

CMS Releases Updated Manual on State Payment of Medicare Premiums and Related Resource Documents

On September 8, CMS released the updated [Manual for State Payment of Medicare Premiums](#) (formerly called “State Buy-in Manual”). The manual updates information and instructions to states on federal policy, operations, and systems concerning the payment of Medicare Parts A and B premiums (or buy-in) for individuals dually eligible for Medicare and Medicaid.

States pay Medicare Part B premiums each month for over 10 million individuals and Part A premiums for over 700,000 individuals. This process promotes access to Medicare coverage for low-income older adults and people with disabilities, and it helps states ensure that Medicare is the first and primary payer for Medicare covered services for dually eligible beneficiaries.

The prior version of this manual had not been fully updated since the 1990s. The new manual released clarifies various provisions of statute, regulation, and operations that have evolved over time. CMS has also redesigned the manual content to make it: (1) easier for states to discern federal requirements and find information; (2) compliant with federal accessibility standards; and (3) available online for the first time. The new manual also addresses multiple comments from states and other partners on the draft released in December 2019.

CMS is also creating a series of additional technical assistance documents to assist states in using the new manual. The first tip sheet, [State Buy-in File: Troubleshooting Code 21XX Series Accretion Rejections](#), includes guidance and resources to help avoid and troubleshoot these codes that can delay beneficiary coverage and access to care and create administrative burden for state and federal agencies. The technical assistance document series and manual are available on the [State Payment of Medicare Premiums page of CMS.gov](#)

ABOUT THE INTEGRATED CARE RESOURCE CENTER

The Integrated Care Resource Center is a national initiative of the Centers for Medicare & Medicaid Services to help states improve the quality and cost-effectiveness of care for individuals dually eligible for Medicare and Medicaid. The state technical assistance activities are coordinated by Mathematica and the Center for Health Care Strategies. For more information, visit:

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