QMB Identification Practices: A Survey of State Advocates

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This paper reports on the results of a survey of state advocates regarding how their respective states identity Qualified Medicare Beneficiaries (QMBs). It is designed to inform advocate efforts to stop health care providers from improperly billing QMBs. The first section summarizes the results of the survey, while the second section reports on the survey questions and responses in detail and includes examples of QMB identification cards in different states. Peter N. Travitsky of the New York Legal Assistance Group authored this paper as a post-fellowship project with the support of Justice in Aging and the Borchard Foundation Center on Law and Aging. He is a staff attorney in the Evelyn Frank Legal Resources program at NYLAG (nylag.org/units/evelyn-frank-legal-resources) and began his tenure there as a Borchard Foundation fellow.

Background

The Qualified Medicare Beneficiary (QMB) program, which pays Medicare premiums and protects against billing of deductibles and co-insurance, makes it possible for many low-income Medicare beneficiaries to afford using their Medicare benefits.[1] Despite these protections, QMBs are frequently billed by Medicare providers for balances remaining after Medicare and state Medicaid programs have paid claims. Such billing is unlawful, and deters QMBs from seeking needed medical care.[2]

A persistent problem in ensuring compliance by providers is the fact that they often have trouble identifying QMBs in the first place. One source of confusion is the identification issued to QMBs.[3] This paper looks at QMB identification practices among several states to illuminate the current situation and identify promising practices.

Acknowledgments

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Introduction

The CMS State Medicaid Manual, applicable to all states, requires that QMBs must have state Medicaid identification cards:

> [QMBs] must be identified through the Medicaid identification card system as QMBs. This alerts providers that special coverage and reimbursement rules apply. QMBs are Medicaid eligible and are entitled to the same rights and subject to responsibilities applicable to Medicaid eligibles (e.g., fair hearings and reporting requirements). For individuals eligible only as QMBs, benefits are limited to medical assistance for Medicare cost sharing expenses for services covered by Medicare.[4]

Federal guidance, however, does not say how providers are to tell their patients' levels of Medicaid apart, so that they will not bill QMBs. Providers that treat Medicare patients who also have some level of Medicaid coverage are presented with an array of health insurance cards. These cards may include a Medicare card from the federal government and a Medicaid card from the state government, and also a card from a private insurance company that administers a patient's coverage under Medicare,[5] Medicaid, or both. Unless one of these cards identifies a patient as a QMB, the determination of QMB status may require a provider to check the state's Medicaid billing claims system, to which a provider who does not participate in Medicaid may not have access.[6]

WHO ARE QUALIFIED MEDICARE BENEFICIARIES ("QMBs")?		COST-SHARING ASSISTANCE
QMB-ONLY	QMB-PLUS	PAYS FOR
A Medicare enrollee who receives comprehensive Medicare cost-sharing assistance from the state Medicaid program	A full Medicaid beneficiary who also receives comprehensive Medicare cost-sharing assistance	Copayments Coinsurance Deductibles Medicare Part B (and, if needed, Part A) Premiums
WHAT ARE BILLING PROTECTIONS FOR QMBs?		
▪ Medicare providers cannot bill a QMB-Only or a QMB-Plus for Medicare cost-sharing balances ▪ Providers can bill the state's Medicaid program for Medicare cost-sharing balances ▪ Providers may not charge QMB patients any Medicare cost-sharing balances, even if Medicaid programs do not pay the full balance due ▪ Beneficiaries cannot waive this billing protection		

There has been some progress on the federal side to address this concern. CMS is working to modify federal systems so that Medicare providers can verify QMB status at the same time that they verify Medicare eligibility. These changes, when implemented, will be welcome additions and would complement the improvements in identification cards proposed in this paper.

A further nuance is that most QMBs are also full benefit dual eligibles, meaning that, in addition to having the billing protections of a QMB, they also qualify for full-scope Medicaid coverage. These individuals are referred to as QMB-Plus. A minority of those who qualify as QMBs are QMB-Only,

meaning that the state Medicaid program pays premiums, deductibles, and co-insurance but the individuals do not qualify for other Medicaid services.

To date, there has been scant information on how providers identify QMBs. The survey discussed in this report was conducted to start filling in this knowledge gap. This report:

- Reviews a survey of advocates about QMB identification practices in their respective states, describing themes that emerged in survey responses;
- Discusses areas for further inquiry revealed by the survey; and
- Proposes next steps for state advocates.

An appendix of state-by-state summary of responses from advocates surveyed, and a description of the survey methodology follow the report's conclusions.

Survey Overview

The survey queried legal services providers and was accompanied by additional internet research. It resulted in findings for 13 states (California, Illinois, Iowa, Louisiana, Maryland, Michigan, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, and Utah) and the District of Columbia.

- All respondents reported that QMB-Plus beneficiaries receive only a Medicaid card from their state or local government that identifies them as eligible for Medicaid services. The card does not identify the cardholder as QMB, regardless of whether the same state also issued a unique card to QMB-Only beneficiaries.
- In seven states, QMB-Only beneficiaries receive the same Medicaid cards as QMB-Plus beneficiaries, which similarly do not identify either group as QMBs.
- Respondents from the District of Columbia, Maryland, North Carolina, and Ohio reported a unique, QMB-Only card issued by state or local government that identifies the cardholder as QMB. Two states, Illinois and Utah, previously issued such cards but stopped doing so in recent years.
- Respondents from three states—California, Michigan, and New Jersey—reported that a QMB-Only receives no card of any kind.[7]
- Some respondent states issue, or issued in the recent past, monthly cards.
- Not one respondent reported affirmatively that any Medicare Advantage or Medicaid managed care cards identified QMBs.

