



# Oregon

Theodore R. Kulongoski, Governor

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To: DMAP Hospice Service Providers

From: Jean Phillips, Deputy Interim Administrator  
DMAP Policy and Planning Section



Subject: Corrected Hospice rates effective October 1, 2007

In September, we sent you a letter about the Medicaid payment rates for the Hospice Services program effective October 1, 2007. Because the Centers for Medicare and Medicaid Services (CMS) has since corrected their rates, we are sending you corrected rates in the following table (corrections to the rates are in bold).

Please use the rates in the following table for care and services provided from October 1, 2007, through September 30, 2008.

DMAP will also update the Hospice Services supplemental information to include this corrected schedule effective October 1, 2007. You can find this on the OHP Web site at [www.dhs.state.or.us/policy/healthplan/guides/hospice/main.html](http://www.dhs.state.or.us/policy/healthplan/guides/hospice/main.html).

### Questions?

If you have questions about this information, please contact one of the following:

- DMAP Provider Services, 800-336-6016 or e-mail [dmap.providerservices@state.or.us](mailto:dmap.providerservices@state.or.us)
- Rosanne Harksen, DMAP Policy Analyst, 503-945-6502 or e-mail [rosanne.m.harksen@state.or.us](mailto:rosanne.m.harksen@state.or.us)

Thank you for your continued support of the Oregon Health Plan.

*“Assisting People to Become Independent, Healthy and Safe”*  
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## Hospice Rates

Effective October 1, 2007. Follow CMS guidelines. **Corrections are in bold type.**

When billing for hospice services, the provider must bill the usual charge or the rate based upon the geographic location in which the care is furnished, whichever is lower.

<i>AREA (per Federal Register)</i>		<i>RATES</i>				
		<i>Per Diem</i>				<i>Per Hour</i>
<b>Area</b>	<b>CBSA*</b>	<b>Routine Home Care (Rev 651, T2042)</b>	<b>Inpatient Respite Care (Rev 655, T2044)</b>	<b>General Inpatient Care (Rev 656, T2045)</b>	<b>In-Home Respite Care (Rev 659)</b>	<b>Continuous Home Care (Rev 652, T2043)</b>
<b>Bend</b> Includes Deschutes County	13460	<b>\$148.85</b>	<b>\$158.74</b>	\$657.15	<b>\$155.37</b>	<b>\$36.16</b>
<b>Corvallis</b> Includes Benton County	18700	<b>\$156.82</b>	<b>\$165.56</b>	\$690.12	<b>\$163.68</b>	<b>\$38.10</b>
<b>Eugene – Springfield</b> Includes Lane County	21660	<b>\$150.17</b>	<b>\$159.87</b>	\$662.61	<b>\$156.76</b>	<b>\$36.48</b>
<b>Medford</b> Includes Jackson County	32780	<b>\$149.60</b>	<b>\$159.38</b>	\$660.23	<b>\$156.15</b>	<b>\$36.34</b>
<b>Portland – Beaverton</b> Includes Clackamas, Columbia, Multnomah, Washington & Yamhill Counties	38900	<b>\$155.53</b>	<b>\$164.46</b>	\$684.77	<b>\$162.35</b>	<b>\$37.78</b>
<b>Salem</b> Includes Marion & Polk Counties	41420	<b>\$145.83</b>	<b>\$156.15</b>	\$644.65	<b>\$152.22</b>	<b>\$35.43</b>
<b>All Other Areas</b>	38	<b>\$139.04</b>	<b>\$150.33</b>	\$616.52	<b>\$145.13</b>	<b>\$33.77</b>

\* Core-Based Statistical Areas