

**To:** All Providers Participating in the Nebraska Medicaid Program  
**From:** Matt Ahern, Interim Director *MLA*  
**Date:** December 11, 2023  
**Re:** Claims for Reinstated Medicaid Members

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This provider bulletin is an update to provider bulletin 23-30, Claims for Reinstated Medicaid Members. The updates are bolded and underlined.

This provider bulletin is being issued to inform Nebraska Medicaid providers of members whose coverage has been reinstated due to recent federal guidance **about a topic sometimes called “ex parte” renewal. This provider bulletin only applies to members whose household did not respond to a request for information during the renewal process, resulting in all the members of the household losing their Medicaid coverage. For at least one member of some of those households, the program already has enough information on file to say they should remain eligible. Those members’ coverage is being retroactively reinstated due to a recent change in federal guidance, and they are allowed to obtain reimbursement for Medicaid-covered services they paid for out of pocket during that time.**

These members may be eligible for reimbursement of covered services they received since April 1, 2023.

You will have six months to submit claims, or an adjustment to submitted claims, for that time to Nebraska Medicaid or the member’s health plan. The timely filing requirement will be waived for the impacted claims as these claims are processed.

After Nebraska Medicaid or the member’s health plan processes the claim, you will be paid and will then need to reimburse your patient.

If you have billed your patient but have not yet been paid for a service provided during that time, you will need to rescind the bill and submit a claim to Nebraska Medicaid or the member’s health plan to receive payment for the service.

You will have six months from the date listed on your patient’s notice to submit past claims. Medicaid members were instructed to share their notices with you, and your office.

If you have questions regarding this bulletin, please contact the member’s health plan or Medicaid claims customer service at (877) 255-3092.

Additional information on Medicaid member reimbursement can be found online at <https://dhhs.ne.gov/Pages/Medicaid-Reimbursement.aspx>.

Provider Bulletins, such as this one, are posted on the DHHS website at <http://dhhs.ne.gov/pages/Medicaid-Provider-Bulletins.aspx>. Please subscribe to the page to help you stay up to date about new Provider Bulletins.