

Qualified Medicare Beneficiaries

Welcome Suppliers!

We want to spotlight a high-needs population as well as some steps you need to take in order to best serve them.

Individuals dually eligible for Medicare and Medicaid account for a disproportionate share of Medicare expenditures, and we anticipate that you will serve this population in your area. It is especially important to understand the special protections for the 7.7 million who are “Qualified Medicare Beneficiaries” and, therefore, exempt from Medicare cost-sharing charges.

Here are some Q&As to inform you about the billing prohibitions for Qualified Medicare Beneficiaries and to assist you with serving them:

1. Who are Qualified Medicare Beneficiaries (QMBs)?

QMBs are low income beneficiaries who are exempt from Medicare cost-sharing requirements. Medicaid pays for their Medicare premiums and, up to certain limits, Medicare deductibles, coinsurance and copays. For those who also have full Medicaid benefits, Medicaid also covers certain services Medicare doesn't.

2. How do I know who is a QMB?

Ask your state what documentation is issued to QMBs so you can in turn ask all beneficiaries if they have the necessary documents. Also, learn if you can query state Medicare systems and state Medicaid eligibility systems to verify QMB enrollment among your patients.

3. Are suppliers required to serve QMBs?

Yes; a Medicare enrolled provider/supplier must service Medicare beneficiaries, including QMBs. There are some providers who opt out of Medicare and are not required to serve these beneficiaries.

4. Can suppliers charge QMBs for Medicare cost-sharing?

No; you cannot bill a QMB for a Medicare deductible or coinsurance per Section 1902(n)(3)(B) of the Social Security Act (the Act), as modified by section 4714 of the Balanced Budget Act of 1977. You might be subject to sanction if you do.

5. How will suppliers be reimbursed for Medicare cost-sharing for QMBs?

Medicare will automatically send (“cross over”) your claims to Medicaid, and Medicaid will then reimburse you for the Medicare deductible and coinsurance, according to the approved payment established in the Medicaid state plan. Understand that you will need to enroll as a state Medicaid provider to obtain reimbursement of Medicare cost sharing for QMBs. State Medicaid programs may have procedures to allow you to participate for the sole purpose of serving QMBs versus all Medicaid recipients. Contact your state Medicaid program for more information about the process to bill Medicaid.

6. What if Medicare does not cover an item that Medicaid covers?

Medicaid agencies often cover a DME item that Medicare does not, including specialized equipment that promotes community living. If Medicare coverage is not available, please assist beneficiaries in seeking Medicaid coverage.

7. Where can I learn more?

Go to <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1128.pdf>

Thank you for working with us to better serve Qualified Medicare Beneficiaries!