




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth



**MassHealth
Hospice Bulletin 10
August 2013**

TO: Hospice Providers Participating in MassHealth
FROM: Kristin L. Thorn, Acting Medicaid Director 
RE: Changes to MassHealth Coverage Types

Background

The Centers for Medicare & Medicaid Services (CMS) recently approved an amendment to Massachusetts's Section 1115 demonstration project, entitled "MassHealth" (project number 11-W-00030/1) to include hospice services in the MassHealth Basic and MassHealth Essential Programs.

**Hospice Coverage for
Members Enrolled in
MassHealth Basic and
Essential**

Members enrolled in the MassHealth Basic (see 130 CMR 450.105(B)(1)) and MassHealth Essential (see 130 CMR 450.105(I)(1)) coverage types are eligible to receive hospice services effective July 1, 2013. Specifically, covered services in MassHealth Basic and MassHealth Essential benefit packages include the following hospice services: routine home care; continuous home care; inpatient respite care; and general inpatient care (described further below). Hospice services are not covered in nursing facilities for MassHealth Basic and Essential members.

All other administrative, coverage, and billing requirements of the hospice program regulations at 130 CMR 437.00 apply to the provision of hospice services to MassHealth Basic and Essential members.

Payment for Hospice Services for Members Enrolled in MassHealth Basic and Essential

Payment for hospice services, as described below, for members enrolled in MassHealth Basic and MassHealth Essential coverage types is effective July 1, 2013. Rates for hospice services are found at 101 CMR 343.00. Hospice providers are reminded to check member eligibility in the MassHealth Eligibility Verification System (EVS) before submitting completed hospice election forms to MassHealth for processing.

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**Hospice Coverage for
Members Enrolled in
MassHealth Basic and
Essential**
(cont.)

Description of Hospice Services for Members Enrolled in MassHealth
Basic and MassHealth Essential Coverage Types

- **Routine Home Care:** The routine home care rate is paid for each day the member is at home, under the care of the hospice provider, and when the member does not receive continuous home care. The rate paid does not depend on the volume or intensity of the routine home care provided on any given day. MassHealth pays the hospice provider for routine home care only in the community setting, and not for services provided in a nursing facility.
- **Continuous Home Care:** The continuous home care rate is paid when a member receives hospice services consisting predominately of nursing care on a continuous basis at home. Home health aide or homemaker services or both may also be provided on a continuous basis. Continuous home care is furnished only during brief periods of crisis as described in 42 CFR 418.204(a) and only as necessary to maintain the member at home. The hospice provider must give a minimum of eight hours of services in a 24-hour period to qualify for the continuous home care rate. MassHealth pays the hospice provider for continuous home care only in the community setting only, and not for services provided in a nursing facility.
- **Inpatient Respite Care:** The inpatient respite care rate is paid to the hospice provider for each day the member is in an approved inpatient facility and is receiving respite care from the hospice provider. Payment for inpatient respite care will be made for a maximum of five consecutive days' stay in each election period, including the date of admission but not counting the date of discharge. Payment for any subsequent days will be made at the routine care rate.
- **General Inpatient Care:** The general inpatient care rate is paid for each day the member receives general inpatient care in an inpatient facility for pain control or acute or chronic symptom management that cannot be managed in other settings. None of the other fixed payment rates (room and board, routine home care, continuous home care, or inpatient respite care) will apply for a day on which the member receives general inpatient care, except for the day of discharge.

Questions

If you have any questions about the information in this bulletin, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.
