A Message from National Government Services:
Important Information for Medicare Providers Regarding the Qualified Medicare Beneficiary Program

For claims processed on and after 10/2/2017, QMB claims will be designated with a CARC 209 on the Medicare remittance statement.

The group code indicator for CARC 209 is OA (other adjustment). There will be a dollar amount next to the OA209, and this dollar amount will represent the deductible and/or coinsurance amounts that are unable to be paid by Medicare **and** unable to be billed to the Medicare beneficiary.

CR 9911 modifies the Medicare remittance statements to help providers identify the QMB status of their patients.

Additionally, the deductible and coinsurance fields will now show a zero dollar amount since the beneficiary cannot be billed for these costs.

To ensure providers know which other adjustment applies to CARC 209, the following message codes will be visible on the remittance advice:

- **N781** – No deductible may be collected as patient is a Medicaid/Qualified Medicare Beneficiary. Review your records for any wrongfully collected coinsurance, deductible or copayments.
- **N782** – No coinsurance may be collected as patient is a Medicaid/Qualified Medicare Beneficiary. Review your records for any wrongfully collected coinsurance, deductible or copayments.
- **N783** – No copayment may be collected as patient is a Medicaid/Qualified Medicare Beneficiary. Review your records for any wrongfully collected coinsurance, deductible or copayments.

As a claim is submitted for a QMB beneficiary, the claim will first be processed by Medicare and it will continue to be automatically crossed over to the supplemental Medicare insurer or Medicaid for consideration of payment.

CMS MLN Special Edition article SE1128 (407 KB) explains that Medicare providers and suppliers are prohibited from balance billing beneficiaries enrolled in the QMB program. Thus, a Medicare enrolled provider cannot seek payment from a QMB beneficiary for the **Medicare Part A and Part B deductibles, coinsurance, or copayments.** Contact your state Medicaid Program for details on their program.

Complete information and educational material regarding the QMB program is located on the CMS Qualified Medicare Beneficiary (QMB) Program web page.

Below are common questions our PCC has received from providers; we have provided feedback and resources where appropriate.

1. **Our provider is not enrolled with the state Medicaid that this patient is a QMB under so we will not receive payment from Medicaid. Can we bill the patient?**

   Answer: No, you cannot bill the patient. The QMB status protects them from this balance billing regardless of the provider's enrollment with Medicaid. This includes out-of-state Medicaid.

2. **We cannot determine the write-off dollar amount and we need that to understand what we can expect as payment from Medicaid.**

   Answer: CARC 209 will display the dollar amount applied to both the Medicare deductible and coinsurance that the provider cannot bill to the beneficiary. If the provider needs to break that down by deductible or coinsurance, they should refer to message codes N781, N782, and/or N783 on the remittance.

Related Content

MM9911: Qualified Medicare Beneficiary Indicator in the Medicare Fee-For-Service Claims Processing System (207 KB)