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Date: June 30, 2022

To: Hospice providers

From: Donny Jardine, Transformation Programs Manager
Medicaid Programs

Subject: Fee-for-service nursing facility room and board rates effective July 1, 2022

The Oregon Health Authority (OHA) has updated the fee-for-service payment rates for the nursing facility room and board services billed through the Hospice Services program. The rates are posted on [the Hospice Services rules and guidelines page](#).

These rates include the enhanced Medicaid rates for approved nursing facilities who pay certified nursing assistant (CNA) wages at a specific threshold.

- Nursing facilities may be eligible for these increases between October 1, 2021, and June 30, 2023.
- For nursing facilities approved to participate in the program, OHA will add a specialty code to the facility's Oregon Medicaid provider number that allows billing for the enhanced rate.

Why is this happening?

The Oregon Department of Human Services [increased the nursing facility room and board rates effective July 1, 2022](#). The Enhanced Wage Add-on Program ([Oregon Administrative Rule 411-070-0438](#)) automatically provides a CNA wage increase of \$17.50 per hour or more effective July 1, 2022.

What should you do?

When billing for nursing facility room and board:

- Verify whether the facility has been approved for the enhanced rate.
- Bill the enhanced rates for approved facilities, and the regular rate for other facilities.
- Enter the nursing facility's Oregon Medicaid provider number in the "Facility Number" field of all claims billed at the enhanced rates.

Questions?

If you have any questions about this announcement, contact Kian Messkoub at kian.z.messkoub@dhsosha.state.or.us or the Provider Services Unit at dmap.providerservices@dhsosha.state.or.us (800-336-6016). We are available Monday through Friday between 8 a.m. and 5 p.m. (including lunch hours).

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

Hospice rates

Effective October 1, 2021 – September 30, 2022. 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).
- 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).

CBSA	Code	Per diem rate					Per hour
		Routine Home Care Days 1-60 (Rev 651)	Routine Home Care Days 61+ (Rev 650)	Inpatient Respite Care (Rev 655)	General Inpatient Care (Rev 656)	In-Home Respite Care (Rev 659)	Continuous Home Care (Rev 652)
Albany	10540	\$213.34	\$168.60	\$520.58	\$1117.12	\$194.63	\$64.26
Bend Includes Deschutes	13460	\$222.24	\$175.63	\$540.72	\$1162.03	\$202.74	\$67.30
Corvallis Includes Benton	18700	\$215.42	\$170.25	\$525.30	\$1127.64	\$196.53	\$64.97
Eugene - Springfield Includes Lane	21660	\$229.23	\$181.15	\$556.54	\$1197.30	\$209.12	\$69.68
Grants Pass	24420	\$210.50	\$166.36	\$514.16	\$1102.81	\$192.04	\$63.30
Medford Includes Jackson	32780	\$216.05	\$170.74	\$526.73	\$1130.82	\$197.10	\$65.19
Portland-Beaverton Includes Clackamas, Columbia, Multnomah, Washington & Yamhill	38900	\$235.01	\$185.72	\$569.62	\$1226.47	\$214.39	\$71.65
Salem Includes Marion & Polk	41420	\$223.51	\$176.64	\$543.61	\$1168.47	\$203.91	\$67.73
All Other Areas	99938	\$209.52	\$165.58	\$511.94	\$1097.86	\$191.14	\$62.96

Please see page 2 for nursing facility room and board rates.

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 or 650) and Continuous Home Care (652) days for residents you serve, bill OHA using the following statewide bundled rates.

Basic (Rev. 658)	Complex medical (Rev. 191)	Pediatric (Rev. 192)	Special Contract (Rev. 199)
\$440.82	\$617.15	\$1123.19	Manually priced
NF Bariatric (Rev. 190)*	NF Vent (Rev. 194)*	*NF Bariatric and NF Vent Hospice Services require APD/AAA approval to bill	
\$815.52	\$1035.93		

Enhanced Wage Add-On Rate Program Information:

- Hospice agencies should ask the nursing facility whether they have been approved for the enhanced wage add-on program.
- To bill for this enhanced rate, hospice agencies input the approved nursing facility's "Facility Number" on the claim. See example below.

Basic (Rev. 658)	Complex medical (Rev. 191)	Pediatric (Rev. 192)	Special Contract (Rev. 199)
\$458.45	\$641.84	\$1168.11	Manually priced
NF Bariatric (Rev. 190)*	NF Vent (Rev. 194)*	*NF Bariatric and NF Vent Hospice Services require APD/AAA approval to bill	
\$848.14	\$1077.37		

The image shows a screenshot of a billing form with the following fields:

- Patient Account #
- Medical Record #
- Attending Phys [Search]
- Taxonomy
- Zip+4
- Referring** [Search] (A red arrow points to this field)
- Facility Number [Search]
- Taxonomy
- Zip+4
- Other Physician [Search]
- Taxonomy
- Zip+4
- Insurance Denied [v]