Other formats and languages
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Memorandum

To: Hospice providers

From: Richelle Murray, Safety Net Clinics Policy manager

Date: June 23, 2026

Subject: Fee-for-service nursing facility rates effective July 1, 2026

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

- Are for care and services provided within a nursing facility from July 1, 2026, through June 30, 2027.
- Reflect Oregon Department of Human Services nursing facility room and board rates effective July 1, 2026.
- Include a separate revenue code (650) for billing routine home care (RHC) on and after day 61.
- Indicate the Medicaid rates for hospice providers who have complied with federal quality reporting program requirements. OHA will pay a lower rate to providers that do not comply with these requirements.

What should you do?

When billing for nursing facility room and board, bill for the approved rates. Enter the nursing facility's Oregon Medicaid provider number in the "Facility Number" field of all claims billed.

For RHC services:

Use revenue code 651 only for RHC provided during the first 60 days of a hospice election. Use revenue code 650 for RHC provided on day 61 or later of the hospice election.

- For a patient readmitted within 60 days of discharge, count prior hospice days to determine whether to bill at a higher or lower rate.
- For a patient readmitted more than 60 days after discharge, prior hospice days do not count. A new election to hospice will reset the 60-day window for billing at a higher rate.
- If the patient moves to a different hospice provider, the count only starts over if there is a break in hospice services of more than 60 days.

For services provided by a registered nurse or social worker in the last seven days of a hospice patient's life:

Keep note of these services. OHA will let you know when you can bill these services for the service-intensity add-on (SIA) payment.

Questions?

If you have questions about this announcement, hospice program changes, or updates, contact Shannon Jasper at shannon.d.jasper@oha.oregon.gov.

For billing help or claims questions please contact Provider Services at dmap.providerservices@oha.oregon.gov (800-336-6016). Provider Services staff 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.

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Fee-for-Service Hospice Program Rates

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 410-120-0030).
- 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).

Hospice care rates by CBSA, effective Oct. 1, 2025, through Sept. 30, 2026

Albany (CBSA code 10540)

Revenue Code	Description	Rate
651	Routine Home Care, Days 1-60	$237.98
650	Routine Home Care, Days 61+	$187.58
655	Inpatient Respite Care	$575.86
656	General Inpatient Care	$1234.07
659	In-Home Respite Care	$216.06
652	Continuous Home Care (per hour)	$72.15

Bend (CBSA code 13460)

Includes Deschutes County

Revenue Code	Description	Rate
651	Routine Home Care, Days 1-60 (per diem)	$260.50
650	Routine Home Care, Days 61+ (per diem)	$205.33
655	Inpatient Respite Care (per diem)	$626.33
656	General Inpatient Care (per diem)	$1346.53

Revenue Code	Description	Rate
659	In-Home Respite Care (per diem)	$234.65
652	Continuous Home Care (per hour)	$79.89

Corvallis (CBSA code 18700)

Includes Benton County

Revenue Code	Description	Rate
651	Routine Home Care, Days 1-60 (per diem)	$245.82
650	Routine Home Care, Days 61+ (per diem)	$193.76
655	Inpatient Respite Care (per diem)	$593.44
656	General Inpatient Care (per diem)	$1273.23
659	In-Home Respite Care (per diem)	$224.25
652	Continuous Home Care (per hour)	$74.84

Eugene/Springfield (CBSA code 21660)

Revenue Code	Description	Rate
651	Routine Home Care, Days 1-60 (per diem)	$261.62
650	Routine Home Care, Days 61+ (per diem)	$206.22
655	Inpatient Respite Care (per diem)	$628.86
656	General Inpatient Care (per diem)	$1352.17
659	In-Home Respite Care (per diem)	$238.68
652	Continuous Home Care (per hour)	$80.28

Grants Pass (CBSA code 24420)

Revenue Code	Description	Rate
651	Routine Home Care, Days 1-60 (per diem)	$275.43
650	Routine Home Care, Days 61+ (per diem)	$217.10
655	Inpatient Respite Care (per diem)	$659.80
656	General Inpatient Care (per diem)	$1421.12
659	In-Home Respite Care (per diem)	$251.33
652	Continuous Home Care (per hour)	$85.03

Medford (CBSA code 32780)

Includes Jackson County

Revenue Code	Description	Rate
651	Routine Home Care, Days 1-60 (per diem)	$268.44
650	Routine Home Care, Days 61+ (per diem)	$211.59
655	Inpatient Respite Care (per diem)	$644.14

Revenue Code	Description	Rate
656	General Inpatient Care (per diem)	$1386.22
659	In-Home Respite Care (per diem)	$244.90
652	Continuous Home Care (per hour)	$82.63

Portland-Beaverton (CBSA code 38900)

Includes Clackamas, Columbia, Multnomah, Washington and Yamhill counties

Revenue Code	Description	Rate
651	Routine Home Care, Days 1-60 (per diem)	$258.33
650	Routine Home Care, Days 61+ (per diem)	$203.62
655	Inpatient Respite Care (per diem)	$621.47
656	General Inpatient Care (per diem)	$1335.71
659	In-Home Respite Care (per diem)	$235.68
652	Continuous Home Care (per hour)	$79.15

Salem (CBSA code 41420)

Includes Marion and Polk counties

Revenue Code	Description	Rate
651	Routine Home Care, Days 1-60 (per diem)	$248.20
650	Routine Home Care, Days 61+ (per diem)	$195.63
655	Inpatient Respite Care (per diem)	$598.77
656	General Inpatient Care (per diem)	$1285.12
659	In-Home Respite Care (per diem)	$235.42
652	Continuous Home Care (per hour)	$76.66

All other areas (CBSA code 99938)

Revenue Code	Description	Rate
651	Routine Home Care, Days 1-60 (per diem)	$234.32
650	Routine Home Care, Days 61+ (per diem)	$184.69
655	Inpatient Respite Care (per diem)	$567.66
656	General Inpatient Care (per diem)	$1215.78
659	In-Home Respite Care (per diem)	$213.77
652	Continuous Home Care (per hour)	$70.89

Nursing facility room and board per diem rates effective July 1, 2026

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.

Revenue Code	Description	Rate
658	Basic	$568.23
191	Complex medical	$795.52
192	Pediatric	$1538.80
199	Special contract	Manually priced
190	Bariatric (requires APD/AAA approval)	$1051.23
194	Vent (requires APD/AAA approval)	$1335.34

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