Title 23: Division of Medicaid

Part 205: Hospice Services

Part 205 Chapter 1: Program Overview

Rule 1.8: Reimbursement

A. A hospice provider must obtain written certification/recertification of terminal illness before billing for hospice services.

B. The Division of Medicaid reimburses hospice providers at one (1) of the four (4) following predetermined rates for each day that the beneficiary is under the care of the hospice based on the level of care required to meet the beneficiary's and family's needs:

1. Routine Home Care (RHC):

    a) Is reimbursed for each day the beneficiary is under the care of the hospice provider and not receiving one of the other categories of hospice care. This rate is reimbursed without regard to the volume or intensity of routine home care services provided on any given day, and is also reimbursed when the beneficiary is receiving outpatient hospital care for a condition unrelated to the terminal condition.

    b) Beginning January 1, 2016 is reimbursed:

        1) At a higher payment rate for the first sixty (60) days of hospice care, and

        2) At a reduced payment rate for hospice care for sixty-one (61) days and over, and

    c) Includes a service intensity add-on (SIA) payment in addition to the per-diem RHC rate for the actual direct patient care hours provided by a registered nurse (RN) or social worker, up to four (4) hours total per day, during the last seven (7) days of a beneficiary's life when discharged due to death. The SIA payment is equal to the continuous home care hourly payment rate multiplied by the amount of direct care actually provided by an RN and/or social worker.

2. Continuous Home Care:

    a) Is reimbursed only during a period of crisis, defined as a period in which the beneficiary requires continuous care to achieve palliation and management of acute medical symptoms, and only as necessary to maintain the terminally ill beneficiary at home.

    b) Must be a minimum of eight (8) aggregate hours of predominantly nursing care during a twenty-four (24) hour day, which begins and ends at midnight, and:

        1) Nursing care must be provided for more than half of the period of care, and

2) Must be provided by a registered nurse.

c) Is reimbursed at the hourly rate up to twenty-four (24) hours per day.

d) Is not reimbursed during a hospital, long-term care facility, or inpatient free-standing hospice facility stay.

3. Inpatient Respite Care:

a) Is reimbursed on any day on which the beneficiary is an inpatient in an approved facility for inpatient respite care.

b) Is limited to a maximum of five (5) consecutive days at a time.

c) Is not reimbursed when the hospice beneficiary is a long-term care facility resident, assisted living (AL) waiver participant, or an inpatient of a free-standing hospice.

4. General Inpatient Care:

a) Is reimbursed at the general inpatient care rate for each day such care is consistent with the beneficiary's plan of care.

b) Is reimbursed on any day on which the beneficiary is an inpatient in an approved facility for general inpatient care.

c) Is reimbursed at the general inpatient care rate for the date of admission and all subsequent inpatient days, except the day on which the beneficiary is discharged.

C. The Division of Medicaid reimburses the hospice for respite and general inpatient days. The hospice must reimburse the facility that provides respite inpatient care.

D. Payment for physician services provided in conjunction with the hospice benefit is based on the type of service performed.

E. Payment for physicians' administrative and general supervisory activities is included in the hospice payment rates which include:

1. Participating in the establishment, review and updating of plans of care,

2. Supervising care and services, and

3. Establishing governing policies.

F. The Division of Medicaid reimburses the hospice provider for beneficiaries in a long-term care facility at ninety-five percent (95%) of the long-term care facility's Medicaid per-diem rate.

1. If the hospice provider fails to submit the required documentation to the UM/QIO within five (5) calendar days of the hospice election, the effective date will be the date when the completed documentation is received.

    a) The Division of Medicaid will not reimburse the hospice or nursing facility providers for days prior to the effective date of the election statement.

    b) The hospice and/or nursing facility cannot seek payment from the beneficiary.

2. The Division of Medicaid does not reimburse the hospice provider for long-term care bed-hold days.

G. The Division of Medicaid reimburses the hospice provider for routine home care services on the date of death.

1. Room and board is not reimbursed on the date of death.

2. The hospice provider is not reimbursed if the beneficiary is discharged for a reason other than death.

H. Hospice providers must report all diagnoses identified in the initial and comprehensive assessments on hospice claims, whether related or unrelated to the terminal prognosis of the individual.

I. The Division of Medicaid reimburses drugs not related to the beneficiary's terminal illness or related conditions to the dispensing pharmacy through the Medicaid Pharmacy Program.

J. The Division of Medicaid reimburses disease specific drugs as well as other drugs related to the palliation and management of the beneficiary's terminal illness and related conditions in the hospice per diem rates and are not reimbursed through the Medicaid Pharmacy Program.

Source: Miss. Code Ann. § 43-13-121.

History: Revised eff. 03/01/2025 to correspond with MS SPA 24-0004 (effective 1/1/2025); Revised eff. 01/01/2022; Revised eff. 04/01/2018.

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