Wisconsin Medicaid and BadgerCare Information for Providers

May 2006 • No. 2006-43

To:

Hospice Providers HMOs and Other Managed Care Programs

Hospice Reimbursement Rate Changes

Wisconsin Medicaid hospice service reimbursement rates will change effective for dates of service on and after October 1, 2005.

The Wisconsin Medicaid hospice reimbursement rates are based on hourly and per diem rates established by the federal government for all covered hospice services.

The Medicaid hospice rates for federal fiscal year 2006, effective October 1, 2005, are based on annual hospice rates established under Medicare. Although these rates provide an annual change in payment rates for hospice care services, hospice physician services are not changed under this provision. Beginning with federal fiscal year 2006, the Centers for Medicare and Medicaid Services changed its methodology for determining the wage index portion of the rate, therefore, some county groupings have changed. The Attachment of this Wisconsin Medicaid and BadgerCare *Update* gives the new Medicaid hospice rates that are effective for dates of service on and after October 1, 2005.

Wisconsin Medicaid will automatically adjust claims submitted and reimbursed at the old reimbursement rates for services provided on and after October 1, 2005. Adjustments will reflect the lesser of the maximum allowed amount or the amount billed. An announcement will be made on the banner page of the Remittance and Status Report when the adjustments are made.

Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at *dhfs.wisconsin.gov/medicaid/*.

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ATTACHMENT

Wisconsin Medicaid Hospice Reimbursement Rates

Effective for Dates of Service on and After October 1, 2005

	Revenue Code			
Recipient's County of Residence	0651 (Daily) Routine Home	0652 (Hourly) Continuous Home	0655 (Daily) Inpatient Respite	0656 (Daily) General Inpatient
Brown	\$128.13	\$31.13	\$139.01	\$568.81
Calumet	\$123.83	\$30.09	\$135.32	\$551.02
Chippewa	\$123.98	\$30.12	\$135.45	\$551.63
Columbia	\$131.03	\$31.84	\$141.49	\$580.81
Dane	\$135.16	\$32.84	\$145.03	\$597.92
Douglas	\$135.14	\$32.84	\$145.02	\$597.84
Eau Claire	\$123.98	\$30.12	\$135.45	\$551.63
Fond du Lac	\$129.14	\$31.38	\$139.87	\$572.99
Iowa	\$131.03	\$31.84	\$141.49	\$580.81
Kenosha	\$132.45	\$32.18	\$142.71	\$586.71
Kewaunee	\$127.72	\$31.03	\$138.66	\$567.12
La Crosse	\$125.37	\$30.46	\$136.64	\$557.40
Marathon	\$127.96	\$31.09	\$138.87	\$568.13
Milwaukee	\$132.63	\$32.23	\$142.86	\$587.43
Oconto	\$127.72	\$31.03	\$138.66	\$567.12
Outagamie	\$123.83	\$30.09	\$135.32	\$551.02
Ozaukee	\$132.63	\$32.23	\$142.86	\$587.43
Pierce	\$141.77	\$34.45	\$150.69	\$625.25
Racine	\$123.12	\$29.91	\$134.71	\$548.07
Rock	\$128.08	\$31.12	\$138.96	\$568.60
Sheboygan	\$122.22	\$29.70	\$133.94	\$544.36
St. Croix	\$141.77	\$34.45	\$150.69	\$625.25
Washington	\$132.63	\$32.23	\$142.86	\$587.43
Waukesha	\$132.63	\$32.23	\$142.86	\$587.43
Winnebago	\$123.68	\$30.05	\$135.20	\$550.41
Rural WI*	\$127.27	\$30.92	\$138.27	\$565.25
Rural IA	\$118.20	\$28.72	\$130.50	\$527.72
Rural IL	\$116.60	\$28.33	\$129.13	\$521.09
Rural MI	\$122.03	\$29.65	\$133.78	\$543.56
Rural MN	\$125.79	\$30.56	\$137.00	\$559.12

^{*}All counties in Wisconsin not otherwise listed.