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Administrative Bulletin 16-20

101 CMR 343.00: Hospice Rates

Effective October 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, 2016 in accordance with CMS established rates for hospice services.

Additionally, the rates effective October 1, 2016, include a lower rate schedule for providers who 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 who fail to submit required quality data in a given year will incur a 2 percentage point reduction to the market basket percentage increase.

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

Hospice Rates Effective October 1, 2016

County: Barnstable				
Procedure (Service) Codes*	Service Description	Unit	Compliant Rate	Non-Compliant Rate
T2042	Routine Home Care (days 1-60)	Per Diem	\$235.28	\$230.67
T2042 UD	Routine Home Care (days 61+)	Per Diem	\$184.98	\$181.37
G0299 (RN services) G0155 (Social Worker services)	Service Intensity Add-on	Per Hour/ Max 4 Hours	\$49.58	\$48.61
T2043	Continuous Home Care	Per Hour	\$49.58	\$48.61
T2044	Inpatient Respite Care	Per Diem	\$213.02	\$208.85
T2045	General Inpatient Care	Per Diem	\$894.56	\$877.03



County: Berkshire				
Procedure (Service) Codes*	Service Description	Unit	Compliant Rate	Non-Compliant Rate
T2042	Routine Home Care (days 1-60)	Per Diem	\$201.31	\$197.37
T2042 UD	Routine Home Care (days 61+)	Per Diem	\$158.28	\$155.19
G0299 (RN services) G0155 (Social Worker services)	Service Intensity Add-on	Per Hour/ Max 4 Hours	\$42.43	\$41.59
T2043	Continuous Home Care	Per Hour	\$42.42	\$41.59
T2044	Inpatient Respite Care	Per Diem	\$187.78	\$184.10
T2045	General Inpatient Care	Per Diem	\$772.67	\$757.53

County: Bristol				
Procedure (Service) Codes*	Service Description	Unit	Compliant Rate	Non-Compliant Rate
T2042	Routine Home Care (days 1-60)	Per Diem	\$198.89	\$194.99
T2042 UD	Routine Home Care (days 61+)	Per Diem	\$156.37	\$153.32
G0299 (RN services) G0155 (Social Worker services)	Service Intensity Add-on	Per Hour/ Max 4 Hours	\$41.91	\$41.09
T2043	Continuous Home Care	Per Hour	\$41.91	\$41.09
T2044	Inpatient Respite Care	Per Diem	\$185.98	\$182.33
T2045	General Inpatient Care	Per Diem	\$763.97	\$749.00

County: Essex				
Procedure (Service) Codes*	Service Description	Unit	Compliant Rate	Non-Compliant Rate
T2042	Routine Home Care (days 1-60)	Per Diem	\$205.78	\$201.75
T2042 UD	Routine Home Care (days 61+)	Per Diem	\$161.79	\$158.63

Procedure (Service) Codes*	Service Description	Unit	Compliant Rate	Non-Compliant Rate
G0299 (RN services) G0155 (Social Worker services)	Service Intensity Add-on	Per Hour/ Max 4 Hours	\$43.37	\$42.52
T2043	Continuous Home Care	Per Hour	\$43.37	\$42.52
T2044	Inpatient Respite Care	Per Diem	\$191.11	\$187.36
T2045	General Inpatient Care	Per Diem	\$788.71	\$773.26

County: Hampden				
Procedure (Service) Codes*	Service Description	Unit	Compliant Rate	Non-Compliant Rate
T2042	Routine Home Care (days 1-60)	Per Diem	\$193.97	\$190.17
T2042 UD	Routine Home Care (days 61+)	Per Diem	\$152.50	\$149.53
G0299 (RN services) G0155 (Social Worker services)	Service Intensity Add-on	Per Hour/ Max 4 Hours	\$40.88	\$40.08
T2043	Continuous Home Care	Per Hour	\$40.88	\$40.08
T2044	Inpatient Respite Care	Per Diem	\$182.33	\$178.75
T2045	General Inpatient Care	Per Diem	\$746.32	\$731.70

County: Hampshire				
Procedure (Service) Codes*	Service Description	Unit	Compliant Rate	Non-Compliant Rate
T2042	Routine Home Care (days 1-60)	Per Diem	\$193.97	\$190.17
T2042 UD	Routine Home Care (days 61+)	Per Diem	\$152.50	\$149.53
G0299 (RN services) G0155 (Social Worker services)	Service Intensity Add-on	Per Hour/ Max 4 Hours	\$40.88	\$40.08
T2043	Continuous Home Care	Per Hour	\$40.88	\$40.08
T2044	Inpatient Respite Care	Per Diem	\$182.33	\$178.75
T2045	General Inpatient Care	Per Diem	\$746.32	\$731.70

County: Middlesex				
Procedure (Service) Codes*	Service Description	Unit	Compliant Rate	Non-Compliant Rate
T2042	Routine Home Care (days 1-60)	Per Diem	\$205.78	\$201.75
T2042 UD	Routine Home Care (days 61+)	Per Diem	\$161.79	\$158.63
G0299 (RN services) G0155 (Social Worker services)	Service Intensity Add-on	Per Hour/ Max 4 Hours	\$43.37	\$42.52
T2043	Continuous Home Care	Per Hour	\$43.37	\$42.52
T2044	Inpatient Respite Care	Per Diem	\$191.11	\$187.36
T2045	General Inpatient Care	Per Diem	\$788.71	\$773.26

