



DIVISION OF MEDICAL ASSISTANCE PROGRAMS

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Date: July 2, 2015

To: Hospice providers

From: Don Ross, Manager
Medicaid Policy and Planning Section, DMAP

Subject: Fee-for-service nursing facility rate changes effective July 1, 2015

The DHS Aging and People with Disabilities Division (APD) has updated their nursing facility rates effective July 1, 2015. We are writing this letter to let you know about the specific rate increases that apply to hospice providers when billing the Division of Medical Assistance Programs (DMAP) for the room and board of nursing facility residents they serve.

Rate type	Revenue code	Current rate	Rate effective July 1, 2015
Basic	658	\$257.56	\$272.00
Complex medical	191	\$360.38	\$380.80
Pediatric	192	\$417.49	\$457.93
Special contract	199	Manually priced	Manually priced

Why is this happening?

APD updates their nursing facility rates each year.

What should you do?

On days that Routine Home Care (651) or Continuous Home Care (652) is furnished to a Medicaid-eligible nursing facility resident, bill the nursing facility's room and board charges to DMAP using the codes and rates listed above.

You can also find updates of the rate chart, *Hospice-Nursing Facility Quick Guide*, *Hospice Services Provider Guide* and DMAP 525 (*DHS/OHA Hospice Notification*) form on DMAP's [Hospice Services provider guidelines page](#).

Questions?

If you have any questions about this announcement, 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. to 5 p.m. (including lunch hours).

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