

Hospice-Nursing Facility Quick Guide

How to bill for services for nursing facility residents in hospice care

Steps for hospice providers

- Ensure contracted nursing facilities, your social worker and billing staff know about this process.
- Identify Medicaid-eligible hospice patients residing in a nursing facility (NF).
- Verify with the nursing facility if the patient is enrolled in a CCO or MCO. (*Services other than hospice and nursing facility charges need to be billed to the CCO/MCO if one is available.*)
- Submit the [DMAP 525](#) to Aging and People with Disabilities to report when hospice services for a nursing facility resident start, stop or change.
- Work closely with the nursing facility to verify, implement and coordinate the patient's care plan.
- Review patient's chart regularly and share information with nursing facility staff.
- Obtain patient liability information from nursing facility.
- Receive room and board bill from nursing facility. This bill should only include chargeable NF days that the resident is on hospice. To learn more about chargeable NF days, please review Oregon Administrative Rule (OAR) [411-070-0050 Days Chargeable](#).
- Submit hospice and nursing facility charges to DMAP. DMAP will pay for hospice services and chargeable NF days, less patient liability.
- Upon receipt of DMAP payment, pay the nursing facility the room and board payment outlined in your contract with the facility.

Steps for nursing facilities

- Ensure your social worker and billing staff know about this process.
- Identify Medicaid-eligible residents receiving hospice care.
- Monitor resident's financial status for potential Medicaid eligibility:
 - Closely monitor spend-down and anticipate changes in coverage;
 - Periodically review eligibility for federal and State assistance.
- When a resident is becoming eligible for Medicaid, notify the resident's case worker.
- When residents are Medicaid-eligible and receiving hospice care:
 - Work closely with the hospice provider to verify and implement the care plan.
 - Review hospice patient information routinely.
 - Collect patient liability and report collected amount to the hospice provider.
 - If there are other payers (*e.g.*, Long Term Care insurance), bill them first for room and board.
 - After other payers have paid, bill the hospice provider for remaining room and board charges for the *chargeable days* that the resident is on hospice (see OAR [411-070-0050 Days Chargeable](#)).