

L.A. Care May Close Your Panel or Disenroll Your Membership If Your Assessment Isn't Returned By March 29, 2016

LA Care's Mandatory Balance Billing Training Assessment

LA Care requires all providers seeing LA Care members to undergo balance billing training. Please answer the attached training assessment on page 2 of this fax to remain compliant with LA Care.

Follow these steps for provider compliance:

1. View Summary of Balance Billing Training (Below) and Full Balance Billing Training on Preferred IPA's website: https://www.preferredipa.com/wp-content/themes/preferredipaofca/pdf/2016/LA_Care_Balance_Billing_Provider_Training.pdf
2. Answer Questions on Page 2 of this fax on "Mandatory Balance Billing Provider Training Assessment"
3. Return page 2 of "Mandatory Balance Billing Training Assessment" by email to Ahacopian@preferredipa.com or fax to 818-265-0801 by March 29, 2016

Summary of Balance Billing Training

Balance billing occurs when doctors or other providers bill beneficiaries for Medi-Cal and/or Medicare covered services.

- It is a federal law violation, state law violation, health plan contracting violation, and IPA contracting violation to charge a managed care beneficiary for any part of a covered benefit.
- An example of a balance billing violation is when a provider's office charges a \$1 administrative fee to complete medical forms and schedule an appointment. This is NOT an allowable fee for Medi-Cal and/or Medicare patients.
- There are exceptions to balance billing. Allowed exceptions include: Medi-Cal Share of Cost, applicable copays for medications covered under Medicare Part D, or the cost for non-covered benefits. Remember: these exceptions DO NOT include: administrative charges such as referral fees.
- For exceptions to balance billing, charges to managed care patients must not exceed the difference between what the provider is compensated by the managed care plan and what the provider charges cash patients.
- Balance Billing may cause providers to be subject to sanctions by CMS, DHCS, and LA Care Health Plan.
- Providers CANNOT balance bill Medi-Cal and/or Medicare patients for any covered benefit!

Questions?

Please contact provider relations at 818-265-0800.

Return page 2 of "Mandatory Balance Billing Training Assessment" by email to Ahacopian@preferredipa.com or fax to 818-265-0801 by March 29, 2016

Mandatory Balance Billing Provider Training Assessment



Provider First and Last Name: _____ License #: _____

Medical Group/IPA Affiliation (List all L.A. Care affiliations): Preferred IPA

All six questions must be answered to formally accept this assessment. Send completed assessment form to Ahacopian@preferredipa.com or fax to 818-265-0801 by Tuesday, March 29, 2016.

1. Charging a Managed Care beneficiary for any part of a covered benefit violates:
 - a. State Law
 - b. Federal Law
 - c. Health Plan contracting
 - d. All of the Above
2. A provider's office regularly will charge all new patients a \$10 administrative fee to schedule the first appointment and complete all medical forms. This is an allowable fee for Medi-Cal and/or Medicare patients.
 - a. True
 - b. False
3. All of the following, except ___ are examples of member billing exceptions
 - a. Medi-Cal Share of Cost
 - b. Referral fees
 - c. Medicare Part D
 - d. Cost for non-covered benefits
4. Charges to managed care patients must not exceed the difference between what the provider is compensated by the managed care plan and what the provider charges cash patients.
 - a. True
 - b. False
5. Providers who engage in balance billing may be subject to sanctions by:
 - a. L.A. Care Health Plan
 - b. CMS
 - c. DHCS
 - d. All of the above
6. Providers are allowed to balance bill a Medicare or a Medi-Cal patient for a covered benefit under what circumstances:
 - a. Member didn't provide the right identification card
 - b. You are unsure of the Provider Group/IPA to which the member is assigned
 - c. All of the above
 - d. You cannot balance bill a Medicare or Medi-Cal eligible beneficiary for any covered benefit!

Signing this Balance Billing Provider Assessment confirms you have received and completed the L.A. Care Balance Billing Training and consent to abide by all State and Health Plan balance billing regulatory requirements.

Signature _____

Date: _____

Send completed assessment form to Ahacopian@preferredipa.com or fax to 818-265-0801 by Tuesday, March 29, 2016.

