**DATE:** August 23, 2025

**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) 2026 which are effective October 1, 2025 through September 30, 2026.

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.

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| **Table 1: FY 2026 Wage Index (WI) for NH Counties** | |
| **County** | **Wage Index (WI)** |
| Hillsborough County | 0.9831 |
| Rockingham County & Strafford County | 1.0021 |
| Rural Counties | 1.0138 |

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| **Table 2: FY 2026 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) | $230.83 | 66.0% | 34.0% | $228.25 | $231.15 | $232.93 |
| 651 | Routine Home Care (days 61+) | $181.94 | 66.0% | 34.0% | $179.91 | $182.19 | $183.60 |
| 652 | Continuous Home Care - Hourly Rate | $69.76 | 75.2% | 24.8% | $68.87 | $69.87 | $70.48 |
| 652 | Continuous Home Care - 24 Hours | $1,674.29 | 75.2% | 24.8% | $1,653.01 | $1,676.93 | $1,691.66 |
| 655 | Inpatient Respite Care | $532.48 | 61.0% | 39.0% | $526.99 | $533.16 | $536.97 |
| 656 | General Inpatient Care | $1,199.86 | 63.5% | 36.5% | $1,186.98 | $1,201.46 | $1,210.38 |

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| **Table 3: FY 2026 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) | $221.83 | 66.0% | 34.0% | $219.35 | $222.14 | $223.85 |
| 651 | Routine Home Care (days 61+) | $174.84 | 66.0% | 34.0% | $172.89 | $175.09 | $176.44 |
| 652 | Continuous Home Care - Hourly Rate | $67.04 | 75.2% | 24.8% | $66.19 | $67.15 | $67.74 |
| 652 | Continuous Home Care - 24 Hours | $1,609.02 | 75.2% | 24.8% | $1,588.57 | $1,611.56 | $1,625.72 |
| 655 | Inpatient Respite Care | $511.72 | 61.0% | 39.0% | $506.44 | $512.37 | $516.03 |
| 656 | General Inpatient Care | $1,153.08 | 63.5% | 36.5% | $1,140.70 | $1,154.61 | $1,163.18 |

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