



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

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TO: All Providers – **For Action**
Managed Care Organizations – **For Information Only**

SUBJECT: Payment of Medicare Part A/Part B Deductibles; Coinsurance and Copayments for Qualified Medicare Beneficiary (QMB) individuals Who Are Not Dually-Eligible for Medicaid

EFFECTIVE: Immediately

PURPOSE: To notify all providers of a temporary process for New Jersey Medicaid participating providers to receive reimbursement for allowable cost share for healthcare services provided to QMB individuals who are not also eligible for Medicaid. Until the QMB program is built into the New Jersey Medicaid Management Information System (NJMMIS), providers must send their claims and Medicare – Explanation of Benefits (M-EOB) documents to the Division of Medical Assistance and Health Services (DMAHS) Office of Premium Assistance – QMB Resolutions Unit in order to receive payment for QMB individuals.

BACKGROUND: Effective January 1, 2022, DMAHS is enrolling individuals into the Medicare Savings Program, QMB, even when they are not also Medicaid eligible. QMB is a program that helps low-income Medicare beneficiaries pay their Medicare premiums and cost-shares. Providers can review an individual's eligibility in the Health Insurance Portability and Accountability Act Eligibility Transaction System (HETS). Providers can also refer to the Centers for Medicare and Medicaid Services (CMS) provider letter at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1128.pdf> for ways to verify an individuals' QMB status.

Federal law prohibits Medicare providers from charging individuals enrolled in the QMB program for Medicare Part A and B deductibles, coinsurances, or copays for items and services Medicare covers.

The Medicare payment and Medicaid payment (if any) are considered payment in full for Medicare-covered services/supplies provided to a QMB individual. Medicare providers who improperly bill QMB individuals may be subject to sanctions for violating billing restrictions and their Medicare provider agreement. (See Sections 1902(n)(3); 1905(p); 1866(a)(1)(A); 1848(g)(3) of the Social Security Act.)

This Newsletter is intended to provide New Jersey Medicaid participating providers with information regarding a temporary billing process to access allowable reimbursement for balances for QMB individuals who are not dually-eligible for Medicaid. This process applies only to reimbursement for QMB Medicare cost share claims for QMB individuals who are not enrolled in Medicaid. Providers should continue to submit other Medicaid claims as usual. This temporary process will be used while DMAHS implements permanent system changes to allow claims for QMB individuals who are not enrolled in Medicaid to be submitted through NJMMIS.

ACTION: All providers are forbidden from charging individuals enrolled in the QMB program for Medicare deductibles, coinsurance, or copays. Accordingly, Medicare providers who do not participate in Medicaid must accept Medicare reimbursement as payment in full for the service.

Fully enrolled Medicaid providers with billing rights are eligible for QMB allowable reimbursements. 21st Century/Non-billing providers are ineligible unless they become fully enrolled as Medicaid providers. Providers who wish to newly enroll in Medicaid should apply at: <https://www.njmmis.com/providerEnrollment.aspx>.

Please ensure that your administrative staff and billing software exempts individuals enrolled in the QMB program from all Medicare cost-share billing and related collection efforts.

Outlined below is a temporary email or mail-in process for Medicaid participating providers to claim Medicaid reimbursement for Medicare cost-sharing claims for QMB individuals who are not enrolled in Medicaid.

EMAIL

The QMB Resolutions Unit's secured email is **DMAHS-QMB@DHS.NJ.GOV**

Providers should send an email to DMAHS's Premium Assistance Office – QMB Resolutions Unit through the aforementioned secured email address with these documents:

- Scanned PDF Claims;
- Claims form 1500 or UB-04; and
- Medicare – Explanation of Benefits.

The email subject line should state: **[Provider Name Here] Temporary Billing for QMB individuals**; and the email's text must include the following demographic information:

Patient Name –
Patient Medicare Number –
Provider's Email Address –
NPI –
Medicare Provider Number –
NJ Medicaid Provider Number –

Billing Contact Name –
Address –
Phone Number –

The QMB Resolutions Unit will respond to confirm receipt of the information.

USPS MAIL

Providers who wish to submit hardcopy claims must include the demographic information and all required documents (see above) via mail to:

NJ Division of Medical Assistance and Health Services
Office of Premium Assistance – QMB Resolutions Unit
P.O. Box 712
Mail Stop 46
Trenton, NJ 08625

For questions regarding this Newsletter, contact the QMB Resolutions Unit via the above email or call 609-588-7101 (TTY: 711).