



Date: September 12, 2014

To: Oregon Health Plan providers

From: Don Ross, Manager
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Subject: Reminders about billing for services to Qualified Medicare Beneficiaries (QMBs)

The Division of Medical Assistance Programs (DMAP) has received various questions about billing for services to QMBs. This letter is to explain how to identify QMBs, and outline your responsibility when serving QMBs.

In DMAP's [eligibility verification systems](#), **only** the following benefit plans indicate QMB eligibility.

- **MED** – Clients with MED coverage are *Medicare QMB-Only clients*. DMAP will pay for Medicare Part B deductibles, co-insurance and copayments (except for Part D).
- **BMM** – Clients with BMM coverage are *Medicare QMB Plus clients*. DMAP will pay for Medicare Part B deductibles, co-insurance and copayments, **and** provide OHP with Limited Drug benefits.

Balance billing of QMBs is prohibited by federal law

[Section 1902\(n\)\(3\)\(B\) of the Social Security Act](#) (Act), as modified by Section 4714 of the Balanced Budget Act of 1997, prohibits all Medicare physicians, providers and suppliers from balance billing QMBs for:

- Medicare Part A or B cost-sharing (*e.g.*, deductibles, coinsurance, and copayments), and
- Any health care services covered by Medicare Part A or B. The Act provides that, for services rendered to a QMB, the Medicare payment and any Medicaid payment are considered payment in full.

Medicare providers who balance bill QMB patients may be subject to sanctions based on federal requirements established in [Sections 1902\(n\)\(3\)\(C\)](#) and [1905\(p\)\(3\)](#) of the Social Security Act. Medicare providers who violate these billing restrictions are violating their Medicare provider agreement.

What should you do?

For QMB-Only (“MED” benefit plan) and QMB Plus (“BMM” benefit plan) clients:

- Bill Medicare first.
- Only bill DMAP or the client’s health plan for:
 - Medicare Part B deductibles, co-insurance and copayments (except for Part D);
 - Services not covered by Medicare Parts A or B, and
 - For BMM clients only, Medicaid services not covered by Medicare and services that did not cross over from the original Medicare claim. (Check your Medicare remittance advice to see if a claim has successfully crossed over to other payers.)
- Consider any Medicare and Medicaid payments received as payment in full, even if the payment is a zero payment.

- Do not balance bill the client for Medicare Part A or B cost-sharing or services covered by Medicaid or Medicare Part A or B.

You **may bill** QMBs for services that Medicaid and Medicare Part A or B **do not** cover (*e.g.*, Medicare Part D prescriptions).

Please share this information with your billing staff, as well as any billing companies or other outsourced entities that bill or perform collections on your behalf.

For more information

DMAP's [Professional Billing Instructions](#) explain how to bill DMAP, and how to include Medicare information for services covered by both Medicaid and Medicare.

Only providers who enroll with Oregon Medicaid as outlined in [Oregon Administrative Rule 410-120-1260 - Provider Enrollment](#) may bill DMAP. To learn more about becoming an Oregon Medicaid provider, please visit our [Provider Enrollment Web page](#).

To learn more about federal prohibitions against balance billing QMB clients, please [review guidance from the Centers for Medicare & Medicaid Services' Medicare Learning Network](#).

Questions?

If you have any questions about this announcement, contact the Provider Services Unit at dmap.providerservices@state.or.us or call 1-800-336-6016, Monday through Thursday, 8:30 a.m. to 4:00 p.m. and Friday 10 a.m. to 4:00 p.m. (phone lines closed 11:30 a.m. to 12:30 p.m. daily).

Thank you for your continued support of the Oregon Health Plan and the services you provide to our members.

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