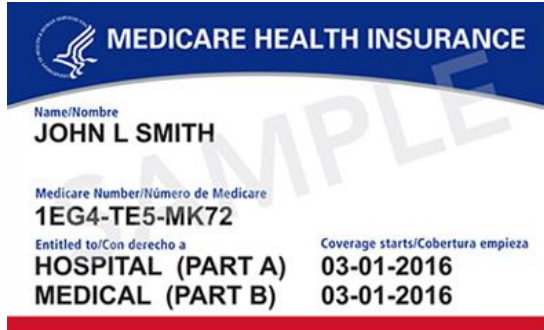

The Facts on Balance Billing



What is balance billing?

Dual eligible beneficiaries (“Medi-Medis”) are individuals with both Medicare and Medi-Cal. Medicare health care providers (like doctors and hospitals) cannot bill dual eligible beneficiaries for Medicare cost sharing. **This is known as balance billing and is illegal under both federal and state law¹.** Similarly, this protection also applies to Qualified Medicare Beneficiaries (QMBs).

Dual eligible beneficiaries or QMBs should never receive a bill for their medical services. These patients 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.

There are certain exceptions. Dual eligible beneficiaries may receive a bill for medical services if they have a:

1. Co-pay for prescription drugs;
2. Monthly share of cost for Medi-Cal; and/or
3. Dental, vision, or hearing aid related service (or other benefit not covered by Medicare Part A or Part B) that is not covered by their Medicare Advantage plan, and not provided by a Medi-Cal enrolled provider

¹ Billing dual eligible 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. Protections are also found in California Welfare and Institutions Code section 14019.4.

What should a dual eligible beneficiary do if billed by a health care provider?

If a health care provider has billed a dual eligible beneficiary for a Medi-Cal or Medicare covered service, the beneficiary should not pay the bill. Instead, the beneficiary should first try to resolve the issue with their health care provider to tell them they should not have been billed because they receive both Medicare and Medi-Cal. Providers must take immediate actions to fix the issue once they know that a beneficiary is dually eligible. They must stop the bill collection process and work with credit reporting agencies to correct any issues caused by billing dual eligible beneficiaries.

If the provider does not stop the bill collection process, then the dual eligible beneficiary should contact their health plan immediately to resolve the issue or contact 1-800-MEDICARE (1-800-633-4227) if in Original Medicare.

If neither the provider nor health plan resolve the issue, then a dual eligible beneficiary can contact the Medicare Medi-Cal Ombudsman at 1-855-501-3077 to ask questions about what actions to take next.