

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: West Virginia

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-  
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

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Individuals who are beneficiaries under Medicaid and Medicare (dual eligibles) and or qualified Medicare beneficiaries (QMBs), Medicaid reimbursement will be as follows:

For all applicable services provided for an individual entitled to Medicare Part A and/ or Part B Benefits and eligible for Medicaid, reimbursement of Medicare co-insurance and deductible charges will be limited to amounts which, with the Medicare payment, do not exceed what the state's Medicaid Program would have paid for that service on behalf of a recipient who is not Medicare eligible. If the beneficiary has not met the deductible, Medicaid will pay up to the Medicaid allowable charge.

Example: based on \$100.00 charge.

- a) Medicare payment is \$80.00 and the Medicaid allowable charge is \$60.00, Medicaid payment will be zero.
- b) Medicare payment is \$80.00 and the Medicaid allowable charge is \$85.00, Medicaid will pay \$5.00.
- c) Patient has not paid on a \$100.00 deductible, charge is \$100.00, the Medicaid allowable charge is \$85.00, Medicaid payment is \$85.00.

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QMBs:           Part A MR Deductibles MR Coinsurance  
                  Part B MR Deductibles MR Coinsurance

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Other           Part A MR Deductibles MR Coinsurance  
Medicaid  
Recipients    Part B MR Deductibles MR Coinsurance

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Dual           Part A MR Deductibles MR Coinsurance  
Eligible  
(QMB Plus)    Part B MR Deductibles MR Coinsurance

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