

Hospital Inpatient (IP) Nursing Facility (NF) Level of Care (LOC) Payment - Questions and Answers

Q1: What is the background/basis for the Hospital IP NF LOC payment?

A1: [Legislative Bill \(LB\) 227 \(Section 63\)](#) was passed during the 2023 Nebraska Legislative Session. This bill aims to ensure that hospitals receive reimbursement for Medicaid patients who no longer need inpatient (IP) care but require nursing facility (NF) level of care (LOC) upon discharge but cannot be transferred. The transfer may be delayed due to NF bed shortages, or if the transfer requires a guardian, which has been approved for appointment but the State Court Administrator is unable to appoint a public guardian.

Q2: Which Medicaid population is eligible for the payment?

A2: All active Medicaid members covered through both Fee-for-Service (FFS) and Managed Care Organizations (MCOs) are eligible for the payment provided their applicable IP stay meets the conditions as outlined in [Legislative Bill \(LB\) 227, Section 63](#), from the 2023 Nebraska Legislative Session.

Q3: How do I determine if my Medicaid members are eligible for the payment?

A3: If the Medicaid member meets either condition noted in the legislative bill, they may be eligible for payment. **Note:** Prior authorization is required from the applicable Medicaid payer.

Q4: Which hospital types are eligible for the payment?

A4: All hospitals that provide Inpatient services and have patients who meet the conditions of the legislative bill may qualify for this per diem payment.

Q5: Is a prior authorization required?

A5: Yes. Please contact the applicable MCO payer to require a prior authorization. For FFS, please reach out to eQ to request a prior authorization. More information on how to request a prior authorization is below.

Q6: Where can I reference billing instructions to submit my claim?

A6: For guidance, refer to the *Reimbursement & Billing* section in the NE Medicaid [Provider Bulletin 24-04](#) on Hospital Inpatient Nursing Facility Level of Care (Hospital IP NF LOC) Per Diem Rate.

Q7: What service dates are applicable for the payment?

A7: Refer to [Provider Bulletin 24-04](#) on Hospital Inpatient Nursing Facility Level of Care (Hospital IP NF LOC) Per Diem Rate to find out what service dates are applicable for payment.

Q8: How do I submit my claim for payment?

A8: You will submit your claim to the applicable Medicaid payer (as you do for your existing hospital claims). Please follow the billing guidance referenced in the [Provider Bulletin 24-04](#).

Q9: What is the reimbursement amount for this payment?

A9: As noted in [Provider Bulletin 24-04](#), the reimbursement rate from September 2, 2023 to December 31, 2023, for service dates is **\$264.13**. The reimbursement rate for January 1, 2024 till December 31, 2024, is **\$278.37**. The reimbursement rate for the calendar year 2025 will be published in late 2024 through a new [provider bulletin](#).

Q10: If I have any further questions, who should I contact?

A10: Please reach out to Danny Vanourney, DHHS Rates and Reimbursement Administrator at (402) 471-3368 or danny.vanourney@nebraska.gov.

Q11: Will Healthy Blue be responsible for stays that occurred during their contract period (through 12/31/23)?

A11: Yes, Healthy Blue will be responsible for applicable stays that occurred for their members between service dates September 2, 2023 to December 31, 2023.

Q12: Can hospitals bill the full day of room charges for the date of discharge from the Acute IP stay in addition to billing for the initial/admit date of Hospital IP NF LOC (S9976)?

A12: Reimbursement is not available for the date of discharge from the Acute IP claim. However, the date of admission for the IP NF LOC claim is payable.

Q13: If a member has primary coverage, should the hospital bill the primary payer first?

A13: If the member has primary coverage such as Medicare, Medicare HMO, or a Commercial payer, the hospital does not have to bill the primary payer first, as the primary payer generally will not cover the Hospital IP NF LOC claim.

Q14: How do I request a prior authorization from the respective Medicaid payer source?

A14: Please contact the applicable Medicaid payer to request a prior authorization.

For Managed Care Organizations (MCOs), Molina, and Nebraska Total Care will be able to begin accepting prior authorizations on **March 18, 2024** retroactive to September 2, 2023.

United Healthcare will not be able to accept prior authorizations until **April 1, 2024** retroactively to September 2, 2023.

Fee-for-Service (FFS) Medicaid can accept prior authorizations anytime retroactive to September 2, 2023.

- For **Nebraska Total Care** authorization, please contact 844-385-2192 or fax to 844-252-4644. Please refer to the Nebraska Total Care [portal link](#) and the [Inpatient Medicaid Prior Authorization Form](#).
- For **Healthy Blue Nebraska** authorization, please contact Heather Leschinsky at Heather.Leschinsky@healthybluene.com or via phone at (402) 350-5823.
- For **Molina Healthcare** authorization, please contact 844-782-2678 or you may fax your request to 833-832-1015. You may also submit a prior authorization request through [Availity](#).
- For **United Healthcare** authorization, please contact 866-331-2243.
- For **Fee-for-Service** (Straight Medicaid) authorization, please contact eQ via phone at 888-498-0939 or fax to 800-316-0021. You may also use the [eQ Provider Portal](#) to submit a prior authorization portal.