STATE	QMB-ONLY		QMB-PLUS	
	Card?	QMB Identified on Card?	Card?	QMB Identified on Card?
CA	No	N/A	Yes	No
DC	Yes	Yes, since mid-2009	Yes	No
*IL	Yes	No, since early 2013	Yes	No
*IA	Yes	No	Yes	No
*LA	Yes	No	Yes	No
MD	Yes	Yes	Yes	No
MI	No	N/A	Yes	No
NJ	No	N/A	Yes	No
*NY	Yes	No	Yes	No
NC	Yes	Yes	Yes	No
OH	Yes	Yes	Yes	No
*PA	Yes	No	Yes	No
*RI	Yes	No	Yes	No
*UT	Yes	No, since 2014	Yes	No

*In these states, QMB-Only cards are identical to QMB-Plus cards.

Observations and Areas for Further Study

The survey results and comments from advocates surveyed suggested several conclusions and avenues for further exploration.

QMB Identification Improves Provider Compliance

The clearest illustration of why a card that simply and boldly states a patient's QMB status is helpful to all parties came from the District of Columbia, where the income limit for QMB is three times the income limit for QMB-Plus eligibility, with no resource limit for QMB.[8] This has resulted in a larger class of people who are QMBs than in other areas of the United States, which increases the likelihood of improper billing by providers. In fact, there are only six other states where QMB-Only beneficiaries outnumber QMB-Plus beneficiaries.[9] D.C. advocates report that creation of a unique QMB-Only card helped to bring more providers in the District of Columbia into compliance by giving them up-front notice of a patient's QMB status.

Shifting Eligibility Status May Present Challenges for Issuing Unique QMB Cards

Advocates in the District of Columbia and Illinois expressed concern over implementation of a QMB identification card amid multiple pathways to coverage, and the possibility of beneficiaries changing eligibility status. Further inquiry may be warranted into how frequently QMB status changes within this population, whether due to changes in patient eligibility or changes to the program itself. For example,

Ohio's Medicaid program is in the process of shifting beneficiaries into managed care, which has consequences for the cards beneficiaries will receive during and after the statewide transition.

Limits to Provider Access to Medicaid Portals Compounds QMB Identification Issues

QMB identification and provider access to healthcare coverage portals are interrelated. In fact, two states that switched from temporary cards that indicated QMB status to permanent cards that do not indicate QMB status—Utah and Illinois—coupled this changeover with the expectation that providers will verify coverage by looking up patients in the states' billing systems.[10] Respondents in many of the survey states reported that their respective states limited Medicaid provider portal access to Medicaid providers only. Advocates further expressed concern that provider portals, even when accessed, were not user-friendly.

Simplified Provider Enrollment Processes Encourage Provider Participation

Shortly after introducing its QMB-Only card, the District of Columbia allowed providers to register within its Medicaid system as providers to QMBs, rather than commit to seeing all Medicaid patients as well.[11] Other states, including California, also use a short form for providers who only want to submit crossover claims for QMBs.[12] The extent to which other states have permitted providers to register only as QMB providers and, if so, the effect of such registration on provider access and improper billing practices, if any, should be explored.

The Quality of Information Given to QMB Consumers Varies

Even as providers are encouraged to identify patients who are QMBs so that they do not improperly bill them,[13] they may have to rely on notice from patients that they are QMBs. State efforts to educate QMBs about their status vary.

For example, Iowa issues a consumer brochure about QMB status that despite the effort toward simplicity could still be challenging for the average person to understand:

> Do I need to pay anything for medical services? All medical providers who accept Medicaid are required to accept payments made through the program as payment in full for services covered by Medicaid. You should not be charged an additional cost, unless you get services that are not covered by Medicare. If you get medical services that are not covered by Medicare, then Medicaid will not pay for them.[14]

In contrast, the welcome letter that QMBs receive in the District of Columbia is a much smoother read that puts the QMB billing protections in very sharp focus:

> When you get health services, remember to always show your QMB card whenever you show your Medicare card. This card is proof of your QMB status and means that your health care provider cannot bill you for Medicare co-pays or deductibles.[15]

North Carolina's consumer guide to Medicare Savings Programs takes a similar approach:

> You must show your Medicare Savings Program identification card (Medicare-Aid ID Card) to your doctors and at the hospital. If they tell you they accept Medicare payment for their services, they cannot bill you the difference between what they charge and what Medicaid

and Medicare pay. Also, they cannot bill you if Medicaid denies payment because the doctor made a mistake on the claim form.[16]

The latter two focus directly what the consumer should do and the benefit to the consumer. Each also mentions "Medicare" right away, instructing the consumer to always show the QMB card when visiting a health care provider.

Next Steps for Advocates

- Learn what your state is now doing to identify QMBs, both QMB-Plus and QMB-Only. Using the cards of the District of Columbia, Maryland, North Carolina, and Ohio as a starting point, talk to your state Medicaid agency about identifying QMBs.
- If your state is implementing Medicaid managed care for its aged and disabled population, engage the Medicaid managed care plans in the discussion. Talk to plans about how they are going to identify QMBs.
- If your state does not have an abbreviated Medicaid enrollment process for providers who are only seeking crossover coverage for Medicare claims, work with the state to create one. The District of Columbia and California forms are models to start with.
- Work together with your state to educate providers and beneficiaries about QMB billing protections. Focus on creating clear and simple consumer messaging to empower QMBs—both QMB-only and QMB-plus— to assert their rights.

