

Introduction

Good morning. My name is Jamie Davidson and I am the Program Manager of Durable Medical Equipment and Prosthetics and Orthotics Services (DMEPOS) at MassHealth's Office of Long Term Services and Supports within the Executive Office of Health and Human Services (EOHHS). I am here to present testimony on proposed amendments to 101 CMR 322.00: *Rates for Durable Medical Equipment, Oxygen and Respiratory Therapy Equipment*. The proposed amendments are anticipated to be effective for dates of services on or after January 1, 2026.

Background

Regulation 101 CMR 322.00 governs rates paid by MassHealth and other governmental units for services rendered to publicly aided individuals, including, but not limited to the purchase or rental of

- durable medical equipment;
- medical and surgical supplies;
- seating positioning;
- mobility systems and related accessories;
- prescribed oxygen delivery systems and respiratory therapy devices and related supplies;
- intravenous supplies (excluding drugs), enteral therapy, equipment, and related supplies and services;
- Personal Emergency Response Systems (PERS); and
- the repair or modification of the above listed types of equipment.

Description of Proposed Changes

For items that have Medicare fees, rates are proposed to be rebased to 2024 Medicare rates. The proposed rates are set at

- 100% of the corresponding Medicare rates for specialized wheeled mobility equipment accessories;
- the first six months of rental for volume ventilators, certain diabetic equipment and supplies, certain patient lifts and accessories, and elevating leg rests; and
- 85% of the corresponding Medicare rates for all other items, including speech generating devices and certain oxygen equipment and supplies.

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.

In addition, please note that there are three codes that are missing descriptions in the public comment redline of the proposed amendments that require correction. EOHHS will correct the code descriptions in the version of the regulations submitted to the Secretary of State's office for final adoption. The codes are:

E0638 UC

Description: Standing frame system, one position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels.

E0638 UD

Description: Standing frame system, one position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels.

K1037

Description: Docking station for use with oral device/appliance used to reduce upper airway collapsibility.

The proposed rates are in accordance with M.G.L. Chapter 118E Section 13C, which requires that rates established by EOHHS for health care services be “adequate to meet the costs incurred by efficiently and economically operated facilities providing care and services in conformity with applicable state and federal laws and regulations and quality and safety standards and which are within the financial capacity of the commonwealth.”

Testimony on Amendments to 101 CMR 322.00
Effective January 1, 2026
Rates For Durable Medical Equipment, Oxygen and Respiratory Therapy Equipment
August 22, 2025

Fiscal Impact

The estimated aggregate annual fiscal impact of the proposed amendments is \$895,000, which is a 0.89% increase over SFY2023 MassHealth base spending of \$101 million.

This concludes my testimony.

Thank you.