

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

New Developments in QMB Billing



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- All on mute. Use Questions function for substantive questions and for technical concerns.
- Problems with getting on to the webinar? Send an e-mail to trainings@justiceinaging.org.
- Slides and a recording are available at Justice in Aging - Advocates Resources - Trainings: justiceinaging.org/resources-for-advocates/webinars. See also the chat box for this web address.

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

Justice in Aging is a national organization that uses the power of law to fight senior poverty by securing access to affordable health care, economic security, and the courts for older adults with limited resources.

Since 1972 we've focused our efforts primarily on populations that have traditionally lacked legal protection such as women, people of color, LGBT individuals, and people with limited English proficiency.

Diversity, Equity, and Inclusion

To achieve Justice in Aging, we must:

- Acknowledge systemic racism and discrimination
- Address the enduring negative effects of racism and differential treatment
- Promote access and equity in economic security, health care, and the courts for our nation's low-income older adults
- Recruit, support, and retain a diverse staff and board, including race, ethnicity, gender, gender identity and presentation, sexual orientation, disability, age, economic class

Today's Discussion

Improper Billing Rules

Systems Changes

Case Hypotheticals and
Advocacy Tips

Polling Question 1

- In the past year, how often have you helped an older adult who has been improperly billed by their healthcare provider?
 - Frequently
 - Sometimes
 - Infrequently
 - Rarely



Improper Billing Rules

What is improper billing?

The low-income dual eligible definition

Improper billing occurs when Medicare providers seek to bill a protected beneficiary for Medicare cost sharing. Medicare cost sharing can include deductibles, coinsurance, and copayments.

CMS Study on Improper Billing

- 31 interviews across three states
- Improper billing “relatively commonplace”
- Most paid the bills
- Those unpaid were sent to collections
- Many experienced appeal challenges and found billing processes complex and confusing

[cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/Access_to_Care_Issues_Among_Qualified_Medicare_Beneficiaries.pdf](https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/Access_to_Care_Issues_Among_Qualified_Medicare_Beneficiaries.pdf)

Who Is Protected?

QMBs!

The QMB program is one of several Medicare Savings Programs that help low-income Medicare beneficiaries get help from Medicaid to pay for Medicare Parts A and B, assuming they meet certain criteria.

QMBs are at or below 100% FPL and meet QMB resource limits.

Who Is Protected?

- Both QMB-only or QMB+ are protected.
- Look to state law for additional protections.

Federal Law—All QMBs Are Protected from Improper Billing

All Medicare physicians, providers, and suppliers who offer services and supplies to QMBs may not bill QMBs for Medicare cost sharing. Any payment (if any) made by the State Medicaid plan shall be considered payment in full. Provider will be subject to sanctions.

Federal Law: 42 U.S.C. Sec. 1396a(n)(3)(B) (Sec. 1902(n)(3)(B) of the Social Security Act)

Some Common Exceptions

- “Covered” Services
 - Non-Medicare covered services
 - Advance Beneficiary Notices
- Out of Medicare Advantage Network
- Part D Drug LIS Co-Pays
- Share of Cost

Can A QMB Waive This Protection?

NO!

- QMBs have no legal obligation to make further payment to a provider or Medicare managed care plan for Part A or Part B cost sharing.
- Medicare providers who violate these billing restrictions are violating their Medicare provider agreement.

Another Federal Protection— QMBs in Medicare Advantage and Medicare-Medicaid Plans

MA and MMP plans must include in their contracts with providers a protection against cost sharing for QMBs. Also federalizes state law protections.

Federal Regulation: 42 CFR Sec. 422.504(g)(1)(iii)

Impact of the MA Dual Eligible Protection:

- The regulation binds the Medicare Advantage plans.
- The plan contract binds providers.
- BOTH are responsible for compliance.

What About QMBs With Medicaid Managed Care?

- How a beneficiary receives her benefit does not change the improper billing protections.
- Automated crossover billing required in Medicaid Managed Care Rule. 42 C.F.R. sec. 438.

Polling Question #2

- What type(s) of QMB billing problems do you see most often in your work? Pick all that apply.
 - 80-20 co-insurance issues
 - Medicare Advantage
 - Billing problems with Medicaid managed care
 - Issues with ABNs
 - Administrative fees
 - Other



Systems Changes

Changes At 1-800-MEDICARE

- Beginning in September 2016, CSRs at 1-800-MEDICARE are able to identify whether an individual is enrolled in QMB.
- Beginning in March 2017, CSRs are able to escalate improper billing complaints. MACs can issue a compliance letter to recalcitrant providers.

