



Santa Clara
Family Health Plan
The Spirit of Care

To: Providers and Delegates
From: Jennifer Clements, Director of Provider Operations
Date: January 5, 2015
Subject: **Clarification on Medi-Cal Billing**

Dear Providers and Delegates:

It has been brought to our attention by the California Department of Health Care Services (DHCS) that providers may need clarification on billing for Medi-Cal services. Members have been incorrectly informed that they may receive a bill for services due to confusion regarding the responsible county code and/or because the member's managed care plan status is on hold.

Please review the following guidelines for Medi-Cal billing:

- Providers should not bill a Medi-Cal beneficiary for any Medi-Cal service. Per Section 51002 (a) of Title 22, CCR, "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..."
- The county number in the Automated Eligibility Verification System (AEVS) message is the responsible county code, not the residence county. If the message shows the beneficiary is a member of a plan then the plan will pay the provider. It is the residence county code, not the county code in AEVS that determines plan enrollment.
- If a member's managed care has been placed on hold, the provider should bill Fee-For-Service Medi-Cal for those services.

If you have any questions please call our Provider Services Department at 1-408-874-1788.

Thank you.