



Molina Healthcare of Nebraska, Provider Notice

Member Balance Billing is Prohibited

02/09/2026

Medicaid providers are prohibited from balance billing Molina Healthcare of Nebraska, Inc. ("Molina") members, regardless of the provider's participation status with Molina. Balance billing a Medicaid member is a violation of state and federal Medicaid program rules. Members may only be charged applicable copayments, coinsurance, and deductibles (if any).

Regulatory References

Billing a Medicaid member for covered services violates the following state and federal regulations:

42 CFR 447.15

Acceptance of State payment as payment in full, which requires the Medicaid agency to limit participation in the Medicaid Program to providers who accept, as payment in full, the amounts paid by the agency plus any deductible, coinsurance or copayment as required by the plan to be paid by the individual.

471 NAC 003.02(C) PAYMENT IN FULL.

Providers participating in Nebraska Medicaid agree to accept as payment in full the amount paid according to the Department's payment methodologies after all other sources have been exhausted.

471 NAC 3 003.08 BILLING THE MEMBER.

Providers participating in Nebraska Medicaid agree to accept payment from the Department as payment in full. The provider will not bill the member for Nebraska Medicaid covered services if the claim is denied by the Department for lack of medical necessity or for failure to follow a procedural requirement. The provider will not bill the member for services covered by Nebraska Medicaid. It is not a violation of Department regulations for the provider to bill the member for services not covered by Nebraska Medicaid. It is not a violation for a provider to bill the member for services when it is determined the member has received money from a third-party resource and the money was designated to pay medical bills. If the member agrees in advance in writing to pay for the non-covered service, the provider may bill the member.



471 NAC 002.02 BALANCE BILLING.

Billing the Department or member any amount after a provider has agreed to accept a payment as payment in full.

Further, balance billing Medicaid members is a breach of the provider's contract with Molina. Providers that knowingly bill Medicaid members are in violation of their Molina Agreement and are subject to corrective action, including termination of the Agreement.

Providers are responsible for verifying eligibility and obtaining approval for services that require prior authorization.

Required Actions When Medicaid Eligibility Is Identified:

1. **Stop All Balance Billing.** Immediately discontinue any previous balance billing efforts. If the member was referred to a collection agency, retract the referral immediately.
2. **Request Retro-Authorization, If Applicable.** For services requiring prior authorization, providers may request retro-authorization for up to 180 days after the service end date.
3. **Submit the Claim to Molina.** Regardless of the date of service, submit the claim as soon as eligibility is confirmed.

If the date of service is outside the timely filing limit (180 days or as specified in your provider agreement), the claim will be denied as untimely filing. However, providers may file a claim appeal with documentation showing timely efforts to obtain the eligibility information from the member. Additionally, providers may work with their Provider Relations Representative to address scenarios that warrant additional consideration.

Eligibility Verification Resources:

Providers may verify a member's eligibility and confirm PCP assignment through:

- Molina Provider Services automated IVR system at (844) 782-2678, Monday – Friday, 7 a.m. – 6 p.m., Central Time
- Availity Essentials Portal at Provider.MolinaHealthcare.com
- Nebraska Medicaid Eligibility System (NMES) at (402) 471-9580 or (800) 642-6092

If you have general questions about this communication, please contact our Provider Relations Team at NEProviderRelations@MolinaHealthcare.com.