Provider Bulletin 23-21

NEBRASKA
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To:	All Providers Participating in Nebraska Medicaid Program
From:	Kevin Bagley, Director KB
Date:	June 30, 2023
Re:	Eligibility and Benefit Appeal Timeframe

This provider bulletin is being issued to notify providers that Nebraska Medicaid is returning to the pre-pandemic timeframe for eligibility and benefits appeals.

During the public health emergency (PHE), the timeframe to appeal any eligibility decision made by Nebraska Medicaid was extended by 120 days, to a total of 210 days. Effective with eligibility decisions made on or after May 11, 2023, the timeframe for a member to appeal the decision will return to 90 days.

- For example, an eligibility determination where an applicant or member is found ineligible would be considered an eligibility decision made by Nebraska Medicaid.

During the PHE, the timeframe for a member to appeal a benefits decision made by a managed care entity (MCE) to Nebraska Medicaid was extended by 120 days, to a total of 240 days from the date the MCE completes its appeal process. Effective with benefits decisions made on or after May 11, 2023, the timeframe for a member to appeal the decision will return to 120 days.

- For example, a benefits decision where a member is denied coverage for a particular service would be considered a benefits decision made by an MCE.

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