Benefit Stage Qualifier Field Value 51 for QMB & Full Medicaid Members in a UnitedHealthcare Medicare Advantage Plan

Effective Date: July 8, 2019

OptumRx allows some Medicare Part B covered drugs or diabetic supplies to be submitted to the claims processing system under the Medicare Part D BIN/PCN. So that the pharmacy can now identify these Medicare Part B claims and Dual Eligible Members who have coverage for the Medicare Part B copay, please note the following:

- Benefit Stage Qualifier field (BSQ) will be populated with value 51 on the pricing segment response (D.0 Field #393-MV) when a UnitedHealthcare Medicare Advantage Member receives a Medicare Part B covered service and the Centers for Medicare & Medicaid Services (CMS) has notified the plan that QMB (Qualified Medicare Beneficiary) or Full Medicaid coverage exists.
  - When BSQ value 51 is present, the pharmacy must refrain from collecting the copay, or amount found in the Benefit Stage Amount Field (D.0 Field #394-MW), from the Member - otherwise known as “Balance Billing”.
  - An additional alert may be provided on claims messaging stating: “Part B claim; If BSQ=51, bill Medicaid for copay. Balance Billing prohibited”.
  - If a Member indicates they have QMB or Full Medicaid coverage, but BSQ value is not 51, the pharmacy should contact the Member's State Medicaid or the number on the back of the Member's UnitedHealthcare ID card to verify status.

- The pharmacy should bill Medicaid for the remaining Medicare Part B copay or balance. If Medicaid imposes a Medicaid copay after they process the Medicare Part B secondary claim, the pharmacy may collect this amount from the Member.

- Medicaid is always the payer of last resort and should never be billed as primary to circumvent coordination of benefits with the Medicare Advantage Plan.

As a reminder, CMS strictly prohibits Balance Billing Dually Eligible Individuals enrolled in a QMB program

- These beneficiaries have no legal obligation to pay Medicare Part B deductibles, coinsurance or copays for any Medicare covered item or service – this includes Medicare Part B services provided by a Medicare Advantage Plan like UnitedHealthcare.
  - Medicaid agencies are obligated to adjudicate and reimburse providers for QMB cost sharing even if the service or item is not covered by Medicaid, irrespective of whether the provider type is recognized in the State Plan and whether or not the QMB is eligible for coverage of Medicaid State Plan services.

- Most Medicaid agencies will cover all or a portion of the Medicare Part B deductible, coinsurance or copay for Full Medicaid individuals as well, even if they do not have QMB. The pharmacy should verify and coordinate benefits appropriately.

- Medicare providers, including Medicare Advantage Plan network pharmacies, who do not follow these billing prohibitions are violating their Medicare provider agreement and may be subject to sanctions (Social Security Act sections 1902(n)(3)(C),1905(p)(3),1866(a)(1)(A) and 1848(g)(3)(A)).

We continue to encourage network pharmacies to establish ongoing methods to identify Dual Eligible Members to prevent Balance Billing. If you have questions about a UnitedHealthcare Medicare Advantage Member’s Medicaid coverage, please contact the number on the back of their ID card or the OptumRx Pharmacy Help Desk.

To reduce processing errors, please confirm the information on member’s ID card prior to submitting prescription claims.

Should you have any questions or require assistance, please contact the OptumRx Pharmacy Help Desk (24 hours a day, 7 days a week):

- AARP® MedicareComplete® and UnitedHealthcare® MedicareComplete Plans: 877-889-6510
- AARP® MedicareRx, United MedicareRx, UnitedHealthcare MedicareRx Plans: 877-889-6481
- UnitedHealthcare® Medicaid Plans: 877-305-8952
- All other Plans: 800-788-7871