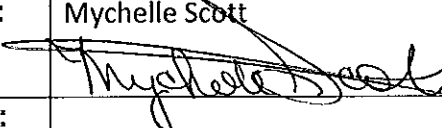
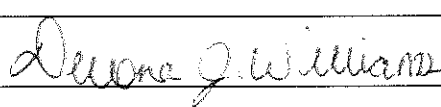


# POLICY AND PROCEDURE

Policy No: 2016CLM0012  
Page Number: 1 of 2  
Effective Date: 08/01/2016



**TITLE:** Retroactive Denial

<b>Department:</b>	Operations - Claims	<b>Department Head:</b> (Name and Signature)	Mychelle Scott 
<b>Approval Date:</b>	08/01/2016	<b>Next Review Date:</b> (12 months from approval date)	08/1/2017
<b>Compliance/Executive Approval:</b>			
<b>Name :</b>			<b>Date:</b> 8/1/16

**APPLIES TO:**  MEDICAID  CHIP/ CHIP P  HEALTH INS MARKETPLACE  OTHER

## PURPOSE:

To outline and define the process when a retroactive denial is applicable.

## DEFINITIONS:

### Retroactive Denial

A retroactive denial may occur when claims are paid during a member's grace period and the member fails to pay their premium within the required timeline to continue coverage. Should this occur, Community will terminate coverage effective the last day of the premium period for which premium was paid after grace period expires. The member may be held liable for the cost of services received during the grace period.

Community may pay all appropriate claims in the first month of the Grace Period, but may pend claims in the second and third months until the correct premium amount is paid. 45CFR §156.270 (d) (1).

To avoid retroactive denials, a member should pay premiums no later than 31 days of the premium due date.

# POLICY AND PROCEDURE

Policy No: 2016CLM0012  
Page Number: 2 of 2  
Effective Date: 08/01/2016



## PROCEDURE:

<u>Responsible Party (Who)</u>	<u>Step</u>	<u>Action Taken (Does What)</u>
Eligibility Department		Terminate member's coverage in the claim payment system.
Claims Department	A	Request a refund of monies paid for services rendered during the member's grace period.
Claims Department	B	If no response from the party in which a refund was requested, monies will be recouped from future payments.

## ATTACHMENT(S):

None