

Lieutenant Governor

MARYLOU SUDDERS

Secretary

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## **Administrative Bulletin 21-30**

101 CMR 343.00: Hospice Services (to be renamed "Rates for Hospice Services")

Effective October 1, 2021

## **Updates to the Hospice Rates**

Pursuant to 101 CMR 343.00: *Hospice Services*, the Executive Office of Health and Human Services (EOHHS) has updated the hospice service rates for MassHealth hospice providers to coincide with the Medicaid hospice rates for federal fiscal year (FFY) 2022 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, 2021, 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 to CMS 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<br>Rate | Non-Compliant<br>Rate |
|----------------------------------------------------------|-------------------------------|----------------------------|-------------------|-----------------------|
| T2042                                                    | Routine Home Care (1-60 days) | Per Diem                   | \$231.86          | \$227.32              |
| T2042 UD                                                 | Routine Home Care (61+ days)  | Per Diem                   | \$183.24          | \$179.63              |
| G0299 (RN services)<br>G0155 (Social Worker<br>services) | Service Intensity Add-on      | Per Hour/Max<br>four hours | \$70.58           | \$69.20               |
| T2043                                                    | Continuous Home Care          | Per Hour                   | \$70.58           | \$69.20               |
| T2044                                                    | Inpatient Respite             | Per Diem                   | \$562.50          | \$551.48              |
| T2045                                                    | General Inpatient             | Per Diem                   | \$1,210.60        | \$1,186.86            |



| Berkshire                                                |                               |                            | Compliant<br>Rate | Non-Compliant<br>Rate |
|----------------------------------------------------------|-------------------------------|----------------------------|-------------------|-----------------------|
| T2042                                                    | Routine Home Care (1-60 days) | Per Diem                   | \$209.12          | \$205.02              |
| T2042 UD                                                 | Routine Home Care (61+ days)  | Per Diem                   | \$165.26          | \$162.01              |
| G0299 (RN services)<br>G0155 (Social Worker<br>services) | Service Intensity Add-on      | Per Hour/Max<br>four hours | \$62.82           | \$61.59               |
| T2043                                                    | Continuous Home Care          | Per Hour                   | \$62.82           | \$61.59               |
| T2044                                                    | Inpatient Respite             | Per Diem                   | \$511.03          | \$501.02              |
| T2045                                                    | General Inpatient             | Per Diem                   | \$1,095.82        | \$1,074.33            |

| Bristol                                                  |                               |                            | Compliant<br>Rate | Non-Compliant<br>Rate |
|----------------------------------------------------------|-------------------------------|----------------------------|-------------------|-----------------------|
| T2042                                                    | Routine Home Care (1-60 days) | Per Diem                   | \$207.18          | \$203.12              |
| T2042 UD                                                 | Routine Home Care (61+ days)  | Per Diem                   | \$163.73          | \$160.51              |
| G0299 (RN services)<br>G0155 (Social Worker<br>services) | Service Intensity Add-on      | Per Hour/Max<br>four hours | \$62.16           | \$60.95               |
| T2043                                                    | Continuous Home Care          | Per Hour                   | \$62.16           | \$60.94               |
| T2044                                                    | Inpatient Respite             | Per Diem                   | \$506.65          | \$496.72              |
| T2045                                                    | General Inpatient             | Per Diem                   | \$1,086.05        | \$1,064.75            |

| Essex/Middlesex                                          |                               |                            | Compliant<br>Rate | Non-Compliant<br>Rate |
|----------------------------------------------------------|-------------------------------|----------------------------|-------------------|-----------------------|
| T2042                                                    | Routine Home Care (1-60 days) | Per Diem                   | \$215.13          | \$210.91              |
| T2042 UD                                                 | Routine Home Care (61+ days)  | Per Diem                   | \$170.01          | \$166.66              |
| G0299 (RN services)<br>G0155 (Social Worker<br>services) | Service Intensity Add-on      | Per Hour/Max<br>four hours | \$64.87           | \$63.60               |
| T2043                                                    | Continuous Home Care          | Per Hour                   | \$64.87           | \$63.60               |
| T2044                                                    | Inpatient Respite             | Per Diem                   | \$524.63          | \$514.35              |
| T2045                                                    | General Inpatient             | Per Diem                   | \$1,126.14        | \$1,104.06            |

