



Qualified Medicare Beneficiary (QMB) Program

"Dual-eligible beneficiaries" are individuals enrolled in both Medicare and Medicaid. This includes beneficiaries who are enrolled with Medicare Part A and/or Part B who also receive Medicaid benefits or assistance with Medicare premiums, or cost sharing through various programs. One program is the Qualified Medicare Beneficiaries (QMB) Program which assists low-income beneficiaries with their Medicare premiums and cost sharing.

- Certain requirements and restrictions apply when a beneficiary is a dual eligible.
- Medicare providers must accept assignment for Part B services furnished to dual eligible beneficiaries.
- Federal law (Sections 1902(n)(3)(B) and 1866(a)(1)(A) of the Act, as modified by Section 4714 of the Balanced Budget Act of 1997) prohibits all Medicare providers from billing QMB individuals for all Medicare deductibles, coinsurance, or copayments.
 - Medicare and Medicaid payments made for services rendered to a QMB are considered as payment in full.
- Providers cannot charge QMB individuals even if the patient's QMB benefit is provided by a different State.
- Providers cannot update or change a patient's QMB status.
- All original Medicare and Medicare Advantage providers and suppliers – not only those that accept Medicaid – must abide by the billing prohibitions.
- Monthly, but as often as daily, states submit QMB information to CMS. If a provider believes the data is incorrect in CMS' system, check the Oregon Medicaid eligibility system (MMIS) and compare it to the information received via HETS 270/271. If there is a discrepancy between the two systems, default to MMIS system eligibility status.

Ways to identify QMB enrollees:

Oregon Medicaid Portal web site:

<https://www.or-medicaid.gov/ProdPortal/Home/tabId/36/Default.aspx>

Centers for Medicare & Medicaid Services HIPAA Eligibility Transaction System (HETS):

<https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/HETSHelp/Index.html>