

PROVIDER BULLETIN

No. 14-34

Date: September 23, 2014

TO: Hospice Providers Participating in the Nebraska Medicaid Program

FROM: Courtney Miller, Deputy Director *CM*
Division of Medicaid & Long-Term Care

BY: Joette Novak, Administrator
Division of Medicaid & Long-Term Care

RE: FFY 2015 Medicaid Hospice Rates

CMS issued a memorandum on the Medicaid hospice payment rates for the Federal Fiscal Year 2015. This provider bulletin is intended to update providers on these changes and the new Nebraska Medicaid rates effective October 1, 2014.

Hospice Payment Rates

The Medicaid Hospice payment rates are adjusted annually based on the hospice rates established by section 1814(i)(1)(C)(ii) of the Social Security Act. The new rates are effective for care and services furnished on or after October 1, 2014 through September 30, 2015 for procedure codes T2042, T2043, T2044 and T2045.

Nebraska Medicaid Allowable Rates

The Medicaid Allowable Rates listed below are based on the federal Hospice Wage Index weights effective October 1, 2014 through September 30, 2015, which reflect local differences in wages and are based on the Core Based Statistical Areas (CBSA) code associated with each geographic area. The CBSA codes and the Hospice Wage Index weights may be found on the Centers for Medicare and Medicaid Services (CMS) website at <http://www.cms.gov/Center/Provider-Type/Hospice-Center.html>

| <u>CBSA</u> 30700 | <u>Location</u> Lincoln, NE | <u>Hospice Wage Index</u> 0.9553 |
|-----------------------------|---------------------------------------|--|
| <u>Code</u> | <u>Description</u> | <u>Medicaid Allowable Rate</u> |
| T2042 | Hospice Routine Home Care | \$ 154.64 Per Diem |
| T2043 | Hospice Continuous Care | \$ 37.57 Per Hour |
| T2044 | Hospice Inpatient Repite Care | \$ 169.28 Per Diem |
| T2045 | Hospice General Inpatient Care | \$ 688.49 Per Diem |

| <u>CBSA</u> 36540 | <u>Location</u> Omaha, NE/Council Bluffs, IA | <u>Hospice Wage Index</u> 0.9847 |
|-----------------------------|--|--|
| <u>Code</u> | <u>Description</u> | <u>Medicaid Allowable Rate</u> |
| T2042 | Hospice Routine Home Care | \$ 157.87 Per Diem |
| T2043 | Hospice Continuous Care | \$ 38.35 Per Hour |
| T2044 | Hospice Inpatient Repite Care | \$ 172.04 Per Diem |
| T2045 | Hospice General Inpatient Care | \$ 701.82 Per Diem |

| <u>CBSA</u> 43580 | <u>Location</u> Sioux City, IA-NE-SD | <u>Hospice Wage Index</u> 0.9248 |
|-----------------------------|--|--|
| <u>Code</u> | <u>Description</u> | <u>Medicaid Allowable Rate</u> |
| T2042 | Hospice Routine Home Care | \$ 151.30 Per Diem |
| T2043 | Hospice Continuous Care | \$ 36.75 Per Hour |
| T2044 | Hospice Inpatient Repite Care | \$ 166.41 Per Diem |
| T2045 | Hospice General Inpatient Care | \$ 674.65 Per Diem |

| <u>CBSA</u> 99928 | <u>Location</u> Nebraska - Rest of State | <u>Hospice Wage Index</u> 0.8937 |
|-----------------------------|--|--|
| <u>Code</u> | <u>Description</u> | <u>Medicaid Allowable Rate</u> |
| T2042 | Hospice Routine Home Care | \$ 147.89 Per Diem |
| T2043 | Hospice Continuous Care | \$ 35.93 Per Hour |
| T2044 | Hospice Inpatient Repite Care | \$ 163.49 Per Diem |
| T2045 | Hospice General Inpatient Care | \$ 660.54 Per Diem |

Hospice providers should split claims if services begin in September and continue into October.

Prior Authorization Requests

Prior Authorization requests must be faxed to the Hospice prior authorization reviewer at (402) 742-8300.

Questions

If you have any questions on the Prior Authorization process or any other information in this bulletin, please contact Joette Novak, Administrator at (402) 471-9279 or Joette.Novak@nebraska.gov