| Franklin/Hampden/Hampshire                               |                               |                            | Compliant<br>Rate | Non-Compliant<br>Rate |
|----------------------------------------------------------|-------------------------------|----------------------------|-------------------|-----------------------|
| T2042                                                    | Routine Home Care (1-60 days) | Per Diem                   | \$203.66          | \$199.67              |
| T2042 UD                                                 | Routine Home Care (61+ days)  | Per Diem                   | \$160.95          | \$157.78              |
| G0299 (RN services)<br>G0155 (Social Worker<br>services) | Service Intensity Add-on      | Per Hour/Max<br>four hours | \$60.96           | \$59.77               |
| T2043                                                    | Continuous Home Care          | Per Hour                   | \$60.96           | \$59.77               |
| T2044                                                    | Inpatient Respite             | Per Diem                   | \$498.68          | \$488.91              |
| T2045                                                    | General Inpatient             | Per Diem                   | \$1,068.28        | \$1,047.33            |

| Norfolk/Plymouth/Suffolk                                 |                                 |                            | Compliant<br>Rate | Non-Compliant<br>Rate |
|----------------------------------------------------------|---------------------------------|----------------------------|-------------------|-----------------------|
| T2042                                                    | Routine Home Care (1-60 days)   | Per Diem                   | \$230.56          | \$226.04              |
| T2042 UD                                                 | Routine Home Care<br>(61+ days) | Per Diem                   | \$182.21          | \$178.62              |
| G0299 (RN services)<br>G0155 (Social Worker<br>services) | Service Intensity Add-on        | Per Hour/Max<br>four hours | \$70.13           | \$68.76               |
| T2043                                                    | Continuous Home Care            | Per Hour                   | \$70.14           | \$68.76               |
| T2044                                                    | Inpatient Respite               | Per Diem                   | \$559.55          | \$548.59              |
| T2045                                                    | General Inpatient               | Per Diem                   | \$1,204.02        | \$1,180.41            |

| Worcester                                                |                               |                            | Compliant<br>Rate | Non-Compliant<br>Rate |
|----------------------------------------------------------|-------------------------------|----------------------------|-------------------|-----------------------|
| T2042                                                    | Routine Home Care (1-60 days) | Per Diem                   | \$215.83          | \$211.60              |
| T2042 UD                                                 | Routine Home Care (61+ days)  | Per Diem                   | \$170.56          | \$167.20              |
| G0299 (RN services)<br>G0155 (Social Worker<br>services) | Service Intensity Add-on      | Per Hour/Max<br>four hours | \$65.11           | \$63.84               |
| T2043                                                    | Continuous Home Care          | Per Hour                   | \$65.11           | \$63.83               |
| T2044                                                    | Inpatient Respite             | Per Diem                   | \$526.21          | \$515.90              |
| T2045                                                    | General Inpatient             | Per Diem                   | \$1,129.67        | \$1,107.52            |

| Rural: Dukes and Nantucket                               |                                 |                            | Compliant<br>Rate | Non-Compliant<br>Rate |
|----------------------------------------------------------|---------------------------------|----------------------------|-------------------|-----------------------|
| T2042                                                    | Routine Home Care (1-60 days)   | Per Diem                   | \$245.56          | \$240.75              |
| T2042 UD                                                 | Routine Home Care<br>(61+ days) | Per Diem                   | \$194.06          | \$190.24              |
| G0299 (RN services)<br>G0155 (Social Worker<br>services) | Service Intensity Add-on        | Per Hour/Max<br>four hours | \$75.25           | \$73.78               |
| T2043                                                    | Continuous Home Care            | Per Hour                   | \$75.25           | \$73.78               |
| T2044                                                    | Inpatient Respite               | Per Diem                   | \$593.50          | \$581.87              |
| T2045                                                    | General Inpatient               | Per Diem                   | \$1,279.72        | \$1,254.63            |

 $\underline{\text{Notes:}}$  Use modifier TN for T2042 and T2043 when billing for members outside the county in which the provider is located.

Use modifier TN with T2042 UD when billing for Routine Home Care to members outside the county in which the provider is located for services provided on or after the 61st day in hospice care.