



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF MEDICAID SERVICES

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 Commissioner

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Henry D. Lipman
 Director

DATE: September 5, 2019

TO: NH Medicaid Enrolled Hospice Providers

FROM: Henry D. Lipman, Director 

SUBJECT: Annual Change in Medicaid Hospice Payment Rates

This memorandum contains the new Medicaid hospice payment rates for Federal Fiscal Year (FFY) 2020 which are effective October 1, 2019 through September 30, 2020.

The Medicaid hospice payment rates are calculated based on the annual hospice rates established under Medicare which also provides for an annual increase in payment rates for hospice care services and is dependent upon a provider submitting the required quality data to CMS.

The Medicaid hospice payment rates for care and services provided from October 1, 2019 through September 30, 2020, as follows:

In compliance with Quality Data

Hospice Rates for Dates of Services 10/1/2019 to 9/30/2020 for Providers who have submitted the required Quality Data.

Revenue Codes	Description	Daily Rate	Wage Component Subject to Index	Index for Rockingham & Strafford County	Unweighted Amount	Reimbursed Rate
651	Routine Home Care (days 1 to 60)	\$194.75	\$133.81	1.0115	\$60.94	\$196.29
651	Routine Home Care (days 61+)	\$153.92	\$105.76	1.0115	\$48.16	\$155.14
652	Continuous Home Care - Hourly Rate	\$58.17	\$39.97	1.0115	\$18.20	\$58.63
652	Continuous Home Care - 24 Hours	\$1,396.17	\$959.31	1.0115	\$436.86	\$1,407.20
655	Inpatient Respite Care	\$473.79	\$256.46	1.0115	\$217.33	\$476.74
656	General Inpatient Care	\$1,021.25	\$653.70	1.0115	\$367.55	\$1,028.77

Revenue Codes	Description	Daily Rate	Wage Component Subject to Index	Index for Hillsboro County	Unweighted Amount	Reimbursed Rate
651	Routine Home Care (days 1 to 60)	\$194.75	\$133.81	0.9418	\$60.94	\$186.96
651	Routine Home Care (days 61+)	\$153.92	\$105.76	0.9418	\$48.16	\$147.76
652	Continuous Home Care - Hourly Rate	\$58.17	\$39.97	0.9418	\$18.20	\$55.84
652	Continuous Home Care - 24 Hours	\$1,396.17	\$959.31	0.9418	\$436.86	\$1,340.34
655	Inpatient Respite Care	\$473.79	\$256.46	0.9418	\$217.33	\$458.86
656	General Inpatient Care	\$1,021.25	\$653.70	0.9418	\$367.55	\$983.20

Revenue Codes	Description	Daily Rate	Wage Component Subject to Index	Index for Rural Care	Unweighted Amount	Reimbursed Rate
651	Routine Home Care (days 1 to 60)	\$194.75	\$133.81	1.0057	\$60.94	\$195.51
651	Routine Home Care (days 61+)	\$153.92	\$105.76	1.0057	\$48.16	\$154.52
652	Continuous Home Care - Hourly Rate	\$58.17	\$39.97	1.0057	\$18.20	\$58.40
652	Continuous Home Care - 24 Hours	\$1,396.17	\$959.31	1.0057	\$436.86	\$1,401.64
655	Inpatient Respite Care	\$473.79	\$256.46	1.0057	\$217.33	\$475.25
656	General Inpatient Care	\$1,021.25	\$653.70	1.0057	\$367.55	\$1,024.98

Not In compliance with Quality Data

**Hospice Rates for Dates of Services 10/1/2019 to 9/30/2020 for Providers who have
Not submitted the required Quality Data.**

Revenue Codes	Description	Daily Rate	Wage Component Subject to Index	Index for Rockingham & Strafford County	Unweighted Amount	Reimbursed Rate
651	Routine Home Care (days 1 to 60)	\$190.96	\$131.21	1.0115	\$59.75	\$192.47
651	Routine Home Care (days 61+)	\$150.92	\$103.69	1.0115	\$47.23	\$152.11
652	Continuous Home Care - Hourly Rate	\$57.04	\$39.19	1.0115	\$17.85	\$57.49
652	Continuous Home Care - 24 Hours	\$1,368.95	\$940.61	1.0115	\$428.34	\$1,379.77
655	Inpatient Respite Care	\$464.55	\$251.46	1.0115	\$213.09	\$467.44
656	General Inpatient Care	\$1,001.35	\$640.96	1.0115	\$360.39	\$1,008.72

Revenue Codes	Description	Daily Rate	Wage Component Subject to Index	Index for Hillsboro County	Unweighted Amount	Reimbursed Rate
651	Routine Home Care (days 1 to 60)	\$190.96	\$131.21	0.9418	\$59.75	\$183.32
651	Routine Home Care (days 61+)	\$150.92	\$103.69	0.9418	\$47.23	\$144.89
652	Continuous Home Care - Hourly Rate	\$57.04	\$39.19	0.9418	\$17.85	\$54.76
652	Continuous Home Care - 24 Hours	\$1,368.95	\$940.61	0.9418	\$428.34	\$1,314.21
655	Inpatient Respite Care	\$464.55	\$251.46	0.9418	\$213.09	\$449.92
656	General Inpatient Care	\$1,001.35	\$640.96	0.9418	\$360.39	\$964.05

Revenue Codes	Description	Daily Rate	Wage Component Subject to Index	Index for Rural Care	Unweighted Amount	Reimbursed Rate
651	Routine Home Care (days 1 to 60)	\$190.96	\$131.21	1.0057	\$59.75	\$191.71
651	Routine Home Care (days 61+)	\$150.92	\$103.69	1.0057	\$47.23	\$151.51
652	Continuous Home Care - Hourly Rate	\$57.04	\$39.19	1.0057	\$17.85	\$57.26
652	Continuous Home Care - 24 Hours	\$1,368.95	\$940.61	1.0057	\$428.34	\$1,374.31
655	Inpatient Respite Care	\$464.55	\$251.46	1.0057	\$213.09	\$465.98
656	General Inpatient Care	\$1,001.35	\$640.96	1.0057	\$360.39	\$1,005.00

If you have any questions concerning this memorandum, please call Grant Beckman, NH Medicaid Hospice Coordinator at (603) 271-9393. For a copy of the Provider Billing Manual visit the following link: <https://nhmmis.nh.gov/portals/>. Click on the "Provider" tab and then the "Billing Manual" tab.