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Administrative Bulletin 24-20

101 CMR 512.00.00: *Nursing Facility User Fees*

Effective July 15, 2024

Nursing Facility User Fee Form Resubmissions

Background

The Executive Office of Health and Human Services (EOHHS) is issuing this Administrative Bulletin under 101 CMR 512.03(4) to announce EOHHS procedures regarding resubmission of nursing facility user fee forms.

Under 101 CMR 512.05 and [Administrative Bulletin 23-01: *Offset Procedures for Non-Payment of User Fees*](#), each nursing facility must determine the amount of the user fee assessment owed for each quarter, submit its quarterly user fee form, and pay a quarterly assessment to EOHHS. The due date to submit quarterly user fee forms and assessments is the first day of the second month following the end of the calendar quarter. (For instance, the due date for the quarter ending March 31 is May 1.)

When submitting a quarterly user fee form, the person responsible for completing the form (e.g., the nursing facility owner, partner, officer, or administrator) must certify that the information in this report is true, accurate, and prepared in accordance with applicable regulations and instructions under the pains and penalties of perjury.

EOHHS recognizes the need for accurate, complete, and timely user fee data as it is used for periodic user fee group reclassifications. However, the agency acknowledges that under certain circumstances, nursing facilities may need to adjust their previously submitted quarterly user fee forms. Therefore, EOHHS sets the deadline for user fee form resubmissions to be six months after the original due date. (For example, for the quarter ending March 31, the payment and form due date is May 1, and the form may be resubmitted no later than November 1.)

Assessment Period	Payment and Form Due Date	Form Resubmission Date No Later Than
July 1 – September 30	November 1	May 1
October 1 – December 31	February 1	August 1
January 1 – March 31	May 1	November 1
April 1 – June 30	August 1	February 1

EOHHS also wants to remind providers that for rate setting under 101 CMR 206.06(14) it will not make changes to any High Medicaid Adjustment solely because a facility underreported Massachusetts Medicaid days in its quarterly User Fee Assessment Form. For rate setting under 101 CMR 206.06(14): *High Medicaid Adjustment*, MassHealth will rely on the data reported in the facility’s original quarterly User Fee Assessment Form and will not consider resubmissions.