DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
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TO: All Medicare Advantage Organizations, Section 1876 Cost Plans, Section 1833 Cost Plans, Medicare-Medicaid Plans, and PACE Organizations

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SUBJECT: Qualified Medicare Beneficiary Program Enrollee Status Resources

This memorandum provides information regarding existing Centers for Medicare & Medicaid Services (CMS) resources for plans to identify the status of Qualified Medicare Beneficiary (QMB) Program enrollees. In 2017, CMS reminded plans of their obligations to educate network providers about QMB billing rules and to maintain procedures that ensure network providers do not discriminate against enrollees based on their payment status, e.g., QMB.[1] In response we received a number of questions about how to identify QMB status and promote compliance. This memorandum addresses these questions and offers resources and potential strategies for plans.

The QMB Program is a Medicaid benefit that pays Medicare premiums and cost sharing for certain low-income Medicare beneficiaries. Federal law prohibits Medicare providers from collecting Medicare Part A and Part B coinsurance, copayments, and deductibles from those enrolled in the QMB Program, including those enrolled in Medicare Advantage and other Part C plans. As a reminder, for Medicare-Medicaid Plans in the capitated model of the Financial Alignment Initiative and for Program of All-Inclusive Care for the Elderly (PACE) organizations, coinsurance, copays, and deductibles are zero for all Medicare A/B services.

[1] See Calendar Year (CY) 2017 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter; Medicare Managed Care Manual, Ch. 4, Section 10.5.2.

Identifying QMBs

Timely access to enrollees' QMB status is critical to inform, monitor, and promote provider compliance with these rules. CMS provides the following ways for plans to identify the QMB status of their enrollees.

- *Medicare Advantage Medicaid Status Data File*
  - Effective January 1, 2017, CMS began sending plans a new monthly Medicare Advantage Medicaid Status File that provides the monthly dual statuses and corresponding dual status codes for members who are full or partial duals. Each report will provide the most recent Medicaid information on the plan's enrollees.[2]
  - QMB status is reflected in data element (Field 8) – Medicaid Dual Status Code; Length – 2 bytes; Field Position 40-41; Codes Values for QMBs are 01 and 02.
- *Monthly Membership Detail Data (MMDD) File*
  - QMB status can be identified in data element (Field 84) – Medicaid Dual Status Code; Length – 2 bytes; Field Position – 446-447; Code Values for QMBs are 01 and 02.[3]
  - Note that the MMDD is generated late in a given month to identify enrollees for the following month. As a result, it would not include individuals who enroll late in the month (i.e., after MMDD is generated).
- *MARx UI (M257 screen)*
  - This screen can be used to identify dual status code on a specific individual.
  - See Medicaid Dual Status Code 01 or 02.

CMS encourages plans to affirmatively inform contracted providers about enrollees' QMB status. Potential strategies include providing QMB status information and indicators through member ID cards, online provider portals, Evidence of Benefits statements, and provider online and phone query mechanisms. Medicare-Medicaid Plans should make clear that all enrollees – regardless of whether they have QMB status or not – have zero Medicare A/B coinsurance, copayments, and deductibles.

Provider Education

CMS encourages plans to educate providers about the prohibition on billing for Medicare A/B deductibles and coinsurance. Potential strategies include holding recurring trainings, conducting targeted education to providers that improperly bill members, and adding language to provider-focused websites, provider newsletters, and/or provider manuals.

Plans may want to leverage CMS's MedLearn Matters article that notifies Medicare providers of the prohibition on billing QMBs for Medicare A/B deductibles and coinsurance, available on our

[2] See Advance Notice of February 2017 System Release https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Downloads/Advance-Announcement-of-the-February-2017-Software-Release.pdf. See also MAPD Plan Communications User Guide (PCUG), https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-technology/mapdhelpdesk/Plan_Communications_User_Guide.html. In the February 28, 2017, version, it is in Appendix F.30, pages F-213-215.

[3] See MAPD PCUG, https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-technology/mapdhelpdesk/Plan_Communications_User_Guide.html. In the February 28, 2017, version, it is in Appendix F.12, Item 84, page F-92.

website at https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1128.pdf

Moreover, starting in March 2017, the Complaints Tracking Module (CTM) began distinguishing QMB complaints from other complaints. When appropriate, CMS encourages plans to use this source of information, alongside grievance and plan call center data, to identify further opportunities to strengthen provider education activities, improve internal call center messaging, and reduce future CTM complaints.

For More Information on the MARx UI or MARx Reports

Plans may direct any questions or concerns to the MAPD Help Desk at 1-800-927-8069, or e-mail mapdhelp@cms.hhs.gov.