

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

Breakthrough Changes in Improper Billing of QMBs

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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.

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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.

Roadmap

1. QMB benefit basics

- The protections
- Persistent issues for consumers

2. Addressing the issues-big changes!

- Medicare Summary Notices
- Changes in Medicare Eligibility Data
- Changes in Provider Remittance Advice
- Paths for reporting problems

3. What advocates can do

- Using the new systems
- Tools to assist beneficiaries

QMB benefit: the basics

- A Medicaid benefit—100% FPL, assets 3xSSI*
- Pays Part B premium (and Part A if needed)
- 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

*2017 Income \$1,025/\$1,347. Assets \$7,390/\$11,090

QMB benefit: what is covered

- Covers all Part A and B services: physicians, hospital, home health, DME, Part B drugs, etc.
- Does not cover Part D drugs
- Applicable only to Medicare-covered services

QMB benefit: provider payment

- State pays provider but permitted to limit to the state Medicaid amount
- In most cases, provider get nothing beyond what Medicare pays

QMBs and Duals

- Over 7.2 million QMBs
- Most QMBs are also full duals (QMB plus) but about 20% are QMB-only
- Most full duals -over 70%--are also QMBs, some full duals have incomes above the QMB amount

QMB benefit: the issue

- Billing of QMBs is common.
- Many QMBs pay out of fear of losing provider, fear of collection, or ignorance of their rights

Sources of the problem

- Payment design is a disincentive for serving QMBs
- Many providers and QMBs do not understand the protection
- Difficulties in confirming QMB status
- Limited accountability for compliance

Maria

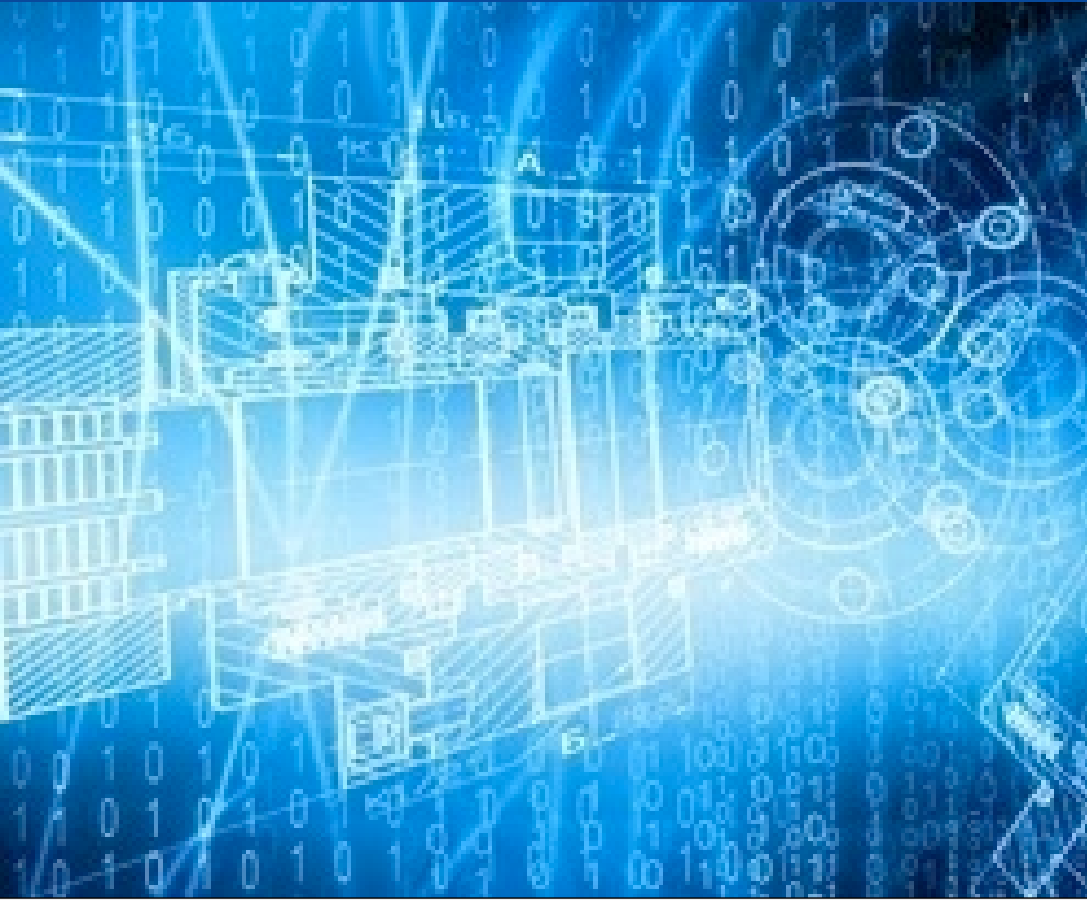
- Full benefit dual w/QMB
 - Her usual doctor never bills her
 - Referred to a cardiologist who only takes Medicare
- At the cardiologist's office
 - Maria shows her Medicare and Medicaid card
 - Office can't check on her QMB status
 - Maria just knows she has Medicaid
 - Office tells Maria "We don't take Medicaid. You may be billed." Maria agrees.
- Specialist bills Maria for co-insurance after Medicare pays 80%
 - The bill is significant. Maria can't afford to pay
 - She starts getting calls from a collection agency
 - She is afraid



