



Ohio Administrative Code Rule 5160:1-3-02.2 Medicare buy-in.

Effective: November 1, 2023

(A) This rule sets forth:

- (1) The eligibility criteria for benefits under the Medicare part B (part B) buy-in agreement between the Social Security Administration (SSA) and the Ohio Department of Medicaid (ODM), which allows ODM to pay part B (supplemental medical insurance) premiums for certain individuals even when those individuals are not eligible for a Medicare premium assistance program (MPAP) set forth in rule 5160:1-3-02.1 of the Administrative Code; and
- (2) The beginning date of payment of part B benefits under this rule; and
- (3) The date and effect of termination of benefits under part B buy-in.
- (4) The process of coordinating enrollment with ODM and the SSA.

(B) Definitions.

- (1) "Medicare buy-in" means the program and process of paying part A and/or part B benefits on behalf of an eligible individual.
- (2) "Part B buy-in" means the agreement under which ODM pays part B premiums on behalf of an eligible individual.

(C) Eligibility criteria. To be eligible for payment of the part B premium under the Medicare buy-in agreement, an individual must meet all three of the following requirements:

- (1) Be eligible for part B.
- (2) Be eligible for a category of medical assistance other than:



- (a) Breast and cervical cancer project as set forth in rules 5160:1-5-02 to 5160:1-5-02.4 of the Administrative Code; or
- (b) Presumptive eligibility as set forth in rule 5160:1-2-13 of the Administrative Code.
- (3) Be receiving at least one of the following:
 - (a) Medicare premium assistance under rule 5160:1-3-02.1 of the Administrative Code.
 - (b) One of the following types of cash assistance:
 - (i) Ohio works first (OWF); or
 - (ii) Supplemental security income (SSI); or
 - (iii) Residential state supplement.
 - (c) Four-month extended coverage as set forth in rule 5160:1-4-05 of the Administrative Code.
 - (d) Medical assistance under the grandfathering provisions set forth in rule 5160:1-3-02.6 of the Administrative Code.
 - (e) Foster care maintenance payments or adoption assistance payments as set forth in rule 5160:1-2-14 of the Administrative Code.
 - (f) Medical assistance as a result of section 1619(b) of the Social Security Act (as in effect October 1, 2023) as set forth in rule 5160:1-3-02.5 of the Administrative Code.
 - (g) Deemed cash assistance under Pub.L.No. 94-48.
 - (h) Long-term care services in a Title XIX certified nursing facility (NF) or intermediate care facility for individuals with intellectual disabilities (ICF-IID).



(i) Home and community-based services (HCBS), including the program of all-inclusive care for the elderly (PACE), under a waiver described in agency 5160 of the Administrative Code.

(D) Coordination of enrollment. When an individual is eligible for benefits under this rule or would be eligible if the individual was enrolled in part A or part B, the county department of job and family services (CDJFS) shall coordinate the individual's receipt of benefits. When the individual:

(1) Is or has ever been in receipt of part A or part B benefits, the CDJFS shall approve part B buy-in benefits for the individual in the electronic eligibility system.

(2) Has never received part A or part B benefits, the CDJFS shall:

(a) Inform the individual that ODM cannot pay medicare premiums until the individual has enrolled in part A or part B through the SSA; and

(b) Advise the individual to apply for part A or part B benefits, and advise the individual that the CDJFS will assist upon request; and

(c) Advise the individual to report the approval of part A or part B benefits to the CDJFS immediately, so payment of premiums can be approved; and

(d) Approve part B buy-in benefits for the individual in the electronic eligibility system upon being informed that the individual has been enrolled by the SSA in part A or part B.

(E) Coverage period.

(1) Start date.

(a) For MPAP benefits under rule 5160:1-3-02.1 of the Administrative Code, the beginning date for payment of premiums is addressed in those rules. When an individual is eligible for MPAP benefits under rule 5160:1-3-02.1 of the Administrative Code and also eligible for part B buy-in under this rule, payment of part B premiums begins on the earlier of the coverage date under rule 5160:1-3-02.1



of the Administrative Code or the coverage date under this rule.

(b) For individuals eligible for payment of premiums under the part B buy-in agreement, eligibility begins:

(i) The first month an individual is eligible for both medicare and cash assistance as defined in paragraph (C)(3)(b) of this rule; or

(ii) The first day of the second month after the administrative agency made the determination the individual was eligible for medical assistance, when the individual is not in receipt of cash assistance as defined in paragraph (C)(3)(b) of this rule.

(2) Termination date. Eligibility for payment of medicare premiums under this rule ends on the earliest of the following dates:

(a) The last day of the month in which the individual dies; or

(b) The last day of the month in which the individual is entitled to part B benefits; or

(c) The last day of the last month in which the individual meets the eligibility criteria for part B buy-in benefits, when notice was provided to the centers for medicare and medicaid services (CMS) no later than the twenty-fifth day of the second month of ineligibility; or

(d) The last day of the second month before CMS received notice the individual was no longer eligible for part B buy-in benefits, when notice was not provided within the time limit identified in paragraph (E)(2)(c) of this rule.

(F) Retroactive termination. An individual's part B premium payment under buy-in can be terminated retroactively for as many as two months before the state's notice to CMS that the individual is no longer eligible.

(1) After CMS receives notice from ODM, CMS sends the individual a notice stating the individual is responsible for paying part B premiums beginning with the month following the last month of



buy-in coverage. Because of administrative delays, an individual can already be in the third month after buy-in termination and owe three months of part B premiums before receiving notice that buy-in coverage has been terminated.

(2) The individual may request equitable relief from CMS under certain conditions specified by CMS in its notice.