



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

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**DATE:** September 29, 2021

**TO:** NH Medicaid Enrolled Hospice Providers

**FROM:** **Brooke Belanger**, Director of Medicaid Enterprise Development

**SUBJECT:** Annual Change in Medicaid Hospice Payment Rates

This memorandum contains the Medicaid hospice payment rates for Federal Fiscal Year (FFY) 2022 which are effective October 1, 2021. Hospice rates received a legislative rate increase on January 1<sup>st</sup>, 2021. Reimbursement rates will be the greater of the updated Medicare rate or the rate as calculated for the January 1<sup>st</sup> 2021 HB-4 3.1% legislative rate increase.

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 with Quality Data**  
**Hospice Rates for Dates of Services 10/1/2021 for Providers who have**  
**submitted the required Quality Data.**

**Rockingham/Strafford County**

Revenue Codes	Description	Daily Rate	Wage Component Subject to Index	Index for Rockingham & Strafford County	Unweighted Amount	Calculated Rate-Medicare effective 10/1/2021	Reimbursed Rate effective 1/1/2021
651	Routine Home Care (days 1 to 60)	\$203.66	\$134.42	1.0359	\$69.24	\$208.49	\$216.25
651	Routine Home Care (days 61+)	\$160.95	\$106.23	1.0359	\$54.72	\$164.76	\$170.92
652	Continuous Home Care - Hourly Rate	\$60.96	\$45.84	1.0359	\$15.12	\$62.61	\$64.72
652	Continuous Home Care - 24 Hours	\$1,463.09	\$1,100.24	1.0359	\$362.85	\$1,502.59	\$1,553.23
655	Inpatient Respite Care	\$498.68	\$304.20	1.0359	\$194.48	\$509.60	\$523.93

656	General Inpatient Care	\$1,068.28	\$678.36	1.0359	\$389.92	\$1,092.63	<b>\$1,131.91</b>
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**Hillsborough County**

Revenue Codes	Description	Daily Rate	Wage Component Subject to Index	Index for Hillsborough County	Unweighted Amount	Calculated Rate-Medicare effective 10/1/2021	Reimbursed Rate effective 1/1/2021
651	Routine Home Care (days 1 to 60)	\$203.66	\$134.42	0.9538	\$69.24	\$197.45	<b>\$201.45</b>
651	Routine Home Care (days 61+)	\$160.95	\$106.23	0.9538	\$54.72	\$156.04	<b>\$159.22</b>
652	Continuous Home Care - Hourly Rate	\$60.96	\$45.84	0.9538	\$15.12	\$58.84	<b>\$60.29</b>
652	Continuous Home Care - 24 Hours	\$1,463.09	\$1,100.24	0.9538	\$362.85	\$1,412.26	<b>\$1,446.90</b>
655	Inpatient Respite Care	\$498.68	\$304.20	0.9538	\$194.48	\$484.63	<b>\$495.56</b>
656	General Inpatient Care	\$1,068.28	\$678.36	0.9538	\$389.92	\$1,036.94	<b>\$1,059.63</b>

**Rural Care**

Revenue Codes	Description	Daily Rate	Wage Component Subject to Index	Index for Rural Care	Unweighted Amount	Calculated Rate-Medicare effective 10/1/2021	Reimbursed Rate effective 1/1/2021
651	Routine Home Care (days 1 to 60)	\$203.66	\$134.42	1.0077	\$69.24	\$204.70	<b>\$214.13</b>
651	Routine Home Care (days 61+)	\$160.95	\$106.23	1.0077	\$54.72	\$161.77	<b>\$169.24</b>
652	Continuous Home Care - Hourly Rate	\$60.96	\$45.84	1.0077	\$15.12	\$61.31	<b>\$64.08</b>
652	Continuous Home Care - 24 Hours	\$1,463.09	\$1,100.24	1.0077	\$362.85	\$1,471.56	<b>\$1,537.95</b>
655	Inpatient Respite Care	\$498.68	\$304.20	1.0077	\$194.48	\$501.02	<b>\$519.86</b>
656	General Inpatient Care	\$1,068.28	\$678.36	1.0077	\$389.92	\$1,073.50	<b>\$1,121.53</b>

