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KANSAS MEDICAL ASSISTANCE PROGRAM  
Fee-for-Service Provider Manual

# Hospice

**PART II  
HOSPICE FEE-FOR-SERVICE PROVIDER MANUAL**

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**FORMS** All forms pertaining to this provider manual can be found on the [public](#) website and on the [secure](#) website under Pricing and Limitations.

**DISCLAIMER:** This manual and all related materials are for the traditional Medicaid fee-for-service program only. For provider resources available through the KanCare managed care organizations, reference the [KanCare](#) website. Contact the specific health plan for managed care assistance.

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**PART II**  
**HOSPICE FEE-FOR-SERVICE PROVIDER MANUAL**

**Updated 02/18**

This is the provider specific section of the manual. This section (Part II) was designed to provide information and instructions specific to hospice providers. It is divided into three subsections: Billing Instructions, Benefits and Limitations, and Appendices.

The **Billing Instructions** subsection gives information on completing and submitting the billing form applicable to hospice services.

The **Benefits and Limitations** subsection defines specific aspects of the scope of hospice services allowed within the Kansas Medical Assistance Program (KMAP).

The **Appendix** subsection contains information concerning codes. The appendices were developed to make finding and using codes easier for the biller.

**Access to Records**

Kansas Regulation K.A.R. 30-5-59 requires providers to maintain and furnish records to KMAP upon request. The provider agrees to furnish records and original radiographs and other diagnostic images which may be requested during routine reviews of services rendered and payments claimed for KMAP consumers. If the required records are retained on machine readable media, a hard copy of the records must be made available.

The provider agrees to provide the same forms of access to records to the Medicaid Fraud and Abuse Division of the Kansas Attorney General's Office upon request from such office as required by K.S.A. 21-3853 and amendments thereto.

**Confidentiality & HIPAA Compliance**

Providers shall follow all applicable state and federal laws and regulations related to confidentiality as part of the Health Insurance Portability and Accountability Act (HIPAA) in accordance with section 45 of the code of regulations parts 160 and 164.

## **7000. HOSPICE BILLING INSTRUCTIONS Updated 12/15**

### **Introduction to the CMS 1500 Claim Form**

Hospice providers must use the CMS 1500 paper or equivalent electronic claim form when requesting payment for medical services and supplies provided under KMAP. Claims can be submitted on the KMAP secure website or billed through Provider Electronic Solutions (PES). When a paper form is required, it must be submitted on an original, red claim form and completed as indicated or it will be returned to the provider.

An example of the CMS 1500 and instructions are available on the KMAP [public](#) and [secure](#) websites on the [Forms](#) page under the Claims (Sample Forms and Instructions) heading.

Any of the following billing errors may cause a CMS 1500 paper claim to deny or be sent back to the provider:

- Sending a CMS 1500 claim form carbon copy.
- Sending a KanCare paper claim to KMAP.
- Using a PO Box in the Service Facility Location Information field.

### **Submission of claim**

Send completed first page of each claim and any necessary attachments to:

Office of the Fiscal Agent  
PO Box 3571  
Topeka, Kansas 66601-3571

## 7010. HOSPICE BILLING INFORMATION Updated 08/22

Providers must bill the rate for the service based on the KMAP Hospice Rates and instructions in **Appendices II** and **III** of the *Hospice Fee-for-Service Provider Manual*.

G0155, G0299 U2, T2042, T2042 U2, and T2043 must be billed based upon the county of the member. T2044 and T2045 must be billed based upon the county of the hospice.

### **Automated processing of nursing facility (NF) and intermediate care facility for individuals with intellectual disabilities (ICF/IDD) room and board charges for hospice members:**

Hospice providers are required to bill the room and board charges for hospice members residing in NFs, ICFs/IDD, or hospital swing beds. NFs include skilled nursing facilities, nursing facilities, and nursing facilities for mental health. ICF/IDD include privately owned and state institution ICF/IDD.

These claims may be submitted on paper, electronically, or through the Internet. Automated processing will allow these claims to process quickly and accurately by following the instructions below.

- **Paper claims:** Complete the claim as usual and document the NF, ICF/IDD, or hospital swing bed name in Field 17, the NPI in Field 17b, or the provider identification (ID) in Field 17a.
- **Electronic claims (such as 837P):** Complete the claim as usual. NF, ICF/IDD, or hospital swing bed providers must be included as the referring provider in loop 2310A, 2420A, or loop 2310C with qualifier 77 when submitting hospice claims.
- **Internet claims:** Complete the claim as usual. Document the NF, ICF/IDD, or hospital swing bed name and National Provider Identifier (NPI) in the 'Service Facility Provider' field.
- **Provider Electronic Solutions (PES):** Complete the claim as usual and document the NF, ICF/IDD, or hospital swing bed in the referring provider field under Header 2.

KMAP prefers the NPI is submitted for the referring physician/provider's identifier, but the provider ID will be accepted until notified otherwise. The referring provider must be enrolled with KMAP.

KMAP is the payor of last resort and is to be billed only after payment has been sought from primary insurance carriers (including Medicare). Examples are provided below.

- The member resides in a skilled NF and is covered by both Medicare and Medicaid. Election of hospice benefits from both carriers must occur concurrently.
- The member resides in a NF and has skilled NF insurance coverage. Payment must continue to be sought from the primary carrier. If additional payment is requested for room and board services following the primary carrier's payment, claims submitted must report the primary payment in the appropriate third-party liability (TPL) amount field.
- The member resides in a skilled NF and meets the criteria to receive Medicare's skilled nursing benefit for a condition unrelated to the diagnosis for which hospice care was elected. Billing to KMAP must occur only after payment has been sought from Medicare or after the exhaustion of benefits.

As the coordinator of all services, the hospice provider is responsible to ensure all payment sources have been accessed prior to billing KMAP. Failure to meet this standard and to report primary payments will result in the recoupment of monies.

## **BENEFITS AND LIMITATIONS**

### **8100. COPAYMENT Updated 11/03**

Hospice services are exempt from copayment requirements.

## **BENEFITS AND LIMITATIONS**

### **8300. BENEFIT PLAN Updated 07/13**

KMAP members will be assigned to one or more benefit plans. If there are questions about service coverage for a given benefit plan, refer to **Section 2000** of the *General Benefits Fee-for-Service Provider Manual* for information on the plastic State of Kansas Medical Card and eligibility verification.

#### **Hospice limitation**

An individual can elect to receive hospice care during one or more of the following election periods:

- An initial 90-day period
- A subsequent 90-day period
- Unlimited subsequent 60-day periods with appropriate physician recertification for continued hospice care

## **BENEFITS AND LIMITATIONS**

### **8400. MEDICAID Updated 07/13**

Hospice care provides an integrated program of appropriate hospital and home care for the terminally ill patient. It is a physician-directed, nurse-coordinated, interdisciplinary team approach to patient care which is available 24 hours a day, seven days a week. A hospice provides personal and supportive medical care for terminally ill individuals and supportive care to their families. Emphasis is on home care with inpatient beds serving as backup for the Home Care Program. Central to the hospice philosophy is self-determination by the patient in medical treatment and manner of death.

#### **Waiver of rights to Medicaid payment**

The member waives all rights to the KMAP payments for the duration of the election of hospice care for the following services:

- Any KMAP-covered services that are either:
  - Related to the treatment of the terminal condition for which hospice care was elected or a related condition
  - Equivalent to hospice care **except** for services:
    - Provided directly or under arrangement by the designated hospice
    - Provided by another hospice under arrangement by the designated hospice
    - Provided by the member's attending physician if that physician is not an employee of the designated hospice or receiving compensation from the hospice for those services
- Hospice care provided by a hospice other than the hospice designated by the member

### **ADVANCE DIRECTIVES**

Hospice providers participating in KMAP must comply with federal legislation (OBRA 1990, Sections 4206 and 4751) concerning advance directives.

#### **Specific requirements**

1. Each hospice must provide written information to every adult individual receiving medical care by or through the hospice. This information must contain:
  - The individual's right to make decisions concerning his or her own medical care
  - The individual's right to accept or refuse medical or surgical treatment
  - The individual's right to make advanced directives
  - The Kansas Department for Aging and Disability Services (KDADS) "Description of the Law of Kansas Concerning Advance Directives"  
*Note:* KDADS does not provide copies of the description to providers. It is up to providers to reproduce the description. Providers are free to supplement this description as long as they do not misstate Kansas law.
2. Additionally, each hospice must provide written information to every adult individual about the hospice's policy on implementing these rights.
3. A hospice must document in every individual's medical record whether the individual has executed an advanced directive.
4. A hospice may not place any conditions on health care or otherwise discriminate against an individual based upon whether that individual has executed an advance directive.
5. Each hospice must comply with State law about advance directives.
6. Each hospice must provide for educating staff and the community about advance directives. This may be accomplished by brochures, newsletters, articles in the local newspapers, local news reports, or commercials.



