

PROVIDER BULLETIN

No. 15-01

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TO: Nebraska Hospice Providers

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

BY: Bill Wisell, Program Specialist

RE: Requirements for Hospice Provider Enrollment and Prior Authorization

Please Share This Information with your Billing and Administrative Staff

Enrollment as a Medicaid provider:

When a Hospice agency is applying for participation in the Nebraska Medicaid program, in order to seek reimbursement for services when a Medicaid client is residing **in a facility** (ICF/IID or nursing facility), a copy of the hospice provider's contract with that facility must be included with the provider enrollment request. This requirement is stated specifically in Nebraska Medicaid policy 471 NAC 36-003.03.

Seeking prior authorization for a client who has applied for Medicaid:

Effective immediately, the following procedures have been established for the processing of Hospice Prior Authorization (PA) Requests where the application has been made but no Medicaid eligibility has yet been established.

1. If the client has applied for or already is in pending status for Medicaid eligibility, the Hospice Prior Authorization Request is to be submitted within 72 hours of the initial assessment (471 NAC 36-007- Prior Authorizations). The authorization will be reviewed to determine if all supporting documentation is provided. A denial will be issued if the client's Medicaid number is not issued within 7-10 days after receipt of the PA (prior authorization) request.
2. When the Medicaid number is issued, a resubmission of any updated forms will need to be submitted for review. The information will be attached to the file and processed accordingly. Notification to the Hospice will occur upon the decision of the Department.
3. If no Medicaid number is issued, then the denial will stand.

Example: Any Nebraska Hospice submits a Hospice Prior Authorization Request for Jane Doe on December 24. The initial assessment occurred on December 22. Ms. Doe does not have a Medicaid number however it is in processing. On December 31, if no updated information is received, the hospice will be notified of the denial and a reminder to submit the updated information if and when a Medicaid number is received. On February 4 of the next year, the Medicaid number is assigned to Ms. Doe, any Nebraska Hospice may resubmit the updated information and it will be put with the previous file and reviewed.

Where the service met the requirement of submission within 72 hours of the initial assessment, the request can be approved IF all other qualifying information is in the file.

Hospice Prior Authorization Requests must be submitted electronically via fax to 402-742-8300.

If you have any questions about this Provider Bulletin, please contact Bill Wisell at (402) 471-9384 or by email bill.wisell@nebraska.gov