



FORWARDHEALTH

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HOSPICE TERMS OF REIMBURSEMENT

The federal government establishes contracted hourly and per diem rates for all covered hospice services provided by certified hospice providers to Wisconsin Medicaid members eligible on the date of service. The Department of Health Services (DHS) is notified by the federal government of any and all rate changes for the Medicaid hospice benefit. These rates are based on federal fiscal years.

Providers are required to bill their usual and customary total charge for services provided. The usual and customary total charge is the total amount charged by the provider for the same service when provided to non-Medicaid patients. For providers using a sliding fee scale for specific services, the usual and customary total charge is the median of the individual provider's total charge for the services when provided to non-Medicaid patients.

For each covered service, the DHS shall pay the contracted hourly and per diem rates established by the federal government. Medicaid reimbursement, less appropriate copayments and payments by other insurers, will be considered to be payment in full.

The DHS will adjust payments made to providers to reflect the amounts of any allowable copayments that the providers are required to collect pursuant to ch. 49, Wis. Stats.

Payments for deductible and coinsurance payable on an assigned Medicare claim shall be made in accordance with s. 49.46(2)(c), Wis. Stats.

In accordance with federal regulations contained in 42 CFR 447.205, the DHS will provide public notice in advance of the effective date of any significant proposed change in its methods and standards for setting contracted hourly and per diem rates for services.

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