**ADVANCE DIRECTIVES continued**

**Incapacitated individuals**

An individual may be admitted to a facility in a comatose or otherwise incapacitated state and be unable to receive information or articulate whether he or she has executed an advance directive. If this is the case, families of, surrogates for, or other concerned persons of the incapacitated individual must be given the information about advance directives. If the incapacitated individual is restored to capacity, the hospice must provide the information about advance directives directly to him or her even though the family, surrogate or other concerned person received the information initially.

If an individual is incapacitated, otherwise unable to receive information or articulate whether he or she has executed an advance directive, the hospice must note this in the medical record.

**Mandatory compliance with the terms of the advanced directive**

When a patient, relative, surrogate, or other concerned/related person presents a copy of the individual's advance directive to the hospice, the hospice must comply with the terms of the advance directive to the extent allowed under state law. This includes recognizing powers of attorney.

**DESCRIPTION OF THE LAW OF KANSAS CONCERNING ADVANCE DIRECTIVES**

There are two types of "advance directives" in Kansas. One is commonly called a "living will" and the second is called a "durable power of attorney for health care decisions."

**The Kansas Natural Death Act, K.S.A. 65-28,101, et seq.**

This law provides that adult persons have the fundamental right to control decisions relating to their own medical care. This right to control medical care includes the right to withhold life-sustaining treatment in case of a terminal condition.

Any adult may make a declaration which would direct the withholding of life-sustaining treatment in case of a terminal condition. Some people call this declaration a "living will."

The declaration must be:

1. In writing
2. Signed by the adult making the declaration
3. Dated **and**
4. Signed in front of two adult witnesses or notarized

There are specific rules set out in the law about the signature in case of an adult who cannot write. There are specific rules about the adult witnesses. Relatives by blood or marriage, heirs, or people who are responsible for paying for the medical care may *not* serve as witnesses. A declaration has no effect during pregnancy. The declaration may be revoked in three ways:

1. By destroying the declaration
2. By signing and dating a written revocation and
3. By speaking an intent to revoke in front of an adult witness. The witness must sign and date a written statement that the declaration was revoked.

Before the declaration becomes effective, two physicians must examine the patient and diagnose that the patient has a terminal condition.

**8400. Updated 07/11**

**ADVANCE DIRECTIVES continued**

The desires of a patient shall at all times supersede the declaration. If a patient is incompetent, the declaration will be presumed to be valid.

The Kansas Natural Death Act imposes duties on physicians and provides penalties for violations of the laws about declarations.

**The Kansas Durable Power of Attorney for Health Care Decisions Law, K.S.A., 58-625 et seq.**

A "durable power of attorney for health care decisions" (Power), is a written document in which an adult gives another adult (called an "agent") the right to make health care decisions. The Power applies to health care decisions even when the adult is not in a terminal condition. The adult may give the agent the power to:

1. Consent or to refuse consent to medical treatment
2. Make decisions about donating organs, autopsies, and disposition of the body
3. Make arrangements for hospital, nursing home, or hospice care
4. Hire or fire physicians and other health care professionals or
5. Sign releases and receive any information about the adult

A Power may give the agent all five powers or may choose only some of the powers. The Power may not give the agent the power to revoke the adult's declaration under the Kansas Natural Death Act ("living will"). The Power only takes effect when the adult is disabled unless the adult specifies that the Power should take effect earlier.

The adult may not make a health care provider treating the adult the agent except in limited circumstances.

The Power may be made by two methods:

1. In writing
  - a. Signed by the adult making the declaration
  - b. Dated
  - c. Signed in front of two adult witnesses

**OR**

2. Written and notarized

Relatives by blood or marriage, heirs, or people who are responsible for paying for the medical care may not serve as witnesses.

The adult, at the time the Power is written, should specify how the Power may be revoked.

**The Patient Self-Determination Act, Section 1902(w) of the Social Security Act**

This federal law, codified at 42 U.S.C. Sec. 1396a(w), was effective December 1, 1991. It applies to all Medicaid and Medicare hospitals, nursing facilities, home health agencies, hospices, and prepaid health care organizations. It requires these organizations to take certain actions about a patient's right to decide about health care and to make advance directives.

This law also requires that each state develop a written description of the State law about advance directives. This description was written by the Health Care Policy Section of the Kansas Department of Social and Rehabilitation Services to comply with that requirement. If you have any questions about your rights to decide about health care and to make advance directives, please consult with your physician or attorney. *Third Edition: January 14, 2003*

## 8400. Updated 12/15

### DEFINITIONS

#### **Certification of terminal illness**

A statement signed by the physician certifying that the member has a medical prognosis with a life expectancy of six months or less if the illness runs its normal course.

#### **Election statement**

A revocable statement signed by a member or his/her legal representative which is filed with a particular hospice and consists of:

- Identification of the hospice selected to provide care to the member
- Acknowledgement that the member has been given a full explanation of hospice and the palliative rather than curative nature of hospice care
- Acknowledgement by the patient that KMAP payment for other services related to the terminal illness or related conditions are waived by the election of hospice care, with the exception of those Home and Community Based Services (HCBS) services that cannot be provided by the hospice provider

*Note:* Hospice providers are responsible for the coordination of all services and communication with the HCBS case manager. Evidence of coordination with other case managers should be reflected in the hospice plan of care.

- Effective date of the election period
- Signature of the member or his/her legal representative

Providers are required to enter hospice assignment or revocation information through the KMAP website. Each provider must keep a hard copy of the hospice assignment or revocation information on file. The hospice assignments must be entered within five calendar days of the date the member signed the election statement.

From the Main Menu of the KMAP website, providers select the Hospice Election option to access the Inquiry and Submit windows. The Inquiry option allows providers to view and update existing hospice election assignments; the Submit option allows a new hospice election assignment to be submitted.

#### **Election statement**

When submitting a new hospice election, providers use the Verify/Add/Change LTC Facility button on the Hospice Election Assignment window to enter the NPI information for members who reside in a nursing facility or hospital. Help windows are available from the toolbar for each hospice window. Contact Customer Service at 1-800-933-6593 for questions or help using the KMAP website.

As a reminder, there is a five-day grace period starting at the time of admission or election to hospice care during which the provider must submit a hospice election through the KMAP website. The website guides the user through the process of electronic submission.

If the entry date of the hospice election is beyond the five-day requirement, the provider must fax the election statement and a written request to the hospice coordinator at 1-800-913-2229. The election statement must include the following information:

## 8400. Updated 12/15

### DEFINITIONS continued

- KMAP provider name and number
- Facility or hospital name and address if billing for room and board charges
- Effective date of the election period
- Signature of the member or his/her legal representative
- Member Medicaid ID number
- Member date of birth

The written request must include information regarding why the election was not entered using the KMAP website. This information is reviewed by the Prior Authorization (PA) department, using criteria established by the state program manager. An override of the five-day requirement must meet strict guidelines set forth by the Kansas Department of Health and Environment, Division of Health Care Finance (KDHE-DHCF).

If the override request is approved, the election is backdated to the start date of care. If the request is not approved, it is not backdated and the new approval date will be the date the notice of election was received at the fiscal agent. Claims will be processed using this approved date as the start of the hospice election.

The date the notice of election statement (NOES) is submitted to and accepted by the Medicaid contractors is an allowable day for payment.

#### **Example:**

Admission date is 10/10/2014 (Fri).

Day 1 - Sat. 10/11/2014

Day 2 - Sun. 10/12/2014

Day 3 - Mon. 10/13/2014

Day 4 - Tues. 10/14/2014

Day 5 - Wed. 10/15/2014

10/15/2014 is the NOES due date.

If the NOES receipt date is 10/16/2014, the hospice reports 10/10 through 10/15 as noncovered days. These days shall be a provider liability and the provider shall not bill the member for them.

