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State Territory Name: MASSACHUSETTS

State Plan Amendment (SPA) #: 24-0002

This file contains the following documents in the order

listed:1) Approval Letter

2) CMS 179 Form/Summary Form (with 179-like data)

3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
John C. Kluczynski Federal Building
230 S Dearborn Street, Suite 330F
Chicago, IL 60604-1505



FINANCIAL MANAGEMENT GROUP

April 12, 2024

Mike Levine, Assistant Secretary
The Commonwealth of Massachusetts Executive Office of
Health and Human Services Office of Medicaid
One Ashburton Place, Room 1109 Boston,
Massachusetts 02108

RE: Massachusetts State Plan Amendment (SPA) Transmittal Number 24-0002

Dear Assistant Secretary Levine:

We have reviewed the proposed State Plan Amendment (SPA) to Attachment 4.19-B of Massachusetts's state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 29, 2024. This plan amendment updates the rates for Hospice Services.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Debi Benson at 1-312-886-0360 or Deborah.Benson@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 4 — 0 0 0 2

2. STATE

M A

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

1/01/2024

5. FEDERAL STATUTE/REGULATION CITATION

42 USC 1396 42 CFR 418

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 24 \$ 70,000
b. FFY 25 \$ 94,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B Page 3.1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B Page 3.1

9. SUBJECT OF AMENDMENT

An amendment to the payment methodologies for hospice

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
Not required under 42 CFR 430.12(b)(2)(i)

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

12. TYPED NAME
Mike Levine

13. TITLE
Assistant Secretary for MassHealth

14. DATE SUBMITTED
3/29/2024

15. RETURN TO

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
One Ashburton Place, 3rd Floor
Boston, MA 02108

FOR CMS USE ONLY

16. DATE RECEIVED March 29, 2024

17. DATE APPROVED
April 12, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Methods and Standards for Establishing Payment Rates – Other Types of Care

p. **Hospice Services:**

Massachusetts pays for hospice services using the CMS annually published Medicaid hospice rates that are effective from October 1 of each year through September 30 of the following year. Except as otherwise noted in the plan, fee schedule rates are the same for both governmental and private providers. With the exception of payment for physician services Medicaid reimbursement for hospice care will be made at one of the following five predetermined rates for each day in which an individual receives the respective type, duration and intensity of the services furnished under the care of the hospice.

1. Routine Home Care (RHC): Hospice providers are paid one of two levels of RHC for dates of service on or after 1/1/2016. This two-rate payment methodology will result in a higher RHC rate based on payment for days one (1) through sixty (60) of hospice care and a lower RHC rate for days sixty-one (61) or later. A minimum of sixty (60) days gap in hospice services is required to reset the counter which determines which payment category a participant is qualified for.
2. Continuous Home Care
3. Inpatient Respite Care
4. General Inpatient Care
5. Service Intensity Add-On

Effective January 1, 2016, hospice providers that are not in compliance with Medicare quality reporting requirements established under section 1814(i)(5)(A)(i) of the Social Security Act are subject to a 2% reduction to the market basket percentage increase.

The Consolidated Appropriations Act of 2021 (CAA) amended the applicable market basket reduction for hospice providers to 4%. This change is effective beginning January 1, 2024 and is applicable for any hospice provider that fails to comply with the quality measure reporting requirements with respect to that fiscal year.