



QUALIFIED MEDICARE BENEFICIARY PROGRAM (QMB).

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What is QMB?

- *Answer:* It is a Medicaid benefit that pays Medicare premiums and cost sharing for low income Medicare beneficiaries.
- *Why is this important?* Federal law prohibits Medicare providers from collecting coinsurance, copayments and deductibles from members enrolled in QMB Program. See Section 1902 (n) (3) (B) of the Social Security Act and modified by Section 4714 of the Balanced Budget Act of 1997; Chapter 1 of the Medicare Claims Processing Manual, Section 200

The role of the MA-PD Plan

- Plans have an ongoing obligation to educate network providers about QMB billing rules and ensure that Par Providers do not discriminate against members based on payment status, e.g., QMB.
- How does a Plan do this? Identify QMB members.

Identifying QMB Members

- As a Plan there are three (3) ways we can identify QMB members:
 - Medicare Advantage Medicaid Status Data File.(Provides monthly dual status information)
 - Monthly Membership Detail Data File (This report is generated late in the month and it will not include members who enroll late in the month.)
 - MARx UI (M257 Screen) (This is good to identify dual status code on a specific individual.)

Strategies to Inform Providers of Member QMB Status

- The Plan has an affirmative duty to provide QMB status to Medicare providers. This can be done by way of the following:
 - Member ID Cards.
 - Online Provider Portal.
 - Evidence of Benefits Statement.
 - Phone on hold messaging for members waiting to speak to CSR. This message should explain to dual eligible and QMB that if they get billed they should seek assistance from the Plan.

Provider Education on QMB (Strategies)

- In order to educate providers about the prohibition on billing for Part A and B deductibles and coinsurance when a member has QMB multiple educational strategies should be adopted such as:
 - Initial and recurring training to all providers.
 - Targeted training to offenders.
 - Language to provider focused websites.
 - Language insertion to provider manuals.

Provider Education on QMB (Content)

- Providers need to understand that failure to follow QMB rules can:
 - Lead to sanctions for violating their Medicare Provider Agreement. Sections 1902, 1905, 1866 and 1848 of the SSA.
- Providers need to understand that:
 - QMB members retain their protection from billing when they cross State lines to receive care. Providers can't charge QMB individuals even if the QMB benefit is from another state which is different than the state where the care was rendered.
 - QMB members can not waive their QMB status and pay Medicare cost sharing.
 - Proper identification of QMB members will ensure that billing software and center staff exempt them from cost sharing billing and collection efforts

Conclusion

- Plans written materials and computer system should distinguish dual eligible as exempt from paying the co-payment and other cost-sharing so staff at contracted provider offices do not bill the members.
- Par providers can not refuse to treat members based on their QMB status since this would be discrimination. See Chapter 4 of the Medicare Manual, Section 10.5.2.

Resources on Improper Billing of QMBs and Dual Eligible

- Section 1902 (n) (3) (B) of the Social Security Act and modified by Section 4714 of the Balanced Budget Act of 1997.
- Chapter 1 of the Medicare Claims Processing Manual, Section 200.
- Chapter 4 of the Medicare Manual, Section 10.5.2.
- MLN Matters, Prohibition on Balance Billing Dually Eligible Individuals Enrolled in the Qualified Medicare Beneficiary (QMB) Program, Feb. 4, 2016.
- MLN Matters, Issuing Compliance Letters to Specific Providers and Suppliers Regarding Inappropriate Billing of Qualified Medicare Beneficiaries (QMBs) for Medicare Cost-Sharing, Nov. 18, 2016.
- Justice in Aging, Fighting Improper Billing of Dual Eligible: New Strategies.
- 2017 Call Letter, CMS stressed to Medicare Advantage contractors that federal regulations, specifically 42 C.F.R. § 422.504 (g)(1)(iii), require that provider contracts must prohibit collection of deductibles and co-payments from dual eligible and QMBs.
- 42 U.S.C. § 1396a(n)(3)(B), provides that no Medicare-enrolled provider may require payment directly from a Qualified Medicare Beneficiary (QMB) for Medicare-covered services.
- 2017 Medicare and You Handbook page 99.



QMB

Prohibitions against cost sharing billing and related collection efforts.