If the hospice provider fails to file a timely NOES, the provider may request an exception which, if approved, waives the consequences of failing to file a complete and timely NOES. The four circumstances that may qualify the hospice provider for an exception to the consequences of filing a late NOES are:

1. Fire, flood, earthquake, or other unusual event that inflicts extensive damage to the hospice's ability to operate
2. An event causing a data filing problem due to a KMAP systems issue beyond the control of the hospice
3. A newly Medicare-certified hospice that is notified of the certification after the Medicare certification date or is awaiting a KMAP identification number
4. Other circumstances determined by the State Program Manager to be beyond the hospice's control

## 8400. Updated 12/15

### DEFINITIONS continued

**When a member elects hospice services with a pending application for Medicaid coverage, Medicaid retro-eligibility may be granted for hospice care. The hospice provider must submit the NOES to the fiscal agent within 30 days of Medicaid eligibility. If the provider fails to submit the NOES in a timely manner, the hospice start of care date will NOT be back dated.**

#### **Hospice**

A public agency or private organization or a subdivision of either that is primarily engaged in providing care to terminally ill individuals and which meets the Medicare conditions of participation for hospices.

Hospice services are available to KMAP members who:

- Have been certified terminally ill by the medical director of the hospice or the physician member of the hospice interdisciplinary team
- Have been certified terminally ill by the member's attending physician
- Have filed an election statement with a hospice which meets Medicare conditions of participation for hospices

#### **Hospice care**

A comprehensive set of services described in 1861 (dd) of the Social Security Act, identified and coordinated by an interdisciplinary group (IDG) to provide for the physical, psychosocial, spiritual, and emotional needs of a terminally ill patient and /or family members, as delineated in a specific patient plan of care.

#### **Palliative care**

The provision of patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information, and choice.

*Note:* The hospice must ensure that each patient and the primary care giver (s) receive education and training provided by the hospice as appropriate to their responsibilities for the care and services identified in the plan of care.

### DURATION OF COVERAGE

- Hospice coverage must be certified by a physician and may be subdivided into three or more election periods. For the first period and any subsequent periods, the signed certification statement must be obtained no later than five calendar days after hospice care is initiated.
- Election to receive hospice care will be considered to continue through the initial election period and any subsequent election periods without a break in care, under the original signed election statement, as long as the member remains in the care of the hospice and does not revoke the election.
- A member may revoke hospice care at any time he or she chooses by filing a document with the hospice. This document must include a signed statement that the member revokes the election of Medicaid coverage of hospice care and the date the revocation is effective. The hospice may use

## 8400. Updated 09/23

### **DURATION OF COVERAGE continued**

the KMAP website to enter the end date of the hospice assignment or fax a copy of the signed revocation, decertification statement, or discharge summary to the hospice coordinator at 1-800-913-2229.

- This information must include:
  - Member Medicaid ID number
  - Hospice end date
  - Signature of the member or his/her legal representative and the certifying physician or representative of the hospice organization
- Upon revoking the election of Medicaid coverage of hospice care, the member resumes KMAP coverage of the benefits waived when hospice care was elected.
- A member may change the designation of a particular hospice from which he or she elects to receive hospice.

Hospice providers must submit documentation to KanCare Managed Care Organizations (MCOs) upon request of a face-to-face encounter with hospice recipients in accordance with Code of Federal Regulations 42 CFR 418.22.

Members with lengths of stay approaching the third episode of care and thereafter are subject to documentation review to support the continued need for hospice care. In the event of a post-pay review, claims for services that lack clinical justification for continuation of services are subject to recoupment.

### **FORMS**

#### **Forms which must be kept on file at the hospice:**

- CERTIFICATION STATEMENT - certifies the member is terminally ill.
- ELECTION STATEMENT - verifies the member has elected hospice care and the name of the hospice which will provide care.
- REVOCATION STATEMENT - shows the member has revoked hospice care and is entitled to regular KMAP benefits.
- CHANGE OF HOSPICE - shows the member has elected another hospice to provide care.
- NOTIFICATION OF DEATH - verifies the member's date of death.

#### **All forms must include the following information:**

- Member name
- Member date of birth
- Member Medicaid ID number
- Hospice provider's name and ID number
- Hospice start of care/effective date
- Member's or legal representative's signature
- Date of signature

## **8400. Updated 11/18**

### **HOSPICE LEVELS OF CARE DEFINED**

Hospice providers are paid a per diem rate based on the number of days and level of care provided during the election period.

#### **Routine home care**

A routine home care day is a day on which an individual who has elected to receive hospice care is at home and is not receiving continuous home care.

The payment methodology for Hospice Routine Home Care (HRHC) includes two rates that will result in a higher base payment for the first 60 days of hospice care and a reduced base payment rate for days thereafter. Days 1 through 60 will be paid at the HRHC “high” rate while days 61 and after will be paid at the HRHC “low” rate.

A hospice day billed at the HRHC level of care will be paid one of two rates based upon the following:

- The day is billed as a HRHC level of care day.
- If the day occurs during the first 60 days of an episode, the HRHC rate will be equal to the high rate.
- If the day occurs on day 61 or after, the HRHC rate will be equal to the low rate.
- For a hospice patient who is discharged and readmitted to hospice within 60 days of that discharge, the patient’s prior hospice days will continue to follow him or her and count toward his or her patient days for the receiving hospice in the determination of whether the receiving hospice can bill at the high or low HRHC rate upon hospice election.
- For a hospice patient who has been discharged from hospice care for more than 60 days, a new election to hospice will initiate a reset of the patient’s 60-day window, paid at the HRHC high rate upon the new hospice election.

Providers must bill procedure code T2042 for the first 60 days of hospice care and procedure code T2042 with modifier U2 for hospice care beginning on the 61st day.

#### **Continuous home care**

A continuous home care day is a day on which an individual who has elected to receive hospice care is not in an inpatient facility (hospital, SNF, or hospice inpatient unit) and receives hospice care consisting predominantly of nursing care on a continuous basis at home. Hospice aide or homemaker services or both may also be provided on a continuous basis. Continuous home care is only furnished during brief periods of crisis and only as necessary to maintain the terminally ill patient at home.

#### **Inpatient respite care**

An inpatient respite care day is a day on which the individual who has elected hospice care receives care in an approved facility on a short-term basis for respite.

#### **General inpatient care**

A general inpatient care day is a day on which an individual who has elected hospice care receives general inpatient care in an inpatient facility for pain control or acute or chronic symptom management which cannot be managed in other settings.

## 8400. Updated 11/18

### HOSPICE LEVELS OF CARE DEFINED **continued**

#### **SIA for end-of-life care**

Medicaid covers a Service Intensity Add-on (SIA) payment for end-of-life care. The SIA payment will be made for a visit by a registered nurse (RN) or social worker (SW) when provided during routine home care in the last seven days of life. The SIA payment is in addition to the routine home care rate. The following procedure codes are used: G0299 with modifier U2 (RN) and G0155 (SW). Both codes are designated for 15-minute intervals.

Providers can submit claims for SIA end of life care if the following criteria are met:

- The day is a HRHC level of care day.
- The day occurs during the last seven days of life (and the member is discharged deceased).
- Service is provided by an RN or SW that day for at least 15 minutes, up to 4 hours total, not to exceed 16 combined 15-minute increments per day.
- The service is not covered if provided by a social worker via telephone.

Hospices are expected to furnish these services to the extent specified by the plan of care for the individual.

### **COVERED SERVICES**

#### **The following services must be provided:**

##### **Core Services**

Except physician services, all core services must be provided directly by hospice employees on a routine basis. These services must be provided in a manner consistent with acceptable standards of practice. The following are hospice core services:

- **Physician services**
  - Basic payment rates for hospice are designed to reimburse the hospice for the costs of all covered services related to the treatment of the member's terminal illness, including the administrative and general supervisory activities performed by physicians who are employees of or working under arrangements made with the hospice. These functions are performed by the physician serving as the medical director and the physician member of the hospice interdisciplinary group. This includes participation in the establishment, periodic review, and updating of plans of care, supervision of care and services, and establishment of governing policies. The costs for these services performed by the physician are included in the reimbursement rates for the four levels of care.
  - Claims submitted by any physician providing direct patient care to a hospice-enrolled member will be reimbursed. Direct patient care services provided by a hospice physician are allowable charges that must be billed under the physician's provider number.
- **Nursing services**
  - Nursing services (routinely available and/or on call on a 24-hour basis, 7 days a week) provided by or under the supervision of an RN functioning within a plan of care developed by the hospice IDG in consultation with the patient's attending physician, if the patient has one.



## 8400. Updated 12/15

### COVERED SERVICES continued

- To be covered as nursing services, the services must require the skills of an RN, licensed practical nurse (LPN), or licensed vocational nurse (LVN) under the supervision of an RN and must be reasonable and necessary for the palliation and management of the patient's terminal illness and related conditions.
- **Medical social services**  
Medical social services must be provided by a qualified social worker under the direction of a physician. Medical social services must be provided by a person who meets the criteria given in the Conditions of Participation at 42CFR418.114(b)(3).

