

Donald Ross, Manager  
DMAP Policy and Planning Section

**Number:** DMAP-IM-13-034

**Authorized Signature**

**Issue Date:** 04/18/2013

**Topic:** Medical Benefits

**Subject:** **Provider announcement:** Hospice/nursing facility billing process implementation and updated training

**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. The announcement informs affected hospice and nursing facility providers, CCOs and MCOs that beginning May 1, 2013, DMAP will implement the new hospice/nursing facility billing process.

The announcement also informs them of new training opportunities with updated material related to the new process, including new Revenue codes and hospice rates.

*If you have any questions about this information, contact:*

<b>Contact(s):</b>	Judith Van Osdol, DMAP Policy Analyst		
<b>Phone:</b>	503-945-6743	<b>Fax:</b>	503-947-1119
<b>E-mail:</b>	<a href="mailto:judith.p.vanosdol@state.or.us">judith.p.vanosdol@state.or.us</a>		



**Date:** 4/18/2013

**To:** DMAP Hospice Service providers, Nursing facility providers, CCOs and MCOs

**From:** Don Ross, Manager  
Policy and Planning Section, DMAP

**Subject: New billing process, rates, and training opportunities for hospice and nursing facilities**

Effective May 1, 2013, the Division of Medical Assistance Programs (DMAP) and the Aging and People with Disabilities (APD), will implement the new hospice/nursing facility (NF) billing process and update the Hospice Rate Chart accordingly. This letter is to share updated information, including new Revenue codes, new hospice rates and new training opportunities available for you to learn the new billing process.

You may be aware that DMAP, APD, hospice and nursing facility organizations collaborated to create a process that complies with federal regulations. DMAP was set to implement the process on Jan. 1, 2013 and we provided training to ready everyone for that date. However, implementation has been delayed until May 1 to add codes for NF changes and increase the reimbursement rates (see chart below).

We have updated the Webinar training with these changes and scheduled new training opportunities (see training schedule below).

### **Codes added to rate chart**

DMAP will add Revenue codes (658, 191, 192 and 199) for NF Room & Board (bundled rate) charges to the Hospice Rates Chart effective May 1, 2013. New rates for these codes apply to dates of services from May 1, 2013, through June 30, 2013. These codes are to be used in conjunction with hospice Revenue code 651 (Routine Home Care), and hospice Revenue code 652 (Continuous Home Care).

The Hospice Rate Chart, dated May 1, 2013 is below and posted on the [OHP Web site](#).

### **What you should do?**

- Register for the new Webinar training opportunities. There will be staff available with expertise in this area to answer any questions you may have.
- Make note of the Hospice Rate changes and use the updated chart when billing for dates of services from May 1, 2013 through June 30, 2013.

## Training opportunities – *Be sure to register for both days!*

Please join us for upcoming Webinar trainings on April 29 and 30 to prepare for the new hospice/NF billing process and learn about other changes. DMAP will have subject matter experts available to answer your questions.

- **April 29:** Two Webinars will be available, one for hospice providers and one for nursing facility providers.
- **April 30:** A joint Webinar will be available for both hospice and nursing facility providers.

### Register for Webinar training New DMAP Billing Process for Nursing Facility Residents electing Hospice Services

Providers will learn how to:

- Report resident status changes to Aging and People Disabilities (APD),
- Bill for nursing facility (NF) room and board charges,
- Verify nursing facility room and board payments as reported on the paper remittance advice, and
- Resolve nursing facility payment issues.

#### Training Dates:

- Hospice providers – **April 29, 9-11:00 a.m.**  
Register at [www2.gotomeeting.com/register/546881378](http://www2.gotomeeting.com/register/546881378)
- Nursing facility providers – **April 29, 2:30-4:30 p.m.**  
Register at [www2.gotomeeting.com/register/689259058](http://www2.gotomeeting.com/register/689259058)
- Combined hospice & NF – **May 30, 9-11:00 a.m.**  
Register at [www2.gotomeeting.com/register/870680274](http://www2.gotomeeting.com/register/870680274)

**CCOs and MCOs are encouraged to join these Webinars.**

## Questions?

Thank you for your continued support of the Oregon Health Plan. If you have any questions about this information please contact:

- **Claims and billing questions:** DMAP Provider Services at [dmap.providerservices@state.or.us](mailto:dmap.providerservices@state.or.us) or call 1-800-336-6016, Monday through Thursday, 8:30 a.m. to 4:30 p.m. and Friday 10 a.m. to 4:30 p.m. (phone lines closed 11:25 a.m. to 12:30 p.m. daily).
- **Policy questions:** Judith Van Osdol, DMAP Policy Analyst, 503-945-6743 or e-mail [judith.p.vanosdol@state.or.us](mailto:judith.p.vanosdol@state.or.us).

