



Hospice Billing Tips

Hospice Billing Tips for Room and Board Charges for Members in a Long-Term Care Facility

In accordance with 101 CMR 343.00: *Rates for Hospice Services*, the hospice room and board amount must be equal to at least 95% of what MassHealth would pay the nursing facility for a nonhospice MassHealth member in a nursing facility. This includes the MLOA (Medical Leave of Absence) rate.

The following is an **example** of how to calculate 95% for the hospice room and board amount for a claim submitted to MassHealth.

Nursing facility notifies the hospice provider of the member's current Minimum Data Set (MDS) Level of Care (LOC). The hospice would calculate the rate as 95% of the MDS rate. The hospice would then multiply the calculated rate times the number of days the member was in the nursing facility under hospice. If the number of days was 14, then the hospice would multiply the calculated rate x 14 days.

The hospice would then enter the **patient paid amount (PPA)** on the claim. If the PPA was \$200.00, then the hospice would enter \$200.00 in the appropriate place on the claim. MassHealth would deduct the PPA from the hospice total charge. The MassHealth payment to the hospice would then equal 95% of the nursing facility MDS rate X the number of days in the nursing facility minus the member's PPA.

If there is a change in the member's **MDS** score or the **PPA**, the hospice can send an adjusted claim to MassHealth.

There is a job aid posted on the New MMIS Web page at [Job aids for the Provider Online Service Center | Mass.gov](#) with detailed instructions on how to fill out a claim for room and board charges.

If you need further assistance, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.