Provider Report

Balance Billing of Nebraska Medicaid Members

Nebraska Medicaid reminds providers that balance billing Medicaid members is strictly prohibited.

What This Means for Providers

Providers participating in Nebraska Medicaid must accept Medicaid payment as payment in full for covered services and may not bill the member for any remaining balance.

Under Nebraska Administrative Code (NAC) Title 471:

- Providers may not bill Medicaid members for covered services, even when a claim is denied for:
  - Lack of medical necessity
  - Failure to obtain prior authorization
  - Failure to follow procedural or administrative requirements
- Medicaid payment must be accepted as payment in full for covered services
- Providers may only bill members for non-covered services when:
  - The service is not covered by Nebraska Medicaid, and
  - The member is informed in advance and in writing and agrees to be financially responsible ; or
  - It is determined the patient has received money from a third-party resource and the money was designated to pay medical bills
- Nebraska Total Care members cannot be billed for missed appointments (“No-Show”)

471 NAC Chapter 3

- § 471-3-003.08 – Billing the Member
- § 471-3-003.02(C) – Payment in Full
- § 471-3-002.02 – Definition of Balance Billing

Important Reminders

- Failure to obtain prior authorization does not allow billing the member
- Claim denials do not shift financial responsibility to the member
- Sending a Medicaid member to collections for covered services is prohibited
- Providers are responsible for verifying eligibility and following Medicaid billing requirements

Billing Medicaid members in violation of these rules may result in recoupment, corrective action, or further sanctions.

Access to Case Management

Our Care Management team is available for members who may benefit from increased coordination of services. The team is available to assist and support providers with member issues including non adherence to medications/medical advice, multiple complex co morbidities, or to offer guidance with a new diagnosis.

The care management team helps members:

- Achieve optimum health, functional capability and quality of life through improved management of their disease or condition.
- Determine and access available benefits and resources.
- Develop goals and coordinate with family, providers and community organizations to achieve these goals.
- Facilitate timely receipt of appropriate services in the right setting.

Early intervention is essential to maximizing treatment options and minimizing potential complications associated with illnesses, injury or chronic conditions. Members can receive services through face to face visits, over the phone or in a provider's office. You can directly refer members to the Care Management program at any time by calling 1 844 385 2192 TTY: 711 or initiating a referral on the **Secure Provider Portal**.

Appointment Standards for Scheduling

To ensure our members receive services for medical and behavioral health appointments in a timely manner, below are the Appointment Availability Standards (PDF) we ask our providers to implement accordingly.

After Hours – Primary Care and Behavioral Health Providers

After Hours (Passing Standards)

- Answering service or system that will page provider
- Answering system with option to page provider
- Advice nurse with access to provider
- Answering service that will page the provider after a message is left

PRIMARY CARE & PEDIATRIC

- Emergency Services: Immediately and 24/7
- Urgent Care: Same day
- Non-Urgent/Sick Care: Within 48 hours
- Family Planning Services: Within 7 calendar days
- Non-Urgent/Preventive Care: Within 4 weeks

SPECIALIST

- Routine Care: Within 30 calendar days
- Lab & X-Ray Routine Care: Within 3 weeks
- Lab & X-Ray Urgent Care: Within 24 hours or as clinically indicated We ke goal is to improve the health and wellness of the population. Bel

OBGYN

- Routine Care: Within 30 calendar days
- 1st Trimester: Within 14 calendar days
- 2nd Trimester: Within 7 calendar days
- 3rd Trimester: Within 3 calendar days
- High Risk Pregnancy: Within 3 calendar days

BEHAVIORAL HEALTH

- Emergency Services: Within 1 hour and within 2 hours in designated rural or frontier areas
- Non-Life-Threatening Psychiatric Emergency: Within 6 hours
- Urgent: Within 48 hours
- Routine (Initial Assessment): Within 10 business days
- Routine Follow Up Care: Within 10 business days