



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 One Ashburton Place, Room 1109
 Boston, Massachusetts 02108

CHARLES D. BAKER
 Governor

KARYN E. POLITO
 Lieutenant Governor

MARYLOU SUDDERS
 Secretary

Tel.: (617) 573-1600
 Fax: (617) 573-1891
www.mass.gov/eohhs

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101 CMR 343.00: Hospice Rates

Effective January 1, 2016

Update to the Hospice Rates

Pursuant to 101 CMR 343.00, the Executive Office of Health and Human Services (EOHHS) has updated the hospice per diem and per hour rates for MassHealth hospice providers to coincide with the Medicaid hospice rates established by the Centers for Medicare & Medicaid Services (CMS). In accordance with 101 CMR 343.01(1) and 343.04(3), this Administrative Bulletin announces the MassHealth hospice rates effective October 1, 2015, and the MassHealth hospice rates for certain hospice services effective January 1, 2016, and in accordance with CMS established rates for hospice services.

As described below, the updated hospice rates effective January 1, 2016, split the routine home care (RHC) rate into two rates, with one rate for RHC services provided during the first 60 days of hospice care and a lower rate for RHC services provided after the first 60 days of hospice care. Also effective January 1, 2016, there is a new add-on rate for service intensity for RHC services provided to a member in the last seven days of the member’s life.

Additionally, the rates effective January 1, 2016, include a lower rate schedule for providers that are not in compliance with federal quality reporting standards. As background, in 2014, CMS instituted a two-rate system for the Medicaid national components for compliance and noncompliance with federal quality reporting standards. Hospice providers that fail to submit required quality data in a given year will incur a 2 percentage point reduction to the market basket percentage increase. Beginning January 1, 2016, EOHHS will begin paying noncompliant providers at the noncompliance rate.

The updated hospice per diem and per hour rates by county are as follows:

Hospice Rates Effective October 1, 2015

<u>Counties: Barnstable</u>	<u>Unit</u>	<u>Rate</u>
Routine Home Care	Per Diem	\$196.90
Continuous Home Care	Per Hour	\$47.83
Inpatient Respite Care	Per Diem	\$206.07
General Inpatient Care	Per Diem	\$864.11

<u>Counties: Berkshire</u>	<u>Unit</u>	<u>Rate</u>
Routine Home Care	Per Diem	\$171.09
Continuous Home Care	Per Hour	\$41.57
Inpatient Respite Care	Per Diem	\$183.96
General Inpatient Care	Per Diem	\$757.31

<u>Counties: Bristol</u>	<u>Unit</u>	<u>Rate</u>
Routine Home Care	Per Diem	\$169.16
Continuous Home Care	Per Hour	\$41.10
Inpatient Respite Care	Per Diem	\$182.31
General Inpatient Care	Per Diem	\$749.33

<u>Counties: Essex</u>	<u>Unit</u>	<u>Rate</u>
Routine Home Care	Per Diem	\$172.84
Continuous Home Care	Per Hour	\$41.99
Inpatient Respite Care	Per Diem	\$185.46
General Inpatient Care	Per Diem	\$764.54

<u>Counties: Hampden</u>	<u>Unit</u>	<u>Rate</u>
Routine Home Care	Per Diem	\$164.87
Continuous Home Care	Per Hour	\$40.05
Inpatient Respite Care	Per Diem	\$178.63
General Inpatient Care	Per Diem	\$731.56

<u>Counties: Hampshire</u>	<u>Unit</u>	<u>Rate</u>
Routine Home Care	Per Diem	\$164.87
Continuous Home Care	Per Hour	\$40.05
Inpatient Respite Care	Per Diem	\$178.63
General Inpatient Care	Per Diem	\$731.56

<u>Counties: Middlesex</u>	<u>Unit</u>	<u>Rate</u>
Routine Home Care	Per Diem	\$175.96
Continuous Home Care	Per Hour	\$42.75
Inpatient Respite Care	Per Diem	\$188.13
General Inpatient Care	Per Diem	\$777.47

<u>Counties: Norfolk</u>	<u>Unit</u>	<u>Rate</u>
Routine Home Care	Per Diem	\$191.94
Continuous Home Care	Per Hour	\$46.63
Inpatient Respite Care	Per Diem	\$201.82
General Inpatient Care	Per Diem	\$843.60

<u>Counties: Plymouth</u>	<u>Unit</u>	<u>Rate</u>
Routine Home Care	Per Diem	\$191.94
Continuous Home Care	Per Hour	\$46.63
Inpatient Respite Care	Per Diem	\$201.82
General Inpatient Care	Per Diem	\$843.60

