Ohio Department of Medicaid

Explanation of Qualified Medicare Beneficary (QMB)

Medicaid Coverage

You have been found eligible for QMB Medicaid.

Under the provisions of the Medicare Catastrophic Coverage Act of 1988, the Ohio Medicaid program will pay the Medicare premiums, deductibles, and coinsurance for Qualified Medicare Beneficiaries (QMBs).

The QMB Medicaid card is limited to the cost sharing expenses of Medicare. The card will pay for Medicare (Part A and Part B) premiums, deductibles and coinsurance. The QMB Medicaid card will not cover the following services:

- Routine checkups
- Outpatient prescription drugs
- Glasses, or examination for glasses
- Hearing aids, or examinations for hearing aids
- Routine foot care (treatment of warts is covered however)
- Orthopedic shoes
- Most dental work
- Most immunizations (pneumococcal and hepatitis B vaccinations are covered, however)
- Private duty nurses
- "Custodial care," unless part of hospice care.
- First three pints of blood or packed red blood cells, applied separately under both Part A and Part B
- Homemaker services (except as part of hospice care) and meals delivered to the home

In some instances an individual may be eligible for QMB Medicaid and for delayed spend-down Medicaid. Individuals who are eligible for both programs, will receive a QMB Medicaid card the first of the month and a spend-down Medicaid card whenever the spend-down is verified. It is to the individual's advantage to meet the spend-down as early as possible in the month since the QMB Medicaid card will not cover many of the medical services they may need. The individual must meet the spend down by incurring medical expenses that are not covered under the QMB Medicaid card, such as prescriptions and vision examinations. Once an individual receives the spend-down Medicaid card, it should be used for all medical services.

If you have questions about QMB Medicaid or delayed spend-down Medicaid, call your caseworker at the County Department of Job and Family Services.

For QMB recipients Medicare determines what it will pay the doctor. The amount he receives from Medicare plus the amount of the coinsurance or deductible he receives from QMB Medicaid is considered payment in full. The doctor can not send you a bill for an additional amount.

If a provider is not required to, and does not accept Medicare assignment under Part B, he can not bill an individual who is a QMB only recipient for the difference between his charge for the service and Medicare's rate for the service.

If you are eligible for QMB and regular or ongoing spend-down Medicaid and the provider accepts you as a Medicaid patient, then any Medicaid payment for the Medicare covered service is considered payment in full and the provider can not try to collect any difference between his charge and Medicare's rate for the service.

If your doctor or other provider does not have a Medicaid contract with the state of Ohio then QMB cannot pay the deductible or coinsurance. You will be responsible for the bill. You will need to ask your medical provider if he or she has a Medicaid contract with Ohio.