Member Not Active

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

Molina Healthcare will cover services rendered during the timeframe of a member's eligibility period. When applicable, retroactive eligibility will permit coverage prior to a member's Medicaid application date. Providers must always verify the member's eligibility for the dates of service when submitting claims for reimbursement.

Reimbursement Guidelines

Molina Healthcare retains the authority to deny, review, audit, and recoup claims based on medical necessity as outlined in the above policy. Coordination of benefits are applied and determined by specific state Medicaid guidelines, or the specific contractual agreements.

Supplemental Information

Definitions

Term	Definition
CMS	The Centers for Medicare & Medicaid Services. It is a federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards.

State Exceptions

State	Exception

Documentation History

Type	Date	Action
Initial Creation Date	10/11/2024	New Policy
Revised Date	12/16/2024	Update Policy
Revised Date	07/30/2025	Update to new template

References

References This policy was developed using:

• CMS
• State Medicaid Regulatory Guidance
• State Contracts

Reference	Link
MACPAC	Medicaid-Retroactive-Eligibility-Changes-under-Section-1115-Waivers.pdf

***CODING DISCLAIMER**. Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.*