To:         IPAs, PCPs, and Specialists
From:      IEHP – Provider Relations
Date:      February 13, 2019
Subject:   Balance Billing of IEHP Members

IEHP prohibits contracted Health Care Providers from charging and/or collecting payment from Members or other persons on behalf of the Member, for covered services. Additionally, under no circumstances can a Provider deny services to an IEHP Member for non-payment of a missed appointment or lack of payment for co-payments and deductibles, as applicable.


- Under the Knox-Keene Act, Health and Safety Code 1379 of the State of California and 22 CCR § 51002, it is illegal to bill an HMO Member for whom services were provided, except for non-benefit items or non-covered services.

- According to State and Federal regulations, it is illegal to bill a Medi-Cal Member for covered medical services. It is also illegal to bill a Member a co-payment amount for any reason or purpose under Medi-Cal managed care.

- Providers and practitioners are not allowed and must not bill Medi-Cal Members or attempt collection against a Medi-Cal Member as indicated above.

Additionally, 22 CCR § 51002 restricts Beneficiary Billing as follows:
“(a) A provider of service under the Medi-Cal program shall not submit claims to or demand or otherwise collect reimbursement from a Medi-Cal beneficiary, or from other persons on behalf of the beneficiary, for any service included in the Medi-Cal program’s scope of benefits in addition to a claim submitted to the Medi-Cal program for that service, except to:
(1) Collect payments due under a contractual or legal entitlement pursuant to Section 14000 (b) of the Welfare and Institutions Code.
(2) Bill a long-term care patient for the amount of his liability.
(3) Collect copayment pursuant to Welfare and Institutions Code Section 14134.”

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054.