[month] [day], [year]
[address]
[City] [ST] [Zip]

Reference ID: (NPI, etc.)

Dear [Beneficiary Name]:

You contacted Medicare about a bill you got from [Provider/Supplier Name]. Then we sent [Provider/Supplier Name] the letter on the next page.

You are in the Qualified Medicare Beneficiary (QMB) program. It helps pay your Medicare costs. **Medicare providers cannot bill you for Medicare deductibles, coinsurance, or copays for covered items and services.**

The letter tells the provider to stop billing you and to refund you any amounts you already paid. **Here's what you can do:**

1. Show this letter to the provider to make sure they fixed your bill.
2. Tell all of your providers and suppliers you are in the QMB program.
3. Show your Medicare and your Medicaid or QMB cards each time you get items or services.

If you have questions about this letter, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. Call 1-877-486-2048 if you use TTY.

Sincerely,

[Name]

[Title]

[MAC name]

[month] [day], [year]
[address]
[City] ST [Zip]

Reference ID: (NPI, etc.)
Dear [Provider/Supplier Name]:

The Centers for Medicare & Medicaid Services (CMS) received information that [Provider/Supplier Name] is improperly billing [Medicare beneficiary name/HICN number] for Medicare cost-sharing.

This beneficiary is enrolled in the Qualified Medicare Beneficiary (QMB) program, a state Medicaid program that helps low-income beneficiaries pay their Medicare cost-sharing. Federal law says Medicare providers can't charge individuals enrolled in the QMB program for Medicare Part A and B deductibles, coinsurances, or copays for items and services Medicare covers.

- **Promptly review your records for efforts to collect Medicare cost-sharing from [Medicare beneficiary name/HICN number], refund any amounts already paid, and recall any past or existing billing (including referrals to collection agencies) for Medicare-covered items and services**
- Ensure that your administrative staff and billing software exempt individuals enrolled in the QMB program from all Medicare cost-sharing billing and related collection efforts

Medicare providers must accept Medicare payment and Medicaid payment (if any) as payment in full for services given to individuals enrolled in the QMB program. Medicare providers who violate these billing prohibitions are violating their Medicare Provider Agreement and may be subject to sanctions. (See Sections 1902(n)(3); 1905(p); 1866(a)(1)(A); 1848(g)(3) of the Social Security Act.)

Finally, please refer to this Medicare Learning Network (MLN) Matters® article for more information on the prohibited billing of QMBs: <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1128.pdf>. If you have questions, please contact [MAC information].

Sincerely,

[Name]

[Title]

[MAC name]

Eligibility Systems Changes

- Effective November 2017, HIPAA Eligibility Transaction System (HETS) includes data to indicate periods when beneficiaries are enrolled in QMB.
- Particularly helpful for Medicare-only providers who treat QMBs.
- Most providers use third-party databases that pull from HETS.

Medicare Summary Notices

- Beginning July 2018, Medicare Summary Notices (MSNs) sent to QMBs show they have no liability for Medicare cost-sharing.
- MSNs are sent to Original (fee-for-service) Medicare beneficiaries on a quarterly basis.

Sample MSN

Notice for Jennifer Washington

Medicare Number	XXX-XX-1234A
Date of This Notice	September 16, 2017
Claims Processed Between	June 15 – September 15, 2017

Your Deductible Status

Your deductible is what you must pay for most health services before Medicare begins to pay.

Part B Deductible: You have now met **\$85.00** of your **\$109.00** deductible for 2017.

Be Informed!

This notice contains claims covered by the Qualified Medicare Beneficiary (QMB) program, which pays your Medicare costs. When you're enrolled in the QMB program, providers and suppliers who accept Medicare aren't allowed to bill you for Medicare deductibles, coinsurance, and copayments.

Your Claims & Costs This Period

Did Medicare Approve All Services?	Yes
Number of Services Medicare Denied	0

See claims starting on page 3.

Total You May Be Billed	\$0.00
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Providers with Claims This Period

June 18, 2017

Susan Jones, M.D.

June 28, 2017

Craig I. Secosan, M.D.

June 29 – June 30, 2017

Edward J. Mcginley M.D.

