



Date: February 17, 2016

To: Hospice providers

From: Don Ross, manager
Medicaid Operations and Policy, Health Systems Division¹

Subject: Fee-for-service hospice rates effective October 1, 2015 – September 30, 2016

The Oregon Health Authority (OHA) has updated the fee-for-service payment rates for the Hospice Services program. The rates are listed below and posted on [the Hospice Services rules and guidelines page](#).

- These rates are for care and services provided from October 1, 2015, through September 30, 2016.
- Effective January 1, 2016, Routine Home Care rates will be two-tiered, based on length of stay, with a higher rate for the first 60 days of hospice care and a lower rate starting on day 61.

We have not yet updated our claims system with the following changes. We will let you know when our system is able to process claims to include these changes:

- Effective January 1, 2016, a service-intensity add-on (SIA) payment for services provided by a registered nurse (RN) or social worker in the last seven days of a hospice patient's life;
- Effective October 1, 2015, two new cost-based service areas (CBSAs) for services provided in Grants Pass and Albany; and a new CBSA for services provided in other rural areas of Oregon (changed from 38 to 99938).

These rates indicate the Medicaid rates for hospice providers **who have complied** with federal quality reporting program requirements. Hospice providers **who do not comply** with these requirements will be subject to a 2-percentage point reduction of the market basket update for fiscal year 2015 and each subsequent year.

Why is this happening?

OHA updates the Hospice Services rates annually, based on annual updates from the Centers for Medicare and Medicaid Services (CMS). The January 1, 2016, rate changes follow CMS changes to hospice rate methodology, pursuant to Section 1814(i)(6)(D)(i) of the Social Security Act.

What should you do?

Please make sure you report quality data as outlined on the [CMS Hospice Quality Reporting Program website](#). If you have **not** submitted this data to CMS, please contact the hospice policy analyst (listed below) before you bill for services rendered on or after October 1, 2015.

Please bill OHA as outlined in the updated hospice rate charts on page 3. In addition:

¹ The Addictions and Mental Health Division and Division of Medical Assistance Programs are now united as the Health Systems Division.

- **For Routine Home Care provided on and after January 1, 2016:** Please bill for days 1-60 and days 61-forward using the new two-tiered rates.
- **For hospice services furnished in Albany, Grants Pass, or other rural areas on and after October 1, 2015:** Continue using CBSA 38 until further notice. We will let you know when you can start using the new codes. At that time you can adjust claims submitted on or after October 1 to apply the updated CBSA codes. We apologize for any inconvenience this may cause.

Please keep note of the services you provide on and after January 1, 2016, that meet SIA payment criteria (see the Medicare Learning Network's [MLN Matters MM9201](#) for payment criteria). We will let you know when you can start billing OHA for SIA payments.

Questions?

- **Billing questions:** Contact the Provider Services Unit at dmap.providerservices@state.or.us or call 1-800-336-6016. We are available Monday through Friday, anytime between 8 a.m. and 5 p.m. (including lunch hours).
- **Policy questions:** Contact Kelly Jamison, Hospice Program policy analyst, at 503-945-6920 or e-mail kelly.jamison@state.or.us.

Thank you for your continued support of the Oregon Health Plan and the services you provide to our members.

Hospice rate charts

Effective October 1, 2015 – September 30, 2016. When billing for hospice services:

- Bill the usual charge or the rate based on the cost-based statistical area (CBSA) in which the care is furnished, whichever is lower (see Oregon Administrative rule 410-120-0300). For services furnished in Albany, Grants Pass, and other rural areas, continue using CBSA 38 until system changes are made to add the new CBSA codes.
- 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).
- Routine Home Care rates effective January 1, 2016, are two-tiered and are listed in the table below.

CBSA	Code	Per diem rate					Per hour	
		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)	
		10/1/2015 – 12/31/2015	1/1/2016 – 9/30/2016 Days 1-60 Days 61+					
Albany	10540	\$167.46	\$193.26	\$151.88	\$180.85	\$742.28	\$174.80	\$40.68
Bend Includes Deschutes	13460	\$181.15	\$209.06	\$164.29	\$192.58	\$798.93	\$189.07	\$44.01
Corvallis Includes Benton	18700	\$177.74	\$205.13	\$161.20	\$189.66	\$784.83	\$185.51	\$43.18
Eugene- Springfield Includes Lane	21660	\$180.17	\$207.93	\$163.41	\$191.74	\$794.87	\$188.06	\$43.77
Grants Pass	24420	\$163.05	\$188.17	\$147.88	\$177.07	\$724.03	\$170.20	\$39.61
Medford Includes Jackson	32780	\$167.58	\$193.40	\$151.99	\$180.95	\$742.79	\$174.92	\$40.71
Portland-Beaverton Includes Clackamas, Columbia, Multnomah, Washington & Yamhill	38900	\$183.66	\$211.97	\$166.58	\$194.73	\$809.35	\$191.71	\$44.62
Salem Includes Marion & Polk	41420	\$176.30	\$203.47	\$159.90	\$188.42	\$778.88	\$184.00	\$42.83
All Other Areas	99938	\$162.28	\$187.29	\$147.18	\$176.41	\$720.85	\$169.40	\$39.42

Room and board for nursing facility residents on hospice (per diem)

To receive reimbursement for nursing facility room and board provided on Routine Home Care (651) and Continuous Home Care (652) days for residents you serve, bill OHA use the following statewide bundled rates.

Basic (Rev. 658)	Complex medical (Rev. 191)	Pediatric (Rev. 192)	Special Contract (Rev. 199)
\$272.00	\$380.80	\$457.93	Manually priced