Commonwealth of Massachusetts Executive Office of Health and Human Services

NOTICE OF PUBLIC HEARING

Under the authority of M.G.L. c. 118E and in accordance with M.G.L. c. 30A, the Executive Office of Health and Human Services (EOHHS) will hold a remote public hearing on Friday, August 22, 2025, at 10 a.m., relative to the adoption of amendments to the following regulation.

101 CMR 322.00: Rates for Durable Medical Equipment, Oxygen and Respiratory Therapy Equipment

Under M.G.L. Chapter 118E, Section 13D, EOHHS is required to establish and periodically review the rates to be paid by governmental units for noninstitutional health care services, including payment rates for durable medical equipment, oxygen, and respiratory therapy equipment services, provided under the MassHealth program.

Effective for dates of service on or after January 1, 2026, for items that have Medicare fees, EOHHS proposes to rebase certain rates to the corresponding 2024 Medicare rates, using the applicable percentage currently established in 101 CMR 322.00. Proposed rates for these items increase or decrease relative to their current rates depending on how the corresponding 2024 Medicare rates fluctuate. Rates for all items without corresponding Medicare fees, including items with rates set at historical fixed rates, individual consideration (IC), adjusted acquisition cost (AAC) plus a markup, and invoice plus a markup, are proposed to be maintained at their current levels. No changes are proposed for the applicable markups. The proposed amendments will also incorporate updates issued by administrative bulletins since the last regulation review and reflect updated terminology and current policy.

EOHHS is proposing these amendments, subject to federal approval, to ensure that payment rates are consistent with efficiency, economy, and quality of care, and to satisfy the requirements of M.G.L. 118E, sections 13C and 13D. It is estimated that the annual aggregate fiscal impact of the proposed amendments is \$895,000. The actual change in annualized expenditures may vary depending on actual utilization of services. There is no fiscal impact on cities and towns.

To register to testify at the hearing and to get instructions on how to join the hearing online, go to www.mass.gov/info-details/executive-office-of-health-and-human-services-public-hearings. To join the hearing by phone, call (646) 558-8656 and enter meeting ID 935 397 8200# when prompted.

You may also submit written testimony instead of, or in addition to, live testimony. To submit written testimony, please email your testimony to ehs-regulations@mass.gov as an attached Word or PDF document or as text within the body of the email with the

name of the regulation in the subject line. All written testimony must include the sender's full name, mailing address, and organization or affiliation, if any. Individuals who are unable to submit testimony by email should mail written testimony to EOHHS, c/o D. Briggs, 100 Hancock Street, 6th Floor, Quincy, MA 02171. Written testimony will be accepted through 5 p.m. on Friday, August 22, 2025. EOHHS specifically invites comments as to how the amendments may affect beneficiary access to care for MassHealth-covered services.

To review the current draft of the proposed regulation, go to www.mass.gov/info-details/executive-office-of-health-and-human-services-public-hearings or request a copy in writing from MassHealth Publications, 100 Hancock Street, 6th Floor, Quincy, MA 02171.

Special accommodation requests may be directed to the Disability Accommodations Ombudsman by email at ADAAccommodations@mass.gov or by phone at (617) 847-3468 (TTY: (617) 847-3788). Please allow two weeks to schedule sign language interpreters.

EOHHS may adopt a final, revised version of the proposed regulation taking into account relevant comments and any other practical alternatives that come to its attention.

In case of inclement weather or other emergency, hearing cancellation announcements will be posted on the MassHealth website at www.mass.gov/info-details/executive-office-of-health-and-human-services-public-hearings.