## Hospice Rate Chart

Effective May 1, 2013, follow CMS guidelines. When billing for hospice services:

- Bill the usual charge or the rate based upon the Cost-Based Statistical Area (CBSA) in which the care is furnished, whichever is lower.
- 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).

Cost-Based Statistical Area (CBSA) per Federal Register						
Area (County)	CBSA Code	Routine Home Care (Rev 651, T2042)	Inpatient Respite Care (Rev 655, T2044)	General Inpatient Care (Rev 656, T2045)	In-Home Respite Care (Rev 659)	Continuous Home Care (Rev 652, T2043)
<b>Bend</b> Includes Deschutes	13460	\$171.65	\$182.49	\$757.09	\$179.17	\$41.70
<b>Corvallis</b> Includes Benton	18700	\$166.26	\$177.87	\$734.76	\$173.53	\$40.39
<b>Eugene- Springfield</b> Includes Lane	21660	\$173.73	\$184.27	\$765.69	\$181.35	\$42.21
<b>Medford</b> Includes Jackson	32780	\$159.97	\$172.49	\$708.76	\$166.98	\$38.78
<b>Portland-Beaverton</b> Includes Clackamas, Columbia, Multnomah, Washington & Yamhill	38900	\$172.29	\$183.04	\$759.75	\$179.85	\$41.86
<b>Salem</b> Includes Marion & Polk	41420	\$169.79	\$180.90	\$749.40	\$177.22	\$41.25
<b>All Other Areas</b>	38	\$160.17	\$172.66	\$709.59	\$167.19	\$38.91

### Hospice in a nursing facility

When a client resides in a NF and elects hospice services, bill the usual charge or rate for that client in that NF. Effective May 1, 2013, use the following **statewide “bundled” rates**:

Nursing Facility Rates (Per diem)			
Basic (Rev. 658*)	Complex medical (Rev. 191*)	Pediatric (Rev. 192*)	Special Contract (Rev. 199*)
\$212.12	\$295.59	\$358.38	Manually priced

*\*Note: Per Centers for Medicare and Medicaid Services, when hospice care is furnished to an individual residing in a nursing facility, the hospice will be paid an additional amount on Routine Home Care (651) and Continuous Home Care (652) days to take into account the room and board furnished by the facility.*

**Rates Revised 5/1/13**

## Hospice & Nursing facility providers – Quick Guide

To review/update current information and implement new Medicaid process changes.

### Hospice

- Ensure contracted nursing facilities, your Social Worker and billing staff know about the process changes.
- Identify Medicaid-eligible patients receiving hospice and residing in a nursing facility.
- Verify with the NF if patient is enrolled in a CCO or MCO.
- Submit DMAP form 525 to Aging and People with Disabilities (APD) for new hospice services.
- Work closely with the nursing facility to verify, implement and carry out the resident's coordination of care.
- Review resident's chart regularly and share information with nursing facility staff.
- Resubmit updated DMAP form 525 when client's information changes.
- Obtain Patient Liability information form nursing facility.
- Receive room and board bill from nursing facility.
- Submit hospice and nursing facility charges to DMAP.
- Upon receipt of DMAP payment, submit room and board payment to nursing facility per your contract.

### Nursing facility

- Ensure that your Social Worker and billing staff know about the process changes.
- Identify Medicaid-eligible residents receiving hospice care.
- Verify Medicaid eligibility:
- Monitor resident's (spend down) closely and anticipate changes in coverage; continue to monitor and evaluate the resident's financial status and eligibility for federal and State assistance.
- When a patient is becoming eligible for Medicaid, notify the DHS Case Worker.
- Work closely with the hospice to verify, implement and carry out the resident's plan of care.
- Review hospice patient information routinely.
- Continue to collect patient liability from patient and submit patient liability information to hospice.
- Bill hospice for room and board during time Medicaid resident is on hospice.