


GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy Director/Medicaid Director

Transmittal # 18-05

TO: District of Columbia Medicaid Providers

FROM: Claudia Schlosberg, J.D. 
Senior Deputy Director and State Medicaid Director

DATE: February 6, 2018

SUBJECT: **Balance Billing of Eligible Medicaid and Alliance Beneficiaries**

The purpose of this transmittal is to reinforce the mandate prohibiting any DC Medicaid Provider from balance billing an eligible Medicaid or Alliance enrollee.

Balance Billing is the practice of billing the Beneficiary for the difference between the amount charged by the provider and the amount paid by the payor. **In accordance to 42 CFR 438.106 and 438.116 Liability for Payment: “A provider may not require any co-payments, patient-pay amounts or other cost-sharing arrangements unless authorized. Medicaid providers will not bill the beneficiaries for the difference between the provider’s charge and payment for covered services. The provider will not seek nor accept additional or supplemental payment from the beneficiary, his/her family, or representative, in addition to the amount paid by the Medicaid program even when the beneficiary has signed an agreement to do so. These provisions also apply to Out-of-Network Providers.”**

A Medicaid provider that practices balance billing is in violation of their Medicaid Provider Agreement with the Department of Health Care Finance (DHCF) and is subject to sanctions, including termination from the program. Payments made from DC Medicaid programs to providers are considered payment-in-full for services rendered.

A provider is responsible for educating and supervising staff on this prohibition so that balance billing does not occur.

A Medicaid provider may bill only the Medicaid program for covered services; providers are prohibited from billing any other person, including the beneficiary or the beneficiary’s family members for covered services. Eligible beneficiaries receive medical care according to the guidelines and limitations of the programs to which they are assigned. To obtain accurate daily information, all providers should access the District of Columbia Government Medicaid Interactive Voice Response System (IVR) at (202) 906-8319 (inside the DC Metro area) or 1 (866) 752-9233 (outside the DC Metro area) or DHCF Web Portal (www.dc-medicaid.com), which

allows users to obtain the enrollee's current eligibility status, including coverage information for billing purposes. Any provider who is unfamiliar with the IVR System may receive an IVR Brochure by contacting the Provider Enrollment Department at (202) 906-8318 (inside the DC Metro area) or 1 (866) 752-9231 (outside the DC Metro area).

If you have any further questions regarding this transmittal, please contact Felecia Vida Stovall, Division of Managed Care at (202) 724-2315, or the Provider Relations Department at (202) 698-2000.

cc: Medical Society of the District of Columbia
DC Hospital Association
DC Primary Care Association
DC Health Care Association
DC Home Care Association
DC Behavioral Health Association
DC Coalition of Disability Service Providers