# Administrative Bulletin 25-02

**101 CMR 343.00: *Rates for Hospice Services***

Effective October 1, 2024

Updates to the Hospice Rates

The Executive Office of Health and Human Services (EOHHS) has updated hospice service rates for MassHealth hospice providers. These updates follow 101 CMR 343.00 and coincide with Medicaid hospice rates for federal fiscal year (FFY) 2025 established by the Centers for Medicare & Medicaid Services (CMS). Under 101 CMR 343.01(4) and 343.04(3)(b), this administrative bulletin issues MassHealth’s hospice rates, effective October 1, 2024. MassHealth’s hospice rates are in accordance with CMS established rates for hospice services.

CMS has a two-rate system for the Medicaid national components for compliance and noncompliance with federal quality reporting standards. Hospice providers that do not submit required quality data to CMS in a given year will receive a four-percentage point reduction to the market basket percentage increase.

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

| **Barnstable** | | | | |
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| **Code** | **Description** | **Hours** | **Compliant Rate** | **Noncompliant Rate** |
| T2042 | Routine Home Care  (1-60 days) | *Per Diem* | $247.65 | $238.02 |
| T2042 UD | Routine Home Care  (61+ days) | *Per Diem* | $195.06 | $187.49 |
| G0299 (RN services) G0155 (Social Worker services) | Service Intensity Add-on | *Per Hour/Max four hours* | $75.24 | $72.31 |
| T2043 | Continuous Home Care | *Per Hour* | $75.24 | $72.32 |
| T2044 | Inpatient Respite | *Per Diem* | $597.11 | $573.90 |
| T2045 | General Inpatient | *Per Diem* | $1,283.86 | $1,233.96 |

| **Berkshire** | | | | |
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| **Code** | **Description** | **Hours** | **Compliant Rate** | **Noncompliant Rate** |
| T2042 | Routine Home Care  (1-60 days) | *Per Diem* | $226.56 | $217.74 |
| T2042 UD | Routine Home Care  (61+ days) | *Per Diem* | $178.45 | $171.52 |
| G0299 (RN services) G0155 (Social Worker services) | Service Intensity Add-on | *Per Hour/Max four hours* | $68.03 | $65.38 |
| T2043 | Continuous Home Care | *Per Hour* | $68.03 | $65.39 |
| T2044 | Inpatient Respite | *Per Diem* | $549.78 | $528.40 |
| T2045 | General Inpatient | *Per Diem* | $1,178.29 | $1,132.49 |

| **Bristol** | | | | |
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| **Code** | **Description** | **Hours** | **Compliant Rate** | **Noncompliant Rate** |
| T2042 | Routine Home Care  (1-60 days) | *Per Diem* | $224.91 | $216.16 |
| T2042 UD | Routine Home Care  (61+ days) | *Per Diem* | $177.15 | $170.27 |
| G0299 (RN services) G0155 (Social Worker services) | Service Intensity Add-on | *Per Hour/Max four hours* | $67.47 | $64.84 |
| T2043 | Continuous Home Care | *Per Hour* | $67.47 | $64.84 |
| T2044 | Inpatient Respite | *Per Diem* | $546.08 | $524.85 |
| T2045 | General Inpatient | *Per Diem* | $1,170.04 | $1,124.56 |

| **Essex/Middlesex** | | | | |
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| **Code** | **Description** | **Hours** | **Compliant Rate** | **Noncompliant Rate** |
| T2042 | Routine Home Care  (1-60 days) | *Per Diem* | $227.45 | $218.60 |
| T2042 UD | Routine Home Care  (61+ days) | *Per Diem* | $179.15 | $172.19 |
| G0299 (RN services) G0155 (Social Worker services) | Service Intensity Add-on | *Per Hour/Max four hours* | $68.34 | $65.67 |
| T2043 | Continuous Home Care | *Per Hour* | $68.34 | $65.68 |
| T2044 | Inpatient Respite | *Per Diem* | $551.78 | $530.32 |
| T2045 | General Inpatient | *Per Diem* | $1,182.74 | $1,136.77 |

| **Franklin/Hampden/Hampshire** | | | | |
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| **Code** | **Description** | **Hours** | **Compliant Rate** | **Noncompliant Rate** |
| T2042 | Routine Home Care  (1-60 days) | *Per Diem* | $224.91 | $216.16 |
| T2042 UD | Routine Home Care  (61+ days) | *Per Diem* | $177.15 | $170.27 |
| G0299 (RN services) G0155 (Social Worker services) | Service Intensity Add-on | *Per Hour/Max four hours* | $67.47 | $64.84 |
| T2043 | Continuous Home Care | *Per Hour* | $67.47 | $64.84 |
| T2044 | Inpatient Respite | *Per Diem* | $546.08 | $524.85 |
| T2045 | General Inpatient | *Per Diem* | $1,170.04 | $1,124.56 |

| **Norfolk/Plymouth/Suffolk** | | | | |
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| **Code** | **Description** | **Hours** | **Compliant Rate** | **Noncompliant Rate** |
| T2042 | Routine Home Care  (1-60 days) | *Per Diem* | $244.22 | $234.72 |
| T2042 UD | Routine Home Care  (61+ days) | *Per Diem* | $192.36 | $184.89 |
| G0299 (RN services) G0155 (Social Worker services) | Service Intensity Add-on | *Per Hour/Max four hours* | $74.07 | $71.18 |
| T2043 | Continuous Home Care | *Per Hour* | $74.07 | $71.19 |
| T2044 | Inpatient Respite | *Per Diem* | $589.42 | $566.50 |
| T2045 | General Inpatient | *Per Diem* | $1,266.70 | $1,217.46 |

| **Worcester** | | | | |
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| **Code** | **Description** | **Hours** | **Compliant Rate** | **Noncompliant Rate** |
| T2042 | Routine Home Care  (1-60 days) | *Per Diem* | $239.20 | $229.90 |
| T2042 UD | Routine Home Care  (61+ days) | *Per Diem* | $188.41 | $181.09 |
| G0299 (RN services) G0155 (Social Worker services) | Service Intensity Add-on | *Per Hour/Max four hours* | $72.36 | $69.54 |
| T2043 | Continuous Home Care | *Per Hour* | $72.35 | $69.54 |
| T2044 | Inpatient Respite | *Per Diem* | $578.16 | $555.68 |
| T2045 | General Inpatient | *Per Diem* | $1,241.59 | $1,193.33 |

| **Rural: Dukes and Nantucket** | | | | |
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| **Code** | **Description** | **Hours** | **Compliant Rate** | **Noncompliant Rate** |
| T2042 | Routine Home Care  (1-60 days) | *Per Diem* | $254.17 | $244.28 |
| T2042 UD | Routine Home Care  (61+ days) | *Per Diem* | $200.19 | $192.42 |
| G0299 (RN services) G0155 (Social Worker services) | Service Intensity Add-on | *Per Hour/Max four hours* | $77.47 | $74.45 |
| T2043 | Continuous Home Care | *Per Hour* | $77.47 | $74.46 |
| T2044 | Inpatient Respite | *Per Diem* | $611.74 | $587.95 |
| T2045 | General Inpatient | *Per Diem* | $1,316.48 | $1,265.31 |