



Qualified Medicare Beneficiary (QMB) provider quick reference guide

What is the Qualified Medicare Beneficiary (QMB) program? *

It is one of the four Medicare Savings Programs funded by the federal government which is managed by each individual state's Medicaid agencies. The QMB program is designed to help low-income Medicare beneficiaries in covering certain or all Medicare expenses. This includes assistance for Part A and Part B premiums, deductibles, coinsurance, and copayments.

Program benefits and coverage:

1. Premiums: QMB program covers the full cost of Medicare Part A and Part B premiums.
2. Cost sharing: QMB program assists in paying Medicare Part A and Part B deductibles, coinsurance, and copayments. *
3. Medicare providers cannot "balance bill" QMBs for any Medicare Part A or Part B services. In some cases, there may be a small Medicaid co-payment (copay).
4. QMB Billing rules for providers, suppliers, and pharmacies: * All original Medicare and Medicare Advantage providers and suppliers, not only those that accept Medicaid, must refrain from charging individuals enrolled in the QMB program for Medicare cost sharing for covered Parts A and B services. QMB billing protections apply only to those prescriptions covered under Part B. Under Part D, QMBs may be subjected to copays; however, low-income subsidy (LIS) or "Extra Help" will have limitations on the amount a QMB may have to pay for Part D prescriptions.

Note: Beneficiaries enrolled in the QMB program cannot elect to pay Medicare deductibles, coinsurance, and copayments; however, they may have a small Medicaid copay.

Important member tips:

- Tell your provider you are enrolled in the QMB program.
- Make sure your provider knows balance billing is not allowed.
- Contact Member Services found on the back of your insurance ID card or your local state Medicaid agency for assistance.

Important provider tips:

- For information on patient eligibility, benefits, claims and more, register for or log into our secure provider website at [Availity.com](https://www.aetna.com/Availity)

- For HMO-based benefits plans (i.e., Medicare) call **1-800-624-0756**
- For all other plans (i.e., Commercial) call **1-888-MD-Aetna (1-888-632-3862)**.

*FOR QMB program definition and cost sharing source: Centers for Medicare & Medicaid Services. Implementation Guide: Medicaid State Plan Eligibility. Available at: [Medicaid.gov/resources-for-states/downloads/macpro-ig-qualified-medicare-beneficiaries.pdf](https://www.Medicaid.gov/resources-for-states/downloads/macpro-ig-qualified-medicare-beneficiaries.pdf). Accessed June 17, 2024.

*FOR QMB billing rules source: Centers for Medicare & Medicaid Services. Prohibition Billing Dually Eligible Individuals Enrolled in the Qualified Medicare Beneficiary Program. Available at: [CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1128.pdf](https://www.CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1128.pdf). Accessed June 17, 2024.

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