



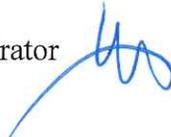
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**HEALTH & WELFARE**

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**MEDICAID INFORMATION RELEASE MA 15-08**

To: All Hospice Providers

From: Lisa Hettinger, Administrator 

Subject: Hospice Rates

A change in Medicaid Hospice rates for Routine Home Care is being made in accordance with Medicare's final rule published on August 6, 2015, (CMS-1629-F). This rule changes the payment methodology for revenue code 0651 (routine home care) and establishes a service intensity add-on (SIA) payment.

Routine Home Care Rates

Effective for hospice services with dates of service on and after January 1, 2016, Medicaid routine home care hospice claims will be paid one-of-two rates for each day the patient is in residence, under the care of the hospice, and not receiving continuous home care. The two-rate payment methodology will result in a higher based payment for days 1 through 60 of hospice care and a reduced rate for all days thereafter.

Day Count Calculations

In order to mitigate potential high rates of discharge and readmissions for hospice patients, a participant's number of days in hospice will be systematically counted. The calculation of days will follow each participant and will be based on the total number of days the patient has been receiving hospice care, separated by no more than a 60 day gap in hospice care, regardless of level of care, hospice provider, or whether those days were billable or not. When a participant is discharged and readmitted to hospice within 60 days of that discharge, his or her prior hospice days would continue to follow the patient and count toward his or her patient days for the new hospice election. When a patient transfers hospices and there is no gap in care, the transfer day (both hospices will be including the same date on their claim) will only be counted as one day. The day count calculations will include hospice days that occurred on or after October 1, 2015.

Service Intensity Add-on Payment

Effective for hospice services with dates of service on and after January 1, 2016, the SIA payment will be made for a visit by a registered nurse or social worker when provided in the last 7 days of life. Payment for the SIA is in addition to the routine home care rate and will be equal to the continuous home care incremental rate multiplied by the increments of nursing provided (up to 4 hours/ 16 increments total) per day for each day in the last 7 days of life. The SIA payment will also be adjusted by the appropriate wage index.

For more information, please see the provider handbook.

Effective for hospice services with dates of service on and after January 1, 2016, through September 30, 2016, Medicaid hospice rates are as follows:

County	Revenue Code					
	651		SIA	652	655	656
	<i>Days 1-60</i>	<i>Days 61-∞</i>	<i>Up To</i>	<i>All Days</i>		
Franklin	\$171.90	\$135.09	\$127.65	\$9.05	\$164.99	\$665.67
Kootenai	\$175.83	\$138.18	\$135.10	\$9.25	\$167.91	\$679.78
Nez Perce	\$179.75	\$141.26	\$142.73	\$9.46	\$170.82	\$693.84
Bannock and Power	\$182.86	\$143.71	\$148.93	\$9.62	\$173.13	\$704.99
Bonneville, Butte, and Jefferson	\$173.36	\$136.24	\$130.40	\$9.12	\$166.08	\$670.93
Ada, Boise, Canyon, Gem, and Owyhee	\$176.86	\$138.99	\$137.08	\$9.31	\$168.67	\$683.47
RURAL <i>(all others)</i>	\$161.37	\$126.82	\$108.70	\$8.49	\$157.18	\$627.92

The hospice cap will be \$27,820.75. Counties not specifically stated above fall into the “RURAL (*all others*)” category.

If you have any questions regarding these rates, please contact the Office of Reimbursement in the Division of Medicaid at (208) 287-1162.

Thank you for your continued participation in the Idaho Medicaid Program.

LH/ab