<u>Counties: Suffolk</u>	<u>Unit</u>	<u>Rate</u>
Routine Home Care	Per Diem	\$191.94
Continuous Home Care	Per Hour	\$46.63
Inpatient Respite Care	Per Diem	\$201.82
General Inpatient Care	Per Diem	\$843.60

<u>Counties: Worcester</u>	<u>Unit</u>	<u>Rate</u>
Routine Home Care	Per Diem	\$178.91
Continuous Home Care	Per Hour	\$43.46
Inpatient Respite Care	Per Diem	\$190.66
General Inpatient Care	Per Diem	\$789.67

<u>Counties: Dukes</u>	<u>Unit</u>	<u>Rate</u>
Routine Home Care	Per Diem	\$192.58
Continuous Home Care	Per Hour	\$46.79
Inpatient Respite Care	Per Diem	\$202.37
General Inpatient Care	Per Diem	\$846.25

<u>Counties: Franklin</u>	<u>Unit</u>	<u>Rate</u>
Routine Home Care	Per Diem	\$172.26
Continuous Home Care	Per Hour	\$41.85
Inpatient Respite Care	Per Diem	\$184.96
General Inpatient Care	Per Diem	\$762.15

<u>Counties: Nantucket</u>	<u>Unit</u>	<u>Rate</u>
Routine Home Care	Per Diem	\$192.58
Continuous Home Care	Per Hour	\$46.79
Inpatient Respite Care	Per Diem	\$202.37
General Inpatient Care	Per Diem	\$846.25

Hospice Rates Effective January 1, 2016

The following definitions apply to the below hospice rates effective for dates of service on or after January 1, 2016.

Compliant Rate. Hospice service rates for eligible providers who are in compliance with federal quality reporting requirements established in accordance with the Social Security Act, sections 1814(i)(5)(A)(i).

Routine Home Care (days from 1 to 60). Payment for each day (1– 60 days) when the member has elected to receive hospice in his or her private residence and is not receiving continuous home care. This rate is paid without regard to the volume or intensity of routine home care services provided on any day. A 60-day gap in hospice services is required to reset the counter that determines if a patient is qualified for the 1–60 payment category.

Routine Home Care (days greater than 60). Payment for each day (61+ days) when the member has elected to receive hospice in their private residence and is not receiving continuous home care. This rate is paid without regard to the volume or intensity of routine home care services provided on any day.

Non-Compliant Rate. Hospice service rates for eligible providers that are not in compliance with the federal quality reporting requirements established in accordance with the Social Security Act, sections 1814(i)(5)(A)(i).

Service Intensity Add-on (SIA). The SIA rate is an addition to the routine home care (RHC) rate when all of the following criteria are met: 1) the day is a RHC level of care day; 2) the RHC day occurs during the last seven days of the member’s life, and the patient is discharged expired; 3) direct patient care is furnished by a registered nurse (RN) or social worker that RHC day. The SIA rate will equal the continuous home care hourly payment rate, for a minimum of 15 minutes and up to 4 hours per day. The time of a social worker’s phone calls is not eligible for a SIA rate payment.

Counties: Barnstable

<u>Procedure (Service) Codes*</u>	<u>Service Description</u>	<u>Unit</u>	<u>Compliant Rate</u>	<u>Non-Compliant Rate</u>
T2042	Routine Home Care (days 1-60)	Per Diem	\$227.24	\$222.78
T2042 UD	Routine Home Care (days 61+)	Per Diem	\$178.58	\$175.07
G0299 (RN services) G0155 (Social Worker services)	Service Intensity Add-on	Per Hour/ Max 4 Hours	\$47.83	\$46.90
T2043	Continuous Home Care	Per Hour	\$47.83	\$46.89
T2044	Inpatient Respite Care	Per Diem	\$206.07	\$202.01
T2045	General Inpatient Care	Per Diem	\$864.11	\$847.09

Counties: Berkshire

<u>Procedure (Service) Codes*</u>	<u>Service Description</u>	<u>Unit</u>	<u>Compliant Rate</u>	<u>Non-Compliant Rate</u>
T2042	Routine Home Care (days 1-60)	Per Diem	\$197.45	\$193.58
T2042 UD	Routine Home Care (days 61+)	Per Diem	\$155.17	\$152.12
G0299 (RN services) G0155 (Social Worker services)	Service Intensity Add-on	Per Hour/ Max 4 Hours	\$41.56	\$40.75
T2043	Continuous Home Care	Per Hour	\$41.57	\$40.75
T2044	Inpatient Respite Care	Per Diem	\$183.96	\$180.34
T2045	General Inpatient Care	Per Diem	\$757.31	\$742.40

