***Commonwealth of Massachusetts***

***Executive Office of Health and Human Services***

***Office of Medicaid***

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MassHealth

# Durable Medical Equipment Provider Bulletin 27

Oxygen and Respiratory Therapy Equipment Provider Bulletin 21

August 2021

**TO**: Durable Medical Equipment and Oxygen and Respiratory Therapy Equipment Providers Participating in MassHealth

**FROM**: Amanda Cassel Kraft, Acting Assistant Secretary for MassHealth [signature of Amanda Cassel Kraft]

RE: Rate Increases and Reporting Requirements for Certain Home-and Community-Based Services Related to Section 9817 of the American Rescue Plan Act

## Introduction

The Executive Office of Health and Human Services (EOHHS) has established enhanced rates for certain home and community-based services (HCBS), including MassHealth-covered Durable Medical Equipment and Oxygen and Respiratory Therapy Equipment services, under 101 CMR 447.00: *Rates for Certain Home-and Community-based Services Related to Section 9817 of the American Rescue Plan Act* for dates of service beginning July 1, 2021, through December 31, 2021.

These enhanced rates have been established to advance the Commonwealth’s initiatives related to Section 9817 of the American Rescue Plan Act. Specifically, these enhanced rates promote workforce development and strengthen the HCBS workforce during the continued federal public health emergency.

This bulletin sets forth the enhanced rates and billing instructions in effect for MassHealth-covered Durable Medical Equipment and Oxygen and Respiratory Therapy Equipment services for dates of service beginning July 1, 2021, through December 31, 2021, and the required provider attestation and reporting requirements regarding use of the funds associated with the add-on for workforce development established under 101 CMR 447.00.

## Enhanced Durable Medical Equipment and Oxygen and Respiratory Therapy Equipment Rates and Billing Instructions for Dates of Service from July 1, 2021, through December 31, 2021

### Enhanced Rates and Service Codes Spreadsheet effective July 1, 2021

To promote workforce development and strengthen the HCBS workforce during the continued federal public health emergency, the rates effective for dates of services beginning July 1, 2021, through December 31, 2021, are being established in 101 CMR 447.00 at an amount 10% higher

than the existing rates for these services as established in 101 CMR 322.00: *Durable Medical Equipment, Oxygen and Respiratory Therapy Equipment*.

Specifically, the Durable Medical Equipment and Oxygen and Respiratory Therapy Equipment rates are found in section 101 CMR 447.03(6)(s) and are also set forth in a spreadsheet at the following link: [www.mass.gov/regulations/101-CMR-44700-rates-for-certain-home-and-community-based-services-related-to-section-9817-of-the-american-rescue-plan-act](https://www.mass.gov/regulations/101-CMR-44700-rates-for-certain-home-and-community-based-services-related-to-section-9817-of-the-american-rescue-plan-act).

### Service Provision

All Durable Medical Equipment and Oxygen and Respiratory Therapy Equipment services receiving enhanced funding must be delivered in accordance with all applicable program requirements and regulations as set forth in 130 CMR 409.000:*Durable Medical Equipment* and 130 CMR 427.000: *Oxygen and Respiratory Therapy Equipment*.

### Administrative and Billing Requirements

All existing provider billing processes will remain in effect during the period of enhanced funding, beginning July 2021, through December 2021. Providers must submit claims according to policies and procedures set forth in applicable administrative and billing regulations and supporting guidance.

## Durable Medical Equipment and Oxygen and Respiratory Therapy Equipment Rates for Dates of Service on or after January 1, 2022

For dates of service on or after January 1, 2022, MassHealth will pay providers for Durable Medical Equipment and Oxygen and Respiratory Therapy Equipment services at the rates established under 101 CMR 322.00.

## Allowable Uses of Enhanced Funding

Providers will be required to use at least 90% of enhanced funds for the specific purposes of recruiting, building, and retaining their direct care and support workforce.

EOHHS guidance about allowable uses of the enhanced funding, including eligible direct care and support staff and categories of compensation, is available at [www.mass.gov/doc/for-masshealth-providers-home-and-community-based-service-enhanced-rate-add-ons-using-american-rescue-plan-act-arpa-funding/download](http://www.mass.gov/doc/for-masshealth-providers-home-and-community-based-service-enhanced-rate-add-ons-using-american-rescue-plan-act-arpa-funding/download).

## Provider Attestation and Spending Report

As a condition of receipt of these additional funds, eligible provider agencies must complete an attestation assuring EOHHS that they will use at least 90% of the funds for HCBS workforce development and submit a spending report to EOHHS that accounts for how the enhanced funds were used.

EOHHS guidance about the provider attestation and spending report requirements will be provided at a future date at [www.mass.gov/info-details/strengthening-home-and-community-based-services-and-behavioral-health-services-using-american-rescue-plan-arp-funding](http://www.mass.gov/info-details/strengthening-home-and-community-based-services-and-behavioral-health-services-using-american-rescue-plan-arp-funding). Providers are encouraged to check this site regularly for updated information.

## Failure to Submit an Attestation or Spending Report

Providers may be subject to sanction for failure to submit an attestation form and/or spending report in accordance with EOHHS guidance above and pursuant to 130 CMR 450.238: *Sanctions: General* and 130 CMR 450.239: *Sanctions: Calculation of Administrative Fine*.

## MassHealth Website

This bulletin is available on the [MassHealth Provider Bulletins](http://www.mass.gov/masshealth-provider-bulletins) web page.

[Sign up](https://www.mass.gov/forms/email-notifications-for-provider-bulletins-and-transmittal-letters) to receive email alerts when MassHealth issues new bulletins and transmittal letters.

## Questions

Providers may submit questions related to the enhanced funding and other questions related to this bulletin to [ARPAMedicaidHCBS@mass.gov](mailto:ARPAMedicaidHCBS@mass.gov).

The MassHealth LTSS Provider Service Center is also open from 8 a.m. to 6 p.m. ET, Monday through Friday, excluding holidays. LTSS Providers should direct their questions about this letter or other MassHealth LTSS Provider questions to the LTSS Third Party Administrator (TPA) as follows:

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| **Phone:** | Toll free (844) 368-5184 |
| **Email:** | [support@masshealthltss.com](mailto:support@masshealthltss.com) |
| **Portal:** | [www.MassHealthLTSS.com](http://www.MassHealthLTSS.com) |
| **Mail:** | MassHealth LTSS  PO Box 159108  Boston, MA 02215 |
| **Fax:** | (888) 832-3006 |