Maryland
DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
General Provider Transmittal No. 103
June 3, 2025

TO: All Providers

FROM: Charlie Crisp, Director
Office of Medicaid Provider Services

RE: Prohibition on Charging Medicaid Participants for Covered Services

NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

The purpose of the transmittal is to remind providers of general billing rules and protections for Medicaid recipients. Medicaid participating providers are prohibited from billing any Medicaid participant or the participant's family members for covered services. Billing a Medicaid participant for covered services violates both COMAR 10.09.36.03 and the Maryland Medical Assistance Provider Agreement, which states: "The Provider agrees to accept the Department's payments as payment in full for covered Services rendered to a Recipient. The Provider agrees not to bill, retain, or accept any additional payment from any Recipient." This regulation and condition ensures participants are not balance billed and protects with equal force Managed Care Organization (MCO) HealthChoice enrollees from being charged.

Balance Billing

Medicaid providers are prohibited from balance billing. Balance billing is the practice of charging the participant for the difference between the amount charged by the provider and the amount paid by Medicaid. A Maryland Medicaid participant should never receive a charge for a covered service, except for program specified co-pays. A Medicaid provider must accept payment by the Program as payment in full for covered services rendered and make no additional charge to any person for covered services. This includes a covered service that is denied by Medicaid (i.e. a covered service requiring pre-authorization that provider failed to attain).

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Providers are responsible for educating and supervising staff on these prohibitions to ensure erroneous billing does not occur.

MCO HealthChoice Enrollees Protection Against Out-of-Pocket Expenses

The prohibition on billing MCO HealthChoice enrollees applies with equal force to providers billing MCO HealthChoice payors. Specialists should check with the MCO to determine if referrals or authorizations are required before providing services to the enrollee, except in emergency situations. Enrollees may not pay a Medicaid provider that is outside of their MCO provider network for covered services. To ensure compliance, all Medicaid providers servicing Medicaid participants must obtain necessary preauthorizations and then bill only the enrollee's payor. The provider may not bill the participant for denied covered services.

Ordering, Referring and Prescribing (ORP) Practitioners

Federal regulations require Medicaid to enroll ORP practitioners for services billable to the Medicaid program. ORP practitioners who treat Maryland Medicaid participants but do not bill Medicaid for services have the option to enroll as ORP-only providers to enable payment for services that they order, refer and prescribe. ORP-only providers may enter self-pay arrangements with patients, are not required to sign a standard Maryland Medicaid Provider Agreement, and may not receive payment from Maryland Medicaid for services rendered. Practitioners enrolled as fully participating providers who have signed a Maryland Medicaid Provider Agreement must accept payment from Medicaid as payment in full for covered services.

Violations of Billing Rules

Improperly billing Maryland Medicaid participants and MCO HealthChoice participants may result in sanctions under the Code of Maryland Regulations (COMAR 10.09.36.08), including for-cause termination as a Medicaid provider. Medicaid is federally required to report all for-cause terminations to the Centers for Medicare and Medicaid Services, which may result in additional sanctions or termination by Medicare and/or other state Medicaid programs under federal regulation 42 CFR § 455.416.

It is the provider's responsibility to verify eligibility prior to rendering services. To obtain participant eligibility information, providers must check Medicaid's Eligibility Verification System (EVS) either online at https://encrypt.emdhealthchoice.org/emedicaid/ or via phone at 1-866-710-1447.

Maryland residents may submit a complaint to the Health Education and Advocacy Unit (HEAU) if they believe they have received an improper medical bill. To submit a complaint, visit https://www.marylandattorneygeneral.gov/Pages/CPD/HEAU/default.aspx.

For additional information, visit the Billing Rules and Patient Protections page at https://health.maryland.gov/mmcp/provider/Pages/billing-rules.aspx. Included on this page is a Medicaid Patient Billing Rights document, which gives an overview of the protections Medicaid recipients have regarding medical bills: https://health.maryland.gov/mmcp/provider/Documents/Medicaid-Patient-Billing-Rights.pdf

For any inquiries regarding MCO HealthChoice enrollees, you may submit a question to the Medicaid HealthChoice Help Form: https://health.maryland.gov/mmcp/healthchoice/Pages/help.aspx

For inquiries regarding all other Medicaid improper billing matters, please contact mdh.providerexclusions@maryland.gov.