

Table of Contents

State/Territory Name: MA

State Plan Amendment (SPA) #:17-0018

- 1) Approval Letter
- 2) CMS 179 Form
- 3) SPA Pages

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Financial Management Group

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

JUL 26 2018

RE: Massachusetts 17-0018

Dear Secretary Sudders:

We have reviewed the proposed amendment to Attachments 4.19-A of your Medicaid state plan submitted under transmittal number (TN) 17-0018. This amendment proposes changes to the reimbursement methodology for private psychiatric hospital and substance abuse treatment hospital services. Specifically, it specifies rate year (RY) 2018 cost adjustment inflation factor of zero percent.

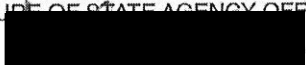

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447. We are pleased to inform you that Medicaid State plan amendment 17-0018 is approved effective October 1, 2017. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please call Novena James-Hailey at (617) 565-1291.

Sincerely,



Kristin Fan
Director

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>1 7 — 0 1 8</u>	2. STATE MA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 10/1/17	
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 USC 1396a; 42 USC 1396b; 42 CFR Part 447	7. FEDERAL BUDGET IMPACT a. FFY 2018 \$ <u>0.00</u> b. FFY 2019 \$ <u>0.00</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-A(2b), pages 1-5	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-A (2b), page 1-5	
10. SUBJECT OF AMENDMENT Private Psychiatric Inpatient Hospital Services		
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <i>Not required under 42 CFR 430.12(b)(2)(i)</i> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Kaela Konefal State Plan Coordinator Executive Office of Health and Human Services Office of Medicaid One Ashburton Place, 11th Floor Boston, MA 02108	
13. TYPED NAME Marylou Sudders		
14. TITLE Secretary		
15. DATE SUBMITTED 12/29/17		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED	18. DATE APPROVED JUL 26 2018	
PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL OCT 01 2017	20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Kristin Fan	22. TITLE Director, FMC	
23. REMARKS		

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Methods Used to Determine Rates of Payment for Privately-Owned Psychiatric Inpatient Hospital Services

I. General Description of Payment Methodology

The following sections describe the methods and standards utilized by the Executive Office of Health and Human Services (EOHHS), pursuant to the provisions of M.G.L. c. 118E, §13A, to establish the rates and terms of payment by contract for dates of service effective October 1, 2013 for services rendered by Privately-Owned Psychiatric hospitals and Substance Abuse Treatment Hospitals to patients entitled to medical assistance under M.G.L. c. 118E, §1 et seq. These rates of payment do not apply to Members who are enrolled in a MassHealth MCOs or the Primary Care Clinician Plan's Behavioral Health Plan.

- (1) EOHHS established a comprehensive inpatient per diem rate for all participating Psychiatric Hospitals, covering both routine and ancillary services provided to inpatients.
- (2) An all-inclusive Administrative Day per diem Rate (AD Rate) is established for psychiatric hospitals for each Administrative Day. The AD Rate is an all-inclusive daily rate paid for each Administrative Day.
- (3) MassHealth established a comprehensive inpatient per diem rate for all participating substance abuse treatment hospitals covering both routine and ancillary services provided to inpatients.

II. Definitions

Administrative Day (AD): A day of inpatient hospitalization on which a Member's care needs can be met in a less-intensive setting than a Psychiatric Hospital, and on which the Member is clinically ready for discharge, but an appropriate institutional or non-institutional setting is not readily available.

Administrative Day Per Diem Rate (AD Rate): An all-inclusive daily rate of payment paid to hospitals for Administrative Days.

Department of Mental Health (DMH): An agency of the Commonwealth of Massachusetts established under M.G.L. c. 19, §1 et seq.

Department of Public Health (DPH): An agency of the Commonwealth of Massachusetts established under M.G.L. c. 17, §1.

Center For Health Information and Analysis (CHIA) – an agency of the Commonwealth of Massachusetts established under M.G.L c.12C.

Inpatient Per Diem Rate: An all-inclusive daily rate of payment for any and all Inpatient Psychiatric Services provided to a Member by a Privately-Owned Psychiatric Hospital or Substance Abuse Treatment Hospital.

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

Methods Used to Determine Rates of Payment for Privately-Owned Psychiatric Inpatient Hospital Services

MassHealth (also Medicaid): The Medical Assistance Program administered by EOHHS to furnish and pay for medical services pursuant to M.G.L. c. 118E and Titles XIX and XXI of the Social Security Act, and any approved waivers of such provisions.

