

## Improvements in QMB Notices Temporarily Suspended

### What Happened

On October 2, 2017, the Centers for Medicare and Medicaid Services (CMS) modified the Provider Remittance Advice and the Medicare Summary Notice (MSN) for claims by Qualified Medicare Beneficiaries (QMBs) who are in fee-for-service Medicare. Both notices began identifying the QMB status of beneficiaries and showing their zero cost-sharing liability. The changes had been designed to make it easier for both QMBs and their providers to understand the QMB protections.

Unfortunately, *CMS temporarily suspended the system changes on December 8*. The agency found that the Provider Remittance Advice changes caused significant unforeseen issues affecting the processing of QMB cost-sharing claims by states and other payers secondary to Medicare. To address these unanticipated consequences, CMS will temporarily suspend the system changes, reverting back to the previous display of beneficiary responsibility and absence of QMB information on the Remittance Advice and MSN. CMS has reported that it is working aggressively to remediate these issues with the goal of reintroducing QMB information in the Remittance Advice and MSN in 2018.

Justice in Aging hosted a webinar on October 2 that discussed the changes, which are now being suspended. This fact sheet describes how the temporary suspension affects QMBs.

### What This Means for QMB Beneficiaries

- QMB protections remain unchanged. *QMBs do not owe deductibles and co-insurance for any Medicare Part A or Part B services.*
- Some MSNs that QMB beneficiaries receive may be confusing because the “Maximum you may be billed” column in the MSN will show zero beneficiary liability for provider billings submitted during the period when the MSN changes were introduced (Oct. 2-Dec. 7) and full co-insurance liability for billings submitted on December 8 or later. Beneficiaries receive MSNs only every three months, so mixed displays could continue through early March for some QMBs, but regardless, QMB protections remain the same.
- Customer service representatives at 1-800-Medicare are available to respond to beneficiary questions and can continue to help identify QMBs and, when appropriate, escalate improper billing cases.

- After the impact of the December 8 suspension works through the billing cycle, the MSNs will revert to how they looked prior to October 2. In other words, though QMBs are not liable for Medicare co-insurance, the “Maximum you may be billed” column will display co-insurance amounts.
- Neither the MSN improvements nor their temporary suspension affect QMBs who are in Medicare Advantage plans. MA plans continue to be responsible to ensure that their QMB enrollees are protected from improper billing and that their contracted providers are compliant with this rule.

## What’s Ahead

- CMS is working to reinstate the improvements in the MSNs and Remittance Advice documents that had to be suspended. When reinstated, they will be valuable tools to reinforce QMB protections.
- In late November, CMS introduced another change that enables providers to confirm QMB eligibility before serving individuals, using the same systems through which they check other insurance coverage. This change provides additional information and messages to CMS’ HIPPA Eligibility Transaction System (HETS) regarding an individual’s QMB status. This information will assist providers to correctly identify QMBs and avoid improper billing. Prior to the change, it was often difficult for providers who were not part of their state Medicaid system to confirm QMB status. *This change will continue to go forward and will not be affected by the suspension of MSN improvements.*

## More Information

See the [CMS QMB Program webpage](#). For tools that advocates can use to assist QMB clients who have been improperly billed, go to [Justice in Aging’s Improper Billing page](#).