

PROVIDER BULLETIN

No. 14-41

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TO: All Providers Participating in Nebraska Medicaid

FROM: Jeanne M. Larsen, Deputy Director *JML*
Division of Medicaid & Long-Term Care

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Division of Medicaid & Long-Term Care

RE: Payment Suspensions Due to Credible Allegations of Fraud

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

The State Medicaid agency must suspend all Medicaid payments to a provider after the agency determines there is a credible allegation of fraud for which an investigation is pending under the Medicaid program against an individual or entity unless the agency has good cause to not suspend payments or to suspend payment only in part

To comply with the requirement, Nebraska Medicaid Program Integrity carefully reviews all allegations, facts and evidence and acts judiciously on a case by case basis. Once Nebraska Medicaid determines that there is a credible allegation of fraud, the suspected fraud is referred to the Medicaid Fraud Control Unit of the Attorney General's office or other law enforcement agency for further investigation. The purpose of the ensuing payment suspension is to protect State and Federal funds.

Providers are notified in writing by Nebraska Medicaid when payments are suspended due to a credible allegation of fraud. Providers may request an administrative review of the suspension through the provider appeal process (see 471 NAC 2-003). The written request for an appeal hearing must be received within thirty (30) days of the date of the action and shall identify the basis of the appeal in the request (see 471 NAC 2-003.03). The request for appeal does not stop the suspension of payments (see 471 NAC 2-002.05, paragraph #3).

Please e-mail questions to DHHS.NebraskaMedicaidProgramIntegrity@nebraska.gov.