



Center for Medicaid, CHIP and Survey & Certification
Disabled and Elderly Health Programs Group (DEHPG)

DATE: August 25, 2011

TO: Associate Regional Administrators
Division of Medicaid

FROM: Barbara Coulter Edwards, Director

SUBJECT: Annual Change in Medicaid Hospice Payment Rates—ACTION

This memorandum contains the Medicaid hospice payment rates for Federal Fiscal Year 2012. Please inform your staff and all State agencies in your jurisdiction of these new payment rates, which are effective October 1, 2011.

The Medicaid hospice payment rates are calculated based on the annual hospice rates established under Medicare. These rates are authorized by section 1814(i)(1)(C)(ii) of the Social Security Act (the Act) which also provides for an annual increase in payment rates for hospice care services. Rates for hospice physician services are not increased under this provision.

The Medicaid hospice payment rates for care and services provided from October 1, 2011, through September 30, 2012, are as follows:

DESCRIPTION	DAILY RATE	WAGE COMPONENT SUBJECT TO INDEX	NON-WEIGHTED AMOUNT
Routine Home Care	\$151.23	\$103.91	\$47.32
Continuous Home Care	\$881.80 full rate=24hrs. of care/\$36.74 hourly rate	\$605.89	\$275.92
Inpatient Respite Care	\$164.44	\$89.01	\$75.43
General Inpatient Care	\$671.84	\$430.04	\$241.80

In addition, section 1814(i)(2)(B) of the Act provides for an annual increase in the hospice cap amounts. The hospice cap runs from November 1st of each year through October 31st of the following year. The hospice cap amount for Medicare for the cap year ending October 31, 2011, is \$24,527.69. This cap is optional for the Medicaid hospice program. States choosing to implement this cap must specify its use in the Medicaid State Plan.

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As a final note, please refer to the hospice wage index Final Rule (CMS-1355-F) which was published on August 4, 2011, in the Federal Register (76 FR 47302). You may find this index at <https://www.cms.gov/Hospice/RegsNotices/list.asp>. This new wage index, effective October 1, 2011, should be used by States to adjust the wage component of the daily hospice payment rates to reflect local geographical differences in the wage levels. The daily hospice rates specified above are base rates, which must be revised accordingly when the wage component is adjusted.

If you have any questions concerning this memorandum, please call Marguerite Schervish at (410) 786-7200. This memorandum may be found on CMS' website at <http://www.cms.hhs.gov/center/hospice.asp>.

/s/

Barbara Coulter Edwards
Director