

January 8, 2017

Dear CHRISTUS Health Plan Provider:

We would like to make you aware of important CMS billing requirements. CMS prohibits Medicare providers and suppliers from billing an individual enrolled in the QMB program for Medicare Part A and Part B cost-sharing under any circumstances (see Sections 1902(n)(3)(B), 1902(n)(3)(C), 1905(p)(3), 1866(a)(1)(A), and 1848(g)(3)(A) of the Social Security Act [the Act]). The Qualified Medicare Beneficiary (QMB) program, is a state Medicaid program that helps low-income beneficiaries pay their Medicare premiums and 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.

Ways to Promote Compliance with QMB Billing Rules

Take the following steps to ensure compliance with QMB billing prohibitions:

- Establish processes to routinely identify the QMB status of your Medicare patients prior to billing for 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
- Beginning in November 2017, providers and suppliers can use Medicare eligibility data provided to Medicare providers, suppliers, and their authorized billing agents (including clearinghouses and third party vendors) by CMS' HETS to verify a patient's QMB status and exemption from cost-sharing charges. For more information on HETS, visit <https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/HETSHelp/index.html>.

- Original Medicare providers and suppliers can readily identify the QMB status of patients and billing prohibitions on the Medicare Provider RA, which will contain new notifications and information about a patient's QMB status for Part A and B claims processed on or after October 2, 2017. Refer to Qualified Medicare Beneficiary Indicator in the Medicare Fee-For-Service Claims Processing System for more information about these improvements.

MA providers and suppliers should also contact the MA plan to learn the best way to identify the QMB status of plan members. 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>.

Sincerely,
CHRISTUS Health Plan