



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

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**DATE:** October 3, 2022

**TO:** NH Medicaid Enrolled Hospice Providers

**FROM:** NH Medicaid Provider Relations

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

This memorandum contains the Medicaid hospice payment rates for Federal Fiscal Year (FFY) 2023 which are effective October 1, 2022 through September 30, 2023.

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 FY2023 for Providers who have submitted the required Quality Data.***

**\*\*The higher rate of the 1/1/2021 Increase or the 10/1/2022 CMS Calculation should be used\*\***

**Rockingham/Strafford County**

**Hillsborough County**

IN COMPLIANCE							
Revenue Codes	Description	Daily Rate	Wage Component Subject to Index	Index for Rockingham & Strafford County	Unweighted Amount	Rate based on 10/1/2022 CMS Calc.	10/1/2022 Reimbursed Rate based on 1/1/2021 increase
651	Routine Home Care (days 1 to 60)	\$211.61	\$139.67	0.9933	\$71.94	\$215.70	\$216.25
651	Routine Home Care (days 61+)	\$167.22	\$110.36	0.9933	\$56.86	\$166.48	\$170.92
652	Continuous Home Care - Hourly Rate	\$63.44	\$47.71	0.9933	\$15.73	\$63.12	\$64.72
652	Continuous Home Care - 24 Hours	\$1,522.63	\$1,145.02	0.9933	\$377.61	\$1,514.96	\$1,553.23
655	Inpatient Respite Care	\$518.00	\$315.98	0.9933	\$202.02	\$515.88	\$523.93
656	General Inpatient Care	\$1,110.76	\$705.33	0.9933	\$405.43	\$1,106.03	\$1,131.91

Revenue Codes	Description	Daily Rate	Wage Component Subject to Index	Index for Hillsboro County	Unweighted Amount	Rate based on 10/1/2022 CMS	Rate based on 1/1/2021 increase
651	Routine Home Care (days 1 to 60)	\$211.61	\$139.67	0.9533	\$71.94	\$205.09	\$201.45
651	Routine Home Care (days 61+)	\$167.22	\$110.36	0.9533	\$56.86	\$162.07	\$159.22
652	Continuous Home Care - Hourly Rate	\$63.44	\$47.71	0.9533	\$15.73	\$61.21	\$60.29
652	Continuous Home Care - 24 Hours	\$1,522.63	\$1,145.02	0.9533	\$377.61	\$1,469.16	\$1,446.90
655	Inpatient Respite Care	\$518.00	\$315.98	0.9533	\$202.02	\$503.24	\$495.56
656	General Inpatient Care	\$1,110.76	\$705.33	0.9533	\$405.43	\$1,077.82	\$1,059.63

**Rural Care**

Revenue Codes	Description	Daily Rate	Wage Component Subject to Index	Index for Rural Care	Unweighted Amount	Rate based on 10/1/2022 CMS	Rate based on 1/1/2021 increase
651	Routine Home Care (days 1 to 60)	\$211.61	\$139.67	1.0293	\$71.94	\$215.70	\$214.13
651	Routine Home Care (days 61+)	\$167.22	\$110.36	1.0293	\$56.86	\$170.45	\$169.24
652	Continuous Home Care - Hourly Rate	\$63.44	\$47.71	1.0293	\$15.73	\$64.84	\$64.08
652	Continuous Home Care - 24 Hours	\$1,522.63	\$1,145.02	1.0293	\$377.61	\$1,556.18	\$1,537.95
655	Inpatient Respite Care	\$518.00	\$315.98	1.0293	\$202.02	\$527.26	\$519.86
656	General Inpatient Care	\$1,110.76	\$705.33	1.0293	\$405.43	\$1,131.43	\$1,121.53

**Not In compliance with Quality Data**  
***Hospice Rates for FY2023 for Providers who have***  
***Not submitted the required Quality Data.***

**Rockingham/Strafford**

<b>Revenue Codes</b>	<b>Description</b>	<b>Daily Rate</b>	<b>Wage Component Subject to Index</b>	<b>Index for Rockingham &amp; Strafford County</b>	<b>Unweighted Amount</b>	<b>Rate based on 10/1/2022 CMS</b>	<b>10/1/2022 Reimbursed Rate based on 1/1/2021 increase</b>
651	Routine Home Care (days 1 to 60)	\$207.54	\$136.98	0.9933	\$70.56	\$206.62	\$208.11
651	Routine Home Care (days 61+)	\$163.99	\$108.24	0.9933	\$55.75	\$163.26	\$164.70
652	Continuous Home Care - Hourly Rate	\$62.22	\$46.79	0.9933	\$15.43	\$61.91	\$62.92
652	Continuous Home Care - 24 Hours	\$1,493.30	\$1,122.96	0.9933	\$370.34	\$1,485.78	\$1,485.17
655	Inpatient Respite Care	\$508.02	\$309.89	0.9933	\$198.13	\$505.94	\$504.72
656	General Inpatient Care	\$1,089.36	\$691.74	0.9933	\$397.62	\$1,084.73	\$1,086.64

**Hillsboro County**

<b>Revenue Codes</b>	<b>Description</b>	<b>Daily Rate</b>	<b>Wage Component Subject to Index</b>	<b>Index for Hillsboro County</b>	<b>Unweighted Amount</b>	<b>Rate based on 10/1/2022 CMS</b>	<b>10/1/2022 Reimbursed Rate based on 1/1/2021 increase</b>
651	Routine Home Care (days 1 to 60)	\$207.54	\$136.98	0.9533	\$70.56	\$201.14	\$207.99
651	Routine Home Care (days 61+)	\$163.99	\$108.24	0.9533	\$55.75	\$158.94	\$164.60
652	Continuous Home Care - Hourly Rate	\$62.22	\$46.79	0.9533	\$15.43	\$60.03	\$62.82
652	Continuous Home Care - 24 Hours	\$1,493.30	\$1,122.96	0.9533	\$370.34	\$1,440.86	\$1,485.06
655	Inpatient Respite Care	\$508.02	\$309.89	0.9533	\$198.13	\$493.55	\$504.60
656	General Inpatient Care	\$1,089.36	\$691.74	0.9533	\$397.62	\$1,057.06	\$1,086.53

**Rural County**

<b>Revenue Codes</b>	<b>Description</b>	<b>Daily Rate</b>	<b>Wage Component Subject to Index</b>	<b>Index for Rural Care</b>	<b>Unweighted Amount</b>	<b>Rate based on 10/1/2022 CMS</b>	<b>Rate based on 1/1/2021 increase</b>
<b>651</b>	Routine Home Care (days 1 to 60)	\$207.54	\$136.98	1.0293	\$70.56	\$211.55	\$208.09
<b>651</b>	Routine Home Care (days 61+)	\$163.99	\$108.24	1.0293	\$55.75	\$167.16	\$164.69
<b>652</b>	Continuous Home Care - Hourly Rate	\$62.22	\$46.79	1.0293	\$15.43	\$63.59	\$62.91
<b>652</b>	Continuous Home Care - 24 Hours	\$1,493.30	\$1,122.96	1.0293	\$370.34	\$1,526.20	\$1,485.16
<b>655</b>	Inpatient Respite Care	\$508.02	\$309.89	1.0293	\$198.13	\$517.10	\$504.70
<b>656</b>	General Inpatient Care	\$1,089.36	\$691.74	1.0293	\$397.62	\$1,109.63	\$1,086.62

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, call (603) 271-9393.

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.