



## BlueCross BlueShield of New Mexico

### Reminder: Medicare Providers May Not Bill Participants in the Qualified Medicare Beneficiary Program

*Published December 19, 2019*

As a Medicare provider, you may not bill individuals enrolled in the Qualified Medicare Beneficiary Program (QMB), a federal Medicare Savings Program. Individuals enrolled in QMB are dual eligible beneficiaries, which means they are eligible for both Medicare and Medicaid. As a State Medicaid benefit, QMB covers the Medicare premiums, deductibles, coinsurance and copayments of QMB beneficiaries. QMB beneficiaries are not responsible for Medicare cost-sharing, or out-of-pocket costs.

#### Your Responsibility


Providers participating in Blue Cross Medicare Advantage<sup>SM</sup> plans may not bill their QMB patients for services provided to them, regardless of whether the State reimburses the full Medicare cost-sharing amounts. You must bill both Medicare and Medicaid, and accept Medicare payments and any Medicaid payments as payment in full.

#### Federal Law


Please ensure that you and your staff are aware of the federal billing law and policies governing QMB. It is against federal law for any Medicare provider to bill QMB patients, whether or not the provider accepts Medicaid. Per your Medicare Provider Agreement, you may be sanctioned if you inappropriately bill QMB patients for Medicare cost-sharing.

#### Helpful Tips

To avoid billing QMB patients, please take these precautions:

- Identify QMB patients by looking for **Blue Cross Medicare Advantage Dual Care<sup>SM</sup>** or **Blue Cross Medicare Advantage Dual Care Plus<sup>SM</sup>** on their ID cards
- Check the [New Mexico Medicaid portal](#)  to confirm QMB beneficiary status
- Understand the Medicare cost-sharing billing process
- Be sure your billing software and staff remove QMB patients from Medicare cost-sharing billing and related collections efforts

#### More Information

Call Customer Service at 1-877-774-8592 to learn more about QMB procedures and ways to identify QMB patients. For more details about QMB, see the [Centers for Medicare & Medicaid Services website](#) .

HMO, PPO, and HMO Special Needs Plans provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage organization with a Medicare contract and a contract with the New Mexico Medicaid program. Enrollment in HCSC's plans depends on contract renewal.

Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association