



Reducing Inappropriate Billing of Qualified Medicare Beneficiaries (QMBs)



Kim Glaun

*Program Alignment Group,
Federal Coordinated Health Care
Office, CMS*

September 8, 2016

Overview

- Background on dual eligibles and their financial protections
- CMS findings regarding inappropriate billing
- CMS' initiative to address inappropriate billing
- CMS guidance and outreach to sponsors
- Enhanced CMS supports for beneficiaries
- Resources and Q&A

Background

- Over ten million persons in both Medicare and Medicaid (“dual eligible beneficiaries”) in 2013
 - Almost seven million (65%) enrolled in Qualified Medicare Beneficiary Program (QMB)
- QMBs have annual incomes of less than \$12,000
- Through QMB, Medicaid pays Medicare premiums and cost-sharing (subject to State limits)

Federal Billing Protections for Dual Eligibles

- Federal law bars all Medicare providers from charging QMBs for Medicare cost-sharing (“balance billing”) Social Security Act Sections 1902(n)(3)(C); 1905(p)(3); 1866(a)(1)(A); 1848(g)(3)(A)
- Billing protections may apply to other dual eligibles if the State holds them harmless for Medicare cost-sharing 42 CFR §422.504(g)(1)(iii)

State Policies Regarding Medicare Cost-Sharing Payments

- Although Medicaid covers QMB cost-sharing, the Balanced Budget Act of 1997 allows States to limit their payment of Medicare deductibles, coinsurance and copays
- States can limit QMB payments by adopting “lesser-of” policies:
 - Apply the Medicare or Medicaid payment rate, *whichever is less*
 - Usually eliminates or reduces the Medicare cost-sharing payment
- As of 1/2015, most states apply “lesser of” policies to physician services except:
 - AR, IA, ME, MO, MS, NE, OH, OK, SD, VT, WY were “full payment” States
 - ID & TX used “other” payment limits
 - (MACPAC 2015)

CMS Evaluation of QMB Beneficiary Perspectives

- Evaluated beneficiary perspectives on QMB billing
- See 2015 report at [https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/Access to Care Issues Among Qualified Medicare Beneficiaries.pdf](https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/Access%20to%20Care%20Issues%20Among%20Qualified%20Medicare%20Beneficiaries.pdf)

CMS' 2015 QMB Findings

Improper QMB Billing Takes Financial and Other Tolls on Beneficiaries

- Erroneous billing is “relatively commonplace”
- Many pay cost-sharing
- Unpaid bills referred to collections
- Appeals process is challenging
- Billing processes are confusing/complex

CMS Initiative to Reduce Inappropriate Billing of QMBs

- Strengthen CMS information and supports for beneficiaries
- Revise instructions to plans and providers and conduct targeted outreach
- Explore administrative reforms to promote compliance
- Minimize negative effects on access to care

CY 2017 CMS Call Letter Instructions

- Reminds MA plans they must educate providers regarding billing rules under 42 CFR §422.504(g)(1)(iii)
 - Provider contracts must specify billing rules
- Clarifies that MA providers cannot refuse to serve enrollees based on QMB status (Managed Care Manual, Ch. 4, Section 10.5.2)

CY 2017 Call Letter – Promising Practices

- To promote provider compliance:
 - Address common points of confusion among providers
 - Use grievances and Complaint Tracking Module to monitor compliance

CMS Education for Sponsors and Request for Feedback

- During Summer 2016, CMS Account Managers held strategic conversations with sponsors to
 - Reinforce QMB legal requirements
 - Learn about implementation and challenges
 - Identify and encourage promising practices
 - Discern plan technical assistance needs

CMS Information and Supports for QMBs

- By October 1, 2016
 - *Medicare and You 2017* will list 1-800-MEDICARE as a resource for QMBs who have been unable to resolve billing issues themselves
 - 1-800-MEDICARE will update Customer Service Representative protocols to better address QMB billing issues

Polling Question:

Need for Technical Assistance

Which of the following CMS measures could help build your capacity to promote compliance with QMB billing rules?

- A. Technical information on how to identify QMB status
- B. Best practices regarding provider education/oversight
- C. Additional manual guidance to clarify billing rules
- D. Revisions to member ID cards and model marketing materials to emphasize QMB billing rules

Revised Instructions for Providers

- **Revised** Medicare Learning Network (MLN) article regarding QMB balance billing
 - See <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/se1128.pdf>
- **Revised** MLN fact sheet regarding dual eligibles:
 - See https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Medicare_Beneficiaries_Dual_Eligibles_At_a_Glance.pdf

Other Resources

- CMS Bulletin for States <https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-06-07-2013.pdf>
- MACPAC Report to Congress <https://www.macpac.gov/wp-content/uploads/2015/03/Effects-of-Medicaid-Coverage-of-Medicare-Cost-Sharing-on-Access-to-Care.pdf>
- MMCO Q&A regarding balance billing
<https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/MedicareMedicaidGeneralInformation.html>
- Consumer Financial Protection Bureau Toolkit: Information for QMBs: pg. 209 at http://files.consumerfinance.gov/f/201603_cfpb_your-money-your-goals_toolkit_english.pdf

Q&A

Thank you. We welcome your questions and comments.