



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.

Per IEHP Provider Manual Policy MC_20B and MA_20B “Billing of IEHP Members”:

- 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.