**Not In compliance with Quality Data**  
**Hospice Rates for Dates of Services 10/1/2021 to 9/30/2022 for Providers who have**  
**Not submitted the required Quality Data.**

**Rockingham/Strafford County**

Revenue Codes	Description	Daily Rate	Wage Component Subject to Index	Index for Rockingham & Strafford County	Unweighted Amount	Calculated Rate-Medicare effective 10/1/2021	Reimbursed Rate effective 1/1/2021
651	Routine Home Care (days 1 to 60)	\$199.67	\$131.78	1.0359	\$67.89	\$204.40	\$208.11
651	Routine Home Care (days 61+)	\$157.78	\$104.14	1.0359	\$53.64	\$161.52	\$164.70
652	Continuous Home Care - Hourly Rate	\$59.77	\$44.94	1.0359	\$14.83	\$61.38	\$62.92
652	Continuous Home Care - 24 Hours	\$1,434.40	\$1,078.67	1.0359	\$355.73	\$1,473.12	\$1,485.17
655	Inpatient Respite Care	\$488.91	\$298.23	1.0359	\$190.68	\$499.62	\$504.72
656	General Inpatient Care	\$1,047.33	\$665.05	1.0359	\$382.28	\$1,071.21	\$1,086.64

**Hillsborough County**

Revenue Codes	Description	Daily Rate	Wage Component Subject to Index	Index for Hillsborough County	Unweighted Amount	Calculated Rate-Medicare effective 10/1/2021	Reimbursed Rate effective 1/1/2021
651	Routine Home Care (days 1 to 60)	\$199.67	\$131.78	0.9538	\$67.89	\$193.58	\$207.99
651	Routine Home Care (days 61+)	\$157.78	\$104.14	0.9538	\$53.64	\$152.97	\$164.60
652	Continuous Home Care - Hourly Rate	\$59.77	\$44.94	0.9538	\$14.83	\$57.69	\$62.82
652	Continuous Home Care - 24 Hours	\$1,434.40	\$1,078.67	0.9538	\$355.73	\$1,384.57	\$1,485.06
655	Inpatient Respite Care	\$488.91	\$298.23	0.9538	\$190.68	\$475.13	\$504.60
656	General Inpatient Care	\$1,047.33	\$665.05	0.9538	\$382.28	\$1,016.60	\$1,086.53

**Rural Care**

Revenue Codes	Description	Daily Rate	Wage Component Subject to Index	Index for Rural Care	Unweighted Amount	Calculated Rate-Medicare effective 10/1/2021	Reimbursed Rate effective 1/1/2021
651	Routine Home Care (days 1 to 60)	\$199.67	\$131.78	1.0077	\$67.89	\$200.68	<b>\$208.09</b>
651	Routine Home Care (days 61+)	\$157.78	\$104.14	1.0077	\$53.64	\$158.58	<b>\$164.69</b>
652	Continuous Home Care - Hourly Rate	\$59.77	\$44.94	1.0077	\$14.83	\$60.12	<b>\$62.91</b>
652	Continuous Home Care - 24 Hours	\$1,434.40	\$1,078.67	1.0077	\$355.73	\$1,442.71	<b>\$1,485.16</b>
655	Inpatient Respite Care	\$488.91	\$298.23	1.0077	\$190.68	\$491.21	<b>\$504.70</b>
656	General Inpatient Care	\$1,047.33	\$665.05	1.0077	\$382.28	\$1,052.45	<b>\$1,086.62</b>

If you have any questions concerning this memorandum, please call Dominique Dionne, NH Medicaid Hospice Coordinator at (603) 271-9678. 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.