

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

GUIDANCE DOCUMENT

“This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Nebraska Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.”

Pursuant to
Neb. Rev. Stat. § 84-901.03



PROVIDER BULLETIN

No. 17- 12
(supersedes 16-38)

DATE: April 5, 2017

TO: All Medicaid Providers

FROM: Calder Lynch, Director
Division of Medicaid & Long-Term Care

BY: Nebraska Department of Health and Human Services
Division of Medicaid & Long-Term Care

RE: Medicare Crossover Claims-Coordination of Benefits with Heritage Health Plans

Please share this information with administrative, clinical, and billing staff.

This provider bulletin is intended to replace previous guidance issued in provider bulletin 16-38, regarding the process for processing Medicare crossover claims for Heritage Health members.

Effective for dates of service January 1, 2017 and on, payment for Medicare and Medicare Advantage secondary claims became the responsibility of the respective member's Heritage Health plan. To date, those claims have been submitted in paper format or electronically to the members' health plan for processing.

Effective immediately, Medicare secondary claims no longer need to be submitted in paper or electronic formats to the health plans. Health plans have completed their testing and all crossover claims are automatically crossing over from the Medicare fiscal intermediary directly to the Heritage Health plans for processing.

If you have any questions, please contact us: dhhs.heritagehealth@nebraska.gov

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