The Commonwealth of Massachusetts

Executive Office of Health and Human Services

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**Administrative Bulletin 19-01**

**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:

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| **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)  G0155 (Social Worker services) | Service Intensity Add-on | Per Hour/  Max 4 hours | $50.85 | $49.85 |
| 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 |

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| **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)  G0155 (Social Worker services) | Service Intensity Add-on | Per 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 |

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| **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)  G0155 (Social Worker services) | Service Intensity Add-on | Per 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 |

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| **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)  G0155 (Social Worker services) | Service Intensity Add-on | Per 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 |

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| **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)  G0155 (Social Worker services) | Service Intensity Add-on | Per 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 |

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| **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)  G0155 (Social Worker services) | Service Intensity Add-on | Per 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 |

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| **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)  G0155 (Social Worker services) | Service Intensity Add-on | Per 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 |

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| **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)  G0155 (Social Worker services) | Service Intensity Add-on | Per 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 |