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101 CMR 343.00: Hospice Services

Effective October 1, 2018

Updates 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(4) and 343.04(3)(b), this Administrative Bulletin announces the MassHealth hospice rates effective October 1, 2018, in accordance with CMS established rates for hospice services.

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 two percentage point reduction to the market basket percentage increase.

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

Barnstable County			Compliant Rate	Non-Compliant Rate
T2042	Routine Home Care (1-60 days)	Per Diem	\$240.35	\$235.63
T2042UD	Routine Home Care (61+ days)	Per Diem	\$188.87	\$185.16
G0299 (RN services)	Service Intensity Add-on	Per Hour/ Max 4 hours	\$50.85	\$49.85
G0155 (Social Worker services)				
T2043	Continuous Home Care	Per Hour	\$50.85	\$49.85
T2044	Inpatient Respite	Per Diem	\$217.84	\$213.57
T2045	General Inpatient	Per Diem	\$915.68	\$897.69



Berkshire County			Compliant Rate	Non-Compliant Rate
T2042	Routine Home Care (1-60 days)	Per Diem	\$205.69	\$201.65
T2042UD	Routine Home Care (61+ days)	Per Diem	\$161.64	\$158.46
G0299 (RN services)		Per		
G0155 (Social Worker services)	Service Intensity Add-on	Hour/Max 4 hours	\$43.52	\$42.67
T2043	Continuous Home Care	Per Hour	\$43.52	\$42.66
T2044	Inpatient Respite	Per Diem	\$192.10	\$188.34
T2045	General Inpatient	Per Diem	\$791.11	\$775.58
Bristol County				
T2042	Routine Home Care (1-60 days)	Per Diem	\$205.75	\$201.71
T2042UD	Routine Home Care (61+ days)	Per Diem	\$161.68	\$158.50
G0299 (RN services)		Per		
G0155 (Social Worker services)	Service Intensity Add-on	Hour/Max 4 hours	\$43.53	\$42.68
T2043	Continuous Home Care	Per Hour	\$43.53	\$42.67
T2044	Inpatient Respite	Per Diem	\$192.14	\$188.37
T2045	General Inpatient	Per Diem	\$791.31	\$775.77
Essex and Middlesex Counties				
T2042	Routine Home Care (1-60 days)	Per Diem	\$209.31	\$205.20
T2042UD	Routine Home Care (61+ days)	Per Diem	\$164.48	\$161.25
G0299 (RN services)		Per		
G0155 (Social Worker services)	Service Intensity Add-on	Hour/Max 4 hours	\$44.28	\$43.42
T2043	Continuous Home Care	Per Hour	\$44.28	\$43.41
T2044	Inpatient Respite	Per Diem	\$194.79	\$190.97
T2045	General Inpatient	Per Diem	\$804.12	\$788.32
Hampden and Hampshire Counties				
T2042	Routine Home Care (1-60 days)	Per Diem	\$196.50	\$192.64
T2042UD	Routine Home Care (61+ days)	Per Diem	\$154.41	\$151.38
G0299 (RN services)		Per		
G0155 (Social Worker services)	Service Intensity Add-on	Hour/Max 4 hours	\$41.57	\$40.76
T2043	Continuous Home Care	Per Hour	\$41.57	\$40.76
T2044	Inpatient Respite	Per Diem	\$185.27	\$181.64
T2045	General Inpatient	Per Diem	\$758.07	\$743.18
Norfolk, Plymouth and Suffolk Counties				
T2042	Routine Home Care (1-60 days)	Per Diem	\$235.62	\$230.98
T2042UD	Routine Home Care (61+ days)	Per Diem	\$185.15	\$181.51
G0299 (RN services)		Per		
G0155 (Social Worker services)	Service Intensity Add-on	Hour/Max 4 hours	\$49.85	\$48.87
T2043	Continuous Home Care	Per Hour	\$49.85	\$48.87
T2044	Inpatient Respite	Per Diem	\$214.32	\$210.12
T2045	General Inpatient	Per Diem	\$898.64	\$880.99

Worcester County			Compliant Rate	Non-Compliant Rate
T2042	Routine Home Care (1-60 days)	Per Diem	\$220.30	\$215.98
T2042UD	Routine Home Care (61+ days)	Per Diem	\$173.12	\$169.72
G0299 (RN services)		Per		
G0155 (Social Worker services)	Service Intensity Add-on	Hour/Max 4 hours	\$46.61	\$45.70
T2043	Continuous Home Care	Per Hour	\$46.61	\$45.69
T2044	Inpatient Respite	Per Diem	\$202.95	\$198.97
T2045	General Inpatient	Per Diem	\$843.62	\$827.05
Rural: Dukes, Franklin, and Nantucket				
T2042	Routine Home Care (1-60 days)	Per Diem	\$210.89	\$206.75
T2042UD	Routine Home Care (61+ days)	Per Diem	\$165.72	\$162.47
G0299 (RN services)		Per		
G0155 (Social Worker services)	Service Intensity Add-on	Hour/Max 4 hours	\$44.62	\$43.74
T2043	Continuous Home Care	Per Hour	\$44.62	\$43.74
T2044	Inpatient Respite	Per Diem	\$195.96	\$192.12
T2045	General Inpatient	Per Diem	\$809.80	\$793.89