Covered services of these professionals may include but are not limited to:

- Assessment of the social and emotional factors related to the patient's illness, need for care, response to treatment and adjustment to care
- Assessment of the relationship of the patient's medical and nursing requirements to the patient's home situation, financial resources, and availability of community resources
- Appropriate action to obtain available community resources to assist in resolving the patient's problem
- Counseling services that are required by the patient
- Medical social services furnished to the patient's family member or caregiver on a short-term basis when the hospice can demonstrate that a brief intervention (that is, two or three visits) by a medical social worker is necessary to remove a clear and direct impediment to the effective palliation and management of the patient's terminal illness and related conditions **Note:** To be considered "clear and direct," the behavior or actions of the family member or caregiver must plainly obstruct, contravene, or prevent the patient's medical treatment. Medical social services to address general problems that do not clearly and directly impede treatment as well as long-term social services furnished to family members, such as ongoing alcohol counseling, are not covered.
- **Counseling services**
  - Counseling services (including but not limited to bereavement, dietary, and spiritual counseling) with respect to care of the terminally ill individual and adjustment to death. The hospice must make bereavement services available to the family and other individuals identified in the bereavement plan of care up to one year following the death of the patient.
  - Counseling services are provided to the terminally ill individual and the family members or other persons caring for the individual at home. Counseling, including dietary counseling, may be provided both for the purpose of training the individual's family or other caregiver to provide care and for the purpose of helping the individual and those caring for the individual to adjust to the individual's approaching death. Bereavement counseling is available to the patient and his or her immediate family to provide emotional, psychosocial, and spiritual support and services before and after the death of the patient and to assist with issues related to grief, loss, and adjustment for up to one year after the patient's death.

## 8400. Updated 12/15

### COVERED SERVICES continued

#### Noncore services

In addition to the hospice core services (physician services, nursing services, medical social services, and counseling), the following services must be provided by the hospice, either directly or under arrangements, to meet the needs of the patient and family:

- **Physical and occupational therapy and speech language pathology services**  
Physical therapy, occupational therapy, and speech-language pathology services may be provided for purposes of symptom control or to enable the individual to maintain activities of daily living and basic functional skills.
- **Hospice aide services**
  - A hospice aide employed by a hospice, either directly or under contract, must meet the qualifications required by §1891(a)(3) of the Act and implemented at 42CFR418.76.
  - Duties of the hospice aide include personal care, ambulation and exercise, household services essential to health care at home, assistance with medications that are ordinarily self-administered, reports of changes in the patient's condition and needs, and appropriate record completion. Aides may also perform household services to maintain a safe and sanitary environment in areas of the home used by the patient, such as changing the bed linens, cleaning, and laundering, which are essential to the comfort and cleanliness of the patient.
  - A hospice aide is assigned to a specific patient by an RN who is a member of the interdisciplinary group.
  - An RN must visit the home site at least every two weeks when aide services are being provided. This visit must include a written assessment of the aide service.
  - Written patient care instructions for a hospice aide must be prepared by the RN who is responsible for the supervision of a hospice aide.
- **Homemaker services**  
Services to maintain a safe and sanitary environment in areas of the home used by the patient, such as changing the bed linens, cleaning, and laundering, which are essential to the comfort and cleanliness of the patient.
- **Volunteers**
- **Medical supplies** (including drugs and biologicals on a 24-hour basis) and the use of medical appliances related to the terminal illness and related conditions.
  - All drugs related to the terminal illness of the patient are covered by the hospice program and are included in the daily rate. All drugs not related to the terminal illness or related conditions for members receiving hospice care require PA.
  - A signed statement from the hospice provider will be needed for all drug PA requests for members assigned to that hospice provider. The statement must include rationale for noncoverage of the drug(s) by the hospice provider.

## 8400. Updated 12/15

### COVERED SERVICES continued

- The signed statement from the hospice provider can be faxed or mailed directly to the PA department or sent to the pharmacy.

#### **KMAP Prior Authorization Call Center Hours of operation:**

Monday - Friday, 8:00 a.m. to 5:00 p.m. CST

Phone: 1-800-285-4978 Fax: 1-800-913-2229 or 785-274-5956 (local)

Office of the Fiscal Agent, P.O. Box 3571, Topeka, KS 66601-3571

- **Short-term inpatient care** (including respite care and interventions necessary for pain control and acute and chronic symptom management) in a Medicare/Medicaid participating facility
- **Home and Community Based Services (HCBS)**
  - Members receiving hospice services may also be eligible to receive services through the HCBS program. However, HCBS cannot duplicate services being rendered by the hospice provider.
  - To ensure services are not duplicated and the hospice member is receiving the quality of care that he or she is entitled to, KMAP may ask for written care plans from hospice and HCBS providers. Hospice is the coordinator of all care services that the hospice member receives. When a member is admitted to hospice services while receiving targeted case management (TCM) services, providers do not need to obtain PA for TCM services. Care coordination provided through the hospice benefit and TCM are separate and distinct services and are not duplicative. Evidence of coordination with other case managers should be reflected in the hospice plan of care.

### HOSPICE COVERAGE IN NURSING FACILITIES

- KMAP will reimburse room and board services for eligible members who reside in NFs that participate in KMAP. Providers will be reimbursed at 95% of the per diem rate that Medicaid would have paid to the NF for the individual in the facility as state plan benefit. Reimbursement will be provided when a member elects hospice benefits and the hospice and facility have a written agreement under which the hospice is responsible for the professional management of the member's hospice care and the facility agrees to provide room and board. The room and board component of hospice coverage is a KMAP-covered service. Payment is made to the hospice for room and board, in addition to routine home care and continuous home care, for those who have elected hospice coverage. No payment will be made to the NF.
- The NF/ICF or ICF/IID must not bill KMAP during the hospice-election time frame. Entering NF/ICF or ICF/IID dates of service (DOS) which overlap with hospice dates on any portion of a claim will result in the entire claim being denied.
- For UB-04 claims, the entire claim will be denied based on the header DOS. However, the edit will post on each detail regardless of whether the detail DOS is within the hospice assignment. Services provided during the dates of a member's hospice assignment must be billed separately from services provided outside the hospice assignment period.
- **Routine nursing facility supplies are content of the per diem room and board reimbursement.** For items considered to be routine for hospice patients, refer to **Section 8400** of the *Nursing/Intermediate Care Facility Fee-for-Service Provider Manual*.

## **8400. Updated 08/18**

### **INPATIENT CARE**

- **Hospice must notify the KMAP PA department of any hospital admission.** Care must be available for pain control, symptom management, and respite purposes. It may be provided in a participating hospice inpatient unit, hospital, or nursing facility the hospice has contracted with that meets the special hospice standards regarding staffing and patient areas. Services provided in an inpatient setting must conform to the written plan of care. General inpatient care may be required for procedures necessary for pain control or acute or chronic symptom management which cannot be provided in other settings.
- The provider must seek PA for inpatient hospital admissions that are for conditions unrelated to the hospice diagnosis. Once the member has elected hospice services, the expectation is that hospice will coordinate all services and will provide education to the member, family, and caregivers regarding unforeseen changes in the member's health condition.
- The hospice must assume responsibility for professional management of the resident's hospice services, in accordance with the hospice plan of care and make any arrangements necessary for hospice-related inpatient care.

### **HOSPICE COVERAGE IN SWING BED FACILITIES**

- When a member has elected hospice and the member is in a swing bed, the hospice is to bill procedure code T2046 and the payment will be reimbursed at 95% of the hospital's swing bed rate.
- To further define the service, providers can indicate "Member in swing bed facility" in Field 19 for paper claims or in the narrative box for electronic claims.

### **INPATIENT RESPITE CARE**

- This type of care is provided only when necessary to relieve family members or other persons caring for the individual at home. It may not be reimbursed for more than five consecutive days at a time and may be provided only on an occasional basis. A hospice patient may enter a NF which has contracted with the hospice for the purposes of receiving respite care.
- Certification that the member is terminally ill must be completed and filed with the hospice providing care. Hospice services must be reasonable and necessary for the palliation or management of the terminal illness and related conditions. A plan of care must be established before services are provided. To be covered, services must be designated in the plan of care.
- In establishing the initial plan of care, the member of the basic interdisciplinary group who assesses the patient's needs must meet or call at least one other group member before writing the initial plan of care. At least one of the persons involved in developing the initial plan of care must be a nurse or physician.
- Other insurance is primary and must be billed first.