Member: A person determined by EOHHS to be eligible for medical assistance under the Medicaid Program.

Primary Care Clinician Plan's Behavioral Health Program (PCCP Behavioral Health Program): A managed care program for the administration, coordination, and delivery of mental health and substance abuse services to Members enrolled in the Primary Care Clinician Plan (PCCP).

Psychiatric Inpatient Hospital (Psychiatric Hospital): A hospital licensed by the Department of Mental Health (DMH) pursuant to M.G.L. c. 19, § 19.

Rate Year (RY): The fiscal year beginning October 1 and ending September 30.

Substance Abuse Treatment Hospital Services: A hospital licensed by the Massachusetts Department of Public Health, pursuant to 105 CMR 130.00 and 105 CMR 164.000, which govern the licensure or approval and operation of every substance abuse treatment program subject to licensure or approval under M.G.L. c. 111B, §§6,6A; M.G.L.c.111E §7; M.G.L.c 111, §§51-56. Substance abuse hospitals provide short-term, twenty-four hour per day medical treatment for substance withdrawal, individual medical assessment, evaluation, intervention, substance abuse counseling and post-detoxification referrals provided by an inpatient unit licensed as an acute inpatient substance abuse treatment service by the Massachusetts Department of Public Health pursuant to regulations at 105 CMR 164.000.

III. Payment Methodology

A. Privately -Owned Psychiatric Hospitals

- (1) The Inpatient Per Diem Rate is an all inclusive daily rate for all participating psychiatric hospitals, covering both routine and ancillary services provided to inpatients. The base period standards were calculated using the FY 2008 HCF-403 cost reports. The Inpatient per diem Rate for the period beginning October 1, 2017 is derived from the 2008 operating and capital cost information for each hospital. The operating costs were updated from fiscal year 2008 using a composite index comprised of two cost categories: Labor and Non-labor. These categories were weighted according to weights used by CMS. The inflation proxy for the labor cost category was the Massachusetts Consumer Price Index. The inflation proxy for the non-labor cost category is the non-labor portion of the CMS market basket. The RY 2008-2009 update factor for operating costs was 1.459%. The CMS Capital Input Price Index of 0.7% was used in computing an allowance for inpatient capital, which is derived from fiscal year 2008 patient care capital expenditure data. The update factor for operating costs used in the rate calculation for RY 2012-2013 is 1.775%. The update factor for

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

Methods Used to Determine Rates of Payment for Privately-Owned Psychiatric Inpatient Hospital Services

operating costs used in the rate calculation for 2013-2014 is 1.571%. The update factor for operating costs used in the rate calculation for 2014-2015 is 1.672%. The update factor for operating costs used in the rate calculation for 2015-2016 is 0.00%. The update factor for operating costs used in the rate calculation for 2016-2017 is 0.00%. The update factor for operating costs used in the rate calculation for 2017-2018 is 0.00%. The CMS Capital Input Price Index adjusts the base year capital cost to determine the capital amount. The update factor for capital costs used in the rate calculation for 2012-2013 is 1.2%, for 2013-2014 it is 1.4%, for 2014-2015 it is 1.5%, for 2015-2016 it is 0.0%, for 2016-2017 it is 0.0%, and for 2017-2018 it is 0.0%.

The inpatient per diem rate is further increased by a factor of 2.295%.

- (2) The base period operating standards were calculated using the FY 2008 HCF-403 cost reports. Standards were computed in three categories, the sum of which is the Statewide per diem: 1) standard for Inpatient Overhead costs; 2) standard for Inpatient Direct Routine Costs; 3) standard for Inpatient Direct Ancillary Costs.

Determination of Base Year Operating Standards

- (3) The Standard for Inpatient Psychiatric Overhead Costs is based on the cost per day of the median licensed bed day. All hospitals were ranked from highest to lowest with respect to their cost per day; a cumulative frequency of licensed bed days for the hospitals was produced. The overhead cost standard was established at the cost per day corresponding to the position on the cumulative frequency of days that represent 50% of the total number of licensed bed days.
- (4) The Standard for Inpatient Psychiatric Direct Routine Costs is based on the cost per day of the median licensed bed day. All hospitals were ranked from highest to lowest with respect to their cost per day; a cumulative frequency of licensed bed days for the hospitals was produced. The routine cost standard was established at the cost per day corresponding to the position on the cumulative frequency of days that represent 50% of the total number of licensed bed days.
- (5) The Standard for Inpatient Psychiatric Direct Ancillary Costs is based on the cost per day of the median licensed bed day. All hospitals were ranked from highest to lowest with respect to their cost per day; a cumulative frequency of licensed bed days for the hospitals was produced. The direct ancillary cost standard was established at the cost per day corresponding to the position on the cumulative frequency of days that represent 50% of the total number of licensed bed days.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Methods Used to Determine Rates of Payment for Privately-Owned Psychiatric Inpatient Hospital Services

