

PROVIDER BULLETIN

No. 13-07

January 25, 2013

TO: Nebraska Medicaid Nursing Facility Service Providers
Nebraska Medicaid Hospice Service Providers

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

BY: Courtney Miller, Community & Facility Services Unit Manager
Division of Medicaid & Long-Term Care

RE: Elimination of Prior Authorization Process for Nursing Facility Services

The intent of this Provider Bulletin is to provide an update to the implementation date for the elimination of the prior authorization process for nursing facility services referenced in Provider Bulletin #11-71.

The Division of Medicaid & Long-Term Care intends to implement the elimination of the prior authorization process April 1, 2013.

The Department will be eliminating the Nebraska Medicaid requirement that nursing facility services be authorized prior to payment. This change will allow nursing facility service providers to submit Medicaid claims for electronic review and payment, without requesting prior authorization. These claims will be electronically screened to determine if the provider complied with the federal and state requirements necessary for payment. Claims containing incorrect, invalid or incomplete information will be denied.

Providers should continue to maintain federally and state required documentation in the client's file. Paid claims may also be reviewed after payment and additional documentation requested from the provider to ensure accurate Medicaid payment.

Further notices will be posted as new information becomes available and can be found at <http://www.dhhs.ne.gov/med/provhome.htm>.

For questions regarding the information in this bulletin, please contact Courtney Miller at courtney.miller@nebraska.gov or 402-471-4684.