

PROVIDER BULLETIN

No. 13-50

July 15, 2013

TO: All Providers Participating in Nebraska Medicaid Program

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

BY: Bob Kane, Administrator
Medicaid Claims Unit
Division of Medicaid & Long-Term Care

Jane Athey, Program Specialist
Division of Medicaid & Long-Term Care

RE: Timely Filing Requirement for all Medicaid Claims

Please Share This Information with Administrative, Clinical and Billing Staff

Effective September 1, 2013 The Nebraska Department of Health and Human Services (DHHS), Division of Medicaid & Long-Term Care is implementing the change in the requirement for timely filing of all claims from one year to **six months from date of service**.

Please see provider bulletins published last year #12-35 of July, 2012, and #12-43 of November 2012, in regards to this pending change.

For claims questions regarding this provider bulletin or concerns about this information, please contact Bob Kane at bob.kane@nebraska.gov or 402-471-9382.

For policy questions in regards to this provider bulletin or concerns about this information, please contact Jane Athey at jane.athey@nebraska.gov or 402-471-9119.

To stay informed of future developments and/or provider bulletins published, please refer to the Recent Web Updates page on the website: http://dhhs.ne.gov/medicaid/pages/med_update.