



Qualified Medicare Beneficiaries Program

Deductible, Copayment and Coinsurance Responsibility

Important information:

Federal regulations under 42 C.F.R. §422.504(g)(1)(iii) prohibit providers from collecting Medicare Part A and Part B deductibles, copayments and coinsurance from Medicare beneficiaries enrolled in the Qualified Medicare Beneficiaries (QMB) program. The QMB program is a dual eligible program that exempts qualified individuals from Medicare cost-sharing liability. QMB billing prohibitions may also apply to eligible beneficiaries in Medicare Advantage plans if the State Medicaid program holds these individuals harmless for Parts A and B cost sharing. Low income subsidy copayments still apply for Part D benefits.

QMB eligibility status for Paramount members can be determined by going to the Member Eligibility screen on MyParamount.

If you have any questions, you may call your Provider Relations Representative or Provider Relations at (800) 891-2542.

Thank you,

David Bishop
Manager, Provider Relations

How to identify a Qualified Member Beneficiary on the MyParamount portal

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Member Benefits Verification

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Member Information

NAME: [REDACTED]

DATE OF BIRTH: [REDACTED]

ADDRESS: [REDACTED], OH 43[REDACTED]

Phone Number: (614) 990-8234

Gender: M

Identification Number: P00[REDACTED]

Group Number: 00[REDACTED]

Group Name: PARAMOUNT ELITE

Division Number: 0000021041

Primary Care Physician: [REDACTED] CNP

PCP Effective as of: 01/01/2018

★ **Qualified Medicare Beneficiary: YES**

NOW VIEWING

01/01/2018 - 12/31/2018

ELIGIBILITY STATUS

Active

[View / Print ID Card](#)

[View Summary of Benefits](#)

[View Member's Prescription Coverage](#)

[View Member's Preferred Drug List](#)

[View Prior Authorization Request Form](#)