### **LEAVE DAYS**

- Edits have been added to the claims processing system to facilitate accurate billing and to monitor the limitations for hospital leave days.
- Reservation of a bed is allowed for up to ten days per confinement when an NF, nursing facility/mental health (NF/MH), or ICF/IID member leaves the facility and is admitted to an acute care facility when conditions under the reserve day regulations are met. KMAP reimburses hospice providers 67% of the room and board rate. Hospital leave days are billed using T2046 U4.

## 8400. Updated 12/15

### LEAVE DAYS continued

**Note: To ensure accurate payment, the hospice provider must bill hospital leave days consecutively, to begin with the date of admission to an acute care facility.**

- Hospice providers may receive payment for nonhospital-related reserve days for hospice members, not to exceed 18 days per calendar year. KMAP reimburses hospice providers 67% of the room and board rate. Nonhospital leave days are billed using T2046 U4.

### PROVIDER REQUIREMENTS

- The hospice must comply with the KMAP provider agreement and meet all other hospice regulatory guidelines for participation.
- All services provided by the hospice must be performed by appropriately qualified personnel. However, it is the nature of the service, rather than the qualifications of the person who provides it, that determines the coverage category of the service. Hospice services must be reasonable and necessary for the palliation or management of the terminal illness, as well as related conditions, in order to be allowed.

### REIMBURSEMENT CRITERIA

KMAP reimbursement for hospice care will be made at one of four predetermined rates for each day in which a member is under the care of the hospice. Physician services in excess of hospice physician services will be billed and reimbursed in accordance with the benefits and limitations of KMAP. There will be one attending physician designated for each hospice member.

#### **Routine home care**

The hospice is reimbursed at the routine home care rate for each day the patient is at home, under the care of the hospice, and not receiving continuous home care. Routine home care is paid without regard to the volume or intensity of services provided on any given day.

#### **Continuous home care**

- The hospice is reimbursed at a continuous home care rate when continuous home care is provided. The continuous home care rate is divided by 24 in order to arrive at an hourly rate. A minimum of eight hours per day must be provided. For every hour or part of an hour of continuous care furnished, the hourly rate will be reimbursed to the hospice up to 24 hours a day.
- Continuous home care is covered when it is provided to maintain an individual at home during a medical crisis. A period of crisis is a time when a patient requires continuous care (primarily professional nursing care) to achieve palliation or the management of acute medical symptoms.
- Nursing care must be provided by an RN or LPN. The RN or LPN must be providing care for more than half of the period of care.
- A minimum of eight hours of care must be provided during a 24-hour day which begins and ends at midnight. The care need not be continuous (such as, four hours can be provided in the morning and another four hours can be provided in the evening of that day). Homemaker and home health aide services can also be provided to supplement the nursing care.

## 8400. Updated 12/15

### REIMBURSEMENT CRITERIA continued

#### **Inpatient respite care**

The hospice is reimbursed at the inpatient respite care rate for each day the member is in an inpatient facility, as previously defined, and is receiving respite care. Payment for respite care may be made for a maximum of five days at a time (including the date of admission but excluding the date of discharge) at the respite care rate.

#### **General inpatient care**

Payment at the inpatient rate is made when general inpatient care is provided. None of the other fixed payment rates are applicable for a day on which the patient receives hospice inpatient care, except for the day of discharge from an inpatient unit when the appropriate home care rate is to be paid. When the patient is discharged deceased, the inpatient rate (general or respite) is to be paid for the discharge date.

#### **Reimbursement of hospice room and board on date of death**

KMAP will reimburse room and board (T2046) on the date of death for a hospice member residing in an NF, ICF/IID, and hospital swing bed. Regular payment rules continue on the date of death with the additional payment being made to the hospice for room and board which is then paid out to the NF, ICF/IID, or hospital swing bed.

### HOSPICE LIMITATION AUDITS

- Limitation audits are in place to ensure accurate payment of hospice services. Kansas Medicaid will not allow reimbursement to exceed one unit per day for the following per diem hospice level of care codes: T2042, T2044, T2045, and T2046.
- Reimbursement of hospice level of care code combinations that are billable on the same date of service will be allowed.
- Reimbursement for level of care code T2043 is billable when a minimum of eight hours of continuous care is provided in a 24-hour period. Reimbursement will not exceed 24 hours of care per day.
- SIA services for end of life care are limited to a combined total of up to 16 units per day of codes G0155 and G0299 US, not to exceed a total of 112 units during the last seven days of hospice care and the patient is discharged deceased.

### SERVICES NOT RELATED TO THE TERMINAL ILLNESS

Services for illnesses or conditions not related to the terminal illness of the member and which are usually covered are considered separately. They may be reimbursed with PA (refer to **Section 4300** of the *General Special Requirements Fee-for-Service Provider Manual*) if the service is determined to be unrelated to the terminal illness of the patient.

### TRANSPORTATION SERVICES FOR HOSPICE MEMBERS

Transportation to hospice-related services is the responsibility of the hospice provider. Medical services unrelated to hospice treatment or diagnosis may be covered if medical criteria are met.

## **8400. Updated 1/22**

### **HOSPICE CARE FOR CHILDREN IN MEDICAID**

Members receiving services reimbursed by Medicaid and Children's Health Insurance Program (CHIP) can continue medically necessary curative services, even after the election of the hospice benefit by or on behalf of children receiving services. Section 2302 of the Affordable Care Act, entitled "Concurrent Care for Children," allows curative treatment upon the election of the hospice benefit by or on behalf of children enrolled in Medicaid or CHIP.

The Affordable Care Act does not change the criteria for receiving hospice services. Prior to the enactment of the new law, curative treatment of the terminal illness ended upon election of the hospice benefit. This new provision requires states to make hospice services available to children eligible for Medicaid and Medicaid-expansion CHIP programs without terminating any other service which the child is entitled to under Medicaid for treatment of the terminal condition.

#### **Limitations**

Concurrent hospice care for children will be covered for the duration needed. An individual may elect to receive hospice care during one or more of the following election periods:

- An initial 90-day period
- A subsequent 90-day period
- Unlimited subsequent 60-day periods with appropriate physician recertification for continued hospice care

#### **Medical services and concurrent care for children receiving hospice services**

Children receiving hospice services can continue to receive other reasonable and necessary medical services, including curative treatment for the terminal hospice condition.

- PA is required.
- Hospice providers will be responsible for coordinating all services related to the hospice diagnosis and assisting nonhospice providers to obtain authorization for services not related to the hospice diagnosis.
- Hospice providers will be responsible for all durable medical equipment, supplies, and services related to the hospice diagnosis.
- Nonhospice providers must first communicate and coordinate with hospice providers regarding needed services or procedures prior to rendering concurrent care for children.
- Nonhospice providers must bill hospice first to receive a payment or denial for the service provided.
- If payment is denied by hospice, nonhospice providers must submit a paper claim, documentation of medical necessity and the hospice denial form to the PA department for review.
- If PA cannot be obtained prior to rendering services to children, providers may be allowed a backdated approval for services upon submission of a paper claim for the service with documentation attached to support medical necessity and hospice denial of the service.

Hospice patients (0 through 20 years of age) can receive the services identified below as long as the services are not duplicative of services provided by the hospice facility.

- Case management services when provided and billed by an APRN enrolled in KMAP
- Technology Assisted (TA) waiver program attendant care services

**8400. Updated 1/22**

**HOSPICE CARE FOR CHILDREN IN MEDICAID continued**

*Note:* Hospice providers will continue to be responsible for all durable medical equipment and supplies.

**HOSPICE ATTENDING PHYSICIAN SERVICES FOR RHCS AND FQHCS**

Rural Health Centers (RHCs) and/or Federally Qualified Health Centers (FQHCs) can bill and receive payment under the RHC/ FQHC Prospective Payment System (PPS) when a designated attending physician employed by or working under contract with the RHC or FQHC furnishes hospice attending physician services.

To receive payment under the RHC and FQHC PPS, the RHC or FQHC must report the GV modifier (attending physician not employed or paid under the arrangement by the patient's hospice provider) when a physician, nurse practitioner (NP), or physician assistant (PA) employed by or working under contract with an RHC or FQHC furnishes hospice attending physician services to a member that has elected hospice.

- The RHC/FQHC must report the GV modifier on the claim line with the payment code each day a hospice attending physician service is furnished.
- If the RHC/FQHC providing hospice attending physician services submits a claim without the GV modifier, the claims will be denied.
- If the RHC/FQHC providing hospice attending physician services submits a claim with modifier GV for a non-hospice member, the claim will be denied.

Approved CPT Codes:

99212	99213	99214	99215	99307	99308	99309	99310
99347	99348	99349	99350				



## APPENDIX I

### CODES

Updated 11/23

The following codes represent a list of services billable to KMAP by a hospice provider.

