

Michigan Department of Community Health

Bulletin Number: MSA 05-05

Distribution: Nursing Facilities
Hospice

Issued: January 1, 2005

Subject: Medicaid Reimbursement to Hospices for Quality Assurance Supplement (QAS)

Effective: January 1, 2005

Programs Affected: Medicaid

Effective with this bulletin, Medicaid will reimburse hospice providers 100% of a nursing facility's Quality Assurance Supplement (QAS) rate for Medicaid beneficiaries provided hospice care in Medicaid participating nursing facilities. Currently, Medicaid reimburses hospices 95% of the nursing facility payment rate, which includes the QAS. Hospices will continue to be reimbursed 95% of the nursing facility's base room and board rate in which hospice care is provided.

As always, the room and board rate paid by the hospice to the facility is governed by the contract between them.

Billing for hospices remains the same. Medicaid reimbursement rates to hospices will be adjusted to reflect this increase.

Note: Rates for room and board for hospice care in nursing facilities are now available on the web at www.michigan.gov/mdch, click on Providers, click on Information for Medicaid Providers, click on Provider Specific Information, scroll down to Hospice/SNF R&B rates. Rates on the website will be adjusted to reflect this policy change by January 31, 2005 for January 1, 2005 dates of service.

Public Comment

Public comment regarding this policy will be accepted and considered for future policy revisions. Comments may be submitted to MDCH Program Policy Division, PO Box 30479, Lansing, MI 48909-7979. When submitting comments, please reference the bulletin number and include your name and contact information.

Manual Maintenance

Retain this bulletin until the information is incorporated into the Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Michigan Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

A handwritten signature in black ink that reads "Paul Reinhart". The signature is written in a cursive, flowing style.

Paul Reinhart, Director
Medical Services Administration