

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State Nebraska

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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METHODS AND STANDARDS FOR PAYMENT RATES-OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION

42 CFR Part 418  
Subpart G

Medical and Remedial Car  
and Services  
Item 18

**Hospice Care**

**Method of Payment**

State Medicaid  
Manual, Chapter  
4, Section 4306  
&4307

Hospice care is reimbursed utilizing the principles of reimbursement as detailed in the State Medicaid Manual, Chapter 4, Sections 4306 and 4307 as amended by Public Law 105-33, "Balanced Budget Act of 1997".

Note: Medicaid pays all costs for hospital services provided when a client receiving tile Medicaid Hospice benefit is hospitalized for an acute medical condition that is not related to the terminal diagnosis.

For dual-eligible, residing in IMD/NF settings hospice bills Medicare for hospice services and bills Medicaid for room and board. Medicaid will pay 95% of the NF rate to the hospice and the hospice is responsible to reimburse the facility. However, in the case of the IMD, room and board may not be billed.

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P.L. 105.33

**Payment Rates**

Only one is applicable for each day of routine home care, continuous home care, inpatient respite care and general inpatient care.

For continuous home care, the amount of payment is determined based on the number of hours of continuous care furnished to the client on that day.

Payment rates are adjusted for regional differences in wages. The Bureau will compute the adjusted rate based on the geographic location at which the service was furnished to allow for the differences in area wage levels, using the same method used under Part A of Title XVIII.

The hospice will be paid an additional amount on routine home care and continuous home care days to take into account the room and board furnished by the facility for Medicaid clients residing in a Nursing Facility or Intermediate Care Facility for the Mentally Retarded (ICF/MR). When a client resides in a Center for Developmental Disabilities (CDD) or Assisted Living Facility (ALF), room and board is not reimbursed.

Refer to the Annual Medicaid Bulletins for the most current rates.

[www.cms.hhs.gov/medicaid/services/hospice.asp](http://www.cms.hhs.gov/medicaid/services/hospice.asp)

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