

December 1, 2025

Introduction

Good morning. My name is Ashali Singham and I am the Senior Director of Provider Programs and Operations at MassHealth in the Executive Office of Health and Human Services (EOHHS). I am here to present staff testimony on the adoption of amendments to 130 CMR 450.000: *Administrative and Billing Regulations*.

These regulations set forth the administrative and billing regulations that apply to MassHealth providers and MassHealth-covered services. EOHHS may adopt final, revised versions of the regulations taking into account relevant comments and any other practical alternatives that come to its attention.

Background

Regulation 130 CMR 450.000 applies to all MassHealth providers and services and is often referred to as “all-provider regulations.” MassHealth also promulgates other regulations and publishes other documents affecting these providers and services, including other chapters in 130 CMR, statements of policy and procedure, conditions of participation, guidelines, billing and claim submission instructions, provider bulletins, and other documents referenced in 130 CMR. In addition, the regulations in 130 CMR frequently refer to federal regulations, to regulations of the Massachusetts Department of Public Health and other agencies, and to rates and fee schedules established by EOHHS.

Description of Changes

The proposed amendments are intended to update 130 CMR 450.000 to ensure compliance with federal law, reduce administrative burden, clarify certain provider requirements, and clarify state law. The proposed amendments update 130 CMR 450.000 to do the following. (1) Comply with federal regulations on prior authorization. (2) Update conditions of payment to require a provider listed on a claim to be enrolled in MassHealth only if state or federal laws/rules require such enrollment. (3) Clarify that providers participating in managed care are required to adhere to performance specifications and other requirements established in managed care entity provider

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contracts. (4) Update hearing provisions to allow for discretionary vacating of a procedural dismissal of an administrative appeal at the Board of Hearings. (5) Update referral exemption requirements for Primary Care Clinician (PCC) and Primary Care Accountable Care Organization (PCACO) plans and update the provider eligibility criteria for PCC and PCACO plans. (6) Update the pay-for-performance language on notice and dispute procedures to apply the section more broadly to existing performance incentive payment programs. (7) Clarify the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) and Preventive Pediatric Health Care Screening and Diagnosis (PPHSD) Programs. (8) Allow MassHealth to require providers to obtain a separate national provider identifier per service location and issue separate provider ID/service location numbers for separate service locations. (9) Make other clarifying and administrative updates.

The proposed effective date of the proposed amendments is April 10, 2026.

Fiscal Impact

The proposed amendments are not anticipated to result in an increase in annual aggregate MassHealth expenditures. There is no fiscal impact on cities and towns.

This concludes my testimony. Thank you.