

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, bill for:
 - 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](#).

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact OHP Provider Services at dmap.providerservices@odhsosha.oregon.gov or 800-336-6016. We accept all relay calls.

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