

Introduction

Good afternoon. My name is April Miranda, and I am the Program Manager for Home Health, Hospice, and Therapy Services in the MassHealth Office of Long Term Services and Supports within the Executive Office of Health and Human Services (EOHHS). I am here to present testimony on the proposed amendments to 101 CMR 339.00: *Rates for Restorative Services*. The proposed amendments are anticipated to be effective for dates of service on or after May 1, 2025.

Background

Regulation 101 CMR 339.00 governs the rates of payment to be used by all governmental units for rehabilitation center services, speech and hearing center services, and restorative therapy services provided to publicly aided individuals by eligible providers. Services covered under this regulation include evaluative and therapeutic services, physical medicine and rehabilitation, evaluation and management services, and hourly rates for individual consideration (IC) designated services.

Description of Changes

EOHHS proposes to set all service rates in the regulation that have corresponding Medicare rates at 72% of 2024 Medicare rates, holding at the existing levels those current rates that are above 72% of 2024 Medicare rates. EOHHS proposes to increase any service rates without corresponding Medicare rates by 23.1%, which is the median percent increase applied to service rates with corresponding Medicare rates. These rate increases are proposed to enhance access to restorative services, stabilize the provider network, and respond to provider feedback about increases in their costs.

Testimony on Amendments to 101 CMR 339.00
Rates for Restorative Services
Effective May 1, 2025
December 12, 2024

EOHHS is also proposing to add and adopt new procedure codes 97550, 97551, and 97552 for caregiver training services. These procedure codes were newly adopted by Medicare as of January 1, 2024. These services provide training to non-paid caregivers of eligible members to support member functional performance as part of an individualized therapy plan of care.

EOHHS proposes to establish rates for the three added codes at 72% of corresponding 2024 Medicare rates, matching the methodology proposed above for the other service rates.

The proposed amendments are consistent with efficiency, economy, and quality of care and satisfy the requirements of M.G.L. Chapter 118E, sections 13C and 13D.

Fiscal Impact

The estimated aggregate annual fiscal impact of the proposed amendments is \$4.10 million, or a 40.6% increase relative to FY2023 base spending of \$10.11 million.

This concludes my testimony.

Thank you.