New Steps to Address Improper Billing of Qualified Medicare Beneficiaries

*Fall 2017
Improvements*

*Kim Glaun, Medicare-Medicaid
Coordination Office (MMCO), Centers
for Medicare & Medicaid Services (CMS)
October 2, 2017*



Agenda

- QMB Billing Problems
- Medicare Summary Notice (MSN) changes for QMBs (October 2017)
- System Changes to Identify QMB Status for Providers (October & November 2017)
- Tips to Address Inappropriate Billing
- Questions and Answers

Improper Billing is Occurring

Difficulties for Providers	Difficulties for Beneficiaries
Confusion about the billing rules	Confusion and lack of awareness regarding QMB status and rules
Difficulty in identifying QMB status	Many pay improper charges
	Unpaid balances sent to collections

Upcoming Improvements to the Medicare Summary Notice

Medicare Summary Notice Changes

Starting October 2, 2017, the Medicare Summary Notice (MSN) will clearly identify when the beneficiary was enrolled in the QMB program, and will accurately reflect the beneficiary's cost-sharing liability (\$0 for the period enrolled in the QMB program).

For more information, see [QMB Indicator in the Medicare Fee-For-Service Claims Processing System MLN Matters Article](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/se1128.pdf) at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/se1128.pdf>

Part B Medicare Summary Notice: Page One

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.

Medicare Summary Notice for Part B: Detail Line

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

Notes for Claims Above

- A** You're in the Qualified Medicare Beneficiary (QMB) program, which pays your Medicare costs. Health care providers who accept Medicare can't bill you for the Medicare costs for this item or service, but you may be charged a small Medicaid copay.

Upcoming System Changes

Identify QMB Status for Providers

Changes to Medicare Eligibility Data

Through the HIPAA Eligibility Transaction System (HETS), CMS releases Medicare eligibility data to Medicare providers, suppliers, or their authorized billing agents (including clearinghouses and third party vendors).

Effective November 4, 2017, providers can use HETS data to verify a patient's QMB status and exemption from cost-sharing charges.

HETS will indicate periods during which the beneficiary is enrolled in QMB and owes \$0 for Medicare Part A and B deductibles and coinsurance.

For more information, see the [HIPAA Eligibility Transaction System](https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/HETSHelp/index.html?redirect=/HETSHelp) at <https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/HETSHelp/index.html?redirect=/HETSHelp>

Changes to the Provider Remittance Advice

CMS sends original Medicare providers a Remittance Advice (RA) after processing Part A/B Claims

Starting October 2, 2017, original Medicare providers and suppliers can readily identify the QMB status of patients and billing prohibitions from the Medicare RA.

For more information, see [QMB Indicator in the Medicare Fee-For-Service Claims Processing System](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/se1128.pdf) MLN Matters Article at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/se1128.pdf>

Tips for Providers and Suppliers

Recommended Steps for Providers

1. Establish processes to routinely identify the QMB status of your patients prior to billing.
2. Ensure that billing procedures and third-party vendors exempt QMBs from Medicare charges and remedy billing problems should they occur.
 - Medicare Administrative Contractors will conduct outreach to specific providers when 1-800-MEDICARE receives complaints about persistent improper billing See CMS MLN 99817
3. Determine the State processes to seek Medicare cost-sharing payments.

For more information, see Prohibition on Billing Dually Eligible Individuals Enrolled in the QMB Program MLN Matters® Article at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/se1128.pdf>

Three Tips for QMBs

1. Tell the provider or debt collector that you have QMB and can't be charged.
 2. If the medical provider won't stop billing you, call 1-800-MEDICARE (TTY-1-800-633-4227).
 3. If you have a problem with debt collection, you can send a complaint to the Consumer Financial Protection Bureau (CFPB) online or call the CFPB toll-free at (855) 411-2372. (TTY (855) 729-2372.)
- Medicare blog: 3 Tips for People in the Qualified Medicare Beneficiary Program (QMB) (Jan. 2017)
- English version
<https://blog.medicare.gov/2017/01/18/qualified-medicare-beneficiary-program/>
 - Spanish version
https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/SPA3tipsforpeopleinthequalifiedmedicarebeneficiaryHLOWithaddendum_4_06_17.pdf

Resources

For More Information, visit the QMB Program webpage at <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/QMB.html>

Using the new systems

- Identify QMBs using 1-800-MEDICARE or the newly tailored MSNs.
- Beginning Nov. 2017, remind Medicare providers they may check QMB eligibility in their real time system.
- Report a recalcitrant provider to 1-800-MEDICARE.

Additional resources

- Updated Justice in Aging toolkit
 - Template Model Letters
 - New factsheet summarizing the CMS changes
 - New factsheet on ABNs and administrative fees
 - Library of state-specific authorities
- CMS resources
 - [QMB website](#)
 - [MLN Matters on QMB Billing Prohibitions](#)
 - [2017 Call Letter Language](#)

Tips for dealing with QMB bills

- Encourage the beneficiary not to pay up front.
- Using the new tools, remind the provider of the beneficiary's status as a QMB and the improper billing rules.
- Go up the chain in the billing department.
- Watch out for MA plan co-pays!
- For Medicare Advantage, consider advocacy with both the plan and the provider.
- Contact Justice in Aging for systemic improper billing issues.

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