

Dual Eligible and Qualified Medicare Beneficiaries

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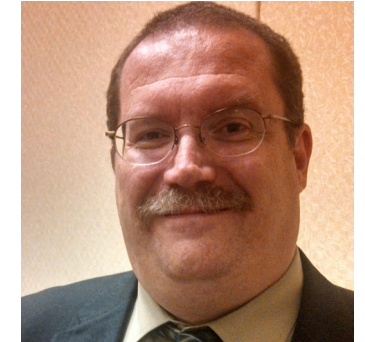
Learn about Medicare and Medicaid programs, what it means to be dually eligible for a beneficiary, discuss Qualified Medicare Beneficiary (QMB) billing prohibitions and additional billing requirements for the dually eligible beneficiary.

Today's Presenters



NGS PROVIDER EXPERIENCE
Innovation | Education | Collaboration

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 - CHC, CPC, CPPM, CPB, CPMA, AAPC Approved Instructor
- Jean Roberts





Agenda

- Medicare and Medicaid Programs
- Dually Eligible Beneficiaries
- Qualified Medicare Beneficiary (QMB)
- Additional Billing Requirements
- Resources

Medicare Program

Four Parts of Medicare

- Part A – Hospital Insurance
 - Inpatient hospital
 - Inpatient skilled nursing facility (SNF)
 - Hospice
 - Some home health services

Four Parts of Medicare

- Part B – Medical Insurance
 - Physician services
 - Outpatient care
 - Durable Medical Equipment (DME)
 - Lab and X-ray services
 - Home health services
 - Many preventive services

Four Parts of Medicare

- Part C – Medicare Advantage (MA)
 - HMOs or PPOs
 - Medicare approved private insurance companies
 - Provider all Part A and Part B services
 - May provide prescription drug coverage
 - May provide supplemental benefits

Four Parts of Medicare

- Part D – Prescription Drug Benefit
 - Medicare approved private insurance companies
 - Provide prescription drug coverage

Medicare Coverage

- Beneficiaries may choose
 - Part A and Part B services through Original Medicare (fee-for-service) with optional Part D coverage
 - ✓ Part D coverage is through an approved stand-alone Medicare drug plan
 - Part A and Part B services through an MA plan
 - ✓ Must live in its service area
 - ✓ Some plans include a drug plan

Extra Help Program

- Helps pay beneficiaries' Medicare drug plan
 - Drug plan monthly premiums
 - Annual deductibles
 - Copayments
- Offered to those who have or want Part D coverage and meet certain income and resource limits

Medicaid Program

Medicaid

- Joint federal and state program that provides health insurance for certain individuals with low income
- Each state administers its own program, following broad national federal guidelines, statutes, regulations and policies
- Each state will
 - Establish eligibility standards
 - Decide type, amount, duration and scope of services
 - Set payment rates

Medicaid

- States must cover certain services through Medicaid Programs
 - Doctor visits
 - Inpatient and outpatient hospital services
 - Mental health services
 - Prescription drugs
 - Prenatal care, maternity care and family planning service
 - Preventive care such as immunizations, mammograms and colonoscopies

Medicaid

- Individual States may cover additional services such as
 - Dental services
 - Home and community based services
 - Physical therapy
 - Prosthetic devices
 - Vision and eyeglasses

Qualified Medicare Beneficiary Billing Prohibitions

Dually Eligible Beneficiaries

- Dually eligible beneficiaries generally describe low-income beneficiaries enrolled in both Medicare and Medicaid
- Includes beneficiaries enrolled in Medicare Part A, Part B, or both and getting full Medicaid benefits or only help with Medicare premiums or cost-sharing through one of the Medicare Savings Programs eligibility groups

Medicare Savings Programs

- Qualified Medicare Beneficiary (QMB)
 - Pays Part A and Part B premiums, deductibles, coinsurance and copayments
- Specific Low-Income Medicare Beneficiary (SLMB)
 - Pays only the Part B premium
- Qualifying Individual (QI)
 - Pays only Part B premium
 - ✓ Individuals in this program have no other Medicaid eligibility
- Qualified Disabled Working Individual (QDWI)
 - Pays only Part A premium for certain individuals under age 65 with disabilities who have returned to work

Dually Eligible Beneficiaries

- Medicare pays covered dually eligible beneficiaries' medical services first
 - Medicaid is payer of last resort
- Medicaid may cover medical costs that Medicare may not cover or partially cover
- Coverage for dually eligible beneficiaries varies by state
- Federal laws defines Medicaid and MSP income and resource standards, but states can raise those limits above the Federal floor (except for QDWI)
 - CMS releases eligibility standards for dually eligible beneficiaries annually

