

Provider Bulletin

Molina Healthcare of Nevada, Inc.

May 2024

Re: A reminder that balance billing is not allowed

Molina Healthcare of Nevada reminds providers that they are prohibited from balance billing members for covered services other than the member's applicable copayment, coinsurance or deductible amounts. Covered services include health care services and supplies, including emergency services provided to members that are medically necessary and covered by Molina as a member benefit.

Also, the provider is responsible for verifying eligibility and obtaining approval for services that require Prior Authorization (PA). You can use the Availity Essentials portal to verify membership and coverage. Molina's website features several PA resources, including the quarterly PA Codification Lists and the PA LookUp Tool.

Providers agree that a Molina member shall under no circumstance be liable to the provider for any payment owed that is Molina's legal obligation.

Note: Molina strongly recommends that providers ask patients if they have multiple forms of health insurance when verifying their coverage.

Examples of balance billing include:

- Holding members who are dually eligible for Medicare and Medicaid liable for Medicare Part A and B cost-sharing.
- Requiring Molina members to pay the difference between the discounted and negotiated fees and the provider's usual and customary fees.
- Charging Molina members fees for covered services beyond copayments, deductibles or coinsurance.
- Requiring members to pay for a covered service that was denied or rejected by the health plan for valid/appropriate reasons.

Providers are encouraged to review balance billing material in the Provider Manual and in their agreement with Molina.

We're here to help. If you have questions, contact your Provider Services Representative, call the team at (833) 685-2103, or email NVProviderRelations@MolinaHealthcare.com.

Sincerely,

Molina Healthcare of Nevada Provider Relations