

To: All Providers Participating in the Medicaid Program
From: Matthew Ahern, Interim Director *MLA*
Date: December 11, 2023
Re: Summary of Member Reimbursement Opportunities

In response to several inquiries, this provider bulletin is being issued to clarify for Nebraska Medicaid providers that there are currently three separate opportunities for member reimbursement related to the ongoing return to regular eligibility operations (which is sometimes called the “unwind”).


Each reimbursement opportunity applies to a particular group of members. A written notice with specific details and instructions is sent to each affected member, which they are encouraged to share with you. Providers can reference the [Client Eligibility Verification web page](#) for ways to confirm Medicaid coverage for patients.

Group One: Injunction Group and Dual-Eligibles: This group is made up of members who turned 65 years old during the pandemic. Normally when you become eligible for Medicare, your Medicaid benefits lessen because Medicare now primarily or solely covers you. A series of orders by a federal court means that Medicaid is required to provide more coverage than it normally would in this situation. To make this happen, a process has been put into place to allow those members to obtain reimbursement for Medicaid-coverable services they paid for out of pocket during this time. A member should look to the written notice they received for more specifics. You can also look to [PB 23-22](#) for more general details.

Group Two: Share of Cost: This group is made up of members who receive Medicaid coverage by spending down income (also known as a “share of cost” or “SOC”). During the pandemic, if a member met a share of cost, they should have been considered continuously eligible for future months, too. This did not always happen. To correct this, a process has been put into place to allow those members to obtain reimbursement for Medicaid-coverable services they paid for out of pocket during this time. A member should look to the written notice they received for more specifics. You can also look to [PB 23-24](#) for more general details.

Group Three: Ex Parte: This group is made up of members for whom the program has enough information on file to say that they remain eligible, but the family did not turn in the requested information that was needed to determine if other members of the household remain eligible. A recent change in federal guidance now says that those members of the program have information on file to say they remain eligible should, in fact, remain eligible, even when the household does not return requested information for other members of the household. To make this happen, a process has been put into place to allow those members to obtain reimbursement for Medicaid-coverable services they paid for out of pocket during this time. A member should look to the written notice they received for more specifics. You can also look to [PB 23-30A](#) for more general details.

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.