Counties: Bristol

<u>Procedure (Service) Codes*</u>	<u>Service Description</u>	<u>Unit</u>	<u>Compliant Rate</u>	<u>Non-Compliant Rate</u>
T2042	Routine Home Care (days 1-60)	Per Diem	\$195.23	\$191.40
T2042 UD	Routine Home Care (days 61+)	Per Diem	\$153.42	\$150.41
G0299 (RN services) G0155 (Social Worker services)	Service Intensity Add-on	Per Hour/ Max 4 Hours	\$41.10	\$40.29
T2043	Continuous Home Care	Per Hour	\$41.10	\$40.29
T2044	Inpatient Respite Care	Per Diem	\$182.31	\$178.72
T2045	General Inpatient Care	Per Diem	\$749.33	\$734.58

Counties: Essex

<u>Procedure (Service) Codes*</u>	<u>Service Description</u>	<u>Unit</u>	<u>Compliant Rate</u>	<u>Non-Compliant Rate</u>
T2042	Routine Home Care (days 1-60)	Per Diem	\$199.47	\$195.56
T2042 UD	Routine Home Care (days 61+)	Per Diem	\$156.76	\$153.68
G0299 (RN services) G0155 (Social Worker services)	Service Intensity Add-on	Per Hour/ Max 4 Hours	\$41.99	\$41.17
T2043	Continuous Home Care	Per Hour	\$41.99	\$41.16
T2044	Inpatient Respite Care	Per Diem	\$185.46	\$181.81
T2045	General Inpatient Care	Per Diem	\$764.54	\$749.49

Counties: Hampden

<u>Procedure (Service) Codes*</u>	<u>Service Description</u>	<u>Unit</u>	<u>Compliant Rate</u>	<u>Non-Compliant Rate</u>
T2042	Routine Home Care (days 1-60)	Per Diem	\$190.27	\$186.54
T2042 UD	Routine Home Care (days 61+)	Per Diem	\$149.53	\$146.59

G0299 (RN services) G0155 (Social Worker services)	Service Intensity Add-on	Per Hour/ Max 4 Hours	\$40.05	\$39.27
T2043	Continuous Home Care	Per Hour	\$40.05	\$39.27
T2044	Inpatient Respite Care	Per Diem	\$178.63	\$175.11
T2045	General Inpatient Care	Per Diem	\$731.56	\$717.16

Counties: Hampshire

<u>Procedure (Service) Codes*</u>	<u>Service Description</u>	<u>Unit</u>	<u>Compliant Rate</u>	<u>Non-Compliant Rate</u>
T2042	Routine Home Care (days 1-60)	Per Diem	\$190.27	\$186.54
T2042 UD	Routine Home Care (days 61+)	Per Diem	\$149.53	\$146.59
G0299 (RN services) G0155 (Social Worker services)	Service Intensity Add-on	Per Hour/ Max 4 Hours	\$40.05	\$39.27
T2043	Continuous Home Care	Per Hour	\$40.05	\$39.27
T2044	Inpatient Respite Care	Per Diem	\$178.63	\$175.11
T2045	General Inpatient Care	Per Diem	\$731.56	\$717.16

Counties: Middlesex

<u>Procedure (Service) Codes*</u>	<u>Service Description</u>	<u>Unit</u>	<u>Compliant Rate</u>	<u>Non-Compliant Rate</u>
T2042	Routine Home Care (days 1-60)	Per Diem	\$203.08	\$199.09
T2042 UD	Routine Home Care (days 61+)	Per Diem	\$159.59	\$156.45
G0299 (RN services) G0155 (Social Worker services)	Service Intensity Add-on	Per Hour/ Max 4 Hours	\$42.75	\$41.91
T2043	Continuous Home Care	Per Hour	\$42.75	\$41.91
T2044	Inpatient Respite Care	Per Diem	\$188.13	\$184.43
T2045	General Inpatient Care	Per Diem	\$777.47	\$762.17

Counties: Norfolk

<u>Procedure (Service) Codes*</u>	<u>Service Description</u>	<u>Unit</u>	<u>Compliant Rate</u>	<u>Non-Compliant Rate</u>
T2042	Routine Home Care (days 1-60)	Per Diem	\$221.52	\$217.17
T2042 UD	Routine Home Care (days 61+)	Per Diem	\$174.08	\$170.66
G0299 (RN services) G0155 (Social Worker services)	Service Intensity Add-on	Per Hour/ Max 4 Hours	\$46.63	\$45.72
T2043	Continuous Home Care	Per Hour	\$46.63	\$45.71
T2044	Inpatient Respite Care	Per Diem	\$201.82	\$197.85
T2045	General Inpatient Care	Per Diem	\$843.60	\$826.99

