

## Nursing Facilities and Swing Beds

### RE: Private rooms

Section 19.1.1 of the [Wyoming Medicaid Institutional Provider Manual](#) states:

Medicaid reimburses for room and board for a semi-private room which is included in the per diem.

If a member wishes to stay in a private room within the nursing facility, the facility and member have the following options:

- The facility can choose to bill Medicaid as normal, and accept the semi-private room reimbursement amount as payment in full for the private room

#### OR

- The member or responsible party for the nursing home member can choose to pay for the private room in full, not the difference between the semi-private room and private room rates

**Important!** The nursing home may not “balance bill” the member for the cost difference between the semi-private and the private room and then submit a claim to Medicaid for the semi-private room.

This policy prohibits a Medicaid member or a responsible party (such as a spouse or parent of a minor child) from paying a provider facility the cost difference between a semi-private and private room and reimbursement above the Medicaid Allowable Payment.

This policy does not prohibit a payment by a non-responsible third party to upgrade the member from a semi-private room to a private room, *provided that cost-difference payment is made directly to the nursing facility and not paid through the member or responsible party.*

Wyoming Medicaid allows this form of direct third-party payment for several reasons:

- First, because the practice of upgrading to a private room is technically not considered “balance billing” for a semi-private room paid by Medicaid
- Second, because neither state or federal law, nor Wyoming’s Medicaid Provider Manual expressly prohibits these third party payments
- Third, because the Medicaid program will not be charged the cost difference between the semi-private room and the private room, allowing the third party payment is revenue neutral to Medicaid and may be beneficial to the Medicaid member

If a Medicaid member requests a private room that is not medically necessary, the facility may directly charge a non-responsible third-party for the difference between the amount that Medicaid pays and the cost of the private room.

The third party must be clearly informed that there will be an additional charge, the amount of that charge, and that the choice of a private room with the additional charge is voluntary.

The facility must inform Medicaid that a third party payment is being made on behalf of the Medicaid member for the private room and the relation of the third party payer to the Medicaid member by contacting the county's Long Term Care (LTC) Eligibility case worker.

If you have any questions or concerns, please feel free to contact Amy Guimond at [amy.guimond@wyo.gov](mailto:amy.guimond@wyo.gov) or (307) 777-3427.

**Deployment Information**

**Deployment Date:** May 5, 2022

**Audiences:**

Medicare Defined Swing Bed Unit

Skilled Nursing Facility