County: Norfolk				
Procedure (Service) Codes*	Service Description	Unit	Compliant Rate	Non-Compliant Rate
T2042	Routine Home Care (days 1-60)	Per Diem	\$230.50	\$225.98
T2042 UD	Routine Home Care (days 61+)	Per Diem	\$181.22	\$177.68
G0299 (RN services) G0155 (Social Worker services)	Service Intensity Add-on	Per Hour/ Max 4 Hours	\$48.58	\$47.62
T2043	Continuous Home Care	Per Hour	\$48.57	\$47.62
T2044	Inpatient Respite Care	Per Diem	\$209.47	\$205.36
T2045	General Inpatient Care	Per Diem	\$877.39	\$860.20

County: Plymouth				
Procedure (Service) Codes*	Service Description	Unit	Compliant Rate	Non-Compliant Rate
T2042	Routine Home Care (days 1-60)	Per Diem	\$230.50	\$225.98
T2042 UD	Routine Home Care (days 61+)	Per Diem	\$181.22	\$177.68

Procedure (Service) Codes*	Service Description	Unit	Compliant Rate	Non-Compliant Rate
G0299 (RN services) G0155 (Social Worker services)	Service Intensity Add-on	Per Hour/ Max 4 Hours	\$48.58	\$47.62
T2043	Continuous Home Care	Per Hour	\$48.57	\$47.62
T2044	Inpatient Respite Care	Per Diem	\$209.47	\$205.36
T2045	General Inpatient Care	Per Diem	\$877.39	\$860.20

County: Suffolk				
Procedure (Service) Codes*	Service Description	Unit	Compliant Rate	Non-Compliant Rate
T2042	Routine Home Care (days 1-60)	Per Diem	\$230.50	\$225.98
T2042 UD	Routine Home Care (days 61+)	Per Diem	\$181.22	\$177.68
G0299 (RN services) G0155 (Social Worker services)	Service Intensity Add-on	Per Hour/ Max 4 Hours	\$48.58	\$47.62
T2043	Continuous Home Care	Per Hour	\$48.57	\$47.62
T2044	Inpatient Respite Care	Per Diem	\$209.47	\$205.36
T2045	General Inpatient Care	Per Diem	\$877.39	\$860.20

County: Worcester				
Procedure (Service) Codes*	Service Description	Unit	Compliant Rate	Non-Compliant Rate
T2042	Routine Home Care (days 1-60)	Per Diem	\$212.01	\$207.86
T2042 UD	Routine Home Care (days 61+)	Per Diem	\$166.69	\$163.43
G0299 (RN services) G0155 (Social Worker services)	Service Intensity Add-on	Per Hour/ Max 4 Hours	\$44.68	\$43.80
T2043	Continuous Home Care	Per Hour	\$44.68	\$43.80
T2044	Inpatient Respite Care	Per Diem	\$195.73	\$191.89
T2045	General Inpatient Care	Per Diem	\$811.06	\$795.17

County: Dukes				
Procedure (Service) Codes*	Service Description	Unit	Compliant Rate	Non-Compliant Rate
T2042	Routine Home Care (days 1-60)	Per Diem	\$206.99	\$202.93
T2042 UD	Routine Home Care (days 61+)	Per Diem	\$162.74	\$159.56
G0299 (RN services) G0155 (Social Worker services)	Service Intensity Add-on	Per Hour/ Max 4 Hours	\$43.62	\$42.77
T2043	Continuous Home Care	Per Hour	\$43.62	\$42.77
T2044	Inpatient Respite Care	Per Diem	\$192.00	\$188.24
T2045	General Inpatient Care	Per Diem	\$793.04	\$777.50

County: Franklin				
Procedure (Service) Codes*	Service Description	Unit	Compliant Rate	Non-Compliant Rate
T2042	Routine Home Care (days 1-60)	Per Diem	\$206.99	\$202.93
T2042 UD	Routine Home Care (days 61+)	Per Diem	\$162.74	\$159.56
G0299 (RN services) G0155 (Social Worker services)	Service Intensity Add-on	Per Hour/ Max 4 Hours	\$43.62	\$42.77
T2043	Continuous Home Care	Per Hour	\$43.62	\$42.77
T2044	Inpatient Respite Care	Per Diem	\$192.00	\$188.24
T2045	General Inpatient Care	Per Diem	\$793.04	\$777.50

County: Nantucket				
Procedure (Service) Codes*	Service Description	Unit	Compliant Rate	Non-Compliant Rate
T2042	Routine Home Care (days 1-60)	Per Diem	\$206.99	\$202.93
T2042 UD	Routine Home Care (days 61+)	Per Diem	\$162.74	\$159.56

Procedure (Service) Codes*	Service Description	Unit	Compliant Rate	Non-Compliant Rate
G0299 (RN services) G0155 (Social Worker services)	Service Intensity Add-on	Per Hour/ Max 4 Hours	\$43.62	\$42.77
T2043	Continuous Home Care	Per Hour	\$43.62	\$42.77
T2044	Inpatient Respite Care	Per Diem	\$192.00	\$188.24
T2045	General Inpatient Care	Per Diem	\$793.04	\$777.50

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