

## Qualified Medicare Beneficiary Program – FAQ on Billing Requirements

(9/19/2017)

Q1: What is the Qualified Medicare Beneficiary (QMB) Program?

A1: The QMB program is a Medicaid benefit that assists low-income Medicare beneficiaries with Medicare Part A and Part B premiums and cost sharing, including deductibles, coinsurance, and copayments. In 2015, 7.2 million individuals (more than one out of 10 Medicare beneficiaries) were enrolled in the QMB program.

Q2: What is CMS changing about the QMB program?

A2: None of the QMB billing requirements are new. However, CMS is making it easier for providers to comply by updating CMS systems to inform providers to identify a patient's QMB status and exemption from cost-sharing charges.

Q3: What billing requirements apply to providers and suppliers for QMB patients?

A3: All original Medicare and Medicare Advantage providers and suppliers – not only those that accept Medicaid – must refrain from charging individuals enrolled in the QMB program for Medicare cost sharing for covered Parts A and B services.

For more information about QMB billing rules, see <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/se1128.pdf>

Q4: I am enrolled in Medicare but do not accept Medicaid patients. Do I need to follow the QMB billing rules?

A4: Yes. All Medicare suppliers and providers -- even those that do not accept Medicaid -- must refrain from billing QMBs for Medicare cost-sharing for Parts A and B covered services.

Q5: Do QMB billing requirements apply to beneficiaries enrolled in all Medicare Advantage plans?

A5: Yes. The QMB billing restrictions apply to all QMB, including those enrolled in Medicare Advantage plans and original Medicare.

Q6: Do QMB billing prohibitions apply to Part B-covered prescription drugs?

A6: Yes. The QMB billing prohibitions apply to all Part A and B services, including Part B-covered prescription drugs.

Q7: May pharmacies still collect Medicare Part D copayments from QMBs?

A7: Yes, the prohibition on collecting Medicare copayments is limited to services covered under Parts A and B. Pharmacists may still collect the Low Income Subsidy copayment amounts from QMBs for Part D-covered prescription drugs.

Q8: Can Medicare providers and suppliers seek payment for Medicare cost-sharing for QMBs from State Medicaid Programs?

A8: Yes, but as permitted by federal law, most States limit their payment of Medicare deductibles, coinsurance, and copays for QMBs. Regardless, persons enrolled in the QMB program have no legal liability to pay Medicare providers for Medicare Part A or Part B cost-sharing.

Understand the processes you need to follow to request payment for Medicare cost-sharing amounts if they are owed by your State. Providers generally need to complete a State Provider Registration Process and be entered into the State payment system to receive payment from the State. If a claim is automatically crossed over to another payer, such as Medicaid, it is customarily noted on the Medicare RA.

Q9: What are key ways that providers and suppliers can promote compliance with QMB billing rules?

A9: Providers can take the following steps:

1. Establish processes to routinely identify the QMB status of your patients prior to billing (*please see Q9 for details on how to do so*).
2. Ensure that billing procedures and third-party vendors exempt QMBs from Medicare charges and that remedy billing problems should they occur. If you have erroneously billed an individual enrolled in the QMB program, recall the charges (including referrals to collection agencies) and refund the invalid charges he or she paid.
3. Determine the billing processes that apply to seeking payment for Medicare cost-sharing from the States in which you operate. Different processes may apply to Original Medicare and MA services provided to individuals enrolled in the QMB program. For Original Medicare claims, nearly all States have electronic crossover processes through the Medicare Benefits Coordination & Recover Center (BCRC) to automatically receive Medicare-adjudicated claims.

For more information on these steps, see <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/se1128.pdf>

Q10: How can providers identify the QMB status of their patients?

A10: Beginning November 4, 2017, providers and suppliers can use Medicare eligibility data provided to Medicare providers, suppliers, and their authorized billing agents

(including clearinghouses and third party vendors) by CMS' HETS to verify a patient's QMB status and exemption from cost-sharing charges. For more information on HETS, see <https://www.cms.gov/Research-Statistics-Dataand-Systems/CMS-Information-Technology/HETSHelp/index.html>.

Starting October 3, 2017, original Medicare providers and suppliers can readily identify the QMB status of patients and billing prohibitions from the Medicare Provider Remittance Advice, which will contain new notifications and information about a patient's QMB status. Refer to Qualified Medicare Beneficiary Indicator in the Medicare Fee-For-Service Claims Processing Systems for more information about these improvements.

MA providers and suppliers should also contact the MA plan to learn the best way to identify the QMB status of plan members.

Providers and suppliers may also verify a patient's QMB status through State online Medicaid eligibility systems or other documentation, including Medicaid identification cards and documents issued by the State proving the patient is enrolled in the QMB program.

**Q11: What information does the Medicare Summary Notice (MSN) include for QMBs?**

**A11:** Starting October 3, 2017, the Medicare Summary Notice (MSN) will contain new information for QMBs that informs them of their QMB status and billing protections and accurately reflect their cost-sharing liability (\$0 for the period enrolled in the QMB program).