



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

Kerrin A. Rounds
 Acting Commissioner

129 PLEASANT STREET, CONCORD, NH 03301
 603-271-9384 1-800-852-3345 Ext. 9384
 Fax: 603-271-8194 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

Henry D. Lipman
 Director

DATE: January 8, 2020

TO: NH Medicaid Enrolled Hospice Providers

FROM: Henry D. Lipman, Director

SUBJECT: Rate Increase for Medicaid Hospice Payments

This memorandum contains the new Medicaid hospice payment rates, which are effective January 1, 2020 through September 30, 2020.

The NH Legislature appropriated funds for a 3.1% increase for Medicaid provider rates (HB 4, Chapter 346:348, Laws of 2019).

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

In compliance with Quality Data

Hospice Rates for Dates of Services 1/1/2020 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 as of 1/1/2020
651	Routine Home Care (days 1 to 60)	\$194.75	\$133.81	1.0115	\$60.94	\$202.37
651	Routine Home Care (days 61+)	\$153.92	\$105.76	1.0115	\$48.16	\$159.95
652	Continuous Home Care - Hourly Rate	\$58.17	\$39.97	1.0115	\$18.20	\$60.45
652	Continuous Home Care - 24 Hours	\$1,396.17	\$959.31	1.0115	\$436.86	\$1450.82
655	Inpatient Respite Care	\$473.79	\$256.46	1.0115	\$217.33	\$491.52
656	General Inpatient Care	\$1,021.25	\$653.70	1.0115	\$367.55	\$1060.66

NH Medicaid Enrolled Hospice Providers

January 8, 2020

Page 2 of 4

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	\$192.76
651	Routine Home Care (days 61+)	\$153.92	\$105.76	0.9418	\$48.16	\$152.34
652	Continuous Home Care - Hourly Rate	\$58.17	\$39.97	0.9418	\$18.20	\$57.57
652	Continuous Home Care - 24 Hours	\$1,396.17	\$959.31	0.9418	\$436.86	\$1381.89
655	Inpatient Respite Care	\$473.79	\$256.46	0.9418	\$217.33	\$473.08
656	General Inpatient Care	\$1,021.25	\$653.70	0.9418	\$367.55	\$1013.68

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	\$201.57
651	Routine Home Care (days 61+)	\$153.92	\$105.76	1.0057	\$48.16	\$159.31
652	Continuous Home Care - Hourly Rate	\$58.17	\$39.97	1.0057	\$18.20	\$60.21
652	Continuous Home Care - 24 Hours	\$1,396.17	\$959.31	1.0057	\$436.86	\$1445.09
655	Inpatient Respite Care	\$473.79	\$256.46	1.0057	\$217.33	\$489.98
656	General Inpatient Care	\$1,021.25	\$653.70	1.0057	\$367.55	\$1056.75

Not In compliance with Quality Data

Hospice Rates for Dates of Services 1/1/2020 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	\$198.44
651	Routine Home Care (days 61+)	\$150.92	\$103.69	1.0115	\$47.23	\$156.83
652	Continuous Home Care - Hourly Rate	\$57.04	\$39.19	1.0115	\$17.85	\$59.27
652	Continuous Home Care - 24 Hours	\$1,368.95	\$940.61	1.0115	\$428.34	\$1422.54
655	Inpatient Respite Care	\$464.55	\$251.46	1.0115	\$213.09	\$481.93
656	General Inpatient Care	\$1,001.35	\$640.96	1.0115	\$360.39	\$1039.99

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	\$189.00
651	Routine Home Care (days 61+)	\$150.92	\$103.69	0.9418	\$47.23	\$149.38
652	Continuous Home Care - Hourly Rate	\$57.04	\$39.19	0.9418	\$17.85	\$56.46
652	Continuous Home Care - 24 Hours	\$1,368.95	\$940.61	0.9418	\$428.34	\$1354.95
655	Inpatient Respite Care	\$464.55	\$251.46	0.9418	\$213.09	\$463.87
656	General Inpatient Care	\$1,001.35	\$640.96	0.9418	\$360.39	\$993.94

NH Medicaid Enrolled Hospice Providers

January 8, 2020

Page 4 of 4

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	\$197.65
651	Routine Home Care (days 61+)	\$150.92	\$103.69	1.0057	\$47.23	\$156.21
652	Continuous Home Care - Hourly Rate	\$57.04	\$39.19	1.0057	\$17.85	\$59.04
652	Continuous Home Care - 24 Hours	\$1,368.95	\$940.61	1.0057	\$428.34	\$1416.91
655	Inpatient Respite Care	\$464.55	\$251.46	1.0057	\$213.09	\$480.43
656	General Inpatient Care	\$1,001.35	\$640.96	1.0057	\$360.39	\$1036.16

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.