



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

# NEWSLETTER

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**TO:** All Providers – **For Action**  
Health Maintenance Organizations – **For Information Only**

**SUBJECT:** **Fee-For-Service (FFS) Payment of Medicare Part A/Part B Deductibles; Coinsurance and Copayments to Providers Enrolled in the Medicaid/ NJ FamilyCare Program for Qualified Medicare Beneficiary (QMB) Individuals**

**EFFECTIVE:** FFS Claims with service dates on or after March 20, 2023

**PURPOSE:** The purpose of this Newsletter is to notify providers of changes made to the New Jersey Medicaid Management System (NJMMIS) which will provide a permanent systemic solution for providers enrolled in the Medicaid/NJ FamilyCare Program to request claim payments for allowable cost shares for Medicare-covered services provided to QMB individuals who are not also eligible for Medicaid/NJ FamilyCare.

**BACKGROUND:** Effective January 1, 2022, the New Jersey Division of Medical Assistance and Health Services (DMAHS) began enrolling individuals into the Medicare Savings Program QMB, even when the individual is not also Medicaid/ NJ FamilyCare eligible. QMB is a Medicare Savings Program (MSP) that helps low-income Medicare beneficiaries pay their Medicare premiums and cost-share liabilities, including Medicare Part A and B deductibles, coinsurances, or copayments for services covered by Medicare.

The Medicaid Newsletter Volume 32, No. 9, dated April 2022, notified all providers of a temporary manual process for Medicaid/ NJ FamilyCare participating providers to receive reimbursement for allowable QMB cost shares for healthcare services provided to QMB individuals who are not also eligible for Medicaid/ NJ FamilyCare. Federal law prohibits Medicare providers from charging MSP enrolled individuals for Part A and B Medicare deductibles, coinsurances and/or copays for items and services covered by Medicare. For additional information regarding the manual process, please refer to the Medicaid Newsletter Volume 32, No. 9 which may be found at: [www.njmmis.com](http://www.njmmis.com).

**ACTION:** Medicare claims with allowable QMB cost shares with service dates after March 20, 2023, shall be processed and paid as follows: claims paid by Medicare to providers enrolled in the Medicaid/ NJ FamilyCare program for those QMB individuals not also eligible for Medicaid/ NJ FamilyCare, that electronically cross over from the Medicare Intermediary or are submitted as paper claims to Medicaid/NJ FamilyCare with allowable QMB cost share liabilities, including Medicare Part A and B deductibles, coinsurances or copayments, shall be processed by the NJMMIS.

Medicare claims with allowable QMB cost shares with service dates prior to March 20, 2023, shall continue to be manually processed as described in the Medicaid Newsletter Volume 32, No. 9.

The questions and responses below provide helpful information regarding the processing of claims for QMB cost share payments.

**1. How does a provider identify a QMB-eligible beneficiary?**

Providers may access the Recipient Eligibility Verification System (REVS), the Medicaid Eligibility Verification System (MEVS) or the electronic Medicaid Eligibility Verification System (eMEVS) to determine if QMB cost shares may be considered for payment by the NJMMIS. Providers may receive the response "*Coverage only for Medicare cost share on Part A/B crossover claims*" from REVS, MEVS or eMEVS. This response means a beneficiary is a QMB-eligible beneficiary and the provider should submit the claim electronically or as a paper claim to the State's fiscal agent for payment consideration. REVS may be reached at (800) 676-6562, Monday through Friday between the hours of 8 am and 5 pm.

**2. I am currently enrolled in both Medicare and the Medicaid/ NJ FamilyCare Program. Do I need to take any additional steps to be paid for Medicare Part A and B deductibles, coinsurances, or copayments?**

No. Providers currently enrolled in the Medicaid/ NJ FamilyCare fee-for-service (FFS) program are eligible to receive QMB cost share payments.

**3. I am currently enrolled in Medicare but not the Medicaid/ NJ FamilyCare Program. What steps do I need to take to become eligible for receiving QMB cost share payments?**

Providers not recognized by the Medicaid/ NJ FamilyCare program must enroll in the Medicaid/NJ FamilyCare FFS program to be eligible for QMB cost share payments. Another newsletter will be published shortly to advise providers of the QMB Provider Enrollment Application required for payment eligibility. The application will be available at [www.njmmis.com](http://www.njmmis.com).