Conclusion

The most prominent finding of this report was that truly seamless identification of QMBs has eluded most of the respondent states. Although limited in scope, this study shed light on how some states identify QMBs, and raised considerations for improving identification in other states, while introducing new questions. To address and eliminate improper billing of QMBs, both providers and QMBs themselves need to clearly understand QMB protections and, fundamentally, know which patients are QMBs. Improvement of state identification cards would complement federal efforts to assist providers in identifying QMBs and protect QMBs from bills they cannot afford and should not receive.

Appendix: State-Specific Responses

The survey asked respondents:

- Whether QMBs in their states receive a public benefit card upon enrollment?
- Whether QMBs in their states receive a unique card exclusive to QMBs?
- Whether cards received by QMBs in their states list QMB status on the cards, or whether the cards must be entered into a billing system to ascertain such status?
- Whether they knew of Medicare Advantage plans that list QMB status on membership cards?
- Whether their states offered Medicaid managed care to dual eligibles, and, if so, whether they knew of Medicaid managed care plans in their states that list QMB status on membership cards?

All responses are summarized below, representing: California, the District of Columbia, Illinois, Iowa, Louisiana, Maryland, Michigan, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, and Utah.

California

A QMB-Only in California does not receive a card of any kind. A QMB-Plus beneficiary receives a Medicaid card that has no notation on the card indicating QMB status. A provider can verify a patient's QMB status in California's Medicaid claims system only if the provider has a Medicaid provider number. California has a short form enrollment form for Medicare-only providers.

District of Columbia

QMB-Only beneficiaries in the District of Columbia receive a unique card that states the cardholder is a Qualified Medicare Beneficiary.[17] QMB-Plus beneficiaries receive a Medicaid card that does not reference QMB status.

The District of Columbia's QMB cards were created in 2009, due to advocates' concerns about improper billing after the income limit for the QMB program tripled in 2006.[18] This caused QMB enrollment numbers to swell, and in 2009 the City Council agreed that this new, larger class of dual eligibles with special billing protections caused a greater need for seamless identification of QMBs.[19] Creation of the QMB cards has helped stem the problem of improper billing, but has not eliminated the problem entirely.[20] The cardholder's Medicare number appeared on an early draft of the card, but was not incorporated in the final version (Fig. 1a.). The reverse of the card (not pictured) instructs the user to give the card to her provider; a letter with similar instructions accompanies the card when first mailed to the cardholder.[21] The District of Columbia also created a QMB-Only application for providers who wanted to ensure that they could continue seeing QMB patients, even if they did not want to become Medicaid providers.[22]

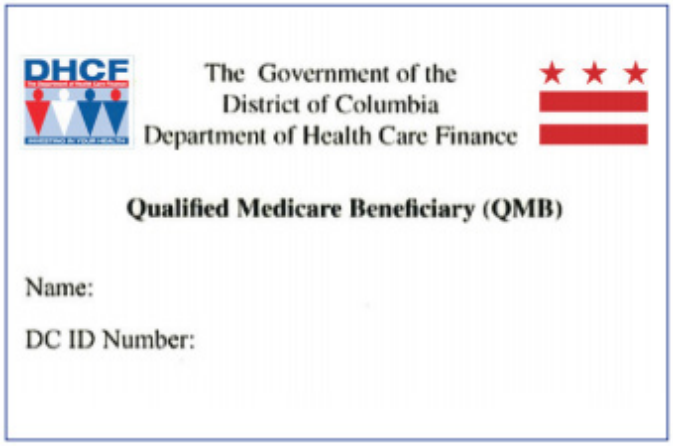

Fig. 1a. – District of Columbia QMB card; an earlier draft included the cardholder's Medicare number.

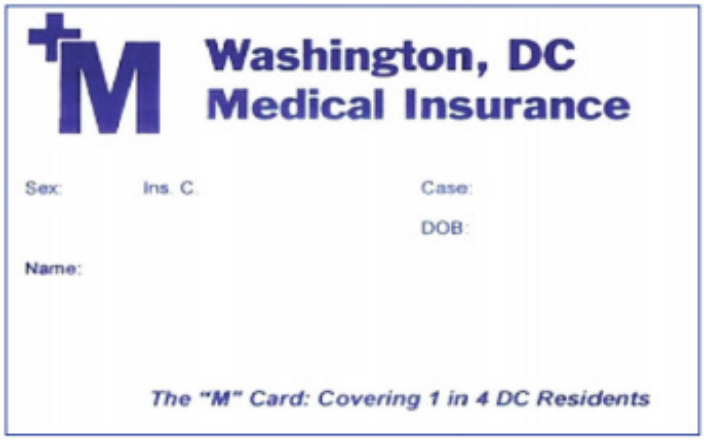

Fig. 1b. – District of Columbia Medicaid card issued to QMB-Plus beneficiaries.

C. Illinois

QMB-Only and QMB-Plus beneficiaries receive the same permanent identification card. The card does not identify them as QMBs, and does not contain other benefits. QMB status can only be verified through Illinois's Recipient Eligibility Verification System (REVS).[23]

As one respondent wrote, determining QMB status for a QMB-Plus beneficiary can be a guessing game:

> We know when a Medicaid managed care enrollee is a QMB when we find out the enrollee is not paying for Medicare premiums out of pocket, has an active Medicaid case, and is income eligible for QMB.

