM-91-8  
October 1991

(MB)

OMB No. :

State/Territory: Nebraska

Citation

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

1906 of the Act

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.

TN No. MS-91-29

Supersedes

Approval Date Jan 15 1992

Effective Date Oct 1 1991

TN No. New Page

HCFA ID: 7983E