



Dear State Colleague:

Last month, the Centers for Medicare & Medicaid Services (CMS) released a [Medicare Learning Network \(MLN\) Matters article](#) about “balance billing,” an illegal practice in which Medicare providers bill dually eligible beneficiaries enrolled in the Qualified Medicare Beneficiary (QMB) program for Medicare cost-sharing. Federal law prohibits balance billing of this population and exempts QMB individuals from paying any Medicare cost-sharing, regardless of whether a state pays providers the full amount of Medicare deductibles, coinsurance, and copayments. Federal law also permits states to limit the amount Medicaid pays to the difference between Medicare payment for a service and what Medicaid would pay for that service. Protecting dually eligible beneficiaries from incurring liability for Medicare cost-sharing is a high-priority issue for CMS. In the [Calendar Year 2017 Call Letter](#) released on April 4, CMS reminds all Medicare Advantage plans of their obligation to protect dually eligible beneficiaries from balance billing by educating providers about applicable rules and urging plans to continue to explore further measures and administrative options to address and track billing problems and to promote adherence to billing rules.

ABOUT THE INTEGRATED CARE RESOURCE CENTER

The *Integrated Care Resource Center* is a national initiative of the Centers for Medicare & Medicaid Services to help states improve the quality and cost-effectiveness of care for individuals dually eligible for Medicare and Medicaid. The state technical assistance activities are coordinated by Mathematica Policy Research and the Center for Health Care Strategies. For more information, visit <http://www.integratedcareresourcecenter.com>.

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