Before 2013, Illinois issued temporary monthly Medicaid "cards" made of paper, which served as proof of insured-status for the month, and notice that coverage had not lapsed for the month. Pre-2013 cards identified a cardholder's QMB status whether the cardholder was QMB-Only or QMB-Plus.[24] A QMB received a card with a Case ID Number category code of 91, 92, or 93, appearing as the first two digits in Item 2 on the face of the card (Fig. 2a.), although these codes were not exclusive to QMBs.[25] Depending on whether the beneficiary was QMB-Only or QMB-Plus, Item 2 on the reverse of the card (Fig. 2b.) showed a Program Coverage Message of "QMB only" or "QMB/Medicaid" immediately below the beneficiary's name.[26]

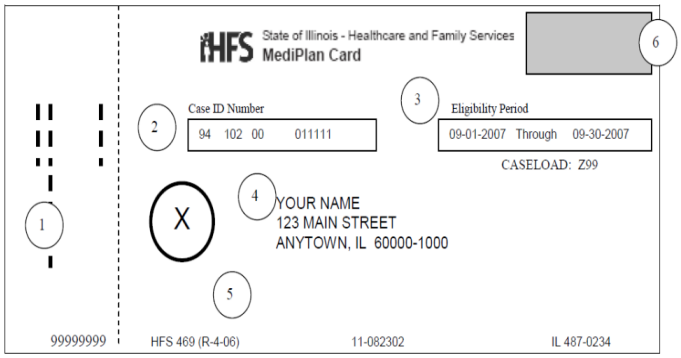

Fig. 2a. – Illinois QMB card pre-2013 (front). "Case ID Number" code at Item 2 would begin "91," "92," or "93." A QMB would have received a new paper card every month before 2013.

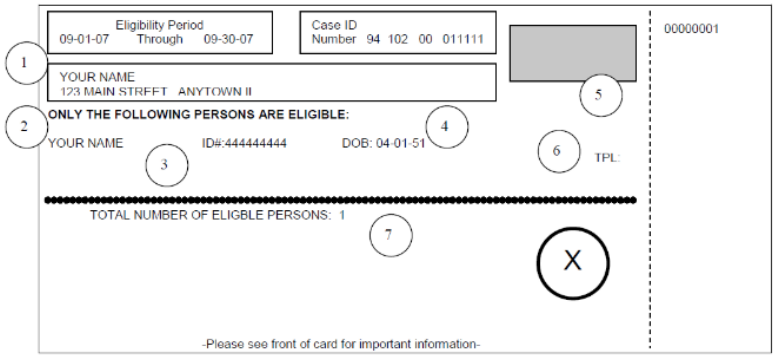

Fig. 2b. – Illinois QMB card pre-2013 (back); Item 2 would indicate "QMB" or "QMB/Medicaid" immediately below the beneficiary's name.

A representative from the state of Illinois indicated that when cards were changed in 2013, all notations of coverage level were removed so the change was not specifically focused on QMBs.[27] That year providers were told to start checking the state system, REVS, for information about a patient's coverage when presented with a Medicaid card.[28] The representative speculated that there were administrative costs to issuing new cards when eligibility changed, pointing to Illinois's status as a 209(b) state[29] and an Affordable Care Act Medicaid expansion state as creating different pathways to Medicaid coverage.

Iowa

Iowa QMB-Only and QMB-Plus beneficiaries receive the same card. The cards do not identify beneficiaries as QMBs[30] and do not contain other benefits. Iowa leaves it up to beneficiaries to identify themselves to providers that they are QMBs:

> Members are responsible for notifying the provider that they are Medicaid members and showing the card or providing the health care provider with information needed to verify Medicaid eligibility.[31]

Providers with access to Iowa's Eligibility Verification System (ELVS) can confirm QMB status, but it is not clear if non-Medicaid providers can access ELVS.[32]

Louisiana

Louisiana QMB-Only and QMB-Plus beneficiaries receive the same card. The cards do not identify beneficiaries as QMBs. The cards may also hold other benefits.

Maryland[33]

A QMB-Only in Maryland receives a gray and white card that says "Qualified Medicare Beneficiary," whereas a QMB-Plus in Maryland receives a red and white Medicaid card that does not mention QMB status. Maryland has a number of color-coded Medicaid cards that vary according to Medicaid coverage.[34] In addition, a beneficiary's Medicare claim number is listed on the Maryland Medical Assistance Program card, if the beneficiary is a dual-eligible.

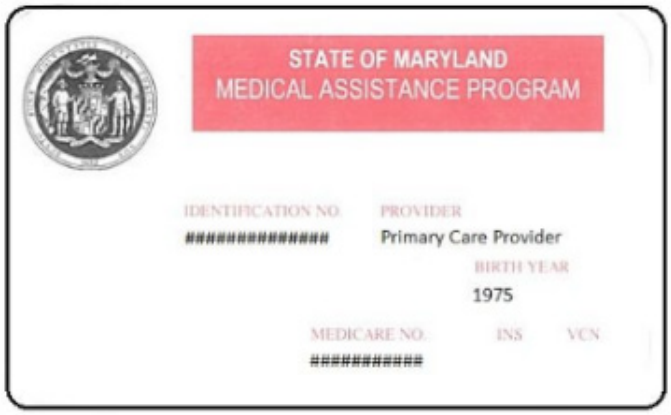

Fig. 3a. – Maryland Medicaid card and QMB-Plus card; lists a patient's Medicare number.

