HEALTH SYSTEMS DIVISION
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Date: October 5, 2021

To: Hospice providers

From: Donny Jardine, Transformation Programs Manager
Medicaid Programs

Subject: Fee-for-service hospice rates and nursing facility Enhanced Wage Add-on rates effective October 1, 2021

The Oregon Health Authority (OHA) has updated the fee-for-service payment rates for the Hospice Services program. The rates are posted on the Hospice Services rules and guidelines page. These rates:

- Are for care and services provided from October 1, 2021, through September 30, 2022.
- 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. Providers that do not comply with these requirements will be paid at a lower rate.

The October 1, 2021 rates also include the new 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?

OHA updates the Hospice Services rates annually, based on annual updates from the Centers for Medicare & Medicaid Services (CMS).

The 2021 Oregon Legislature approved the Enhanced Wage Add-on Program (Oregon Administrative Rule 411-070-0438) to help nursing facilities maintain a stable work force and quality services by paying higher wages to caregivers and CNAs.

What should you do?

Please report quality data as outlined on the CMS Hospice Quality Reporting website. If you have **not** submitted this data to CMS, please contact the hospice policy analyst (listed below) before you bill for services rendered on or after October 1, 2021.

For RHC services: Use revenue code 651 only for RHC provided during the first 60 days of a hospice election, and 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 the 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 the higher rate.
- The count does not start over if the patient moves to a different hospice provider, unless there is more than 60 days' break in hospice services.

For services provided by a registered nurse or social worker in the last seven days of a hospice patient's life: Please continue to keep note of the services that meet service-intensity add-on (SIA) payment criteria (see the Medicare Learning Network's *MLN Matters MM9201* for the criteria). We will let you know when you can start billing OHA for SIA payments. System changes are being made so that OHA can pay.

For services to residents of an approved Enhanced Wage Add-on facility: Verify that the facility has been approved for the enhanced rate. When billing the current nursing facility room and board, also enter the nursing facility's Oregon Medicaid provider number in the "Facility Number" field of the claim.

Questions?

If you have any questions about this announcement, contact Kian Messkoub at kian.z.messkoub@dhsoha.state.or.us or the Provider Services Unit at dmap.providerservices@dhsoha.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)
$377.24	$528.14	$1084.81	Manually priced
NF Bariatric (Rev. 190)*	**NF Vent (Rev. 194)***	*NF Bariatric and NF Vent Hospice Services require APD/AAA approval to bill	
$697.89	$886.51		

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)
$392.33	$549.27	$1128.20	Manually priced
NF Bariatric (Rev. 190)*	**NF Vent (Rev. 194)***	*NF Bariatric and NF Vent Hospice Services require APD/AAA approval to bill	
$725.81	$921.97