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December 17, 2025

Balance Billing Prohibited

Dear provider,

This is your annual reminder that balance billing of Medi-Cal beneficiaries, including the Health Plan of San Mateo (HPSM) members, is strictly prohibited. It is up to the contracted provider to ensure their staff also know that this practice is prohibited by state and federal law.

"Balance billing" entails charging HPSM members for the remainder of a bill that HPSM does not cover and is strictly prohibited for all contracted HPSM providers.

Balance billing requirements, in brief:

- Medi-Cal beneficiaries should not pay for physician visits and other medical care when they receive covered services from a provider. This means beneficiaries cannot be charged for co-pays, co-insurance, or deductibles.
- HPSM payment constitutes payment in full, per your contract with HPSM.
- Any surcharge for covered services is specifically prohibited for Medi-Cal members, in accordance with California Code of Regulations (CCR) Title 22.
- As a contracted provider, you agree not to take any action to collect sums that are owed by HPSM to a provider.
- Violation of billing practices may lead to enforcement actions, including sanctions.

Providers new to Medi-Cal or HPSM may not be as familiar with this requirement. Be sure to review it in your HPSM contract or review our balance billing policy in the Provider Manual:

<https://www.hpsm.org/provider/resources/manual/claims#a14>

For questions, contact the HPSM Provider Services department at PSInquiries@hpsm.org.

Thank you,
The Health Plan of San Mateo