HEALTH CARE PROGRAMS
Division of Medical Assistance Programs
John A. Kitzhaber, MD, Governor

Oregon Health Authority

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Date: September 26, 2013

To: Hospice providers

From: Don Ross, Manager
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Subject: Fee-for-service hospice rates effective October 1, 2013

The Division of Medical Assistance Programs (DMAP) has updated the fee-for-service payment rates for the Hospice Services program (listed below and posted on the OHP website).

- These rates are for care and services provided from October 1, 2013, through September 30, 2014.
- These rates indicate the Medicaid rates for hospice providers **who have complied** with quality reporting program requirements mandated by Section 3004 of the Affordable Care Act. Hospice providers who do not comply with these requirements will be subject to reduced rates.

Why is this happening?

DMAP updates the Hospice Program rates annually, based on annual updates from the Centers for Medicare and Medicaid Services (CMS).

Effective October 1, 2013, CMS updated Section 1814 (i)(5)(A)(i) of the Social Security Act to authorize a quality reporting program for hospice providers. Hospice providers who fail to submit quality data to CMS as outlined in the Act will be subject to a 2 percentage point reduction of the market basket update for fiscal year 2014 and each subsequent year.

DMAP understands the majority of Oregon hospices are in compliance with this requirement. We will work with the Oregon Hospice Association to identify and contact hospice providers who are not in compliance.

What you should do?

Please make sure you report quality data as outlined on the CMS Hospice Quality Reporting Program website. When billing DMAP for hospice services:

- **For hospice services:** Bill the usual charge or the rate based on the Cost-Based Statistical Area (CBSA) where care is furnished, whichever is lower (see Oregon Administrative Rule 410-142-0300).
- **For room and board for nursing facility residents**: Also bill the appropriate bundled rate.
- **For all hospice claims:** Enter Value Code "61" in the "Code" field, followed by the CBSA code for your location as a dollar amount in the "Amount" field (*e.g.*, enter CBSA code 13460 as 13460**.00**).

Questions?

- **Claims and billing questions:** DMAP Provider Services at dmap.providerservices@state.or.us or call 1-800-336-6016, Monday through Thursday, 8:30 a.m. to 4:30 p.m. and Friday 10 a.m. to 4:30 p.m. (phone lines closed 11:25 a.m. to 12:30 p.m. daily).
- **Policy questions:** Judith Van Osdol, DMAP Policy Analyst, 503-945-6743 or e-mail judith.vanosdol@state.or.us.

Help us improve future announcements:
Please answer six survey questions about this provider announcement.

Oregon HEALTH PLAN

Hospice Rate Chart

Effective October 1, 2013. When billing for hospice services:

- Bill the usual charge or the rate based upon the Cost-Based Statistical Area (CBSA) in which the care is furnished, whichever is lower.
- In the Value Code field on institutional claims, enter "61" as the value code, followed by the CBSA code as a dollar amount (*e.g.*, enter CBSA code 13460 as 13460.00).

Cost-Based Statistical Area (CBSA) per Federal Register		Rates				
		Per diem				Per hour
Area (County)	**CBSA Code**	Routine Home Care (Rev 651)	Inpatient Respite Care (Rev 655)	General Inpatient Care (Rev 656)	In-Home Respite Care (Rev 659)	Continuous Home Care (Rev 652)
Bend Includes Deschutes	13460	$170.48	$182.10	$753.02	$177.94	$41.42
Corvallis Includes Benton	18700	$166.06	$178.32	$734.76	$173.32	$40.35
Eugene-Springfield Includes Lane	21660	$174.14	$185.23	$768.17	$181.77	$42.31
Medford Includes Jackson	32780	$162.62	$175.37	$720.50	$169.74	$39.51
Portland-Beaverton Includes Clackamas, Columbia, Multnomah, Washington & Yamhill	38900	$176.53	$187.29	$778.08	$184.27	$42.89
Salem Includes Marion & Polk	41420	$169.93	$181.63	$750.76	$177.36	$41.28
All Other Areas	38	$152.77	$166.93	$679.75	$159.47	$37.12

Room and board for nursing facility residents on hospice

To receive reimbursement for nursing facility room and board for residents you serve, use the following statewide bundled rates.

Nursing Facility Rates (Per diem)			
Basic (Rev. 658*)	**Complex medical (Rev. 191*)**	**Pediatric (Rev. 192*)**	**Special Contract (Rev. 199*)**
$257.00	$359.59	$404.39	Manually priced

**Note: According to CMS guidelines, when hospice care is furnished to an individual residing in a nursing facility, the hospice will be paid an additional amount on Routine Home Care (651) and Continuous Home Care (652) days to take into account the room and board furnished by the facility.*