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Mutual News

Bulletin

July 2018

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MEDICAL MUTUAL®

Mutual News Bulletin

July 2018

Qualified Medicare Beneficiary (QMB) Program

We would like to help you manage MedMutual Advantage members who are enrolled in the Qualified Medicare Beneficiary (QMB) Program. Below you will find information about the QMB Program, tools to help you identify members with QMB status and provider obligations regarding non-discrimination and cost-sharing responsibilities.

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Contact Us

Visit **Provider.MedMutual.com** to log in to the Provider Portal.

If you have questions, please contact your provider contracting representative:

Central/SE Ohio
(Columbus Office)
1-800-235-4026

NE Ohio/Pennsylvania
(Cleveland Office)
1-800-625-2583

NW Ohio/NE Indiana
(Toledo Office)
1-888-258-3482

SW Ohio/SE Indiana/Kentucky
(Cincinnati/Dayton Office)
1-800-589-2583

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The QMB Program

The QMB Program is a Medicaid benefit that pays Medicare premiums and cost sharing for certain low-income Medicare beneficiaries. In other words, MedMutual Advantage members who are in the QMB program are also enrolled in Medicaid. They receive help with their Medicare Advantage premiums and cost sharing through Medicaid.

Additional information about the QMB Program can be found on the Centers for Medicare and Medicaid (CMS) website at: CMS.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid Coordination-Office/QMB.html.

How to Identify a Member with QMB Status

Medical Mutual offers multiple methods for providers to identify the QMB status of a member. These methods include:

Medical Mutual Customer Care

Providers can call the Provider Inquiry Unit to speak with a representative. The number is 1-800-362-1279.

CMS' HIPAA Eligibility Transaction System (HETS)

The HETS eligibility query system allows you to check a member's QMB status in real time. HETS allows users to submit 270 eligibility request files over a secure connection and receive 271 response files while maintaining HIPAA compliance. The HETS 270/271 application supports real-time transactions only, and does not accept batch transactions.

More information about HETS and the Medicare HETS Desktop (HDT) User Guide can be found at: CMS.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/HETSHelp/.

Provider Obligations Regarding Non-Discrimination

CMS and Medical Mutual prohibit discrimination in the delivery of healthcare services based on race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information or source of payment. This means that MedMutual Advantage providers cannot refuse to serve QMB status members because they receive assistance with Medicare cost-sharing from a State Medicaid program. Please ensure that your practice has policies and procedures in place that prohibit such discrimination.

We are here to help

If you have questions regarding the QMB Program, we are available to provide additional guidance. Please reach out to your provider contracting representative, who will put you in touch with a Medicare Advantage network specialist. If you do not know who your provider contracting representative is, please visit Provider.MedMutual.com, Tools & Resources, Contact Us.

Provider Obligations Regarding Cost Sharing Responsibility

Federal law prohibits providers from collecting coinsurance, copayments and deductibles from members enrolled in the QMB Program. These amounts can be submitted to a secondary payer. In addition to verifying the QMB status of the member, pay close attention to the following QMB remittance advice remark codes:

835 Remittance Advice Remark Codes

Medical Mutual will use QMB remark codes and continue using the Group Code/ Claims Adjustment Reason Code (CARC) combinations "PR 1" for deductible (with RARC N781), "PR 2" for coinsurance (with RARC N782) and "PR 3" for copay (with RARC N783). Descriptions for the QMB remittance advice remark codes are listed below:

- N781 Patient is a Medicaid/Qualified Medicare Beneficiary. Review your records for any wrongfully collected deductible. This amount may be billed to a subsequent payer.
- N782 Patient is a Medicaid/Qualified Medicare Beneficiary. Review your records for any wrongfully collected coinsurance. This amount may be billed to a subsequent payer.
- N783 Patient is a Medicaid/Qualified Medicare Beneficiary. Review your records for any wrongfully collected copayment. This amount may be billed to a subsequent payer.

Notice of Payment (NOP) Remark Codes

Three new Notice of Payment remark codes have been created to identify Qualified Medicare Beneficiaries. Descriptions for the codes are listed below:

- DE1 No deductible may be collected as patient is a Medicaid/Qualified Medicare Beneficiary. Review your records for any wrongfully collected coinsurance, deductible or copayments.
- DE2 No coinsurance may be collected as patient is a Medicaid/Qualified Medicare Beneficiary. Review your records for any wrongfully collected coinsurance, deductible or copayments.
- DE3 No copayment may be collected as patient is a Medicaid/Qualified Medicare Beneficiary. Review you records for any wrongfully collected coinsurance, deductible or copayments.

QMB Member Notification

Members will be informed of the billing information through their Explanation of Benefits (EOB) Statements. The narrative is listed below:

You are in the Qualified Medicare Beneficiary (QMB) program, which pays your Medicare costs. Healthcare providers who accept Medicare cannot bill you for the Medicare costs for this item or service, but you may be charged a small Medicaid copay.