





Nebraska Department of Health and Human Services Health Plan Advisory No. 19-04

DATE: June 18, 2019

TO: Nebraska Heritage Health Plans

FROM: Matthew A. Van Patton, DHA, Director

Division of Medicaid & Long-Term Care

BY: Amber Burns, Managed Care Program Specialist

Division of Medicaid & Long-Term Care (MLTC)

RE: Indian Health Service (IHS) Dual Eligible Crossover Claims

This health plan advisory is being issued to provide guidance to the Heritage Health plans by clarifying the "lesser of" logic for IHS facility dual eligible crossover claims with a date of service on or after July 1, 2019.

For IHS facility dual eligible crossover claims with a date of service on or after July 1, 2019, the Heritage Health plans will use the IHS encounter rate for determining the Medicaid-allowed amounts for full duals, QMB Plus, and SLMB Plus; and the HCPCS/CPT code allowable rate will no longer be used as the Medicaid-allowed amount to determine the "lesser of" amount.

If you have questions regarding this bulletin, please contact MLTC at: DHHS.MLTCPhysical@nebraska.gov. Health plans should also copy their contract administrator.

Health Plan Advisories, such as this one, are posted on the DHHS website at http://dhhs.ne.gov/pages/Heritage-Health-Plan-Advisories.aspx. Please subscribe to the page to help you stay up to date about new Health Plan Advisories.

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 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.