# MASSHEALTH NF BULLETIN 205

**Key reimbursement and MDS audit updates**

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CELTIC CONSULTING

## THREE KEY CHANGES

1. Shortness of breath (J1100C) - MassHealth clarifies the clinical evidence used to support payment when a resident has shortness of breath while lying flat.
2. Behavioral indicator add-on - Eligibility is determined using qualifying Section E scores on the original MDS only; later increases from 0/1 to 2/3 do not establish eligibility.
3. Audit-related MDS modifications - An MDS modification is no longer required solely because of a MassHealth audit finding.

### J1100C: what documentation should demonstrate

During the applicable 7-day look-back, documentation must support breathing difficulty when attempting to lie flat, or avoidance of lying flat because of breathing difficulty. Relevant evidence includes licensed clinician documentation; resident/staff/family interviews; observations in bed, at rest and during activity; medical history; symptom and positioning details; and an individualized care plan with measurable goals and interventions. I6200 also requires support for an active asthma, COPD, or other chronic lung disease diagnosis. (pp. 9-10)

### Behavioral add-on: protect the original assessment

The affected items are E0200A, E0200B, E0200C, E0800 and E0900. Document behaviors coded 2 or 3 during the 7-day look-back, including frequency, interventions and outcomes; address qualifying behaviors in the care plan. A corrected MDS may still be required by CMS rules, but it cannot create add-on eligibility by raising an original score of 0 or 1 to 2 or 3. (pp. 8-9)

### Audits: payment changes without automatic MDS changes

The no-automatic-modification policy also applies to pre-October 1 audits when the facility has not yet submitted the audit-related modification. CMS-required corrections still apply. MassHealth may adjust the payment HIPPS code in MMIS based on supported documentation; facilities retain reconsideration rights under 130 CMR 456.421. (pp. 6-8)

### Facility action checklist

- Review respiratory notes and care plans supporting J1100C.
- Validate Section E scoring and supporting evidence before original MDS submission.
- Update audit response workflows to distinguish payment adjustments from CMS-required MDS corrections.
- Review pending audit cases and verify MDS transmission/error reports (ELG-402 / ELG-404).

Additional reminders: NF-205 reiterates quarterly assessment timing, MassHealth provider/member ID requirements, technical data review procedures, and audit expectations. These are not all newly introduced requirements.

Source: MassHealth Nursing Facility Bulletin 205 (November 2026), pp. 1-10. This handout summarizes the bulletin's expressly identified updates and is not a substitute for the full bulletin or CMS RAI Manual.