

Citation

Sections 1843 and 1818(g) of the Act; 42 CFR 407.40(b)

1902(a)(10)(E)(i) and 1905(p)(1) of the Act; 42 CFR 435.123 and 400.200

Section 1818(g) of the Act; 42 CFR 406.26

42 CFR 406.32(g)

Section 1902(a)(10)(E)(ii); 42 CFR 435.126

Section 1843 of the Act; 42 CFR 407.42

42 CFR 435.120, 435.121; 435.130, 435.232; and 435.234

Sections 1619(b) and 1634(c) of the Act; 42 CFR 435.134, 435.135, 435.137, and 435.138

TN No. 24-0011

Supersedes

TN No. 93-018

3.2 Coordination of Medicaid with Medicare and Other Insurance

The Medicaid agency has a buy-in agreement with CMS under which it agrees to cover Medicare premiums for Medicare-eligible individuals enrolled in certain Medicaid eligibility groups selected by the Medicaid agency below. The SPA pages that follow represent the entirety of the buy-in agreement and bind the state to follow federal regulations and guidance promulgated under these provisions.

(a) Medicare premiums

(1) Medicare Part A premiums

(i) Qualified Medicare Beneficiary (QMB) Group:

The Medicaid agency pays the Medicare Part A premiums (if applicable) for individuals in the QMB eligibility group as defined in the QMB pages of this plan using the following:

Buy-in agreement that pays the Part A premiums for individuals entitled to Medicare Part A and/or enrolled in Part B.

Group payer arrangement

(ii) Qualified Disabled and Working Individuals (QDWI) Group

The Medicaid agency pays Part A premiums under a group payer arrangement, subject to any contribution required as described in the QDWI pages of this plan.

(2) Medicare Part B Premiums

The Medicaid agency includes the following Medicaid eligibility groups in its buy-in group:

Mandatory cash assistance and deemed recipients of cash assistance groups:

(i) Individuals who receive SSI or SSP or both and are covered under this plan as categorically needy

(ii) Individuals who under the Act or any other provision of federal Law are treated, for Medicaid eligibility purposes, as though they were receiving SSI or SSP and are covered under this plan as categorically needy

Approval Date: December 10, 2024 Effective Date: October 1, 2024

*Per 42 CFR 406.26(b), Part A buy-in coverage for QMBs under the buy-in agreement begins no earlier than January 1, 2025, the third month following the month in which the agreement modification covering QMB is effectuated.

State/Territory: California

Citation42 CFR 435.145; section
1931(b) of the Act X Optional deemed recipients of cash assistance groups:Individuals whom the State must consider to be recipients of AFDC,
including those who receive adoption assistance, foster care or
guardianship care under part E of title IV of the Act

42 CFR 435.4

 X Medicare Savings Programs groups:Sections 1902(a)(10)(E)(i)
and 1905(p)(1) of the Act; 42
CFR 435.123 and 400.200(i) Individuals in the QMB eligibility group as defined in the QMB pages in this
planSections 1902(a)(10)(E)(iii)
and 1905(p)(3)(A)(ii) of the
Act; 42 CFR 435.124(ii) Individuals in the Specified Low-Income Medicare Beneficiary (SLMB)
eligibility group as defined in the SLMB pages in this planSections 1902(a)(10)(E)(iv)
and 1905(p)(3)(A)(i) of the
Act, 42 CFR § 435.125(iii) Individuals in the Qualifying Individual (QI) eligibility group as defined in the
QI pages in this plan X All other Medicaid eligibility groups. All other individuals eligible for
Medicaid under Title 19 of the Act.**Other Health Insurance**

Section 1905(a) of the Act

 X 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). (See attachment 4.22-C for methods of determining cost-
effectiveness.)TN No. 24-0011

Supersedes

TN No. 98-006Approval Date: December 10, 2024 Effective Date: October 1, 2024*Per 42 CFR 406.26(b), Part A buy-in coverage for QMBs under the buy-in agreement begins no earlier than January 1,
2025, the third month following the month in which the agreement modification covering QMB is effectuated.

State/Territory: California

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TN No. 24-0011
Supersedes
TN No. 98-006

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State/Territory: California

Citation**(b) Deductibles/Coinsurance**1902(a)(30), 1902(n),
1905(a), and 1916 of the Act**(1) Medicare Part A and B**

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 the 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 pay 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 eligible for full coverage Medicaid. 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.

Sections 1902(a)(10),
1902(a)(30), 1905(a), and
1905(p) of the Act**(iii) Dual Eligible—QMB “Plus”**

The Medicaid agency pays the 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).

Revision: HCFA-PM-91-8 (MB)
October 1991

OMB No.:

State/Territory: CALIFORNIA

Citation

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.

TN No. 92-09
Supercedes
TN No. 91-16

Approval Date NOV 18 1993

Effective Date JAN 01 1993
HCFA ID: 7983E

Revision: HCFA
July 1991

29e

STATE/TERRITORY: _____

(i) Optional Minimum Enrollment Period -
Up to 6th Month Eligibility

The Medicaid agency deems that individuals required to enroll in cost-effective employer-based group health plans remain eligible for benefits under this state plan for a "minimum enrollment period" from the date the individuals' enrollment becomes effective, but only with respect to the benefits which are provided to the individual as an enrollee of the group health plan.

If so, the minimum enrollment period is: _____.

TN No. 91-16 NOV 14 1991 Effective Date January 1, 1991
Supersedes Approval Date _____
TN No. _____