Sample MSN

June 18, 2017

Dr. Susan Jones, M.D., (555) 555-1234

Brevard County Physical Therapy Center, 32 Main Street, Brevard, NC 28712-4187

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minut (97110)	Yes	\$45.00	\$28.54	\$22.83	\$0.00	
Total for Claim #02-10195-592-677		\$45.00	\$28.54	\$22.83	\$0.00	A

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Medicare Remittance Advice

- Effective July 2018, Medicare Remittance Advice for fee-for-service providers includes a notification to providers to refrain from collecting cost-sharing from QMBs. It also zeroes out the deductible and co-insurance amounts.

Summary of Changes

System or Document	Description of Change	Beneficiary or Provider-Facing
1-800-MEDICARE	<ul style="list-style-type: none"> • CSRs can identify QMBs • CSRs can escalate problem providers and send a warning letter through MAC 	Both
HIPPA Eligibility Transaction System (HETS)	<ul style="list-style-type: none"> • Includes QMB eligibility for when beneficiary is enrolled 	Provider
Medicare Summary Notice (MSN)	<ul style="list-style-type: none"> • Added language about billing protection for QMBs. • Displays zero liability for co-pays and deductibles. 	Beneficiary
Remittance Advice	<ul style="list-style-type: none"> • Added language about billing protection for QMBs. • Displays zero liability for co-pays and deductibles. 	Provider



Examples and Advocacy Tips

The Case of Ms. Hodgkins

- Ms. Hodgkins has had both Medicare and Medicaid for as long as she can remember and has no problems with bills. After moving in with her adult children six months ago, she changed her PCP.
- After her first office visit, she received a bill for about \$50. She didn't want to pay, but negotiations with the doctor failed, so she coughed up the money.
- She is not surprised when she receives another bill after her second visit, but this time she would rather let the bill go to collections than pay.

Advocacy Tips for Ms. Hodgkins

- Confirm her QMB status through 1-800-MEDICARE, the state Medicaid office, or her recent MSN.
- Try escalating the provider through 1-800-MEDICARE and the MAC.
- Use one of Justice in Aging's sample letters.

The Case of Mr. Tam

- Mr. Tam is QMB+ with a Medicaid managed care plan.
- In July, he visits Dr. Fitt, his cardiologist.
- After his examination, he's told at the front desk that Dr. Fitt doesn't work with Medicaid and doesn't take his Medicaid plan, so Mr. Tam is responsible for all the Medicare cost-sharing.
- Mr. Tam tries telling the receptionist that he has QMB, but she tells him to go home and that he will get a bill in the mail.

Advocacy Tips for Mr. Tam

- The provider should be able to check Mr. Tam's QMB eligibility through the HETS system.
- It does not matter that Dr. Fitt is not a Medicaid provider. QMB billing protections apply so long as Dr. Fitt is a Medicare provider.
- The Medicare RA sent to Dr. Fitt should also indicate that Mr. Tam is not liable for any cost-sharing.

The Case of Ms. Espinosa

- Ms. Espinosa is a QMB and recently joined Total Fitness Medicare Advantage because the plan offers supplemental benefits like transportation, dental, and a gym membership.
- She hasn't had problems with billing before, but when she got to her first office check up with Dr. Gold, the receptionist told her that she needed to pay a \$15 co-pay like all other members.
- Ms. Espinosa looked down at her Total Fitness MA card and saw the \$15 co-pay listed there, too. She got confused and scared, so she paid the amount.

Advocacy Tips for Ms. Espinosa

- Medicare Advantage plans receive QMB eligibility data on a regular basis from CMS. They also have guidance to follow to the QMB billing rules.
- Co-pays in Medicare Advantage are often unreported because the amounts are minor. Regardless, they are still improper.
- Ms. Espinosa should raise the issue with Total Fitness and the provider. Both are responsible for compliance with federal law. Total Fitness owes Ms. Espinosa a refund of any prior co-pays, too.

Tips When Dealing With Bills

- Encourage the beneficiary not to pay up front.
- Remind the provider of the beneficiary's status as a QMB and the improper billing rules.
Remind the beneficiary to show their cards at point of service.
- Go up the chain in the billing department.
- For Medicare Advantage, remember the plan and provider are both responsible for compliance.

More Tips

- Medicaid plans are supposed to have automatic crossover processes set up.
- Use Justice in Aging's model letters.
- Identify QMBs and report providers using 1-800-MEDICARE; you can also identify QMBs through the MSNs.
- Get help from legal aid on individual cases.
- Contact Justice in Aging for systemic issues.

Resources to Stop Improper Billing

- [CMS Medicare Learning Network Matters](#)
- [CMS QMB Billing FAQs](#)
- [Justice in Aging Improper Billing Toolkit](#)
- [CMS July 2015 QMB Study](#)



Questions?

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