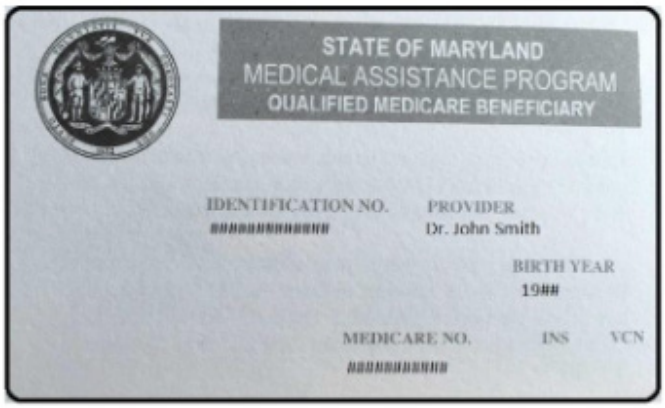

Fig. 3b. – Maryland QMB card; lists a patient's Medicare number.

Michigan

People who are QMB-Only in Michigan do not receive a benefit card of any kind. People who are QMB-Plus receive a Medicaid card that does not indicate whether they are QMB.

New Jersey

People who are QMB-Only in New Jersey do not receive a card of any kind. Those who are QMB-Plus receive a Medicaid card that does not indicate whether they are QMB.

The respondent from New Jersey expressed concern about QMB screening practices. An aged, disabled, or blind Medicaid beneficiary in New Jersey must have income below 100% FPL and resources below $4,000.[35] QMBs face the same income limit, but with a resource limit of $7,280.[36] Applicants with resources above $4,000, but below $7,280, are often denied Medicaid by the local Medicaid agency, and are advised to spend down their resources rather than being screened for QMB. Statistics published by the Center for Medicare & Medicaid Services comparing QMB-Only enrollment to QMB-Plus enrollment lend support to the New Jersey respondent's observations about QMB screening, reporting in December 2015 only about 436 QMB-Only enrollees in New Jersey, compared with 162,211 QMB-Plus enrollees.[37]

New York

New York QMB-Only and QMB-Plus beneficiaries receive the same card. The cards are permanent[38] and may contain other benefits. They do not identify beneficiaries as QMBs.[39] New cards were recently announced; however, old cards remain valid.[40]

Medicaid providers in New York use a system called ePACES[41] to verify the scope of a patient's coverage. One respondent cautioned that ePACES is "notoriously inaccurate." Notation of QMB-status is "buried in the third-party health insurance section with the person's Medicare enrollment (e.g., 'MEDICARE ABDQMB')." Medicare providers who lack access to ePACES may have no way of determining whether patients are QMBs. Advocates assert further that many providers are unaware of the QMB benefit.

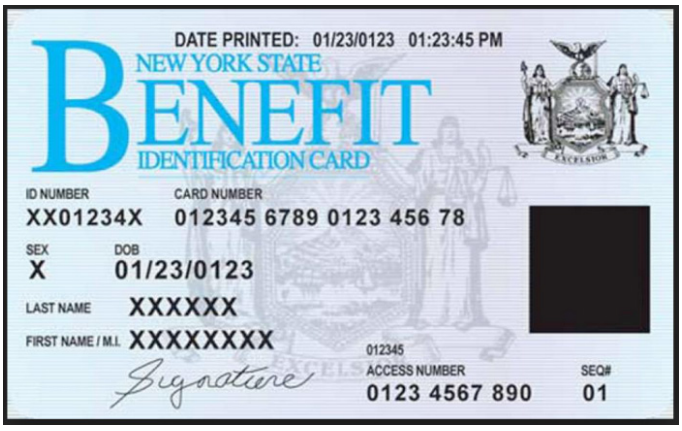

Fig. 4a. – New York State Medicaid card issued pre-August 2016; this card remains valid.

Fig. 4b. – New York Medicaid card as of August 1, 2016.

North Carolina

North Carolina calls the QMB program MQB-Q. People in North Carolina who are QMB-Only receive a gray card that says "Medicare-Aid ID Card," while QMB-Plus enrollees receive only a Medicaid card that does not identify them as QMB. The Medicare-Aid ID Card must be presented to the provider along with the Medicare card.[42] The card is now issued once per year but had previously been issued monthly.[43]

Only Medicaid providers have access to North Carolina's billing system.

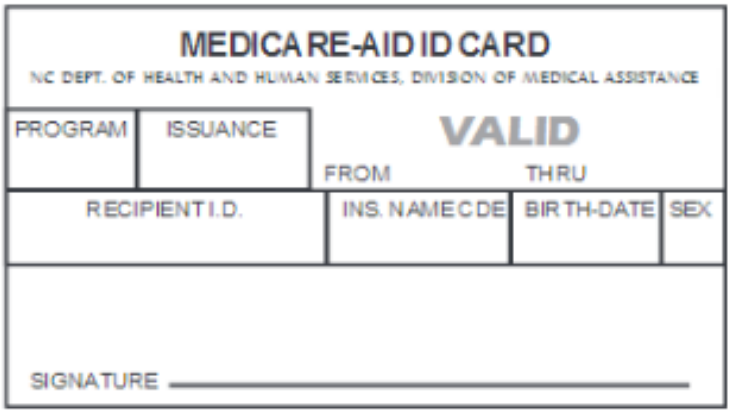

Fig. 5. – North Carolina MQB-Q card.

