



Reminder: Compliance with Qualified Medicare Beneficiary (QMB) Billing Rules

This is a reminder to all Elevate Medicare Advantage providers, suppliers, and pharmacies of the importance of ensuring compliance with the Qualified Medicare Beneficiary (QMB) billing rules.

What is the QMB Program?

The QMB eligibility group is a Medicaid program that helps low-income Medicare beneficiaries by covering their Medicare premiums, coinsurance, copayments, and deductibles. Under federal law, Medicare providers are prohibited from collecting Medicare cost-sharing amounts from QMBs, including those enrolled in Medicare Advantage plans.

Key Compliance Requirements:

- » **No Cost-Sharing:** Medicare providers must not bill QMB beneficiaries for Medicare Part A or Part B coinsurance, copayments, or deductibles. This includes beneficiaries enrolled in Medicare Advantage.
- » **Non-Discrimination:** Providers must not refuse services to QMB beneficiaries simply because they are protected from paying cost-sharing.

Despite these clear rules, the Centers for Medicare & Medicaid Services (CMS) has reported ongoing instances of providers or suppliers incorrectly billing QMBs for Medicare cost-sharing. Such actions violate federal law and can result in penalties or other enforcement measures.

For More Information:

To help ensure your practice is in full compliance, please review the CMS Medicare Learning Matters article that outlines the prohibition on billing QMBs: [CMS Medicare Learning Network Article SE1128](#)

Thank you for your attention to this important matter, and for your ongoing commitment to serving all Medicare beneficiaries fairly and in compliance with federal law.