

A provider may choose to bill the long term care insurance; in these situations, the provider does not bill Medicaid.

If the provider or the client receives a payment directly from the insurer, the payment must be sent to the COB/TPL Unit.

Whenever the Department receives any payments from long term care insurance which exceeds what NMAP Medicaid has paid toward the care of the client, ~~amount that exceeds the nursing facility per diem from a long term care policy,~~ the Department will ~~refund the excess to the client via the caseworker~~ apply the excess to any Medicaid expenditure for that Medicaid client even if the expenditure was not covered by the third party. The application of the excess TPL payment is not limited to a particular Medicaid service and can be applied to any claims for that Medicaid client paid by Medicaid. After the excess TPL payment has been applied to all claims, the excess third party payment will be returned to the third party. any remaining amount will be paid to the client.

3-004.08 Medical Support from Non-Custodial Parents: When children with a non-custodial parent become Medicaid eligible, medical support is court ordered in compliance with Omnibus Budget Reconciliation Act 1993 (OBRA '93). The County Attorney's staff or Child Support Enforcement staff shall notify the COB/TPL Unit of any health insurance coverage and/or Medical Support Court Orders obtained for a child who is eligible for Medicaid. When a non-custodial parent is ordered by the court to furnish health insurance and/or make payment for medical services the provider may bill NMAP Medicaid for the services if the provider has not received payment from the health insurer or non-custodial parent within 30 days of the date of service. NMAP Medicaid will pay the claims and the COB/TPL Unit will seek recovery from the health insurer or non-custodial parent.

To determine whether a court order exists, the provider may contact the COB/TPL Unit. The provider is not required to continue to seek payment from the health insurer or non-custodial parent before billing Medicaid when there is court-ordered medical support.

Non-custodial parent medical support court orders may include an obligation by the non-custodial parent to pay a percentage of medical expenses after the health insurer has made payment. The provider is not required to seek payment from the non-custodial parent in these cases. If the provider receives a payment from an non-custodial parent, the provider shall indicate this amount and the amount received from the health insurer as a prior payment or amount paid on the claim submitted to NMAP Medicaid. The provider shall submit with the claim a copy of the documentation showing the non-custodial parent made the payment. If the provider receives payment from the non-custodial parent after NMAP Medicaid has paid the claim, the provider shall refund NMAP Medicaid according to 471 NAC 3-004.10A.

3-004.08A Health Insurer Obligation When Non-Custodial Parent Has Medical Support Court Order: A health insurer may not deny a child insurance coverage if the non-custodial parent has a court or administrative order for medical support. An insurer shall provide custodial parents information to file claims; allow the custodial parent or provider to file claims; and pay claims to the custodial parent, provider, or the Department, as required by Neb. Rev. Stat. Section 44-3,149. If the provider receives a denial of insurance coverage for any of these reasons from an insurer and the client is a child, the provider shall contact the COB/TPL Unit.