Ohio[44]

A QMB-Only beneficiary in Ohio receives a monthly paper notification of QMB coverage, with a tear-off stub at the bottom, akin to Illinois's pre-2013 card. The stub states "Qualified Medicare Beneficiary," and is to be treated like any other insurance card. It does not hold other benefits. A QMB-Plus beneficiary must enroll in a Medicaid managed care plan, and only receives the plan's card. While awaiting plan enrollment, however, the beneficiary receives a monthly tear-off confirming Medicaid status only.

This system has been in effect since August 2016, which marked the beginning of a statewide overhaul of Ohio's Medicaid program: the simultaneous changeover to 1634 status from 209(b) status[45] and elimination of Ohio's spend-down program.

Under the old system, QMBs who had Medicaid with a spend-down received a tear off for QMB every month. They received another tear off for Medicaid later in the month once they met their spend-down.

The respondent was unsure whether Medicare providers could access the state's billing system for purposes of checking coverage status and claims submission. She reported that most Medicare providers in Ohio also accept Medicaid, but expressed concern that this could change as the state recently adopted a "lesser of" pay policy, capping the state's QMB cost-sharing reimbursement obligation to the state's Medicaid rate. Reimbursement rates will diminish, limiting the benefit to providers in seeing QMBs and accepting Medicaid at all.[46] This concern has been expressed by CMS for many years.[47]

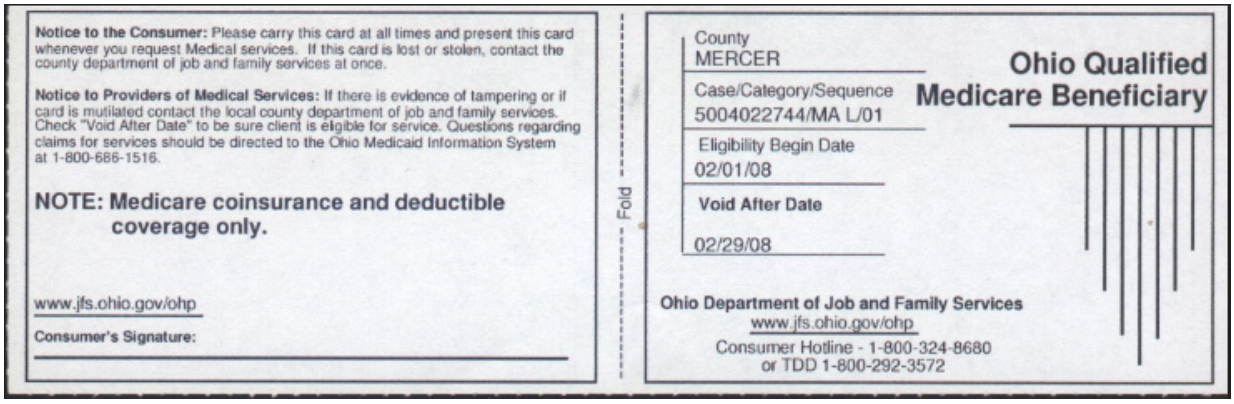

Fig. 6. – Ohio QMB card; actually a tear-off stub at the bottom of a monthly notice of continuing coverage.

Pennsylvania

Pennsylvania QMB-Only and QMB-Plus beneficiaries receive the same card. The cards do not identify cardholders as QMBs. The cards can contain other benefits.

Pennsylvania's provider system, PROMISE, allows a provider to see a patient's dates of coverage, benefit package (Medicaid recipients get the "Adult benefits package"), and Medicaid program code. The QMB program code is PH 80, and is easily recognized within the billing system, but advocates find that few billers know what the code means. The "PH" indicates federal Aged, Blind, Disabled coverage; and the "80" indicates that Medicare is the primary health insurance payer. The respondent did not know whether one must be a Medicaid provider to check a patient's QMB status on PROMISE.

Rhode Island

Rhode Island QMB-Only and QMB-Plus beneficiaries receive the same card. The cards contain no information about QMB status.

Rhode Island's billing system does not indicate QMB status. Rather, QMB status is verified through Rhode Island's healthcare portal, access to which requires one to be a "Trading Partner." Only Medicaid providers, their billing agents, or clearinghouses acting as billing agents may become Trading Partners.[48]

QMB status is noted in the portal as:

Medicare Premium Payment/QMB				Medicare Covered Services/Crossover Claims

Utah

Utah QMB-Only and QMB-Plus beneficiaries receive the same card. However, as recently as June 2014, Utah QMBs received a monthly card that read "MEDICARE COST-SHARING ONLY."[49] In July 2014, monthly cards were replaced by plastic cards that do not identify eligibility information; providers must now look up coverage information in Utah's medical billing system.[50]

Fig. 7. – Utah Medicaid Card.

Survey Protocols

Selected advocates who work with dual eligibles in their respective states were sent an online survey through SurveyMonkey. The survey was sent to advocates in 31 states and the District of Columbia.

The survey received 22 responses, across 11 states and the District of Columbia. Of the 22 responses, seven were incomplete and could not be reported. One advocate from a thirteenth state was interviewed by telephone. By Internet search, the author researched a fourteenth state, not surveyed, which previously had a unique QMB identification card; those findings are reported above alongside the survey responses.[51]

Endnotes

1. *See* Medicare.gov, "Medicare Savings Programs," available at medicare.gov/your-medicare-costs/help-paying-costs/medicare-savings-program/medicare-savings-programs.html.

2. *See* Ctrs. for Medicare & Medicaid Services (CMS), "Access to Care Issues Among Qualified Medicare Beneficiaries," July 2015, ("CMS Access Report"), available at cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/Access_to_Care_Issues_Among_Qualified_Medicare_Beneficiaries.pdf.

