Billing for services to Qualified Medicare Beneficiaries (QMBs)

In OHA’s eligibility verification systems, only the following benefit plans indicate QMB eligibility.

- **MED** – Clients with MED coverage are Medicare QMB-Only clients. OHA 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. OHA 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. 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 Act. They are also in violation of 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 OHA 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. If you already know Medicare does not cover the service (e.g., behavioral health services), you can just bill Medicaid.
    - Services that did not cross over from the original Medicare claim. (Check your Medicare remittance advice to see if a claim has 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), if the client understands the service is not covered and agrees to pay for the service. To learn more, see our Billing Do’s and Don’ts.

**For more information**

To learn more about federal prohibitions against balance billing QMB clients, please review guidance from the Centers for Medicare & Medicaid Services’ Medicare Learning Network.