

**441—78.58(249A) Qualified Medicare beneficiary (QMB) provider services.**

**78.58(1) Payment.** Payment will be made to QMB providers for a QMB-eligible member's coinsurance, copayment, and deductible for Medicare-covered services. The eligible member may be responsible for copayments pursuant to 441—subrule 79.1(13).

**78.58(2) Definitions.**

*“Coinsurance”* means a percentage of costs of a covered health care service that has to be paid.

*“Copayment”* means a fixed amount a member pays for a covered health care service.

*“Deductible”* means the amount paid for covered health care services before the insurance plan will effect payment.

*“Medicare cost sharing”* means the Medicare member's responsibility for a Medicare-covered service. “Medicare cost sharing” includes coinsurance, copayments, and deductibles.

*“Qualified Medicare beneficiary”* or *“QMB”* means an individual who has been determined eligible for the QMB program pursuant to 441—subrule 75.1(29). Under the QMB program, Medicaid pays the individual's Medicare Part A and B premiums; coinsurance; copayment; and deductible (except for Part D).

This rule is intended to implement Iowa Code section 249A.4.

[ARC 3494C, IAB 12/6/17, effective 1/10/18]