

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OHIO

COORDINATION OF TITLE XIX WITH PART B OF TITLE XVIII

The following method is used to provide the entire range of benefits under Part B of title XVIII to the groups of Medicare-eligible individuals indicated:

A. Buy-in agreements with the Secretary of HHS. This agreement covers:

1. Individuals receiving SSI under title XVI or State supplementation, who are categorically needy under the State's approved title XIX plan.

Persons receiving benefits under title II of the Act or under the Railroad Retirement System are included:

Yes

No

2. Individuals receiving SSI under title XVI, State supplementation, or a money payment under the State's approved title IV-A plan, who are categorically needy under the State's approved title XIX plan.

Persons receiving benefits under title II of the Act or under the Railroad Retirement System are included:

Yes

No

3. All individuals eligible under the State's approved title XIX plan. who are also Medicare eligible

B. Group premium payment arrangement entered into with the Social Security Administration. This arrangement covers the following groups:

C. Payment of deductible and coinsurance costs. Such payments are made in behalf of the following groups: Recipients who are both Medicaid and Medicare eligible.

This relates only to comparability of devices - benefits under XVIII to what groups - not how XIX pays. ...if State has buy-in (which covers premium), it does not check #3 for same group-only if it does #3 for another group, e.g. does #1 for money payment receipts and #3 for non-\$-receipts. How it handles deductibles and coinsurance for money payment receipts is a matter for reimbursement attachment.

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2. A group premium payment arrangement has been negotiated with Social Security Administration. In addition to the 4 classifications on the preceding page the following applies:

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Effective July 1, 1973, three new groups of recipients will be eligible for Part A of Medicare and for the state's Buy-In plan for Medicare, Part B:

1. Disabled persons (including blind) of any age who are receiving OASDI benefits based on disability, and who have been in receipt of that type benefit for the previous 24 consecutive months.
2. Persons of any age who are wage earners themselves, wives or dependent children of a wage earner, and who are suffering with chronic kidney disease. They need not be in receipt of OASDI benefits, but at least two months must have elapsed since they had kidney transplant or begun hemodialysis treatment.
3. Widows, age 50-plus, who are caring for dependent children, and who are receiving OASDI benefits as mothers; but who would be eligible for OASDI benefits based on their own disability.

By this date, the Social Security Administration will have sent a communication to all OASDI beneficiaries who, according to their records, will be eligible for Medicare by July 1, 1973, either because they are 65 or because they are disabled; however, SSA cannot identify the women described in item 3 above or all of the individuals described in item 2 above. Consequently, county welfare departments will need to review records, no later than the next redetermination due date, to identify these persons for the purpose of referring them to the nearest SSA office for a decision as to their disability.

3. Deductibles and Co-insurance Liability

Deductibles and co-insurance under Title XVIII. A focal point of the relationship between the Title XVIII Medicare program and the Title XX Medical Assistance program is the deductibles and co-insurance liabilities under Title XVIII. These are costs that are not paid by the Title XVIII program, but are liabilities of the individual who receives the benefits. Under the Medical Assistance Program, Title XIX, the deductible and co-insurance costs which are liabilities of eligible individuals who receive benefits under Part A and Part B of the Medicare program are paid from the medical assistance fund when not available from other resources. No provision is made for payment of the co-insurance liability resulting from use of the 60-day lifetime reserve under Part A.

Deductible liability in the amount equal to the cost of the first three pints of whole blood per spell of illness is paid for the eligible individual from the medical assistance fund of Title XIX when not available from other resources.

ST. Ohio SA Approved 8/20/81
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