QMB and Cost-Sharing

- Medicare providers **cannot** bill QMB beneficiaries for Medicare cost-sharing
- This includes Medicare deductibles, coinsurance, and copayments
- In some cases, a beneficiary may owe a small Medicaid copayment
- Medicare and Medicaid payments (if any) are considered payment in full
- Providers are subject to sanctions if they bill a QMB above the total Medicare and Medicaid payments, even when Medicaid pays nothing

Dually Eligible Categories

- Full Medicaid (only)
- Qualified Medicare Beneficiary (QMB) only without other Medicaid
- Qualified Medicare Beneficiary Plus (QMB+)
- Specified Low-Income Medicare Beneficiary (SLMB) only with other Medicaid
- Specified Low-Income Medicare Beneficiary Plus (SLMB+)
- Qualifying Individual (QI)
- Qualified Disabled Working Individual (QDWI)

Full Medicaid (only) Benefits

- Full Medicaid refers to package of services, beyond coverage for Medicare premiums and cost-sharing certain individuals are entitled to under eligibility categories under a state Medicaid program
 - State law will dictate
- Individuals who get Medicaid only are enrolled in Medicare Part A and/or B and qualify for full Medicaid benefits but not for MSP categories
 - State may pay their Part B premiums
- Beneficiaries pay no more than the amount allowed under Medicaid program for services furnished by Medicare providers

Full Medicaid (only) Qualifications

- States decide income and resource criteria
- States can require Part A or Part B enrollment if they pay the beneficiary premiums for these
- Beneficiaries must show they need a certain level of care or meet state specific medical criteria to qualify for certain categories

QMB Only Without Other Medicaid Benefits

- Medicaid pays Part A and Part B premiums
 - If there are any premiums for Part A
- Medicaid is liable for Medicare deductibles, coinsurance and copayments for Medicare covered items and services
- The QMB is not liable for charges that Medicaid does not fully cover

QMB Only Without Other Medicaid Qualifications

- Income can be up to 100% of the Federal Poverty Level (FPL)
- Resources cannot be more than three times the SSI resource limit
 - Limit is increased annually by the Consumer Price Index (CPI)
- Enrollment in Part A (or if uninsured for Part A, have filed for premium Part A on a conditional basis)
- SSA [Program Operations Manual System](#) section HI 00801.140 has more information

Qualified Medicare Beneficiary Plus (QMB+) Benefits

- Medicaid pays Part A and Part B premiums
 - If the patient has a Part A premium
- Medicaid is liable for Medicare deductibles, coinsurance and copayments for Medicare covered items and services
- The QMB+ is not liable even if Medicaid does not fully cover the charges
- Get full Medicaid coverage plus Medicare premiums and cost-sharing coverage

Qualified Medicare Beneficiary Plus (QMB+) Qualifications

- Meet QMB-related eligibility requirements and full Medicaid requirements

Specified Low-Income Medicare Beneficiary (SLMB) Only without other Medicaid

- Benefits
 - Medicaid pays Part B premium
- Qualifications
 - Income between 100%-120% of Federal Poverty Level (FPL)
 - Resources can't be more than three times SSI resource limit, increased annually by the CPI
 - Enrolled in Part A

Specified Low-Income Medicare Beneficiary Plus (SLMB+)

- Benefits
 - Medicaid pays Part B premium
 - Get full Medicaid coverage plus Medicare Part B premium coverage
- Qualifications
 - Meet SLMB related eligibility requirements and full Medicaid eligibility requirements

Qualifying Individual (QI)

- Benefits

- Medicaid pays Part B premium
- Benefits limited to first-come, first-served

- Qualifications

- Income between 100%-120% of Federal Poverty Level (FPL)
- Resources can't be more than three times the SSI resource limit, increased annually by the CPI
- Enrolled in Part A
- QI beneficiaries aren't eligible for any other Medicaid coverage

Qualified Disabled Working Individual (QDWI)

- Benefits
 - Medicaid pays Part A premium
- Qualifications
 - Income up to 200% of the Federal Poverty Level (FPL)
 - Resources up to two times the SSI resource limit
 - Individuals under 65 with a qualifying disability who lost premium free Part A after returning to work and now must pay premium for Part A
 - QDWI beneficiaries aren't eligible for any other Medicaid coverage

