



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

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DATE: January 3, 2024 ****2nd Revision****

TO: NH Medicaid Enrolled Hospice Providers

FROM: NH Medicaid Provider Relations

SUBJECT: UPDATED Annual Change in Medicaid Hospice Payment Rates

This memorandum contains the Medicaid hospice payment rates for Federal Fiscal Year (FFY) 2024 which are effective **October 1, 2023 through September 30, 2024.**

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 have been calculated as noted in the chart below.

| IN COMPLIANCE | | | | | | |
|---------------|------------------------------------|------------|---------------------------------|---|-------------------|------------------------------|
| Revenue Codes | Description | Daily Rate | Wage Component Subject to Index | Index for Rockingham & Strafford County | Unweighted Amount | New Rate Effective 10/1/2023 |
| 651 | Routine Home Care (days 1 to 60) | \$218.61 | \$144.28 | 1.004 | \$74.33 | \$219.19 |
| 651 | Routine Home Care (days 61+) | \$172.57 | \$113.90 | 1.004 | \$58.67 | \$173.03 |
| 652 | Continuous Home Care - Hourly Rate | \$65.25 | \$49.07 | 1.004 | \$16.18 | \$65.45 |
| 652 | Continuous Home Care - 24 Hours | \$1,566.07 | \$1,177.69 | 1.004 | \$388.38 | \$1,570.78 |
| 655 | Inpatient Respite Care | \$534.43 | \$326.00 | 1.004 | \$208.43 | \$535.73 |
| 656 | General Inpatient Care | \$1,145.31 | \$727.27 | 1.004 | \$418.04 | \$1,148.22 |

| Revenue Codes | Description | Daily Rate | Wage Component Subject to Index | Index for Hillsboro County | Unweighted Amount | New Rates Effective 10/1/2023 |
|----------------------|------------------------------------|-------------------|--|-----------------------------------|--------------------------|--------------------------------------|
| 651 | Routine Home Care (days 1 to 60) | \$218.61 | \$144.28 | 0.9583 | \$74.33 | \$212.59 |
| 651 | Routine Home Care (days 61+) | \$172.57 | \$113.90 | 0.9583 | \$58.67 | \$167.82 |
| 652 | Continuous Home Care - Hourly Rate | \$65.25 | \$49.07 | 0.9583 | \$16.18 | \$63.20 |
| 652 | Continuous Home Care - 24 Hours | \$1,566.07 | \$1,177.69 | 0.9583 | \$388.38 | \$1,516.96 |
| 655 | Inpatient Respite Care | \$534.43 | \$326.00 | 0.9583 | \$208.43 | \$520.84 |
| 656 | General Inpatient Care | \$1,145.31 | \$727.27 | 0.9583 | \$418.04 | \$1,114.98 |

| Revenue Codes | Description | Daily Rate | Wage Component Subject to Index | Index for Rural Care | Unweighted Amount | New Rate Effective 10/1/2023 |
|----------------------|------------------------------------|-------------------|--|-----------------------------|--------------------------|-------------------------------------|
| 651 | Routine Home Care (days 1 to 60) | \$218.61 | \$144.28 | 0.9798 | \$74.33 | \$215.70 |
| 651 | Routine Home Care (days 61+) | \$172.57 | \$113.90 | 0.9798 | \$58.67 | \$170.27 |
| 652 | Continuous Home Care - Hourly Rate | \$65.25 | \$49.07 | 0.9798 | \$16.18 | \$64.26 |
| 652 | Continuous Home Care - 24 Hours | \$1,566.07 | \$1,177.69 | 0.9798 | \$388.38 | \$1,542.28 |
| 655 | Inpatient Respite Care | \$534.43 | \$326.00 | 0.9798 | \$208.43 | \$527.84 |
| 656 | General Inpatient Care | \$1,145.31 | \$727.27 | 0.9798 | \$418.04 | \$1,130.62 |

| NOT IN COMPLIANCE | | | | | | |
|-------------------|------------------------------------|------------|---------------------------------|---|-------------------|------------------------------|
| Revenue Codes | Description | Daily Rate | Wage Component Subject to Index | Index for Rockingham & Strafford County | Unweighted Amount | New Rate Effective 10/1/2023 |
| 651 | Routine Home Care (days 1 to 60) | \$210.13 | \$138.69 | 1.004 | \$71.44 | \$210.68 |
| 651 | Routine Home Care (days 61+) | \$165.87 | \$109.48 | 1.004 | \$56.39 | \$166.31 |
| 652 | Continuous Home Care - Hourly Rate | \$62.72 | \$47.17 | 1.004 | \$15.55 | \$62.91 |
| 652 | Continuous Home Care - 24 Hours | \$1,505.31 | \$1,131.99 | 1.004 | \$373.32 | \$1,509.84 |
| 655 | Inpatient Respite Care | \$513.69 | \$313.35 | 1.004 | \$200.34 | \$514.94 |
| 656 | General Inpatient Care | \$1,100.87 | \$699.05 | 1.004 | \$401.82 | \$1,103.67 |
| | | | | | | |
| Revenue Codes | Description | Daily Rate | Wage Component Subject to Index | Index for Hillsboro County | Unweighted Amount | New Rate Effective 10/1/2023 |
| 651 | Routine Home Care (days 1 to 60) | \$210.13 | \$138.69 | 0.9583 | \$71.44 | \$204.35 |
| 651 | Routine Home Care (days 61+) | \$165.87 | \$109.48 | 0.9583 | \$56.39 | \$161.30 |
| 652 | Continuous Home Care - Hourly Rate | \$62.72 | \$47.17 | 0.9583 | \$15.55 | \$60.75 |
| 652 | Continuous Home Care - 24 Hours | \$1,505.31 | \$1,131.99 | 0.9583 | \$373.32 | \$1,458.11 |
| 655 | Inpatient Respite Care | \$513.69 | \$313.35 | 0.9583 | \$200.34 | \$500.62 |
| 656 | General Inpatient Care | \$1,100.87 | \$699.05 | 0.9583 | \$401.82 | \$1,071.72 |

| Revenue Codes | Description | Daily Rate | Wage Component Subject to Index | Index for Rural Care | Unweighted Amount | New Rate Effective 10/1/2023 |
|----------------------|------------------------------------|-------------------|--|-----------------------------|--------------------------|-------------------------------------|
| 651 | Routine Home Care (days 1 to 60) | \$210.13 | \$138.69 | 0.9798 | \$71.44 | \$207.33 |
| 651 | Routine Home Care (days 61+) | \$165.87 | \$109.48 | 0.9798 | \$56.39 | \$163.66 |
| 652 | Continuous Home Care - Hourly Rate | \$62.72 | \$47.17 | 0.9798 | \$15.55 | \$61.77 |
| 652 | Continuous Home Care - 24 Hours | \$1,505.31 | \$1,131.99 | 0.9798 | \$373.32 | \$1,482.44 |
| 655 | Inpatient Respite Care | \$513.69 | \$313.35 | 0.9798 | \$200.34 | \$507.36 |
| 656 | General Inpatient Care | \$1,100.87 | \$699.05 | 0.9798 | \$401.82 | \$1,086.75 |

If you have general questions concerning this memorandum, please contact Medicaid Provider Relations at NH.Medicaid.Provider.Relations@dhhs.nh.gov

For specific questions on how these rates were calculated, please contact dhhs.ratesetting@dhhs.nh.gov

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.