

MEDICAL ASSISTANCE NOTICE OF REQUIREMENT TO COOPERATE AND RIGHT TO CLAIM GOOD CAUSE



Assignment Of Rights: Your application for Medical Assistance benefits constitutes an automatic assignment of any third party medical payments for yourself and any other member(s) of the assistance unit for whom you can legally make an assignment. You must also cooperate in obtaining third party medical payments.

What Is A Third Party? Third party means any private medical insurer, individual, entity, or public or private medical program that is or may be liable to pay all or part of the cost of your medical care or services. Private medical insurers include commercial insurance companies, prepaid medical plans, organizations administering medical insurance plans for professional associations, unions, fraternal groups, employer-employee benefit plans, and any similar organization offering payments for medical care or offering medical care, including self-insured and self-funded medical plans.

What Does Assignment Mean? Assignment is a legal term which describes a transfer of rights to a benefit. This means that your rights and the rights of all members of the assistance unit for whom you can legally assign, to collect and retain third party medical payments have been transferred to the Nebraska Department of Health and Human Services for any medical expenses payable under the Nebraska Medical Assistance Program.

Does Assignment Apply to Medicare? No. Medicare benefits are not subject to the automatic assignment provision.

What Is Meant By Cooperation? The law requires you to cooperate in obtaining third party medical payments owed to you or any other member of the assistance unit, unless you have good cause for not cooperating. You may be asked to do one or more of the following -

- Provide information about any third party coverage which you or any member of the assistance unit have or may have.
- Notify the Local Services Office when you are attempting to recover money or when you have recovered money from a liable third party.
- Provide any additional information or signature which may be necessary for identification and collection of third party payments.
- Notify the Local Services Office when you receive a payment directly from a third party. You will be required to repay to the Nebraska Department of Health and Human Services if the payment is for services payable by the Nebraska Medical Assistance Program.
- Enroll in a group health plan and maintain enrollment, if required by the Department.

Good Cause Circumstances: You may claim to have a good cause for failing or refusing to cooperate in obtaining third party medical payments if you believe that cooperation would not be in the best interest of you, your children or any other member of the assistance unit. The Local Services Office may determine that you have good cause for not cooperating if your cooperation is reasonably anticipated to cause physical or emotional harm to you or another member of the assistance unit.

If you claim good cause you must provide to the Local Services Office, within 20 days, any corroborating information which may verify your claim.

How And When You May Claim Good Cause: If you want to claim good cause, you must tell your worker that you think you have good cause. You may do this any time you believe you have good cause.

Refusal To Cooperate Without Good Cause: If you refuse to cooperate and you do not have good cause, you will be ineligible for medical assistance and a grant payment. Your dependent children may still be eligible for grant payment and medical assistance benefits.

Right To Appeal: If the Local Services Office terminates your medical assistance benefits for a third party related reason, you will be given prior notice of the proposed action, and the right to request a hearing.

I HAVE READ THIS NOTICE AND ACKNOWLEDGE RECEIPT OF A COPY.

Signature of Client_____ Date_____

I HAVE PROVIDED THE CLIENT A COPY OF THIS NOTICE.

Signature of Worker_____ Date_____