

Joan Kapowich, Manager,
Program and Policy Section, OMAP

Number: OMAP-IM-04-032

Authorized Signature

Issue Date: 4/29/04

Topic: Medical Benefits

Subject: Provider Notice regarding billing for Hospice Claims

Applies to (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All DHS Employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): <u>DHS staff and others identified on the SPD, CAF, OMHAS and OMAP transmittal lists</u> |

Message: OMAP is sending the attached notice and fee schedules to hospice providers reminding them to bill according to the geographic location in which the care is furnished. The notice directs providers to review their billing records and refund any overpayments to OMAP.

If you have any questions about this information, contact:

Contact(s):	Rosanne Harksen		
Phone:	(503) 945-6502		
E-mail:	Rosanne.M.Harksen@state.or.us	Fax:	(503) 945-6502



Oregon

Theodore R. Kulongoski, Governor

Department of Human Services

Health Services

Office of Medical Assistance Programs

500 Summer Street NE, E35

Salem, OR 97301-1077

Voice - (503) 945-5772

FAX - (503) 373-7689

TTY - (503) 378-6791

April 28, 2004

To: Hospice Providers

From: Joan Kapowich, Manager
Joan M. Kapowich
Program and Policy Section, OMAP

Subject: Billing Rate Based on Geographic Location



This is a reminder that the Office of Medical Assistance Programs (OMAP) requires you to bill hospice services using the rate assigned to the geographic location in which the care is furnished (OAR 410-142-0300).

The Centers for Medicare and Medicaid Services (CMS) establish the Medicaid hospice rates for care and services. We are finding that some providers are submitting claims for rates higher than those set by CMS.

At this time, we are giving you an opportunity to review your billing records from October 1, 2001 on for possible overpayments by OMAP.

If you discover that an overpayment was made, please send the refund with claim detail information, **along with a copy of this letter** to:

OMAP
PO Box 14955
Salem OR 97309

To assist you in this matter, we have attached the last three fee schedules for hospice services.

If you have questions about this letter, contact Rosanne Harksen, OMAP Policy Analyst, toll-free at 1-800-527-5772 or direct at (503) 945-6502.

If you have billing questions, contact a Provider Services Representative toll-free at 1-800 336-6016- or direct at (503) 378-3697.

"Assisting People to Become Independent, Healthy and Safe"
An Equal Opportunity Employer

Hospice Rates Effective 10/01/2001

Area	MSA	Routine Home Care (651)	Continuous home care (billed in hours) (652)	Inpatient Respite Care (655)	General Inpatient Care (656)	In-Home Respite Care (659)
Corvallis	1890	\$126.15	\$30.66	\$133.63	\$555.93	\$131.68
Eugene / Springfield	2400	\$123.23	\$29.95	\$131.13	\$543.85	\$128.63
Medford / Ashland	4890	\$118.21	\$28.73	\$126.83	\$523.07	\$123.38
Portland Metro						
Columbia	6440	\$122.79	\$29.85	\$130.75	\$542.00	\$128.16
Clackamas	6440	\$122.79	\$29.85	\$130.75	\$542.00	\$128.16
Multnomah	6440	\$122.79	\$29.85	\$130.75	\$542.00	\$128.16
Washington	6440	\$122.79	\$29.85	\$130.75	\$542.00	\$128.16
Yamhill	6440	\$122.79	\$29.85	\$130.75	\$542.00	\$128.16
Salem Metro						
Marion	7080	\$116.95	\$28.43	\$125.75	\$517.85	\$122.07
Polk	7080	\$116.95	\$28.43	\$125.75	\$517.85	\$122.07
All Other Areas	9938	\$116.50	\$28.32	\$125.36	\$515.97	\$121.61

Hospice Rates (effective 10/1/2002)

To determine MSA, follow Medicare's guidelines

	MSA	Routine Home Care (651)	Continuous Home Care (billed in hours) (652)	Inpatient Respite Care (655)	General Inpatient Care (656)	In-Home Respite Care (659)
Corvallis	1890	\$133.09	\$32.33	\$135.40	\$585.57	\$138.92
Eugene/ Springfield	2400	\$131.63	\$31.98	\$134.15	\$579.52	\$137.40
Medford/ Ashland	4890	\$121.96	\$29.63	\$125.87	\$539.49	\$127.30
Portland Metro						
Columbia	6440	\$128.62	\$31.25	\$131.57	\$567.06	\$134.26
Clackamas	6440	\$128.62	\$31.25	\$131.57	\$567.06	\$134.26
Multnomah	6440	\$128.62	\$31.25	\$131.57	\$567.06	\$134.26
Washington	6440	\$128.62	\$31.25	\$131.57	\$567.06	\$134.26
Yamhill	6440	\$128.62	\$31.25	\$131.57	\$567.06	\$134.26
Salem Metro						
Marion	7080	\$119.43	\$29.01	\$123.70	\$529.02	\$124.66
Polk	7080	\$119.43	\$29.01	\$123.70	\$529.02	\$124.66
All Other Areas	9938	\$119.56	\$29.05	\$123.81	\$529.57	\$124.80

Hospice Rates

Effective 10/01/2003

Follow CMS guideline

Area (per Federal Register)	MSA code (Federal Register)	Routine Home Care (Rev 651, T2042)	Continuous home care billed in hours (Rev 652, T2043)	Inpatient Respite Care (Rev 655, T2044)	General Inpatient Care (Rev 656, T2045)	In-home Respite Care (Rev 659)
Corvallis	1890	\$135.73	\$32.98	\$143.57	\$597.70	\$141.67
Eugene / Springfield	2400	\$131.34	\$31.91	\$139.81	\$579.55	\$137.10
Medford / Ashland	4890	\$127.50	\$30.98	\$136.52	\$563.64	\$133.08
Portland Metro						
Columbia	6440	\$128.95	\$31.33	\$137.77	\$569.66	\$134.61
Clackamas	6440	\$128.95	\$31.33	\$137.77	\$569.66	\$134.61
Multnomah	6440	\$128.95	\$31.33	\$137.77	\$569.66	\$134.61
Washington	6440	\$128.95	\$31.33	\$137.77	\$569.66	\$134.61
Yamhill	6440	\$128.95	\$31.33	\$137.77	\$569.66	\$134.61
Salem Metro						
Marion	7080	\$126.37	\$30.70	\$135.55	\$558.97	\$131.90
Polk	7080	\$126.37	\$30.70	\$135.55	\$558.97	\$131.90
All Other Areas	9938	\$125.82	\$30.57	\$135.08	\$556.68	\$131.33