




# PROVIDER BULLETIN

No. 16-38

DATE: December 30, 2016

TO: All Medicaid Providers

FROM: Calder Lynch, Director   
Division of Medicaid & Long-Term Care

BY: Nebraska Department of Health and Human Services  
Division of Medicaid & Long-Term Care

RE: Medicare Crossover Claims-Coordination of Benefits with Heritage Health Plans

**Please share this information with administrative, clinical, and billing staff.**

Heritage Health, the state's new integrated managed care delivery system, begins on January 1, 2017.

Effective for dates of service on or after January 1, 2017, all Medicare crossover claims for Heritage Health plans' enrolled members will become the responsibility of the member's health plan. This includes both claims from Medicare Advantage Plans and traditional Medicare.

Due to the federal testing schedule, the health plans will not have the automated crossover process implemented until approximately the end of February, 2017. The health plans will need to complete approximately two months of testing before Medicare crossover claims are approved to be sent automatically from Medicare to the health plans for processing.

During this two (2) month testing period, all three health plans will accept crossover claims in both standard electronic and paper formats, using the standard claim submission process outlined in their provider manuals. It will be the provider's responsibility to submit the crossover claim to the appropriate health plan for reimbursement. Once testing is completed by the health plan, crossover claims will be sent automatically by Medicare to the health plan. A follow up notification will be issued to providers once this occurs.

This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.

The contact information for each health plan is listed below.

Nebraska Total Care

Mail paper claims to:

Nebraska Total Care  
Attn: Claims  
P.O. Box 5060  
Farmington, MO 63640-5060

Electronic claims submission:

Please consult the Nebraska Total Care Provider Manual for additional information:

<http://tinyurl.com/zteqykr>

Questions about electronic claims submissions can be directed to EDI customer service:

Phone: 800-225-2573 ext 6075525

Email: [EDIBA@centene.com](mailto:EDIBA@centene.com)

UnitedHealthcare Community Plan of Nebraska

Mail paper claims to:

UnitedHealthcare Community Plan  
P.O. Box 31365  
Salt Lake City, UT 84131

Electronic claim submission:

Please consult the UnitedHealthcare Community Plan of Nebraska Provider Manual for additional information: <http://tinyurl.com/zs48xqi>

Questions about electronic claims submissions can be directed to EDI customer service:

Phone: 800-210-9315

Email: [ac\\_edi\\_ops@uhc.com](mailto:ac_edi_ops@uhc.com)

WellCare of Nebraska

Mail paper claims to:

WellCare of Nebraska  
Claims Department  
P.O. Box 31372  
Tampa, FL 33631

Electronic claims submission:

Please consult the WellCare of Nebraska Provider Manual for additional information:

<http://tinyurl.com/z4egspu>

Questions about electronic claims submissions can be directed to EDI customer service:

Phone: 877-331-7154

Email: [providersupport@payspanhealth.com](mailto:providersupport@payspanhealth.com)

If you have any questions, please contact us: [dhhs.heritagehealth@nebraska.gov](mailto:dhhs.heritagehealth@nebraska.gov).