August 1, 2025

Small Business Impact Statement				
(As required by M.G.L. c. 30A §§ 2, 3 & 5)				
CMR No: 101 CMR 322.00				
Estimate of the Number of Small Businesses Impacted by the Regulation: 101 durable medical equipment (DME)				
providers, 22 oxygen and respiratory equipment (OXY) providers, and 669 pharmacy providers that offer DME and/or				
OXY equipment and supplies as a subspecialty service Select Yes or No and Briefly Explain				
Yes	No	Will small businesses have to create, file, or issue additional reports?		
	\boxtimes			
		No. Small businesses will not have to create, file, or issue additional reports.		
Yes	No	Will small businesses have to implement additional recordkeeping procedures?		
	\boxtimes	No. Small businesses will not have to implement additional recordkeeping procedures.		
Yes	No	Will small businesses have to provide additional administrative oversight?		
	\boxtimes	No. Small businesses will not have to provide additional administrative oversight.		
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Yes	No	Will small businesses have to hire additional employees in order to comply with the proposed		
	\boxtimes	regulation?		
		No. Small businesses will not have to hire additional employees in order to comply with the proposed		
		regulation.		
Yes	No	Does compliance with the regulation require small businesses to hire other professionals (e.g. a lawyer,		
	\boxtimes	accountant, engineer, etc.)?		
		No. Small businesses are not required to hire other professionals to comply with the regulation.		
Yes	No	Does the regulation require small businesses to purchase a product or make any other capital		
	\boxtimes	investments in order to comply with the regulation?		
		No. Small businesses are not required to purchase a product or make any other capital investments in		
		order to comply with the regulation, although they may obtain products from a preferred supplier.		
Yes	No	Are performance standards more appropriate than design/operational standards to accomplish the		
	\boxtimes	regulatory objective?		
		(Performance standards express requirements in terms of outcomes, giving the regulated party		
		flexibility to achieve regulatory objectives and design/operational standards specify exactly what		
		actions regulated parties must take.)		
		No. The regulation is required by MGL Chapter 118E Sections 13C and 13D, and establishes the rates		
		to be paid by governmental units to providers of noninstitutional health care services, including DME		
		and OXY services.		
Yes	No	Do any other regulations duplicate or conflict with the proposed regulation?		
	\boxtimes	No. No other regulations duplicate or conflict with this regulation.		
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Yes	No	Does the regulation require small businesses to cooperate with audits, inspections or other regulatory		
\boxtimes		enforcement activities?		
		Yes. The regulation continues to require providers to periodically comply with audits, inspections, and		
		other regulatory activities.		
Yes	No	Does the regulation require small businesses to provide educational services to keep up to date with		

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regulatory requirements?

		No. This regulation does not require small businesses to provide educational services to keep up to date with the regulatory requirements.
Yes	No 🖂	Is the regulation likely to <i>deter</i> the formation of small businesses in Massachusetts? No. The regulation is unlikely to deter or encourage the formation of small businesses in Massachusetts, as this regulation governs payments for DME and OXY services provided to publicly aided individuals and is applied uniformly among providers.
Yes	No 🖂	Is the regulation likely to <i>encourage</i> the formation of small businesses in Massachusetts? No. The regulation is unlikely to deter or encourage the formation of small businesses in Massachusetts, as this regulation governs payments for DME and/or OXY services provided to publicly aided individuals and is applied uniformly among providers.
Yes	No ⊠	Does the regulation provide for less stringent compliance or reporting requirements for small businesses? No. The regulation does not distinguish between small and other businesses.
Yes	No ⊠	Does the regulation establish less stringent schedules or deadlines for compliance or reporting requirements for small businesses? No. The regulation contains requirements to report cost data to EOHHS upon request to enable EOHHS to develop rates for health care services and is applied uniformly regardless of whether or not the provider is a small business.
Yes	No ⊠	Did the agency consolidate or simplify compliance or reporting requirements for small businesses? No. This regulation requires providers to submit documentation requested by the Commonwealth for purposes of utilization and provider review to ensure compliance with requirements, including the timelines for reporting, and the regulation is applied uniformly regardless of whether or not the provider is a small business.
Yes	No 🗵	Can performance standards for small businesses replace design or operational standards without hindering delivery of the regulatory objective? No. The regulation establishes uniform conditions of payment for the provision of DME and OXY services to publicly aided individuals. These requirements are applied uniformly, regardless of the size of the provider's business, to maintain consistency in the care provided to publicly aided individuals.
Yes	No 🖂	Are there alternative regulatory methods that would minimize the adverse impact on small businesses? No. The regulation does not have an adverse impact on small businesses and governs payments for DME and OXY services to publicly aided individuals and is applied uniformly regardless of whether or not the provider is a small business.