CENTER FOR HEALTH CARE RIGHTS

Medi-Medi Balance Billing Protections

It is a **violation of federal and/or state law** to charge a "Qualified Medicare Beneficiary" or "Dual Eligible" deductibles, co-insurances, or co-pays for Medicare Part A & Part B benefits.

A "Qualified Medicare Beneficiary" is a person who receives QMB, which is a Medi-Cal program that pays Part A and Part B premiums, deductibles, and copays. A "Dual Eligible" is a person who receives both Medicare and Medi-Cal without a Share of Cost, also known as a "Medi-Medi."

This means if you have both Medicare and Medi-Cal/QMB, you:

- **CANNOT** be billed copays for Medicare-approved Part A and Part B benefits;
- **CAN** get a refund for any co-payments that you may have previously paid;
- **CAN** have all debt collection for previous co-payments stopped, and creditors and/or credit agencies can be notified;
- **CANNOT** be denied services by Medicare Advantage Plan providers due to Medi-Cal status.

This does not apply to:

- Medicare Part D co-payments.
- Medi-Cal beneficiaries who have not met their Share of Cost.
- Out-of-network providers.

If you have Medicare and Medi-Cal/QMB, you can:

- Tell your provider that you have Medi-Cal and give them a copy of your Medi-Cal (plan) card.
- File a grievance with your Medicare Advantage Plan, if you are in one.

Contact HICAP for more information at 800-434-0222 or visit us at healthcarerights.org.

The Center for Health Care Rights (CHCR) is a California non-profit organization that provides free information and help with Medicare. CHCR is the Health Insurance Counseling and Advocacy Program (HICAP) for Los Angeles County. HICAP can be reached statewide at **800-434-0222**.

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SHIP State Health Insurance Assistance Program

Beneficiary	Rule	Source
Qualified Medicare Beneficiary (QMB)	A QMB cannot be billed Medicare deductibles, co-insurance or co-payments	42 U.S.C. 1396a § 1902(n)(3)(B) "In the case in which a State's payment for Medicare cost-sharing for a qualified Medicare beneficiary with respect to an item or service is reduced or eliminated through the application of paragraph (2)— (B) the beneficiary shall not have any legal liability to make payment to a provider or to an organization described in section 1903(m)(1)(A) for the service"
Dual Eligible Beneficiary (Medicare & Medi-Cal)	A dual eligible cannot be billed Medicare deductibles, co-insurance or co-payments	Cal. Welf. & Inst. Code § 14019.4 "(a) A provider of health care services who obtains a label or copy from the Medi-Cal card or other proof of eligibility pursuant to this chapter shall not seek reimbursement nor attempt to obtain payment for the cost of those covered health care services from the eligible applicant or recipient, or a person other than the department or a third-party payor who provides a contractual or legal entitlement to health care services. ...(d) When a Medi-Cal provider receives proof of a patient's Medi-Cal eligibility and that provider has previously referred an unpaid bill for services rendered to the patient to a debt collector, the Medi-Cal provider shall promptly notify the debt collector of the patient's Medi-Cal coverage, instruct the debt collector to cease collection efforts on the unpaid bill for the covered services, and notify the patient accordingly."
Qualified Medicare Beneficiary (QMB) OR Dual Eligible Beneficiary in a Medicare Advantage Plan	A QMB or dual eligible cannot be charged deductibles or copayments when enrolled in a MA plan	42 C.F.R. § 422.504(g)(1) "...the MA organization must – ...(iii) For all MA organizations with enrollees eligible for both Medicare and Medicaid, specify in contracts with providers that such enrollees will not be held liable for Medicare Part A and B cost sharing when the State is responsible for paying such amounts, and inform providers of Medicare and Medicaid benefits, and rules for enrollees eligible for Medicare and Medicaid... The contracts must state that providers will - (A) Accept the MA plan payment as payment in full, or (B) Bill the appropriate State source."
	A QMB or dual eligible cannot be discriminated against when enrolled in a MA plan	Medicare Managed Care Manual Chapter 4 § 10.5.2 "Additionally, an MAO must: ...Have procedures in place for each of its MA plans to ensure that enrollees are not discriminated against in the delivery of health care services, consistent with the benefits covered in their policy, based on ... source of payment. Discrimination based on "source of payment" means, for example, that MA providers cannot refuse to serve enrollees because they receive assistance with Medicare cost-sharing from a State Medicaid program."