

RETROACTIVE DENIALS

ENROLLED IN INDIVIDUAL & FAMILY PLANS



REVERSAL OF A PREVIOUSLY PAID CLAIM

Sometimes we may deny a claim after we've paid it and request the money back from the provider. This is known as a **retroactive denial**. If we deny a past claim, you may be responsible for the cost.

Examples That Result in Retroactive Denials

- » When a third party* is legally responsible for payment
- » Another health insurance company made a payment and we did not receive notice
- » You didn't pay your premiums on time and your coverage was terminated
- » We paid for a service that you did not receive, was not medically necessary or was not covered by your benefits
- » There was an error on the claim

The list above is not all inclusive.

WAYS YOU CAN PREVENT RETROACTIVE DENIALS

Pay your premium on time. Premium payments are due on the first of each month.

Bring your Medica ID card to every visit. This way your insurance information will be up to date and the doctor or pharmacy can bill us correctly.

Let your doctors know if a third-party insurer is responsible for paying your claims. For example, if you're getting care for work or accident-related injuries, we may not be responsible for paying your claims.

IF YOUR CLAIM IS RETROACTIVELY DENIED

We'll work with the person or organization who submitted the claim to retrieve any payments made.

Kansas Members Only: Medica's right of recovery is subject to Kansas and federal law and does not include any right of subrogation or recovery of any proceeds an insured person may receive as a result of any court award or settlement.



Have a question?

Call Customer Service at the number on the back of your Medica ID card.

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* If you have an accident or injury that a third-party insurer may cover, please let us know whom to bill for services. Examples of a third-party insurer include auto insurance, homeowners insurance and workers' compensation.

Medica complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

If you want free help translating this information, call the number included in this document or on the back of your Medica ID card.

Si desea asistencia gratuita para traducir esta información, llame al número que figura en este documento o en la parte posterior de su tarjeta de identificación de Medica.

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