Counties: Plymouth

<u>Procedure (Service) Codes*</u>	<u>Service Description</u>	<u>Unit</u>	<u>Compliant Rate</u>	<u>Non-Compliant Rate</u>
T2042	Routine Home Care (days 1-60)	Per Diem	\$221.52	\$217.17
T2042 UD	Routine Home Care (days 61+)	Per Diem	\$174.08	\$170.66
G0299 (RN services) G0155 (Social Worker services)	Service Intensity Add-on	Per Hour/ Max 4 Hours	\$46.63	\$45.72
T2043	Continuous Home Care	Per Hour	\$46.63	\$45.71
T2044	Inpatient Respite Care	Per Diem	\$201.82	\$197.85
T2045	General Inpatient Care	Per Diem	\$843.60	\$826.99

Counties: Suffolk

<u>Procedure (Service) Codes*</u>	<u>Service Description</u>	<u>Unit</u>	<u>Compliant Rate</u>	<u>Non-Compliant Rate</u>
T2042	Routine Home Care (days 1-60)	Per Diem	\$221.52	\$217.17
T2042 UD	Routine Home Care (days 61+)	Per Diem	\$174.08	\$170.66
G0299 (RN services) G0155 (Social Worker services)	Service Intensity Add-on	Per Hour/ Max 4 Hours	\$46.63	\$45.72
T2043	Continuous Home Care	Per Hour	\$46.63	\$45.71
T2044	Inpatient Respite Care	Per Diem	\$201.82	\$197.85
T2045	General Inpatient Care	Per Diem	\$843.60	\$826.99

Counties: Worcester

<u>Procedure (Service) Codes*</u>	<u>Service Description</u>	<u>Unit</u>	<u>Compliant Rate</u>	<u>Non-Compliant Rate</u>
T2042	Routine Home Care (days 1-60)	Per Diem	\$206.48	\$202.43
T2042 UD	Routine Home Care (days 61+)	Per Diem	\$162.26	\$159.07
G0299 (RN services) G0155 (Social Worker services)	Service Intensity Add-on	Per Hour/ Max 4 Hours	\$43.46	\$42.61
T2043	Continuous Home Care	Per Hour	\$43.46	\$42.61
T2044	Inpatient Respite Care	Per Diem	\$190.66	\$186.90
T2045	General Inpatient Care	Per Diem	\$789.67	\$774.12

Counties: Dukes

<u>Procedure (Service) Codes*</u>	<u>Service Description</u>	<u>Unit</u>	<u>Compliant Rate</u>	<u>Non-Compliant Rate</u>
T2042	Routine Home Care (days 1-60)	Per Diem	\$222.25	\$217.90

T2042 UD	Routine Home Care (days 61+)	Per Diem	\$174.66	\$171.23
G0299 (RN services) G0155 (Social Worker services)	Service Intensity Add-on	Per Hour/ Max 4 Hours	\$46.78	\$45.87
T2043	Continuous Home Care	Per Hour	\$46.79	\$45.87
T2044	Inpatient Respite Care	Per Diem	\$202.37	\$198.38
T2045	General Inpatient Care	Per Diem	\$846.25	\$829.58

Counties: Franklin

<u>Procedure (Service) Codes*</u>	<u>Service Description</u>	<u>Unit</u>	<u>Compliant Rate</u>	<u>Non-Compliant Rate</u>
T2042	Routine Home Care (days 1-60)	Per Diem	\$198.80	\$194.90
T2042 UD	Routine Home Care (days 61+)	Per Diem	\$156.23	\$153.16
G0299 (RN services) G0155 (Social Worker services)	Service Intensity Add-on	Per Hour/ Max 4 Hours	\$41.85	\$41.03
T2043	Continuous Home Care	Per Hour	\$41.85	\$41.03
T2044	Inpatient Respite Care	Per Diem	\$184.96	\$181.32
T2045	General Inpatient Care	Per Diem	\$762.15	\$747.14

Counties: Nantucket

<u>Procedure (Service) Codes*</u>	<u>Service Description</u>	<u>Unit</u>	<u>Compliant Rate</u>	<u>Non-Compliant Rate</u>
T2042	Routine Home Care (days 1-60)	Per Diem	\$222.25	\$217.90
T2042 UD	Routine Home Care (days 61+)	Per Diem	\$174.66	\$171.23
G0299 (RN services) G0155 (Social Worker services)	Service Intensity Add-on	Per Hour/ Max 4 Hours	\$46.78	\$45.87
T2043	Continuous Home Care	Per Hour	\$46.79	\$45.87
T2044	Inpatient Respite Care	Per Diem	\$202.37	\$198.38
T2045	General Inpatient Care	Per Diem	\$846.25	\$829.58

*Use modifier TN for T2042 and T2043 when billing for members outside the county in which the provider is located.