

PROVIDER BULLETIN

No. 12-67

Date: December 10, 2012

TO: All Providers Participating in the Nebraska Medicaid Program

FROM: Vivianne M. Chaumont, Director 
Division of Medicaid & Long-Term Care

BY: Jeanne M. Larsen, Deputy Director
MLTC – Claims and Program Integrity

RE: Retroactive Enrollment of Providers –

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

On August 17, 2012, Nebraska Medicaid issued Provider Bulletin 12-36 regarding the Retroactive Enrollment of Providers. This change was the result requirements mandated by Section 6401 of the Patient Protection and Affordable Care Act.

Since that time, the Nebraska Medicaid Program has established an ongoing project tasked with:

- Ensuring provider screening and enrollment processes are compliant with all mandated requirements,
- Reviewing internal procedures and processes to streamline the process (to include location changes),
- Utilizing additional resources to improve the turnaround time on agreement submissions, and
- Looking at long-term solutions for the submission of applications, prescreening applications for accuracy, potentially outsourcing all or part of the administration of the requirements, etc.

However, the additional activities associated with the new requirements have placed significant administrative burden on the State of Nebraska, thereby, impacting the timely completion of provider agreements. This in turn has impacted our provider community by delaying the effective date and hence, billing effective dates. Given this, NE Medicaid is modifying its policy on the effective date of provider agreements as follows.

Effective immediately, the effective date for Service Provider Agreements will be the date a complete and signed Service Provider Agreement (MC-19) is **received in our office** (or future date as specifically requested by a provider). This means that the provider's billing effective date will be the "enrollment receipt date".

NE Medicaid will continue its practice of returning incomplete/unsigned applications, and the effective dates in this situation will again be the date a complete and signed Service Provider Agreement (MC-19) is **received in our office**.

Over the next few weeks, NE Medicaid will amend provider enrollment dates to reflect the enrollment receipt date for all agreements submitted on or after 10/1/12, and issue new confirmation letters. Providers however, will be required to submit adjustment requests for all claims impacted by the prior enrollment practice.

The other policies or requirements mentioned in Provider Bulletin 12-36 remain, and are as follows:

- Exception: Payment may be made for services provided prior to the received date of the Service Provider Agreement if the services provided were emergency care, the provider met all eligibility requirements at the time the service was provided, and if the agreement is signed and on file with the Department within 30 days of the date of service. Emergency care is defined in NAC 471 2-004.04A as medically necessary services provided to an individual who requires immediate medical attention to sustain life or prevent any condition which would cause permanent disability to bodily functions. All requests for exceptions must be made in writing, must accompany the Service Provider Agreement (MC-19) and other required enrollment documents, and must contain sufficient information to aid the Department in determining the appropriateness of retroactively enrolling the provider.
- All ordering, referring, prescribing, attending, and service rendering practitioners must be enrolled in order for payment to be considered on claims submitted for services ordered, referred, prescribed and performed for Nebraska Medicaid recipients.
- Nebraska Medicaid regulations require providers to enroll in the Medicaid program prior to enrollment with the Medicaid Managed Care plans.

We encourage providers to review their internal procedures and modify as necessary to ensure the timely submission, accuracy and completion of provider enrollment applications. We appreciate your cooperation and understanding.

If you have questions about this Provider Bulletin, please contact the Provider Enrollment Unit at the following email address DHHS.MedicaidProviderEnrollment@nebraska.gov.