

3-004.03C Provider Practices: It is the provider's responsibility to protect the value of their services through the use of sound business practices. Providers can best protect themselves by adopting procedures which -

1. Seek assignment of proceeds of health insurance policies;
2. Seek assignment of the provider's rights to institute legal recovery of medical expenses; or
3. Place liens against the outcome of third party resources (Exception: Waiver claims or professionals unable to file liens).

3-004.04 Medicare Part A & B Deductible and Coinsurance: The NMAP pays the deductible and coinsurance for Medicare-covered services. The Department accepts Medicare's utilization review and payment decisions for Medicare allowable fees. The amount received from Medicare for Medicare-covered services and other TPR and/or Medicaid for deductible and/or coinsurance shall not exceed Medicare allowable amount. (See billing instructions 471-000-70.)

3-004.04A Medicare Part D Monthly Premium, Deductible, Co-Insurance and Coverage Gaps: The NMAP does not pay the premium, deductible, co-insurance or coverage gaps for Medicare Part D.

3-004.04B Medicare Part A Coinsurance for Nursing Facility Services: For nursing facility services covered under Medicare Part A, NMAP payments are limited to rates and payments according to the following method:

1. If the Medicare payment amount for a claim exceeds or equals the NMAP rate or payment for that claim, Medicaid reimbursement will be zero (0).
2. If the NMAP rates and payments for a claim exceeds the Medicare payment amount for that claim, Medicaid reimbursement is the lesser of:
 - a. The difference between the NMAP rates and payments minus the Medicare payment amount; or
 - b. The Medicare coinsurance and deductible, if any, for the claim.

3-004.05 Provider Payment in Full: Medicaid payment is the lower of the provider's usual and customary charge or the NMAP allowable less all third party payment. When a claim is submitted to NMAP with a payment from a third party resource, the provider is considered paid in full when payment from the third parties and/or Medicaid equals or exceeds the NMAP allowable amount. The provider may only bill the client for a Medicaid noncovered service, or Medicaid copayment fees, where applicable, or if the client has received payment from the TPR.