

Reduction Requirements

The documentation required for a possible reduction of the Medicaid fee for service (FFS) subrogation is listed below. *Please wait until Medicaid Fee for Service (FFS) has sent your office the Itemization so you will be able to review and remove duplicate claims.* Any claims that match a claim paid by Nebraska Medicaid must be removed from the provider lien. [471 NAC 3-004.06C]

In situations where the settlement funds are insufficient to cover all liens, costs, and expenses, the State of Nebraska will negotiate in order to resolve the matter successfully. In other extraordinary situations which may warrant a reduction the State of Nebraska may be willing to consider the possibility of a negotiation. In order to do so, you will be required to send us the following documentation:

- A valid signed HIPAA if Medicaid FFS does not already have one on file
- A copy of the fee agreement between you and your client
- An itemization of all liens, costs, and expenses, *after you have removed any liens that have been paid by Medicaid and the Managed Care Organization (MCO). Any payment by Medicaid FFS or the MCO is considered paid in full*
- The proposed settlement or final settlement/judgment amount
- The proposed distribution schedule (if any)
- If the client is also a Medicare recipient, the total amount that Medicare has agreed to reduce
- A brief synopsis of the issues explaining why a reduction is necessary.

Once you have supplied the required documentation, the case will be reviewed to determine whether a negotiation is warranted.

Please reference the following State statutes [477 NAC 12-001] and [477 NAC 12-002.01]

A settlement distribution will be required upon conclusion of this case.