

# interChange Provider Important Message

## Attention Hospice Providers: Fee Schedule Updates

Consistent with the Medicare Hospice Payment reforms, the Department of Social Services (DSS) has made changes to the hospice fee schedule to support the implementation of Service Intensity Add-On (SIA) payments and a two-tiered payment for Routine Home Care (RHC). Both changes are effective retroactive to January 1, 2016. The hospice fee schedule has been updated and can be accessed and downloaded by going to the Connecticut Medical Assistance Program Web site: [www.ctdssmap.com](http://www.ctdssmap.com). From the Home page, go to "Provider", "Provider Fee Schedule Download", click "I Accept", then scroll down and click on the "Hospice" CSV version.

The Default (DEF) rate for Revenue Center Code (RCC) 651 has been end-dated as of December 31, 2015 and replaced with a "High"/"Low" Metropolitan Statistical Area (MSA) rate for dates of service January 1, 2016 and forward. Claims with dates of services prior to January 1, 2016 will be reimbursed the default rate that is in effect until December 31, 2015. The new "High"/"Low" MSA rates will be effective for claims with dates of service on and after January 1, 2016.

RCCs 551 - "Skilled Nurs/Visit" and 561 - "Med Soc Servs/Visit" have been added as of January 1, 2016; these rates equal the Continuous Home Care (CHC) hourly rate, divided by four, based on the appropriate geographic region.

Please refer to Policy Transmittal 2016-03 for extended information regarding the above-mentioned changes. A banner page message will be published in the future notifying providers of an ID and reprocess for previously submitted claims impacted by these changes.