3. *See* CMS, Medicare Learning Network Matters, "Prohibition on Balance Billing Dually Eligible Individuals Enrolled in the Qualified Medicare Beneficiary (QMB) Program," Feb. 4, 2016 ("MLN Article") (Encouraging providers who see QMBs to identify and outreach to QMBs), available at cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1128.pdf.

4. CMS, State Medicaid Manual, Chapter 3, § 3490.11, available at cms.gov/Regulations-and-Guidance/guidance/Manuals/Paper-Based-Manuals-Items/CMS021927.html.

5. In addition to the statutory protections of QMBs, providers who participate in Medicare Advantage also are prohibited by contract from billing QMBs for Medicare Advantage deductibles or co-insurance. 42 C.F.R. § 422.504(g)(1)(iii).

6. The CMS Medicaid Manual does not say whether a non-Medicaid provider should have access to a state's Medicaid billing system, but does not appear to eliminate this as a possibility either. *See* CMS, State Medicaid Manual, *supra* Note 4, Chapter 11, § 11320.

7. Financial eligibility criteria for QMB and full Medicaid are so close in many states that most QMBs are QMB-Plus beneficiaries. So, it is not clear whether some respondents simply have not seen many, or any, QMBs who are not also QMB-Plus, or if it is truly the case that people in these states who are QMB-Only do not receive a card of any kind.

8. D.C. QMB eligibility information available at dhcf.dc.gov/service/qualified-medicaid-beneficiary-qmb.

9. *See* CMS, "Medicare-Medicaid Enrollee State and County Enrollment Snapshots, Updated Quarterly (Sept. 2015) – EXCEL." ("2015 Enrollment Snapshot"), available at cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics.html. (People who are QMB-Only beneficiaries outnumber QMB-Plus in Connecticut, Delaware, Georgia, New Mexico, Tennessee, and West Virginia).

10. *See*, Utah Dept. of Health, "New Medicaid Member Card: Frequently Asked Questions for Providers," available at medicaid.utah.gov/Documents/pdfs/FINALProviderFAQ.pdf ; *See* also, Ill. Dept. of Healthcare and Family Services (IDHFS), Informational Notice to Participating Medical Assistance Providers, Jan. 30, 2013, available at illinois.gov/hfs/MedicalProviders/notices/Pages/prn130130a.aspx.

11. Email from Chris DeYoung, July 19, 2016, on file with the author.

12. The California form is available at dhcs.ca.gov/provgovpart/Pages/MedicareCrossoverOnlyProviderAuthorization.aspx.

13. MLN Article, *supra* Note 3.

14. *See*, Iowa Dept. of Human Services (IDHS), "Medicaid for the Qualified Medicare Beneficiary" (Rev. 4/15), ("IDHS Consumer Brochure")(explaining the QMB program), available at dhs.iowa.gov/sites/default/files/Comm060.pdf.

15. QMB Welcome Letter provided by Chris DeYoung, on file with author. See also identical language on the Department of Health Care Finance website at dhcf.dc.gov/service/qualified-medicaid-beneficiary-qmb.

16. *See* N.C. Dept. of Health and Human Services, Div. of Medical Assistance, "A Consumer's Guide to Medicare Savings Programs Within North Carolina Medicaid," available at ncdma.s3.amazonaws.com/s3fs-public/documents/files/medcare_savings.pdf.

17. *See* D.C. Dept. of Health Care Finance, "D.C. Medicaid Fee-for-Service Medicaid Handbook," at 18. available at dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/DHCF%20FFS%20Medicaid%20Version%2013_red.pdf.

18. Email from Chris DeYoung, July 18, 2016, on file with the author. The income limit for QMB in the District of Columbia is 300% of the federal poverty level, with no resource limit. *See* dhcf.dc.gov/service/qualified-medicaid-beneficiary-qmb.

19. Email from Chris DeYoung, July 18, 2016, on file with the author.

20. *Id.*

21. *Id*.

22. Email from Chris DeYoung, July 19, 2016, on file with the author.

23. *See* Ill. Dept. of Healthcare and Family Services (IDHFS), "Recipient Eligibility Verification Program," available at illinois.gov/hfs/MedicalProviders/rev/Pages/default.aspx; *See* also Illinois Policy Manual for the Cash, SNAP, and Medical Assistance Programs for Illinois Residents, "PM 22-08-07: Recipient Medicaid Eligibility Information System (MMIS)" (Explaining types of medical eligibility that Illinois providers can look up in REVS), available at dhs.state.il.us/page.aspx?item=18713.

24. *See* IDHFS, "Handbook for Providers of Medical Services," § 108.1, Oct.2009. *See* also IDHFS, Informational Notice to Participating Medical Assistance Providers: ("IDHFS Informational Notice"), Jan. 30, 2013, available at illinois.gov/hfs/MedicalProviders/notices/Pages/prn130130a.aspx.

25. IDHFS, "Handbook for Providers of Medical Services," *supra* Note 24 at § 108.4.

26. *Id.* at § 108.5.

27. The guidance that announced removal of QMB status confirms this statement. IDHFS Informational Notice, *supra* Note 24.

28. *Id.*

29. *See* Social Security Adm., Program Operations Manual System (POMS), SI 01715.010 "Medicaid and the Supplemental Security Income Program," available at secure.ssa.gov/poms.nsf/lnx/0501715010.

