

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 Wisconsin Department of Health Services 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, as defined by Wis. Admin. Code § [DHS 101.03\(181\)](#). For providers who have not established usual and customary charges, the charge should be reasonably related to the provider's cost for providing the service.

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

The Department of Health Services will adjust payments made to providers to reflect the amounts of any allowable copays that the providers are required to collect pursuant to Wis. Stat. ch. 49.

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

In accordance with federal regulations contained in 42 C.F.R. § 447.205, the Department of Health Services 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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Wisconsin
Department of Health Services