

**441—77.52(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. A QMB-eligible member must meet the criteria outlined in 441—paragraph 75.6(5) “a”.

**77.52(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.

**77.52(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—paragraph 75.6(5) “a.” Under the QMB program, Medicaid pays the individual’s Medicare Part A and B premiums, coinsurance, copayment, and deductible (except for Part D).

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