

PROVIDER QUICK POINTS

PROVIDER INFORMATION



February 15, 2018

Qualified Medicare Beneficiary Program Changes

The Qualified Medicare Beneficiary (QMB) Program is a Medicaid benefit that pays Medicare premiums and cost sharing (Medicare Part A and Part B coinsurance, copayments, and deductibles) for certain low-income Medicare Beneficiaries as determined by federal law. Federal law prohibits Medicare providers from collecting cost share liabilities from members enrolled in the QMB Program. The QMB program eligibility is determined by Medicare rules and standards, therefore Blue Cross and Blue Shield of Minnesota will strictly adhere to these rules effective February 16, 2018.

Eligibility & Benefits

Providers Eligibility and Benefits (E&B) searches will identify a Medicare Advantage or Medicare Cost Plan member who qualifies for this benefit. The electronic 271 responses will return each EB03 segment occurrence (A, B, C & G), with the message segment "QMB Member" indicating the member is a QMB participant, and no coinsurance, copay, or deductible should be collected.

Provider Remittance

In addition, qualifying program members will also be identified on the Provider Remittance with Claim Adjustment Reason Code (CARC) OA209 and may include Remittance Advice Remark Codes (RARC) N781, N782, N783 showing Cost Share Liabilities. Cost share liabilities cannot be collected from members enrolled in the QMB Program. If cost share has been improperly collected from a member for a date of service on which they were enrolled in the QMB Program, the amount(s) must be reimbursed back to the member. To collect cost share liabilities, please contact the Minnesota Department of Human Services.

Additional Information

Providers will see claim adjustments on dates of service January 1, 2018 through February 15, 2018, for Medicare Advantage and Medicare Cost qualifying members. These adjustments will result in Provider Remittances reflecting the CARC and RARC codes (noted above) for qualifying members.

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