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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 14-0027

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
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

March 20, 2015

Marylou Sudders, Secretary
Executive Office of Health and Human Services
One Ashburton Place, Room 1109
Boston, Massachusetts 02108

Dear Ms. Sudders:

We are pleased to enclose a copy of approved Massachusetts State Plan Amendment (SPA) No. 14-0027 submitted to CMS on December 31, 2014. This SPA was submitted to revise your approved Title XIX State plan to update the requirement for utilization review for acute and chronic disease and rehabilitation inpatient hospitals. This SPA has been approved effective October 1, 2014.

Enclosed are copies of the following State plan pages to be incorporated within your approved State plan.

- Section 4.14, page 47.

If you have any questions regarding this matter you may contact Julie McCarthy at (617) 565-1244 or by e-mail at Julie.McCarthy@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure/s

cc: Daniel Tsai, Assistant Secretary and Director of MassHealth
Michael Coleman, State Plan Coordinator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 014-027	2. STATE MA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2014	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 431.630; 42 CFR 456.2; 42 USC 1396a (a) (30) and (d)	7. FEDERAL BUDGET IMPACT: a. FFY 2015 \$(112,500) b. FFY 2016 \$(112,500)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 4, Page 47	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same	

10. SUBJECT OF AMENDMENT:

Inpatient Hospital Acute and Chronic Disease and Rehabilitation Utilization Control

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Not required under
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 42 CFR 430.12(b)(2)(ii)

12. SIGNATURE OF STATE AGENCY OFFICIAL: /s/	16. RETURN TO: Michael P. Coleman State Plan Coordinator Office of Medicaid Executive Office of Health and Human Services One Ashburton Place, 11 th Floor Boston, MA 02108
13. TYPED NAME: John Polanowicz	
14. TITLE: Secretary	
15. DATE SUBMITTED: 12/30/14	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 12/31/2014	18. DATE APPROVED: 03/20/2015
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/01/2014	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator, Division of Medicaid & Children's Health Operation, Boston, MA
23. REMARKS:	

State Plan under Title XIX of the Social Security Act
State: Massachusetts

Citation

4.14 Utilization Control (cont.)

(b) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart C, for control of the utilization of inpatient hospital services.

Utilization and medical review for acute hospitals is performed by a QIO-like entity.

The agency has assumed direct responsibility for assuring that utilization review requirements for chronic disease and rehabilitation hospitals are met through an interdepartmental service agreement.*

* The state performs the reviews in state-owned non-acute hospitals.

Utilization review is performed in accordance with 42 CFR Part 456, Subpart H that specifies the conditions of a waiver of the requirements of Subpart C for:

All Hospitals (other than mental hospitals)

Those specified in the waiver.

No waivers have been granted.