G0155	G0299 U2	T2042	T2042 U2	T2043	T2044
T2045	T2046	T2046 U4	90657*	90658**	

\*Age 6-36 months

\*\*Age 3 years and above

Please use the following resources to determine current coverage and pricing information. For accuracy, use your provider type and specialty as well as the member ID number or benefit plan.

- Information is available on the [public](#) website.
- Information is available on the [secure](#) website under Pricing and Limitations.

#### SUBMISSION OF HOSPICE QUALITY REPORTING DATA

- Section 3004 of The Affordable Care Act requires each hospice to collect data on quality measures specified by the Secretary of the Department of Health and Human Services (HHS) and to submit the data timely to the Center for Medicare & Medicaid Services (CMS).
- For fiscal year 2014 and each subsequent year, failure of hospices to submit required quality data will result in a 2 percentage point reduction to the market basket percentage increase for that fiscal year. The tables on the following pages represent payment rates for providers that were compliant and noncompliant with the submission of quality data.
- Section 3004 of The Affordable Care Act requires each hospice to collect data on quality measures specified by the Secretary of the Department of Health and Human Services (HHS) and to submit the data timely to the Center for Medicare and Medicaid Services (CMS).
- Section 3004 of the Affordable Care Act amended the Act to authorize a Medicare quality reporting program for hospices. Section 1814(i)(5)(A)(i) of the Act was amended by the Consolidated Appropriations Act of 2021 (CAA) to increase the market basket reduction from 2 to 4 percentage points, beginning with Fiscal Year (FY) 2024 and each subsequent FY, for any hospice provider that does not comply with the quality data submission requirements with respect to that FY.
- The tables on the following pages represent payment rates for providers that were compliant and non-compliant with the submission of quality data.

Appendix II

**Kansas Medicaid Hospice Rates - Compliant with Quality Reporting**  
**Effective October 1, 2023 through September 30, 2024**  
**T2044 and T2045 must be billed based upon the county of the hospice provider.**  
**T2043, G0299 U2 and G0155 must be billed based upon the county of the member.**

County Num	County Abv	Wage Component	County Name	T2042	T2042 U2	G0299 U2	G0155	T2043	T2044	T2045
001	AL	0.8000	Allen	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
002	AN	0.8000	Anderson	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
003	AT	0.8000	Atchison	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
004	BA	0.8000	Barber	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
005	BT	0.8000	Barton	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
006	BB	0.8000	Bourbon	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
007	BR	0.8000	Brown	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
008	BU	0.8234	Butler	\$193.13	\$152.46	\$14.14	\$14.14	\$56.58	\$476.86	\$1,016.87
009	CS	0.8000	Chase	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
010	CQ	0.8000	Chautauqua	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
011	CK	0.8000	Cherokee	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
012	CN	0.8000	Cheyenne	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
013	CA	0.8000	Clark	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
014	CY	0.8000	Clay	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
015	CD	0.8000	Cloud	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
016	CF	0.8000	Coffey	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
017	CM	0.8000	Comanche	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
018	CL	0.8000	Cowley	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
019	CR	0.8000	Crawford	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
020	DC	0.8000	Decatur	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
021	DK	0.8000	Dickinson	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
022	DP	0.8621	Doniphan	\$198.71	\$156.86	\$14.62	\$14.62	\$58.48	\$489.47	\$1,045.02
023	DG	0.8907	Douglas	\$202.84	\$160.12	\$14.97	\$14.97	\$59.89	\$498.80	\$1,065.82
024	ED	0.8000	Edwards	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
025	EK	0.8000	Elk	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
026	EL	0.8000	Ellis	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
027	EW	0.8000	Ellsworth	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
028	FI	0.8000	Finney	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
029	FO	0.8000	Ford	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
030	FR	0.8000	Franklin	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
031	GE	0.8464	Geary	\$196.45	\$155.07	\$14.43	\$14.43	\$57.71	\$484.36	\$1,033.60
032	GO	0.8000	Gove	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
033	GH	0.8000	Graham	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
034	GT	0.8000	Grant	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
035	GY	0.8000	Gray	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
036	GL	0.8000	Greeley	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
037	GW	0.8000	Greenwood	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
038	HM	0.8000	Hamilton	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
039	HP	0.8000	Harper	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
040	HV	0.8234	Harvey	\$193.13	\$152.46	\$14.14	\$14.14	\$56.58	\$476.86	\$1,016.87
041	HS	0.8000	Haskell	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
042	HG	0.8000	Hodgeman	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
043	JA	0.8228	Jackson	\$193.04	\$152.39	\$14.14	\$14.14	\$56.55	\$476.66	\$1,016.44
044	JF	0.8228	Jefferson	\$193.04	\$152.39	\$14.14	\$14.14	\$56.55	\$476.66	\$1,016.44
045	JW	0.8000	Jewell	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
046	JO	0.9139	Johnson	\$206.19	\$162.76	\$15.25	\$15.25	\$61.03	\$506.36	\$1,082.69
047	KE	0.8000	Kearny	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
048	KM	0.8000	Kingman	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
049	KW	0.8000	Kiowa	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
050	LB	0.8000	Labette	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
051	LE	0.8000	Lane	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
052	LV	0.9139	Leavenworth	\$206.19	\$162.76	\$15.25	\$15.25	\$61.03	\$506.36	\$1,082.69
053	LC	0.8000	Lincoln	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86

Appendix II

**Kansas Medicaid Hospice Rates - Compliant with Quality Reporting  
Effective October 1, 2023 through September 30, 2024**

County Num	County Abv	Wage Component	County Name	T2042	T2042 U2	G0299 U2	G0155	T2043	T2044	T2045
054	LN	0.9139	Linn	\$206.19	\$162.76	\$15.25	\$15.25	\$61.03	\$506.36	\$1,082.69
055	LG	0.8000	Logan	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
056	LY	0.8000	Lyon	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
057	MN	0.8000	Marion	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
058	MS	0.8000	Marshall	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
059	MP	0.8000	McPherson	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
060	ME	0.8000	Meade	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
061	MI	0.9139	Miami	\$206.19	\$162.76	\$15.25	\$15.25	\$61.03	\$506.36	\$1,082.69
062	MC	0.8000	Mitchell	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
063	MG	0.8000	Montgomery	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
064	MR	0.8000	Morris	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
065	MT	0.8000	Morton	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
066	NM	0.8000	Nemaha	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
067	NO	0.8000	Neosho	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
068	NS	0.8000	Ness	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
069	NT	0.8000	Norton	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
070	OS	0.8228	Osage	\$193.04	\$152.39	\$14.14	\$14.14	\$56.55	\$476.66	\$1,016.44
071	OB	0.8000	Osborne	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
072	OT	0.8000	Ottawa	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
073	PN	0.8000	Pawnee	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
074	PL	0.8000	Phillips	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
075	PT	0.8464	Pottawatomie	\$196.45	\$155.07	\$14.43	\$14.43	\$57.71	\$484.36	\$1,033.60
076	PR	0.8000	Pratt	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
077	RA	0.8000	Rawlins	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
078	RN	0.8000	Reno	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
079	RP	0.8000	Republic	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
080	RC	0.8000	Rice	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
081	RL	0.8464	Riley	\$196.45	\$155.07	\$14.43	\$14.43	\$57.71	\$484.36	\$1,033.60
082	RO	0.8000	Rooks	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
083	RH	0.8000	Rush	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
084	RS	0.8000	Russell	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
085	SA	0.8000	Saline	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
086	SC	0.8000	Scott	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
087	SG	0.8234	Sedgwick	\$193.13	\$152.46	\$14.14	\$14.14	\$56.58	\$476.86	\$1,016.87
088	SW	0.8000	Seward	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
089	SN	0.8228	Shawnee	\$193.04	\$152.39	\$14.14	\$14.14	\$56.55	\$476.66	\$1,016.44
090	SD	0.8000	Sheridan	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
091	SH	0.8000	Sherman	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
092	SM	0.8000	Smith	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
093	SF	0.8000	Stafford	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
094	ST	0.8000	Stanton	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
095	SV	0.8000	Stevens	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
096	SU	0.8234	Sumner	\$193.13	\$152.46	\$14.14	\$14.14	\$56.58	\$476.86	\$1,016.87
097	TH	0.8000	Thomas	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
098	TR	0.8000	Trego	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
099	WB	0.8228	Wabaunsee	\$193.04	\$152.39	\$14.14	\$14.14	\$56.55	\$476.66	\$1,016.44
100	WA	0.8000	Wallace	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
101	WS	0.8000	Washington	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
102	WH	0.8000	Wichita	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
103	WL	0.8000	Wilson	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
104	WO	0.8000	Woodson	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
105	WY	0.9139	Wyandotte	\$206.19	\$162.76	\$15.25	\$15.25	\$61.03	\$506.36	\$1,082.69