30. 441 IAC § 76.6(249A), § 80.5(1); See also IDHS Consumer Brochure, *supra* Note 14 (explaining the QMB program, including that Iowa QMBs receive the same Medicaid card as other Medicaid beneficiaries). *See* also, IDHS, Medicaid Administration, "Employees' Manual," Jan. 20, 2012 ("IDHS Manual"), p. 9, available at dhs.iowa.gov/sites/default/files/8-A.pdf ("The Department issues a Medical Assistance Eligibility Card, form 470-1911, to all Medicaid members. The Medical Assistance Eligibility Card is issued at time of approval (or when spenddown is met for a medically needy person). EXCEPTION: Members determined presumptively eligible for Medicaid have form 470-2580 or 470-2580(S), Presumptive Medicaid Eligibility Notice of Decision, as evidence of eligibility rather than the Medical Assistance Eligibility Card. The card lists the member's name, state identification number, and date of birth. Replacement cards can be issued upon a member's request.").

31. IDHS Manual, *supra* Note 30, pp. 9 -10.

32. *Id.*

33. The majority of information in this section of the report was provided through direct email and phone calls to Mary Aquino. Notes on file with the author.

34. *See* Maryland Dept. of Health and Mental Hygiene, "What is Your Favorite Color? Purple! No Red. Wait, Yellow?" Insider's Edge, Issue No. 111 (Discussing cards available for different Medicaid programs in Maryland), available at mmcp.dhmh.maryland.gov/medicaidmarge/Pages/Home.aspx.

35. *See* e.g., N. J. Dept. of Human Services, Div. of Medical Assistance and Health Services, "NJ Family Care Aged, Blind, Disabled Programs: An Overview 2016," p. 3, available at state.nj.us/humanservices/dmahs/clients/medicaid/abd/ABD_2016_Overview.pdf.

36. *See* Nat'l Council on Aging, "Medicare Savings Programs: A Profile of State Options," May 16, 2016, available at ncoa.org/news/ncoa-news/center-for-benefits-news/medicare-savings-programs-state-options/.

37. See 2015 Enrollment Snapshot, *supra* Note 9; see also "Medicare-Medicaid Enrollee State and County Enrollment Snapshots (2007 – 2014)," available at cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics.html (Also showing that, while generally trending upward in recent years, New Jersey has had a similar difference of over 100,000 people between QMB-Only and QMB-Plus every year since 2007, the earliest year reported).

38. *See* N.Y. State Dept. of Health, Medicaid Reference Guide, Jan. 2012, pp. 506-507. Available at health.ny.gov/health_care/medicaid/reference/mrg/mrg.pdf.

39. NY Social Services Law § 366-a(3)(b) (The state or county must "provide a tamper resistant identification card containing a photo image of the applicant for use in securing medical assistance under this title...."; NY Social Services Law § 367-a(1)(d) (Medical assistance includes: "[a]mounts payable…for items and services provided to…qualified Medicare beneficiaries").

40. *See* N. Y. City Human Resources Adm., Medicaid Alert, "New Client Benefit Identification Card," Aug. 3, 2016.

41. *See* www.emedny.org/.

42. *See* No. Carolina Dept. of Health and Human Services (NCDHHS), Div. of Medical Assistance, "A Consumer's Guide to Medicare Savings Programs within North Carolina Medicaid," available at ncdma.s3.amazonaws.com/s3fs-public/documents/files/medcare_savings.pdf.

43. *Id.*

44. Emails with, and a phone interview of, Semanthie Brooks. Notes on file with the author.

45. Ohio joined a majority of states by becoming a 1634 state. *See* POMS, SI 01715.020 "List of State Medicaid Programs for the Aged, Blind and Disabled," available at secure.ssa.gov/poms.NSF/lnx/0501715020.

46. *See* ODM, Medicaid Handbook Transmittal Letter (MHTL) No. 3334-16-04 (Explaining Ohio's recent change in reimbursement methodology for all individual providers that see dual eligible consumers), available at medicaid.ohio.gov/Portals/0/Resources/Publications/Guidance/MedicaidPolicy/Gen/Medicaid-HandbookTransmittal-Letter.pdf.

47. CMS Access Report, *supra* Note 2. *See* also, HCFA State Medicaid Director Letter, Nov. 24, 1997 and Enclosures (Cautioning that the Medicaid rate used should not compromise beneficiary access to care). Available at medicaid.gov/Federal-Policy-Guidance/downloads/SMD112497.pdf.

48. *See* R. I. Exec. Office of Health & Human Services (EOHHS), "Provider Enrollment," available at www.eohhs.ri.gov/ProvidersPartners/ProviderEnrollment.aspx. *See* also, EOHHS, "Healthcare Portal," available at www.eohhs.ri.gov/ProvidersPartners/HealthcarePortal.aspx.

49. *See* Utah Dept. of Health (UDH), "Utah Medical Programs Summary," Jan. 2014, p. 10, available at medicaid.utah.gov/Documents/pdfs/medicalprograms.pdf.

50. *See* UDH, "New Medicaid Member Card: Frequently Asked Questions for Providers," available at medicaid.utah.gov/Documents/pdfs/FINALProviderFAQ.pdf; *See* also, UDH "Medicaid Member Guide, July 2016." Available at health.utah.gov/umb/forms/pdf/Medicaid_Member_Guide.pdf.

51. The original 12 are: California, District of Columbia, Illinois, Iowa, Louisiana, Maryland, Michigan, New Jersey, New York, North Carolina, Pennsylvania, and Rhode Island. The thirteenth state is Ohio. The fourteenth state is Utah.