

March 8, 2023

Protect Medi-Cal Beneficiaries From Being Sent to Collections

Dear providers,

Balance billing of Medi-Cal beneficiaries is strictly prohibited by state and federal law. **However, we've recently learned that multiple Health Plan of San Mateo (HPSM) members have been sent to collections for medical bills that they should not have been sent in the first place.**

Review the Department of Health Care Services' balance billing policy:

<https://www.dhcs.ca.gov/individuals/Pages/Balanced-Billing.aspx>

It is up to the provider to ensure their staff also know that this practice is prohibited by state and federal law. "Balance billing" entails charging Medi-Cal beneficiaries for the remainder of a bill that is not covered by the managed care plan and is strictly prohibited.

Balance billing requirements, in brief:

- Medi-Cal beneficiaries should not pay for physician visits and other medical care when they receive covered services from a provider. This means beneficiaries cannot be charged for co-pays, co-insurance, or deductibles.
- Any surcharge for covered services is specifically prohibited for Medi-Cal members, in accordance with California Code of Regulations (CCR) Title 22.
- Violation of billing practices may lead to enforcement actions, including sanctions.

Please direct questions to HPSM Provider Services at PSInquiries@hpsm.org.

Thank you for your continued commitment to our community,
The Health Plan of San Mateo