

**Administrative Bulletin 19-21**

**101 CMR 343.00: Hospice Services**

Effective October 1, 2019

**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, 2019, 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 or per hour rates by county, are as follows:

**Barnstable County**

| **Code** | **Service** | ***Per Hour/Per Diem*** | **Compliant Rate** | **Non-Compliant Rate** |
| --- | --- | --- | --- | --- |
| T2042 | Routine Home Care (1-60 days) | *Per Diem* | $229.57 | $225.10 |
| T2042 UD | Routine Home Care (61+ days) | *Per Diem* | $181.44 | $177.90 |
| G0299 (RN services) G0155 (Social Worker services) | Service Intensity Add-on | *Per Hour/Max four hours* | $68.57 | $67.24 |
| T2043 | Continuous Home Care | *Per Hour* | $68.57 | $67.24 |
| T2044 | Inpatient Respite | *Per Diem* | $540.52 | $529.98 |
| T2045 | General Inpatient | *Per Diem* | $1,191.34 | $1,168.13 |

**Berkshire County**

| **Code**  | **Service**  | **Per Hour/Per Diem** | **Compliant Rate** | **Non-Compliant Rate** |
| --- | --- | --- | --- | --- |
| T2042 | Routine Home Care (1-60 days) | *Per Diem* | $206.16 | $202.15 |
| T2042 UD | Routine Home Care (61+ days) | *Per Diem* | $162.94 | $159.76 |
| G0299 (RN services) G0155 (Social Worker services) | Service Intensity Add-on | *Per Hour/Max four hours* | $61.58 | $60.38 |
| T2043 | Continuous Home Care | *Per Hour* | $61.58 | $60.38 |
| T2044 | Inpatient Respite | *Per Diem* | $495.67 | $486.00 |
| T2045 | General Inpatient | *Per Diem* | $1,077.01 | $1,056.02 |

**Bristol County**

| **Code**  | **Service**  | **Per Hour/Per Diem** | **Compliant Rate** | **Non-Compliant Rate** |
| --- | --- | --- | --- | --- |
| T2042 | Routine Home Care (1-60 days) | *Per Diem* | $199.57 | $195.68 |
| T2042 UD | Routine Home Care (61+ days) | *Per Diem* | $157.73 | $154.65 |
| G0299 (RN services) G0155 (Social Worker services) | Service Intensity Add-on | *Per Hour/Max four hours* | $59.61 | $58.45 |
| T2043 | Continuous Home Care | *Per Hour* | $59.61 | $58.45 |
| T2044 | Inpatient Respite | *Per Diem* | $483.02 | $473.60 |
| T2045 | General Inpatient | *Per Diem* | $1,044.78 | $1,024.42 |

**Essex/Middlesex Counties**

| **Code**  | **Service**  | **Per Hour/Per Diem** | **Compliant Rate** | **Non-Compliant Rate** |
| --- | --- | --- | --- | --- |
| T2042 | Routine Home Care (1-60 days) | *Per Diem* | $208.47 | $204.41 |
| T2042 UD | Routine Home Care (61+ days) | *Per Diem* | $164.76 | $161.55 |
| G0299 (RN services) G0155 (Social Worker services) | Service Intensity Add-on | *Per Hour/Max four hours* | $62.27 | $61.06 |
| T2043 | Continuous Home Care | *Per Hour* | $62.27 | $61.06 |
| T2044 | Inpatient Respite | *Per Diem* | $500.08 | $490.32 |
| T2045 | General Inpatient | *Per Diem* | $1,088.25 | $1,067.05 |

**Hampden/Hampshire Counties**

| **Code**  | **Service**  | **Per Hour/Per Diem** | **Compliant Rate** | **Non-Compliant Rate** |
| --- | --- | --- | --- | --- |
| T2042 | Routine Home Care (1-60 days) | *Per Diem* | $196.62 | $192.80 |
| T2042 UD | Routine Home Care (61+ days) | *Per Diem* | $155.40 | $152.37 |
| G0299 (RN services) G0155 (Social Worker services) | Service Intensity Add-on | *Per Hour/Max four hours* | $58.73 | $57.59 |
| T2043 | Continuous Home Care | *Per Hour* | $58.73 | $57.59 |
| T2044 | Inpatient Respite | *Per Diem* | $477.38 | $468.07 |
| T2045 | General Inpatient | *Per Diem* | $1,030.40 | $1,010.32 |

**Norfolk/Plymouth/Suffolk Counties**

| **Code**  | **Service**  | **Per Hour/Per Diem** | **Compliant Rate** | **Non-Compliant Rate** |
| --- | --- | --- | --- | --- |
| T2042 | Routine Home Care (1-60 days) | *Per Diem* | $227.21 | $222.79 |
| T2042 UD | Routine Home Care (61+ days) | *Per Diem* | $179.58 | $176.08 |
| G0299 (RN services) G0155 (Social Worker services) | Service Intensity Add-on | *Per Hour/Max four hours* | $67.87 | $66.55 |
| T2043 | Continuous Home Care | *Per Hour* | $67.87 | $66.55 |
| T2044 | Inpatient Respite | *Per Diem* | $536.01 | $525.55 |
| T2045 | General Inpatient | *Per Diem* | $1,179.84 | $1,156.85 |

**Worcester County**

| **Code**  | **Service**  | ***Per Hour/Per Diem*** | **Compliant Rate** | **Non-Compliant Rate** |
| --- | --- | --- | --- | --- |
| T2042 | Routine Home Care (1-60 days) | *Per Diem* | $215.85 | $211.65 |
| T2042 UD | Routine Home Care (61+ days) | *Per Diem* | $170.60 | $167.27 |
| G0299 (RN services) G0155 (Social Worker services) | Service Intensity Add-on | *Per Hour/Max four hours* | $64.47 | $63.22 |
| T2043 | Continuous Home Care | *Per Hour* | $64.48 | $63.22 |
| T2044 | Inpatient Respite | *Per Diem* | $514.23 | $504.21 |
| T2045 | General Inpatient | *Per Diem* | $1,124.34 | $1,102.43 |

**Dukes, Franklin, and Nantucket Counties**

| **Code**  | **Service**  | ***Per Hour/Per Diem*** | **Compliant Rate** | **Non-Compliant Rate** |
| --- | --- | --- | --- | --- |
| T2042 | Routine Home Care (1-60 days) | *Per Diem* | $208.92 | $204.86 |
| T2042 UD | Routine Home Care (61+ days) | *Per Diem* | $165.12 | $161.90 |
| G0299 (RN services) G0155 (Social Worker services) | Service Intensity Add-on | *Per Hour/Max four hours* | $62.40 | $61.19 |
| T2043 | Continuous Home Care | *Per Hour* | $62.41 | $61.19 |
| T2044 | Inpatient Respite | *Per Diem* | $500.95 | $491.18 |
| T2045 | General Inpatient | *Per Diem* | $1,090.48 | $1,069.23 |