



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

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DATE: December 12, 2023

TO: NH Medicaid Enrolled Hospice Providers

FROM: NH Medicaid Provider Relations

SUBJECT: UPDATED Annual Change in Medicaid Hospice Payment Rates

This memorandum contains the REVISED 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	0.9533	\$71.44	\$203.65
651	Routine Home Care (days 61+)	\$165.87	\$109.48	0.9533	\$56.39	\$160.76
652	Continuous Home Care - Hourly Rate	\$62.72	\$47.17	0.9533	\$15.55	\$60.52
652	Continuous Home Care - 24 Hours	\$1,505.31	\$1,131.99	0.9533	\$373.32	\$1,452.45
655	Inpatient Respite Care	\$513.69	\$313.35	0.9533	\$200.34	\$499.06
656	General Inpatient Care	\$1,100.87	\$699.05	0.9533	\$401.82	\$1,068.22

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.