

Donald Ross, Manager
DMAP Policy and Planning Section

Number: DMAP-IM-12-136

Authorized Signature

Issue Date: 12/21/2012

Topic: Medical Benefits

Subject: **Provider announcement:** Delay in new billing process for nursing facility residents who elect hospice services. Implementation is expected on or after March 1, 2013.

Applies to:

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

Message:

DMAP will post the following announcement on the [DMAP Provider Announcements](#) Web page and send a message to all Hospice providers, Managed Care and Coordinated Care Organizations. It tells them about two important changes for the new billing process for nursing facility residents who elect hospice services:

- The new process will not take place on Jan. 1, 2013. Instead, DMAP will implement this change **on or after March 1, 2013**; and
- DMAP will increase the room and board bundled rate paid to hospice providers from 95 percent to 100 percent of the rate that the nursing facility would have otherwise received for Medicaid-funded residents; rates remain unchanged.
- DMAP will postpone updating the hospice fee-for-service rates related to these changes until on or after March 1.

If you have any questions about this information, contact:

Contact(s):	Judith Van Osdol, DMAP Policy Analyst		
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E-mail:	judith.p.vanosdol@state.or.us		

Hospice and nursing facility providers, CCOs and MCOs Delay in payment process for nursing facility residents receiving hospice

In November, the Division of Medical Assistance Programs (DMAP) [informed you of a new process](#) for nursing facilities and Hospice organizations billing room and board charges for Oregon Medicaid nursing facility residents who elect hospice care. We are writing to let you know of two important changes:

- The new process will not take place on Jan. 1, 2013. Instead, DMAP will implement this change **on or after March 1, 2013**; and
- DMAP will increase the room and board bundled rate paid to hospice providers from 95 percent to 100 percent of the rate that the nursing facility would have otherwise received for Medicaid-funded residents; rates remain unchanged (see box at right).

Basic	\$212.12
Complex	\$295.59
Pediatric	\$358.38

We will postpone updating the hospice fee-for-service rates until on or after March 1.

Why is this happening?

We are making these changes to:

- Ensure continued client access to hospice services;
- Ensure adequate reimbursement for pediatric and complex medical services; and
- Facilitate the contract process between hospices and nursing facilities.

What do you need to do?

- Hospice and nursing facility providers will need to update their contracts to reflect the new rates and effective date.
- Wait until Feb. 25, 2013, or one week before implementation, to begin reporting residents who have elected hospice care on the new [DMAP 525](#) (Hospice Notification form).
- Attend upcoming Webinars about the changes. Hospice providers, nursing facilities, Managed Care and Coordinate Care organizations are all encouraged to attend.

Questions?

If you have questions about this announcement, contact the Provider Services Unit at dmap.providerservices@state.or.us or call 1-800-336-6016, Monday through Thursday, 8:30 a.m. to 4:00 p.m. and Friday 10 a.m. to 4:00 p.m. (telephone lines closed 11:30 a.m. to 12:30 p.m. daily).

