



## **To the Point:** **Qualified Medicare Beneficiary (QMB) –** **Rules for Billing Medicare**

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**Slide 1:** *To the Point* is presented by the Provider Outreach and Education Department at CGS.

**Slide 2:** The Provider Outreach and Education Department creates these brief recordings on hot topics or upcoming events. The purpose is to provide suppliers with quick information on identified topics, how they affect you and any action(s) needed on your part. These recordings are less than 10 minutes and will contain resources for additional information when applicable. This segment of *To the Point* is on **Qualified Medicare Beneficiary (QMB) – Rules for Billing Medicare**.

**Slide 3:** The QMB program is a State Medicaid benefit. It assists low-income Medicare beneficiaries with Medicare premiums and cost sharing, including deductibles, coinsurance, and copays. Beneficiaries enroll in the QMB Program through their state.

**Slide 4:** Federal law prohibits suppliers from billing beneficiaries in the QMB eligibility group for Medicare Part A or B cost-sharing. This includes deductibles, coinsurance, and copayments. Regardless of your participation status, suppliers must accept assignment on all claims for services provided to QMBs.

**Slide 5:** What should you do if you mistakenly bill a beneficiary enrolled in the QMB program for their deductible, coinsurance, or copayments?

You must take immediate corrective action, such as recalling any bills issued for QMB-related cost-sharing, including those sent to collections. You must also refund any payments collected from the beneficiary for these charges.

**Slide 6:** Let's review how to determine if your beneficiary is enrolled in the QMB program.

One option is using the myCGS DME Web Portal, a web-based application developed by CGS. It's available to DMEPOS suppliers who serve beneficiaries in Jurisdictions B and C. Using myCGS is a fast and easy way to get the information you need. Although myCGS is free, there is a registration process. For help with registering, see the myCGS Registration & Account Management Guide.

CMS offers another option, the HIPPA Eligibility Transaction System, called HETS for short. For help with HETS, visit the CMS HETS web page.

You can also ask your beneficiary for proof such as their Medicaid identification card, Medicare Summary Notice (MSN), or any other documentation confirming QMB status.

Finally, check Medicare Remittance Advice (RA) notices and MSNs for QMB indicators. For detailed instructions, review MLN Matters Number MM11230- Medicare Summary Notice (MSN) Changes to Assist Beneficiaries Enrolled in the Qualified Medicare Beneficiary (QMB)



Program.

**Slide 7:** Now let's review how to look up a beneficiary's QMB status in the myCGS DME Web Portal.

Select the Beneficiary Information Tab. From the Beneficiary Information Menu, select the Eligibility Option, as circled on this slide. A screen will appear, called the Beneficiary Eligibility Request.

Your NPI and PTAN will automatically populate.

First, enter the Medicare Beneficiary Identifier (MBI) in the Medicare ID field.

Next, enter the beneficiary's last name, first name, date of birth, and date of service. The date of service defaults to the current date. If you are searching for a different date of service, click the calendar icon to choose a different date. myCGS searches for eligibility information within a 16-month span- one year prior to and four months - after the date of service you enter.

Note in all date fields, you only need to enter the numerical digits. myCGS will automatically add slashes.

The last field is optional. If you want to see if there is a rep payee on file for the beneficiary, select the Rep payee checkbox.

Click the submit button.

**Slide 8:** After you select submit, you will see the Beneficiary Eligibility Summary screen. The top half of the screen is displayed on this slide.

In this example, the beneficiary's current and previous year deductible to be met is \$0. As you can see, there is a note on the screen stating, "The beneficiary is enrolled in a Qualified Medicare Beneficiary (QMB) program. Federal law bars Medicare providers from charging individuals enrolled in the QMB for Medicare Part A and B deductibles, coinsurances, or copays.

**Slide 9:** Here are CGS resources for today's edition of *To the Point*. Links to:

- **myCGS DME Web Portal Page**  
JB: <https://www.cgsmedicare.com/jb/mycgs/index.html>  
JC: <https://www.cgsmedicare.com/jc/mycgs/index.html>
- **myCGS Registration & Management Guide**  
<https://www.cgsmedicare.com/mycgs/regguide/dme/index.html>
- **myCGS User Manual**  
<https://www.cgsmedicare.com/mycgs/manual/dme/index.html>

**Slide 10:** These are the CMS resources for today's edition of To-the-Point. Links to:

- **HIPAA Eligibility Transaction System (HETs)**  
<https://www.cms.gov/data-research/cms-information-technology/hipaa-eligibility-transaction-system>
- **MLN7936176 Fact Sheet: Prohibition on Billing Qualified Medicare Beneficiaries**  
<https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/se1128.pdf>
- **MLN Matters MM11230: Medicare Summary Notice (MSN) Changes to Assist Beneficiaries Enrolled in the Qualified Medicare Beneficiary (QMB) Program**  
<https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/mm11230.pdf>

**Slide 11:** Thank you for viewing this session of *To the Point* on **Qualified Medicare Beneficiary (QMB) – Rules for Billing Medicare**. We hope you will join us again for other educational offerings by the Provider Outreach and Education Department here at CGS.