The Commonwealth of Massachusetts

Executive Office of Health and Human Services

## One Ashburton Place, Room 1109

## Boston, Massachusetts 02108

Tel.: (617) 573-1600

Fax: (617) 573-1891

www.mass.gov/eohhs

CHARLES D. BAKER

Governor

KARYN E. POLITO

Lieutenant Governor

MARYLOU SUDDERS

Secretary

**Administrative Bulletin 20-86**

**101 CMR 343.00: Hospice Services**

Effective October 1, 2020

**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, 2020, 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** | Compliant Rate | Non-Compliant Rate |
| T2042 | Routine Home Care (1-60 days) | *Per Diem* | $228.91 | $223.45 |
| T2042 UD | Routine Home Care (61+ days) | *Per Diem* | $180.93 | $176.61 |
| G0299 (RN services) G0155 (Social Worker services) | Service Intensity Add-on | *Per Hour/Max four hours* | $68.51 | $66.74 |
| T2043 | Continuous Home Care | *Per Hour* | $68.51 | $66.75 |
| T2044 | Inpatient Respite | *Per Diem* | $541.71 | $528.80 |
| T2045 | General Inpatient | *Per Diem* |  $1,189.23 | $1,161.47 |

|  |  |  |
| --- | --- | --- |
| **Berkshire** | Compliant Rate | Non-Compliant Rate |
| T2042 | Routine Home Care (1-60 days) | *Per Diem* | $206.17 | $201.25 |
| T2042 UD | Routine Home Care (61+ days) | *Per Diem* | $162.96 | $159.06 |
| G0299 (RN services) G0155 (Social Worker services) | Service Intensity Add-on | *Per Hour/Max four hours* | $61.70 | $60.11 |
| T2043 | Continuous Home Care | *Per Hour* | $61.70 | $60.12 |
| T2044 | Inpatient Respite | *Per Diem* | $498.13 | $486.25 |
| T2045 | General Inpatient | *Per Diem* |  $1,078.19 | $1,053.02 |

|  |  |  |
| --- | --- | --- |
| **Bristol** | Compliant Rate | Non-Compliant Rate |
| T2042 | Routine Home Care (1-60 days) | *Per Diem* | $202.11 | $197.29 |
| T2042 UD | Routine Home Care (61+ days) | *Per Diem* | $159.75 | $155.93 |
| G0299 (RN services) G0155 (Social Worker services) | Service Intensity Add-on | *Per Hour/Max four hours* | $60.49 | $58.93 |
| T2043 | Continuous Home Care | *Per Hour* | $60.49 | $58.93 |
| T2044 | Inpatient Respite | *Per Diem* | $490.35 | $478.66 |
| T2045 | General Inpatient | *Per Diem* | $1,058.38 | $1,033.67 |

|  |  |  |
| --- | --- | --- |
| **Essex/Middlesex** | Compliant Rate | Non-Compliant Rate |
| T2042 | Routine Home Care (1-60 days) | *Per Diem* | $211.35 | $206.31 |
| T2042 UD | Routine Home Care (61+ days) | *Per Diem* | $167.05 | $163.06 |
| G0299 (RN services) G0155 (Social Worker services) | Service Intensity Add-on | *Per Hour/Max four hours* | $63.25 | $61.62 |
| T2043 | Continuous Home Care | *Per Hour* | $63.25 | $61.63 |
| T2044 | Inpatient Respite | *Per Diem* | $508.06 | $495.95 |
| T2045 | General Inpatient | *Per Diem* | $1,103.49 | $1,077.73 |

|  |  |  |
| --- | --- | --- |
| **Franklin** | Compliant Rate | Non-Compliant Rate |
| T2042 | Routine Home Care (1-60 days) | *Per Diem* | $206.45 | $201.52 |
| T2042 UD | Routine Home Care (61+ days) | *Per Diem* | $163.17 | $159.27 |
| G0299 (RN services) G0155 (Social Worker services) | Service Intensity Add-on | *Per Hour/Max four hours* | $61.79 | $60.19 |
| T2043 | Continuous Home Care | *Per Hour* | $61.78 | $60.20 |
| T2044 | Inpatient Respite | *Per Diem* | $498.65 | $486.77 |
| T2045 | General Inpatient | *Per Diem* | $1,079.53 | $1,054.33 |

|  |  |  |
| --- | --- | --- |
| **Hampden/Hampshire** | Compliant Rate | Non-Compliant Rate |
| T2042 | Routine Home Care (1-60 days) | *Per Diem* | $199.51 | $194.75 |
| T2042 UD | Routine Home Care (61+ days) | *Per Diem* | $157.69 | $153.92 |
| G0299 (RN services) G0155 (Social Worker services) | Service Intensity Add-on | *Per Hour/Max four hours* | $59.71 | $58.17 |
| T2043 | Continuous Home Care | *Per Hour* | $59.71 | $58.17 |
| T2044 | Inpatient Respite | *Per Diem* | $485.36 | $473.79 |
| T2045 | General Inpatient | *Per Diem* | $1,045.66 | $1,021.25 |

|  |  |  |
| --- | --- | --- |
| **Norfolk/Plymouth/Suffolk** | Compliant Rate | Non-Compliant Rate |
| T2042 | Routine Home Care (1-60 days) | *Per Diem* | $229.94 | $224.46 |
| T2042 UD | Routine Home Care (61+ days) | *Per Diem* | $181.74 | $177.40 |
| G0299 (RN services) G0155 (Social Worker services) | Service Intensity Add-on | *Per Hour/Max four hours* | $68.82 | $67.04 |
| T2043 | Continuous Home Care | *Per Hour* | $68.81 | $67.05 |
| T2044 | Inpatient Respite | *Per Diem* | $543.68 | $530.72 |
| T2045 | General Inpatient | *Per Diem* | $1,194.25 | $1,166.37 |

|  |  |  |
| --- | --- | --- |
| **Worcester** | Compliant Rate | Non-Compliant Rate |
| T2042 | Routine Home Care (1-60 days) | *Per Diem* | $216.41 | $211.25 |
| T2042 UD | Routine Home Care (61+ days) | *Per Diem* | $171.05 | $166.96 |
| G0299 (RN services) G0155 (Social Worker services) | Service Intensity Add-on | *Per Hour/Max four hours* | $64.77 | $63.10 |
| T2043 | Continuous Home Care | *Per Hour* | $64.77 | $63.10 |
| T2044 | Inpatient Respite | *Per Diem* | $517.75 | $505.41 |
| T2045 | General Inpatient | Per Diem | $1,128.19 | $1,101.85 |

|  |  |  |
| --- | --- | --- |
| **Rural: Dukes and Nantucket** | Compliant Rate | Non-Compliant Rate |
| T2042 | Routine Home Care (1-60 days) | *Per Diem* | $239.66 | $233.94 |
| T2042 UD | Routine Home Care (61+ days) | *Per Diem* | $189.43 | $184.90 |
| G0299 (RN services) G0155 (Social Worker services) | Service Intensity Add-on | *Per Hour/Max four hours* | $71.72 | $69.88 |
| T2043 | Continuous Home Care | *Per Hour* | $71.72 | $69.88 |
| T2044 | Inpatient Respite | *Per Diem* | $562.31 | $548.91 |
| T2045 | General Inpatient | *Per Diem* | $1,241.71 | $1,212.72 |