Appendix II

**Kansas Medicaid Hospice Rates - Compliant with Quality Reporting  
Effective October 1, 2023 through September 30, 2024**

	Wage Component	T2042	T2042 U2	G0299 U2	G0155	T2043	T2044	T2045
Rural Kansas	<b>0.8000</b>	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
Jackson, Jefferson, Osage, Shawnee, Wabaunsee	<b>0.8228</b>	\$193.04	\$152.39	\$14.14	\$14.14	\$56.55	\$476.66	\$1,016.44
Butler, Harvey, Sedgwick, Sumner	<b>0.8234</b>	\$193.13	\$152.46	\$14.14	\$14.14	\$56.58	\$476.86	\$1,016.87
Douglas	<b>0.8907</b>	\$202.84	\$160.12	\$14.97	\$14.97	\$59.89	\$498.80	\$1,065.82
Johnson, Leavenworth, Linn, Miami, Wyandotte	<b>0.9139</b>	\$206.19	\$162.76	\$15.25	\$15.25	\$61.03	\$506.36	\$1,082.69
Doniphan	<b>0.8621</b>	\$198.71	\$156.86	\$14.62	\$14.62	\$58.48	\$489.47	\$1,045.02
Geary	<b>0.8464</b>	\$196.45	\$155.07	\$14.43	\$14.43	\$57.71	\$484.36	\$1,033.60
Kingman	<b>0.8000</b>	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
Pottawatomie, Riley	<b>0.8464</b>	\$196.45	\$155.07	\$14.43	\$14.43	\$57.71	\$484.36	\$1,033.60

Out of State								
Kansas City, MO	<b>0.9139</b>	\$206.19	\$162.76	\$15.25	\$15.25	\$61.03	\$506.36	\$1,082.69
Bates, Caldwell, Cass, Clay, Clinton, Jackson, Laffayette, Platte, Ray, counties in Missouri	<b>0.9139</b>	\$206.19	\$162.76	\$15.25	\$15.25	\$61.03	\$506.36	\$1,082.69
Joplin	<b>0.8000</b>	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
Jasper and Newton counties in Missouri	<b>0.8000</b>	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
St. Joseph, MO-KS	<b>0.8621</b>	\$198.71	\$156.86	\$14.62	\$14.62	\$58.48	\$489.47	\$1,045.02
Andrew, Buchanan, Doniphan, DeKalb counties in Missouri	<b>0.8621</b>	\$198.71	\$156.86	\$14.62	\$14.62	\$58.48	\$489.47	\$1,045.02
Rural Missouri	<b>0.8000</b>	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
<b>All other border counties in Missouri</b>	<b>0.8000</b>	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
Tulsa Area(not city)	<b>0.823</b>	\$193.07	\$152.41	\$14.14	\$14.14	\$56.56	\$476.73	\$1,016.58
Creek, Osage, Rogers, Tulsa, Wagoner, Okmulgee, Pawnee counties in Oklahoma	<b>0.823</b>	\$193.07	\$152.41	\$14.14	\$14.14	\$56.56	\$476.73	\$1,016.58
Rural Oklahoma	<b>0.8000</b>	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
<b>All other border counties in Oklahoma</b>	<b>0.8000</b>	\$189.75	\$149.79	\$13.86	\$13.86	\$55.44	\$469.23	\$999.86
Rural Nebraska	<b>0.8575</b>	\$198.05	\$156.34	\$14.56	\$14.56	\$58.26	\$487.98	\$1,041.67
<b>All border counties in Nebraska</b>	<b>0.9559</b>	\$212.25	\$167.55	\$15.77	\$15.77	\$63.09	\$520.05	\$1,113.24
Rural Colorado	<b>1.0474</b>	\$225.45	\$177.97	\$16.89	\$16.89	\$67.58	\$549.88	\$1,179.78
<b>All border counties in Colorado</b>	<b>0.9881</b>	\$216.89	\$171.21	\$16.16	\$16.16	\$64.67	\$530.55	\$1,136.66
		<b>T2042</b>	<b>T2042 U2</b>	<b>G0299 U2</b>	<b>G0155</b>	<b>T2043</b>	<b>T2044</b>	<b>T2045</b>
Wage Component Subject to Index		<b>\$144.28</b>	<b>\$113.90</b>	<b>\$12.27</b>	<b>\$12.27</b>	<b>\$1,177.69</b>	<b>\$326.00</b>	<b>\$727.27</b>
Non-Weighted Amount		<b>\$74.33</b>	<b>\$58.67</b>	<b>\$4.04</b>	<b>\$4.04</b>	<b>\$388.38</b>	<b>\$208.43</b>	<b>\$418.04</b>
FY 2024 Payment Update		<b>\$218.61</b>	<b>\$172.57</b>	<b>\$65.25 per hour or \$16.31 per 15 mins</b>	<b>\$65.25 per hour or \$16.31 per 15 mins</b>	<b>\$1566.07 per 24 hours or \$65.25 per hour</b>	<b>\$534.43</b>	<b>\$1,145.31</b>

## Appendix III

## Kansas Medicaid Hospice Rates - Non-Compliant with Quality Reporting

Effective October 1, 2023 through September 30, 2024

T2044 and T2045 must be billed based upon the county of the hospice provider.

T2043, G0299 U2 and G0155 must be billed based upon the county of the member.

County Num	County Abv	Wage Component	County Name	T2042	T2042 U2	G0299 U2	G0155	T2043	T2044	T2045
001	AL	0.8000	Allen	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
002	AN	0.8000	Anderson	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
003	AT	0.8000	Atchison	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
004	BA	0.8000	Barber	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
005	BT	0.8000	Barton	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
006	BB	0.8000	Bourbon	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
007	BR	0.8000	Brown	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
008	BU	0.8234	Butler	\$185.64	\$146.54	\$13.60	\$13.60	\$54.39	\$458.35	\$977.42
009	CS	0.8000	Chase	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
010	CQ	0.8000	Chautauqua	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
011	CK	0.8000	Cherokee	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
012	CN	0.8000	Cheyenne	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
013	CA	0.8000	Clark	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
014	CY	0.8000	Clay	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
015	CD	0.8000	Cloud	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
016	CF	0.8000	Coffey	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
017	CM	0.8000	Comanche	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
018	CL	0.8000	Cowley	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
019	CR	0.8000	Crawford	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
020	DC	0.8000	Decatur	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
021	DK	0.8000	Dickinson	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
022	DP	0.8621	Doniphan	\$191.00	\$150.77	\$14.05	\$14.05	\$56.22	\$470.48	\$1,004.47
023	DG	0.8907	Douglas	\$194.97	\$153.90	\$14.39	\$14.39	\$57.56	\$479.44	\$1,024.46
024	ED	0.8000	Edwards	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
025	EK	0.8000	Elk	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
026	EL	0.8000	Ellis	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
027	EW	0.8000	Ellsworth	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
028	FI	0.8000	Finney	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
029	FO	0.8000	Ford	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
030	FR	0.8000	Franklin	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
031	GE	0.8464	Geary	\$188.83	\$149.05	\$13.87	\$13.87	\$55.48	\$465.56	\$993.50
032	GO	0.8000	Gove	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
033	GH	0.8000	Graham	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
034	GT	0.8000	Grant	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
035	GY	0.8000	Gray	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
036	GL	0.8000	Greeley	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
037	GW	0.8000	Greenwood	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
038	HM	0.8000	Hamilton	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
039	HP	0.8000	Harper	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
040	HV	0.8234	Harvey	\$185.64	\$146.54	\$13.60	\$13.60	\$54.39	\$458.35	\$977.42
041	HS	0.8000	Haskell	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
042	HG	0.8000	Hodgeman	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
043	JA	0.8228	Jackson	\$185.55	\$146.47	\$13.59	\$13.59	\$54.36	\$458.16	\$977.00
044	JF	0.8228	Jefferson	\$185.55	\$146.47	\$13.59	\$13.59	\$54.36	\$458.16	\$977.00
045	JW	0.8000	Jewell	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
046	JO	0.9139	Johnson	\$198.19	\$156.44	\$14.66	\$14.66	\$58.66	\$486.71	\$1,040.68
047	KE	0.8000	Kearny	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
048	KM	0.8000	Kingman	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
049	KW	0.8000	Kiowa	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
050	LB	0.8000	Labette	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06

