MODEL CALIFORNIA IMPROPER BILLING LETTER No. 1

**CALIFORNIA MEDI-CAL BENEFICIARY IS IN ORIGINAL MEDICARE (FEE FOR SERVICE) AND IS A QMB-PLUS (full benefit dual eligible and also income below 100% FPL)**

*Include parenthetical phrases as appropriate to client’s individual situation*

I am writing on behalf of **BENEFICIARY**, who was billed by your office for Medicare-covered services provided on **DATES**. I have attached copies of the relevant bills. [*If appropriate, add either:* ***BENEFICIARY*** *is now receiving collection notices regarding these bills, OR* ***BENEFICIARY*** *paid this bill, but should not have been charged for these services.*]

**BENEFICIARY** is a dual eligible beneficiary on both Medicare and Medi-Cal. Therefore, **BENEFICIARY** is protected by California law from any improper billing by any provider for Medicare-covered services not paid on their behalf by Medicare or Medi-Cal. This protection applies whether or not a provider is enrolled in Medi-Cal. [*If appropriate, add:* *It also does not matter whether your office has a contract with* ***BENEFICIARY’s*** *Medi-Cal plan.*] The state protection is found at Cal. Welf. & Inst. Code § 14019.4. A copy of [***BENEFICIARY’S*** *Medi-Cal card*] is attached.

BENEFICIARY is also a Qualified Medicare Beneficiary (QMB) and is further protected by federal law from any additional billing by a Medicare provider. This protection is found at Section 1902(n)(3)(B) of the Social Security Act, 42 USC §1396a(n)(3)(B). A copy of [**BENEFICIARY’S** Medicare Summary Notice (MSN) or other evidence of QMB status] is attached. **BENEFICIARY** should have also been identified as a QMB on the remittance advice you received from Medicare.

This means you cannot bill **BENEFICIARY** for any deductibles, copayments or coinsurance, since the service(s) was/were covered by Medicare and **BENEFICIARY** is a Medi-Cal beneficiary.

Because continuing to bill **BENEFICIARY** would violate state and federal law, I ask that you [*immediately return the payment collected from* ***BENEFICIARY*** *and*] cease efforts to collect on these bills and correct **BENEFICIARY’S** records to show payment in full of the referenced bills. [*In addition, please ensure that any outside collection efforts against* ***BENEFICIARY*** *cease and that* ***BENEFICIARY’S*** *credit record be corrected with all credit rating agencies.*]

For your information, I have enclosed the Federal publication, [*Prohibition Billing Dually Eligible Individuals Enrolled in the Qualified Medicare Beneficiary (QMB) Program*](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/se1128.pdf), which explains the federal improper billing protections and requirements on providers. [*If appropriate, add*: I have also enclosed this guidance from the California Department of Health Care Services on [payment for Medicare physician services](http://calduals.org/wp-content/uploads/2016/08/PhysToolkit_CMC-Physician-Payments-R7.pdf).]

Thank you for your cooperation in correcting these erroneous bills. If you have any questions, you may contact me at