

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

The Qualified Medicare Beneficiary Program—An Update for Advocates (I)



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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

Overview of the QMB Program

QMB Billing Protections

QMBs and Managed Care

Case Hypotheticals and
Advocacy Tips

Polling Question

- In the past year, how often have you helped an older adult who has had problems accessing or enrolling in the QMB program?
 - Frequently
 - Sometimes
 - Infrequently
 - Rarely



Overview of the QMB Program

What is QMB

- Qualified Medicare Beneficiary program
- A Medicare Savings Program (MSP)
- A Medicaid benefit
- Over 7.2 million beneficiaries

QMB Benefit: Coverage

- A Medicaid benefit
- Pays Part B premium (and Part A if needed), distinct from a state's decision to do a Part B buy-in
- Protects QMB from Medicare deductibles, co-insurance and co-pays for all covered Part A and Part B services
- Protects QMB from Part C co-pays and deductibles for Medicare Advantage members—not just limited to those in D-SNPs

QMB Benefit: Advantages

- State QMB expenditures are not subject to estate recovery
- Automatically brings enrollment in Part D Low-Income Subsidy (Extra Help)
 - Even for those who would not otherwise qualify

QMBs and Duals

- If only have the QMB benefit, you are a “partial dual.”
- About 80% of QMBs are also full duals (QMB plus). 20% are QMB-only.
- Most full duals—over 70%—are also QMBs, some full duals have incomes above the QMB amount.

QMB Benefit: Eligibility

- **Income limit: 100% FPL**
 - 2019: \$1,061 individual/\$1,430 couple
- **Asset limit: 3xSSI***
 - 2018: \$7,730 individual/\$11,600 couple
- **13 states are more generous: AL, AZ, CT, DE, DC, IL, IN, ME, MN, MS, NY, OR, VT including 9 that eliminated the asset test entirely**

Enrolling in QMB

- Anyone applying for Medicaid should be screened by the state for all Medicaid programs, including QMB and other MSPs
- Automatic enrollment for some people with SSI
- SSA sends application info on people who applied for LIS to states. States can treat SA info as verified.



QMB Billing Protections

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.

Who is Protected?

- Both QMB-only or QMB+ are protected.
- Applies even if QMB is out of state.
- 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.

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.

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.

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



QMBs and Managed Care

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.

Additional Protection in Medicare Advantage

- Non-discrimination protection based on source of payment.
- Medicare Managed Care Manual explicitly includes Medicaid.

QMBs and Duals in Medicare Part D

- If full dual and in an institution or receiving home and community based services (HCBS) in the community, entitled to \$0 Part D co-pays
 - Under an 1115 demonstration,
 - 1915(c) or (d) waiver,
 - State amendment under 1915(i), or
 - Through an MCO with a contract under 1903(m) or under 1932 of the Social Security Act.
- Presents opportunity for potential advocacy

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. 438.3(t).
- Some plans still working toward compliance.
- New NRPM may give states more flexibility.

Case Examples

The Case of Ms. Rodriguez

- Ms. Rodriguez has had both Medicare and Medicaid for as long as she can remember. Recently, she gets diagnosed with a heart condition and requires a cardiologist.
- After scheduling a visit with a local cardiologist, the receptionist tells her that he doesn't take Medicaid and therefore Ms. Rodriguez will be responsible for the amounts Medicare does not cover. He also says he has no way to even check if Ms. Rodriguez is QMB.

Advocacy Tips for Ms. Rodriguez

- Confirm whether she is QMB through 1-800-MEDICARE or a recent MSN.
- The Medicare cardiologist can check her QMB eligibility through his system.
- Use one of Justice in Aging's sample letters to challenge any bill for the covered service.

The Case of Mr. Owens

- Mr. Owens is QMB+ who recently enrolled in Super Fit Medicare Advantage plan and also has a Medicaid plan. He receives Medicaid HCBS through his plan.
- A doctor with Super Fit Medicare Advantage tells him that they do not take people on Medicaid.
- When Mr. Owens goes to get his monthly supplies of drugs at CVS, the pharmacy asks him to pay co-pays for each one.

Advocacy Tips for Mr. Owens

- Medicare Advantage provider cannot turn away Mr. Owens and cannot bill him. Any bill can be taken up with either the plan or the doctor.
- CVS cannot charge him for his Part D drugs since he receives HCBS.

