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]