

**441—77.53(249A) Qualified Medicare beneficiary (QMB) providers.** Any Medicare provider not enrolled as an Iowa Medicaid provider for the general Medicaid population may enroll to be a QMB provider.

**77.53(1) Reimbursement.** A QMB provider may only bill the department for the QMB-eligible member's Medicare cost-sharing obligations. Reimbursement is limited to coinsurance, copayments, and deductibles for Medicare-covered services.

**77.53(2) Definitions.**

*"Coinsurance"* means a percentage of costs of a covered health care service that has to be paid.

*"Copayment"* means a fixed amount a member pays for a covered health care service.

*"Deductible"* means the amount paid for covered health care services before the insurance plan will effect payment.

*"Medicare cost sharing"* means the Medicare member's responsibility for a Medicare-covered service. "Medicare cost sharing" includes coinsurance, copayments, and deductibles.

*"Qualified Medicare beneficiary"* or *"QMB"* means an individual who has been determined eligible for the QMB program pursuant to 441—subrule 75.1(29). Under the QMB program, Medicaid pays the individual's Medicare Part A and B premiums; coinsurance; copayment; and deductible (except for Part D).

This rule is intended to implement Iowa Code section 249A.4.

[ARC 3494C, IAB 12/6/17, effective 1/10/18]