

6. Medicare Part B Deductible and Coinsurance

Florida Medicaid covers the Medicare Part B deductible and coinsurance up to the Medicaid fee, less any amounts paid by Medicare. If this amount is negative, no Medicaid payment is made. If this amount is positive, Medicaid pays the coinsurance and deductible up to the billed or allowed amount, whichever is less. This covers all dual eligible categories including SLMB Plus. Florida Medicaid does not cover Medicare Part B deductible and coinsurance for QI1 and SLMB.

7. For freestanding end-stage dialysis centers, emergency transportation, and portable x-ray services, Medicaid reimburses 100 percent of the deductible and coinsurance.
8. Florida Medicaid covers the Medicare Part B deductible and coinsurance for Medicaid non-covered services up to 50 percent of the Medicare allowed amount, less amounts paid by Medicare. Total payments from all sources will not be less than the Medicaid established rate of payment.

Florida Medicaid covers the Part B deductible and coinsurance for non-covered Medicaid Services only for QMB and QMB Plus.

9. Medicare Part C Deductible, Coinsurance, and Copayment

Florida Medicaid covers the Medicare Part C deductible and coinsurance up to the Medicaid fee, less any amounts paid by Medicare. If this amount is negative, no Medicaid payment is made. If this amount is positive, Medicaid pays the coinsurance and deductible up to the billed or allowed amount, whichever is less.

Florida Medicaid covers the Medicare Part C copayment up to the Medicaid copayment, less any amounts paid by Medicare. If this amount is negative, no Medicaid payment is made. If this amount is positive, Medicaid pays the coinsurance and deductible up to the billed or allowed amount, whichever is less.

10. The financial obligations of Medicaid for services is based upon Medicare's allowable, not the provider's charge. Except for provider types noted in number seven (7) above, Medicaid will pay no portion of Medicare deductibles and coinsurance when payment that Medicare has made for the service equals or exceeds what Medicaid would have paid had it been the sole payer. The combined payment from Medicare and Medicaid shall not exceed the amount Medicaid would have paid had it been the sole payer