STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF MEDICAID SERVICES

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DATE: September 15, 2026

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) 2027 which are effective October 1, 2026 through September 30, 2027.

The Medicaid hospice payment rates are calculated based on the annual hospice rates published annually in a memorandum issued by the Centers for Medicare & Medicaid Services (CMS), Center for Medicaid and CHIP 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.

Table 1: FY 2027 Wage Index (WI) for NH Counties

County	Wage Index (WI)
Hillsborough County	0.989
Rockingham County & Strafford County	0.9852
Rural Counties	1.0484

Table 2: FY 2027 Hospice Payment Rates for Hospices that Submit the Required Quality Data

Revenue Codes	Hospice Service Description	Federal Set Rate	Labor Share	Non-Labor Share	Hillsborough County	Rockingham/ Strafford County	Rural Counties
		A	B	C	Round(A*B*WI, 2) +Round(A*C,2)	Round(A*B*WI, 2) +Round(A*C,2)	Round(A*B*WI, 2) +Round(A*C,2)
651	Routine Home Care (days 1 to 60)	$236.35	66.0%	34.0%	$234.64	$234.04	$243.90
651	Routine Home Care (days 61+)	$186.35	66.0%	34.0%	$185.00	$184.53	$192.30
652	Continuous Home Care - Hourly Rate	$71.94	75.2%	24.8%	$71.34	$71.14	$74.56
652	Continuous Home Care - 24 Hours	$1,726.50	75.2%	24.8%	$1,712.22	$1,707.28	$1,789.34
655	Inpatient Respite Care	$545.98	61.0%	39.0%	$542.31	$541.05	$562.10
656	General Inpatient Care	$1,231.63	63.5%	36.5%	$1,223.02	$1,220.05	$1,269.48

Table 3: FY 2027 Hospice Payment Rates for Hospices that DO NOT Submit the Required Quality Data

Revenue Codes	Hospice Service Description	Federal Set Rate	Labor Share	Non-Labor Share	Hillsborough County	Rockingham/ Strafford County	Rural Counties
		A	B	C	Round(A*B*WI, 2) +Round(A*C,2)	Round(A*B*WI, 2) +Round(A*C,2)	Round(A*B*WI, 2) +Round(A*C,2)
651	Routine Home Care (days 1 to 60)	$227.11	66.0%	34.0%	$225.46	$224.89	$234.37
651	Routine Home Care (days 61+)	$179.06	66.0%	34.0%	$177.76	$177.31	$184.78
652	Continuous Home Care - Hourly Rate	$69.12	75.2%	24.8%	$68.55	$68.35	$71.63
652	Continuous Home Care - 24 Hours	$1,658.99	75.2%	24.8%	$1,645.27	$1,640.53	$1,719.37
655	Inpatient Respite Care	$524.63	61.0%	39.0%	$521.11	$519.90	$540.12
656	General Inpatient Care	$1,183.47	63.5%	36.5%	$1,175.21	$1,172.35	$1,219.85

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.