

FY 2023 Medicaid Hospice Rates and State/County Rate Charts

To: NHPCO Provider and State Members

From: NHPCO Regulatory Team

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Summary at a Glance

The Centers for Medicare and Medicaid Services (CMS) has announced the [FY 2023 Medicaid Hospice Rates](#), effective October 1, 2022 in a memo to state Medicaid agencies.

Please note: Medicaid Rates are slightly different from Medicare Hospice Rates, although the same wage index values are applied. Pay special attention to using the right state/county charts for rate calculations.

State/County MEDICAID Rate Charts: NHPCO has prepared the [FY 2023 Final Medicaid State/County Rate Charts \(XLS\)](#) for every county in every state with all levels of care, based on the national Medicaid rates in Table 1 below.

Table 1: 2023 Medicaid Hospice Rates for Routine Home Care (including the service intensity add-on), Continuous Home Care, Inpatient Respite Care, and General Inpatient Care for Hospice Providers that Have Submitted the Required Quality Data

Description	Daily Rate	Wage Component Subject to Index	Non-Weighted Amount
Routine Home Care (Days 1-60)	\$211.61	\$139.67	\$71.94
Routine Home Care (Days 61+)	\$167.22	\$110.36	\$56.86
Service Intensity Add-On	\$63.44	\$47.71	\$15.73
Continuous Home Care	\$1,522.63 Full Rate = 24 hrs of care/\$63.44 hourly rate	\$1,145.02	\$377.61
Inpatient Respite Care	\$518.00	315.98	\$202.02
General Inpatient Care	\$1,110.76	\$705.33	\$405.43

NOTE: This space deliberately left so that the tables are not separated by pagination.

Table 2: 2023 Medicaid Hospice Rates for Routine Home Care including the service intensity add-on, Continuous Home Care, Inpatient Respite Care, and General Inpatient Care for Hospice Providers that Have Not Submitted the Required Quality Data (includes 2% reduction to market basket)

Description	Daily Rate	Wage Component Subject to Index	Non-Weighted Amount
Routine Home Care (Days 1-60)	\$207.54	\$136.98	\$70.56
Routine Home Care (Days 61+)	\$163.99	\$108.24	\$55.75
Service Intensity Add-On	\$62.22	\$46.79	\$15.43
Continuous Home Care	\$1,493.30 Full Rate = 24 hrs of care/ \$62.22 hourly rate	\$1,122.96	\$370.34
Inpatient Respite Care	\$508.02	\$309.89	\$198.13
General Inpatient Care	\$1,089.36	\$691.74	\$397.62

2% Reduction in Medicaid payments with lack of quality reporting: CMS Medicaid confirms that the 2% reduction in payments when the hospice does not meet hospice quality reporting requirements also applies to Medicaid payments. CMS states, “Note that the Medicaid minimum rates would be reduced by the amount of any penalty due to non-reporting.”

Hospice cap amount: The cap amount is optional in the Medicaid hospice benefit and states choosing to implement the cap must “specify its use in the Medicaid state plan.” The cap amount for the year ending September 30, 2023, is \$32,486.92. CMS states that “states calculate all payments made to hospices on behalf of all Medicaid hospice beneficiaries receiving services during the cap year, regardless of the year in which the beneficiary is counted in determining the cap.”

Physician services under the Medicaid hospice benefit: CMS confirmed the circumstances when [separate physician billing](#) would be allowed under the Medicaid hospice benefit. CMS states: “Payment should be made to the hospice for other physician services, such as direct patient care services that hospice employees provide to individual patients and services that the hospice arranges, unless the services were provided voluntarily. The state may opt to reimburse the hospice according to the usual Medicaid payment policy for physician services or according to the Medicare methodology for payment of hospice physician services. This payment is in addition to the daily rates. Total payments made to the hospice for these services, along with total payments made at the various hospice daily rates, determine whether the state has exceeded the optional hospice cap. Note that attending physicians bill for their professional services only. Costs for services such as lab or X-rays are not included on the attending physician’s bill.”

For questions about this Alert, please contact regulatory@nhpco.org. Answers to regulatory questions are a free benefit for NHPCO members.