

RAC

Administrative Appeal Instructions

When the Department requests a refund of all or part of a claim, the provider is allowed thirty (30) calendar days to refund the amount requested, to show that the refund has already been made, or to document why the refund request is in error or appeal. The provider's failure to respond within thirty (30) calendar days shall be cause for the Department to recoup from future provider payments until the situation is resolved or to sanction the provider.

Request for Administrative Hearing Related to Nebraska Medicaid RAC should include the following:

- The Nebraska Medicaid RAC refund request letter
- A detailed explanation for the appeal request
- The completed RAC cover sheet attached below
- RAC administrative hearing request should be addressed to the following:

Director, DHHS Legal Services Hearing Officer
Section /RAC
P.O. Box 98914
Lincoln, NE 68509-8914

Request for administrative hearing related to the Nebraska Medicaid RAC must be received with thirty (30) calendar days from the date on the refund request letter.

Nebraska Medicaid RAC Administrative Hearing Request Cover Sheet

Request for Administrative Hearing Related to Nebraska Medicaid RAC should include the Nebraska Medicaid RAC letter, detailed explanation for the request and this completed cover sheet. Request for Administrative Hearings must be received within thirty (30) calendar days from the date of the Nebraska Medicaid RAC refund request letter.

Please Complete	
Providers Name	Provider Number
Contact	Contact Number
Recipient's Name	Recipient's Medicaid Number
Date of Service	ICN (Claim Number)
Signature	Date
<p>Date of DHHS Refund Request Letter _____</p> <p>HMS Reference Number _____</p>	

Please address RAC Administrative Hearing Request to the following address:
 Director, DHHS Legal Services Hearing Officer Section/RAC
 P.O. Box 98914
 Lincoln, NE 68509-8914