Tips When Dealing With Bills

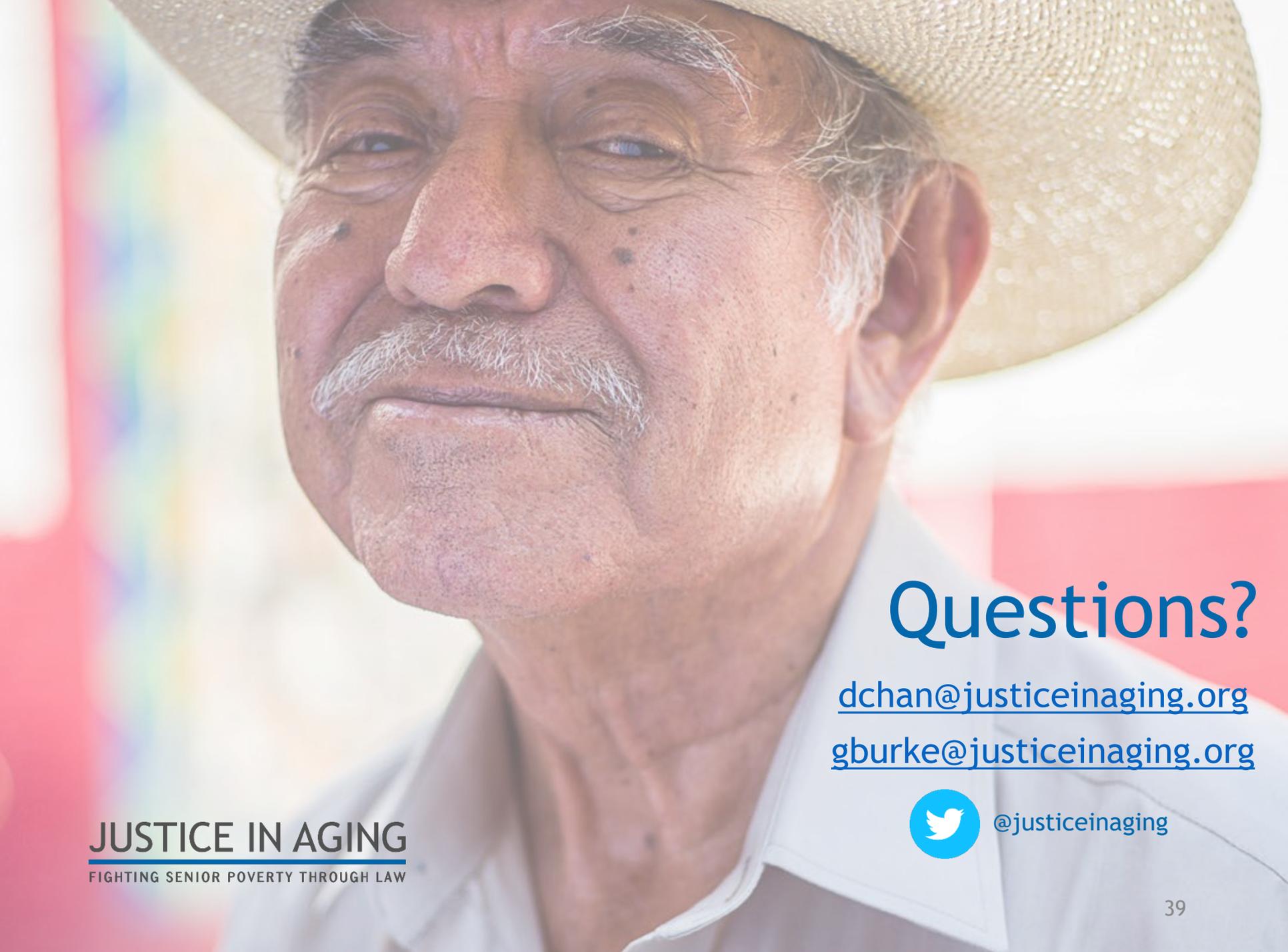
- Encourage the beneficiary not to pay up front.
- Remind the provider of the beneficiary's status as a QMB and the improper billing rules.
Remind the beneficiary to show their cards at point of service.
- Go up the chain in the billing department.
- For Medicare Advantage, remember the plan and provider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