Appendix III  
**Kansas Medicaid Hospice Rates - Non-Compliant with Quality Reporting**  
**Effective October 1, 2023 through September 30, 2024**

County Num	County Abv	Wage Component	County Name	T2042	T2042 U2	G0299 U2	G0155	T2043	T2044	T2045
051	LE	0.8000	Lane	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
052	LV	0.9139	Leavenworth	\$198.19	\$156.44	\$14.66	\$14.66	\$58.66	\$486.71	\$1,040.68
053	LC	0.8000	Lincoln	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
054	LN	0.9139	Linn	\$198.19	\$156.44	\$14.66	\$14.66	\$58.66	\$486.71	\$1,040.68
055	LG	0.8000	Logan	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
056	LY	0.8000	Lyon	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
057	MN	0.8000	Marion	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
058	MS	0.8000	Marshall	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
059	MP	0.8000	McPherson	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
060	ME	0.8000	Meade	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
061	MI	0.9139	Miami	\$198.19	\$156.44	\$14.66	\$14.66	\$58.66	\$486.71	\$1,040.68
062	MC	0.8000	Mitchell	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
063	MG	0.8000	Montgomery	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
064	MR	0.8000	Morris	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
065	MT	0.8000	Morton	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
066	NM	0.8000	Nemaha	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
067	NO	0.8000	Neosho	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
068	NS	0.8000	Ness	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
069	NT	0.8000	Norton	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
070	OS	0.8228	Osage	\$185.55	\$146.47	\$13.59	\$13.59	\$54.36	\$458.16	\$977.00
071	OB	0.8000	Osborne	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
072	OT	0.8000	Ottawa	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
073	PN	0.8000	Pawnee	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
074	PL	0.8000	Phillips	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
075	PT	0.8464	Pottawatomie	\$188.83	\$149.05	\$13.87	\$13.87	\$55.48	\$465.56	\$993.50
076	PR	0.8000	Pratt	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
077	RA	0.8000	Rawlins	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
078	RN	0.8000	Reno	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
079	RP	0.8000	Republic	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
080	RC	0.8000	Rice	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
081	RL	0.8464	Riley	\$188.83	\$149.05	\$13.87	\$13.87	\$55.48	\$465.56	\$993.50
082	RO	0.8000	Rooks	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
083	RH	0.8000	Rush	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
084	RS	0.8000	Russell	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
085	SA	0.8000	Saline	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
086	SC	0.8000	Scott	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
087	SG	0.8234	Sedgwick	\$185.64	\$146.54	\$13.60	\$13.60	\$54.39	\$458.35	\$977.42
088	SW	0.8000	Seward	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
089	SN	0.8228	Shawnee	\$185.55	\$146.47	\$13.59	\$13.59	\$54.36	\$458.16	\$977.00
090	SD	0.8000	Sheridan	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
091	SH	0.8000	Sherman	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
092	SM	0.8000	Smith	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
093	SF	0.8000	Stafford	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
094	ST	0.8000	Stanton	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
095	SV	0.8000	Stevens	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
096	SU	0.8234	Sumner	\$185.64	\$146.54	\$13.60	\$13.60	\$54.39	\$458.35	\$977.42
097	TH	0.8000	Thomas	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
098	TR	0.8000	Trego	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
099	WB	0.8228	Wabaunsee	\$185.55	\$146.47	\$13.59	\$13.59	\$54.36	\$458.16	\$977.00
100	WA	0.8000	Wallace	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
101	WS	0.8000	Washington	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
102	WH	0.8000	Wichita	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
103	WL	0.8000	Wilson	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
104	WO	0.8000	Woodson	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
105	WY	0.9139	Wyandotte	\$198.19	\$156.44	\$14.66	\$14.66	\$58.66	\$486.71	\$1,040.68

Appendix III

**Kansas Medicaid Hospice Rates - Non-Compliant with Quality Reporting  
Effective October 1, 2023 through September 30, 2024**

	Wage Component	T2042	T2042 U2	G0299 U2	G0155	T2043	T2044	T2045
Rural Kansas	<b>0.8000</b>	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
Jackson, Jefferson, Osage, Shawnee, Wabaunsee	<b>0.8228</b>	\$185.55	\$146.47	\$13.59	\$13.59	\$54.36	\$458.16	\$977.00
Butler, Harvey, Sedgwick, Sumner	<b>0.8234</b>	\$185.64	\$146.54	\$13.60	\$13.60	\$54.39	\$458.35	\$977.42
Douglas	<b>0.8907</b>	\$194.97	\$153.90	\$14.39	\$14.39	\$57.56	\$479.44	\$1,024.46
Johnson, Leavenworth, Linn, Miami, Wyandotte	<b>0.9139</b>	\$198.19	\$156.44	\$14.66	\$14.66	\$58.66	\$486.71	\$1,040.68
Doniphan	<b>0.8621</b>	\$191.00	\$150.77	\$14.05	\$14.05	\$56.22	\$470.48	\$1,004.47
Geary	<b>0.8464</b>	\$188.83	\$149.05	\$13.87	\$13.87	\$55.48	\$465.56	\$993.50
Kingman	<b>0.8000</b>	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
Pottawatomie, Riley	<b>0.8464</b>	\$188.83	\$149.05	\$13.87	\$13.87	\$55.48	\$465.56	\$993.50
<b>Out of State</b>								
Kansas City, MO	<b>0.9139</b>	\$198.19	\$156.44	\$14.66	\$14.66	\$58.66	\$486.71	\$1,040.68
Bates, Caldwell, Cass, Clay, Clinton, Jackson, Laffayette, Platte, Ray, counties in Missouri	<b>0.9139</b>	\$198.19	\$156.44	\$14.66	\$14.66	\$58.66	\$486.71	\$1,040.68
Joplin	<b>0.8000</b>	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
Jasper and Newton counties in Missouri	<b>0.8000</b>	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
St. Joseph, MO-KS	<b>0.8621</b>	\$191.00	\$150.77	\$14.05	\$14.05	\$56.22	\$470.48	\$1,004.47
Andrew, Buchanan, Doniphan, DeKalb counties in Missouri	<b>0.8621</b>	\$191.00	\$150.77	\$14.05	\$14.05	\$56.22	\$470.48	\$1,004.47
Rural Missouri	<b>0.8000</b>	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
<b>All other border counties in Missouri</b>	<b>0.8000</b>	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
Tulsa Area(not city)	<b>0.823</b>	\$185.58	\$146.49	\$13.59	\$13.59	\$54.37	\$458.23	\$977.14
Creek, Osage, Rogers, Tulsa, Wagoner, Okmulgee, Pawnee counties in Oklahoma	<b>0.823</b>	\$185.58	\$146.49	\$13.59	\$13.59	\$54.37	\$458.23	\$977.14
Rural Oklahoma	<b>0.8000</b>	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
<b>All other border counties in Oklahoma</b>	<b>0.8000</b>	\$182.39	\$143.97	\$13.32	\$13.32	\$53.29	\$451.02	\$961.06
Rural Nebraska	<b>0.8575</b>	\$190.37	\$150.27	\$14.00	\$14.00	\$56.00	\$469.04	\$1,001.26
<b>All border counties in Nebraska</b>	<b>0.9559</b>	\$204.01	\$161.04	\$15.16	\$15.16	\$60.64	\$499.87	\$1,070.04
Rural Colorado	<b>1.0474</b>	\$216.70	\$171.06	\$16.24	\$16.24	\$64.96	\$528.54	\$1,134.00
<b>All border counties in Colorado</b>	<b>0.9881</b>	\$208.48	\$164.57	\$15.54	\$15.54	\$62.16	\$509.96	\$1,092.55
		<b>T2042</b>	<b>T2042 U2</b>	<b>G0299 U2</b>	<b>G0155</b>	<b>T2043</b>	<b>T2044</b>	<b>T2045</b>
Wage Component Subject to Index		<b>\$138.69</b>	<b>\$109.48</b>	<b>\$11.79</b>	<b>\$11.79</b>	<b>\$47.17</b>	<b>\$313.35</b>	<b>\$699.05</b>
Non-Weighted Amount		<b>\$71.44</b>	<b>\$56.39</b>	<b>\$3.89</b>	<b>\$3.89</b>	<b>\$15.55</b>	<b>\$200.34</b>	<b>\$401.82</b>
FY 2024 Payment Update		<b>\$210.13</b>	<b>\$165.87</b>	<b>\$62.72 per hour or \$15.68 per 15 mins</b>	<b>\$62.72 per hour or \$15.68 per 15 mins</b>	<b>\$1,505.31 per 24 hrs or \$62.72 per hour</b>	<b>\$513.69</b>	<b>\$1,100.87</b>