



Retroactive Denials

A retroactive denial is a reversal of a previously paid claim, through which the enrollee then becomes responsible for the payment.

If we grant Prior Approval for a Covered Service that is based on information given to us that is fraudulent or materially incorrect, we may retroactively deny Prior Approval for that Covered Service. Sometimes, your Prior Approval request will be medically reviewed by a Physician (or a qualified clinician for mental health or substance abuse services or a pharmacist for drugs).

As described above, we will tell you and your Provider our decision. We will also tell you and your Provider what criteria we used to conduct the medical review. We do not pay or give incentives to our employees or contracted Providers to improperly deny or withhold Benefits. Health Options staff involved in Prior Approval decisions must also sign a conflict of interest statement each year.

Health Options may retroactively deny payment if monthly health insurance premiums are not paid. To help prevent retroactive claims payment denials it is advised to pay all monthly health insurance premiums by the due date.