



## Do Not Balance Bill Medi-Cal Beneficiaries

The Department of Health Care Services (DHCS) has requested that L.A. Care Health Plan remind all contracted providers of the following:

*This email serves as a reminder to all Medi-Cal Managed Care Plans that **balance billing Medi-Cal beneficiaries is prohibited by federal and state law.** Medi-Cal beneficiaries should not pay for physician visits and other medical care when they receive covered services from a provider in their provider network. This means beneficiaries cannot be charged for co-pays, co-insurance, or deductibles. This applies to both Medicare and Medi-Cal providers.*

*Billing Medi-Cal beneficiaries violates Federal law as outlined in section 1902(n)(3)(B) of the Social Security Act, as modified by section 4714 of the Balanced Budget Act of 1997. This section of the Act is available at: [http://www.ssa.gov/OP\\_Home/ssact/title19/1902.htm](http://www.ssa.gov/OP_Home/ssact/title19/1902.htm). Protections are also found in California Welfare and Institutions Code section 14019.4. MCPs are responsible for ensuring that contracted providers adhere to appropriate billing practices and do not charge beneficiaries. DHCS does review billing practices as a component of the Annual Medical Audit. Violation of billing practices may lead to enforcement actions, including sanctions.*

*DHCS is requesting that all MCPs share this reminder with their contracted providers to ensure that balance billing does not occur. If balance billing is discovered or suspected, DHCS requires that MCPs work with their providers to provide appropriate training to ensure compliance with state and federal laws.*

Sincerely,