QMB Billing Prohibitions

- No fee for service or MA providers or suppliers can charge QMBs Medicare Part A and Part B cost sharing for covered services
 - Prohibition applies even if the provider or supplier doesn't participate in Medicaid
 - QMBs may have a small Medicaid copayment if one applies
- Providers should use Medicare 270/271 HIPAA Eligibility Transaction System (HETS) and Medicare Remittance Advice to identify a QMB beneficiary that owes no Medicare cost-sharing
- If you bill a QMB Medicare cost-sharing or turn it over to collections you must recall it, or refund any money collected
- You may be subject to sanctions if you bill a QMB amounts, even if Medicaid pays nothing

Additional Dual Eligible Beneficiary Billing Requirements

Dual Eligible Beneficiary Billing Requirements

- Providers must accept assignment for Part B covered services provided to dually eligible beneficiaries
- Special instructions apply when an ABN is provided to a dually eligible beneficiary
- Providers can't bill the dually eligible beneficiary up front when an ABN is provided

Dually Eligible Beneficiary with an ABN

- Once Medicare and Medicaid adjudicate the claim, you may only charge the beneficiary
 - If the beneficiary has QMB coverage without full Medicaid coverage and Medicare denies the claim
 - ✓ The ABN could allow you to shift financial responsibility to the beneficiary
 - If the beneficiary has full Medicaid coverage and Medicaid denies the claim (or won't pay because you don't participate in Medicaid)
 - ✓ The ABN could allow you to shift financial responsibility to the beneficiary under Medicare policy, subject to state laws that limit beneficiary responsibility

Resources 1

Resources

- [Dually Eligible Individuals Categories](#)
- [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 1](#)
 - Section 200 – Qualified Medicare Beneficiary Program
- [Medicare Savings Programs](#)
- [Qualified Medicare Beneficiary \(QMB\) Program](#)
- [Program Operations Manual System](#)
 - SSA Role in Medicare Savings Programs (MSP) Applications
- MLN Matters® [SE1128 Revised: Prohibition on Billing Dually Eligible Individuals Enrolled in QMB Program](#)

Resources

- [ABN Form and Instructions](#)
- MLN Matters® [MM11230 Revised: Medicare Summary Notice \(MSN\) Changes to Assist Beneficiaries Enrolled in the Qualified Medicare Beneficiary \(QMB\) Program](#)
- [About the Medicare-Medicaid Coordination Office](#)
- MLN® Fact Sheet [Beneficiaries Dually Eligible for Medicare & Medicaid](#)

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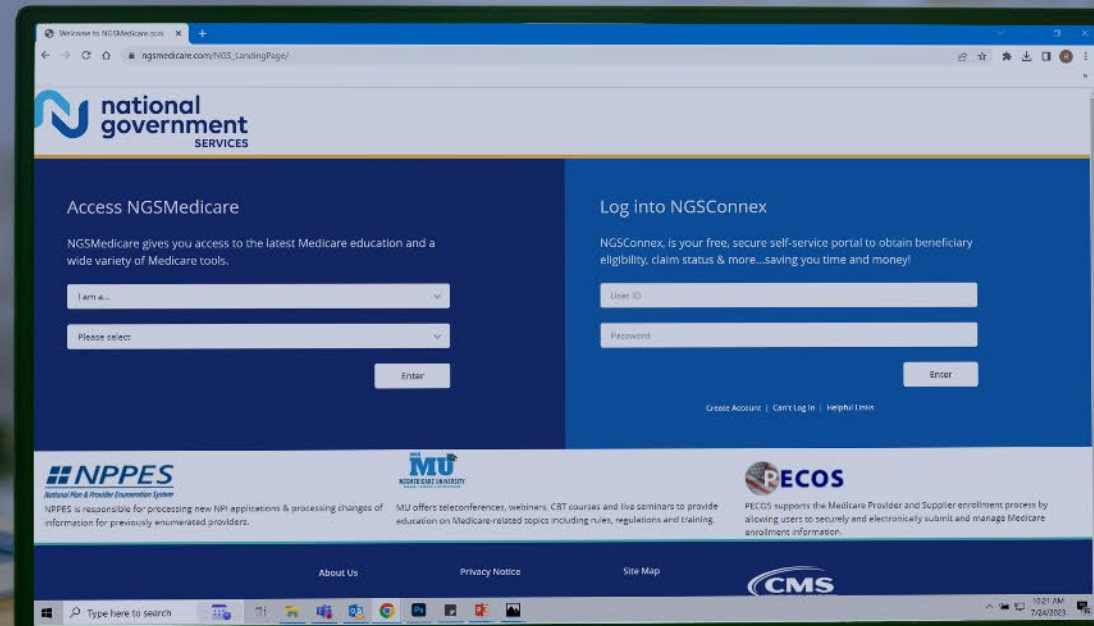
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