**4. If I agree to enroll to receive QMB cost share payments, will my identity be included in the Medicaid Provider Directory?**

No. Providers submitting the QMB Provider Enrollment Application for participation in the Medicaid/NJ FamilyCare program will not be included in the Medicaid Provider Directory.

**5. What reimbursement will I receive for QMB cost share payments?**

Payments for QMB cost share payments shall not exceed the Medicaid/NJ FamilyCare NJ FamilyCare Fee Allowance on file for the same service paid by Medicare. For

example, when the Medicare payment amount is deducted from the Medicaid Fee Allowance, the remaining cost share payment shall be paid up to the Medicaid fee allowance.

**6. As a Medicare provider, am I allowed to charge QMB individuals for Medicare cost share liabilities?**

No. 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 the Medicaid/NJ FamilyCare program must accept Medicare reimbursement as payment in full for the service. QMBs are exempt from all Medicare cost-share billing and related collection efforts.

**7. When a QMB cost share claim is processed by the NJMMIS and is denied payment, will the Remittance Advice (RA) Statement indicate a “no-pay” claim?**

Yes. The “no-pay” status of an adjudicated claim will be reported as a “denied claim” on a provider’s RA Statement.

**8. What Error Code(s) will post to claims ineligible for the Medicare Savings Program?**

The RA received by providers will post the following Error Codes for those crossover claims from the Medicare Intermediary or Carrier claims denied payment for QMB cost share.

- Error Code 009: “Services Not Covered for Recipient”
- Error Code 1467: “Not Covered Service for QMB”

**9. Does a Medicaid/NJ FamilyCare provider need to submit claims to the Medicaid/NJ FamilyCare Program to request QMB cost share payments?**

Claims paid by Medicare with service dates on or after March 20, 2023, will electronically crossover from the Medicare Intermediary or Carrier to Medicaid/NJ FamilyCare with allowable QMB cost share liabilities, including Medicare Part A and B deductibles, coinsurances, or copayments shall be processed by the NJMMIS.

Claims paid by Medicare with service dates prior to March 20, 2023, will continue to be manually processed as described in the Medicaid Newsletter Volume 32, No. 9 through March 19, 2024. Timely filing rules will be applied to manual claims with service dates between January 1, 2022 and March 19, 2023. Claims submission must be within 1 year of the service date.

**10. Can providers submit paper claims to request QMB cost share payments?**

Yes, It is expected that claims for payment of Medicare Part A and B deductibles, coinsurances, or copayments will be paid based on Medicare claims electronically crossed over from the Medicare Intermediary or Carrier. Providers may choose to submit paper claims for QMB cost shares to Gainwell Technologies, the State's fiscal agent. Claims requiring additional detailed information in order to be processed for payment as a hard copy may be submitted via Electronic Data Interchange (EDI); or Direct Data Entry (DDE). An Explanation of Benefits (EOB) statement must accompany hard copy claims from the Medicare Intermediary or Carrier.

For additional information regarding the completion and submission of paper claims to the NJMMIS, please see Fiscal Agent Billing Supplements/Training Packets found at [www.njmmis.com](http://www.njmmis.com).

**11. I am currently enrolled in the Medicaid/NJ FamilyCare FFS Program as a non-billing or 21<sup>st</sup> Century Cures Act (CCA) provider. Am I eligible to receive QMB cost share payments?**

No. 21<sup>st</sup> CCA and non-billing providers are ineligible to receive QMB cost share payments. Please refer to question number 3 for Medicaid/NJ FamilyCare-FFS program enrollment information for QMB cost share payment eligibility.

**12. As a provider of Medicare services, what identification will a QMB provide to ensure I receive QMB cost share payment consideration?**

QMB individuals who are not also eligible for Medicaid/NJ FamilyCare **will** receive a QMB eligibility letter from the New Jersey Division on Aging Services. Providers needing to verify QMB eligibility should access REVS (1-800-676-6562), MEVS or eMEVS to determine if QMB cost shares may be considered for payment by the NJMMIS.

If there are any questions regarding this Newsletter, please contact the Gainwell Technologies Provider Services Unit at 1-800-776-6334.

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