Determination of Base Year Capital Standard

- (6) Each Hospital's base year capital costs consist of each hospital's actual Base Year patient care capital requirement for historical depreciation for building and fixed equipment, reasonable interest expenses, amortization, leases, and rental of facilities. The standard for Inpatient Psychiatric Capital Cost is the median of all the hospital's Inpatient Psychiatric Capital Costs Per day.

Adjustment to Base Year Costs

- (7) The Standards for Overhead Costs, Direct Routine Costs, and Direct Ancillary Costs were updated using a composite index, which is a blend of CMS Hospital Prospective Market Basket and the Massachusetts Consumer Price Index. The CMS Capital Input Price Index adjusts the base year capital cost to determine the capital amount. The year-to-year update factors described in Section III.A(1) were used in the rate calculation of the annual inflation rates for operating costs and capital costs.

Administrative Days

- (8) A hospital will be paid for administrative days using an administrative day per diem rate (AD Rate). The AD Rate is an all-inclusive daily rate paid for each administrative day. The AD Rate is comprised of a base per diem payment and an ancillary add-on. The AD Rate is a base per diem payment and an ancillary add-on. For the period beginning October 1, 2017, the base per diem payment is \$198.14, which represents the October 2013 median rate as determined by EOHHS.
- (9) The ancillary add-on is based on the ratio of ancillary charges to routine charges, calculated for Medicaid/Medicare Part B eligible patients on AD status, using MassHealth paid claims for the period October 1, 1997, to September 30, 1998. These ratios are 0.278 and 0.382 respectively. The ancillary add-on was updated for inflation using the update factor of 2.2670% for inflation between FY 03 and FY 04; 1.723% between FY 04 and FY 05; 2.548% between FY 05 and FY 06; 1.853% between FY 06 and FY 07; 1.968% between FY 07 and FY 08; 2.244% between FY 08 and FY 09; 1.775% between FY12 and FY13; 1.571% between FY13 and FY14.

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

Methods Used to Determine Rates of Payment for Privately-Owned Psychiatric Inpatient Hospital Services

The resulting AD rate (base and ancillary add-on) was updated for inflation using the update factor of 1.672% between FY14 and FY15. No inflation update will be given between RY15 and FY16, between RY16 and RY17 and between RY17 and RY18. The resulting AD rate for FY18 is \$257.46.

B. Substance Abuse Treatment Hospitals

Determination of Inpatient per Diem Rates

1. The inpatient per diem rate is an all-inclusive daily rate paid for any and all inpatient care and services provided by a substance abuse treatment hospital to eligible Medicaid recipients. The per diem rate covers all treatment components such as room and board, routine nursing and hospital-based physician services, medications, initial substance abuse and psychiatric assessments, individual, family and group inpatient therapy services, radiology, ancillary services, overhead, and other services as is the customary practice among similar providers. The inpatient per diem rate is calculated as follows:
 2. The base period per diem rate is calculated using payments and inpatient days reported on Medicaid substance abuse treatment hospital claims data during the period RY1997 through May 1999. Claims data and bed-days for Medicaid recipients enrolled in the PCCP Behavioral Health Program are not included in these calculations.
 3. The inpatient per diem rate is calculated by taking an average of payments per day reported on claims data for the period HRY 1997 through May 1999. This amount was adjusted using the inflation factors of 2.14 % for HRY 1998; 1.90 % for HRY 1999; 1.43 % for HRY 2000; 2.00 % for HRY 2001; 1.152 % for HRY 2002; 2.226% for HRY 2003; (no inflation was given in HRY 2004); 1.186% for HRY 2005; 1.846% for HRY 2006; 1.64% for HRY 2007; 1.734% for HRY 2008; .719% for HRY 2009; 1.672% for HRY 2015; 0.00% for HRY16; 0.00% for HRY17 and 0.00% for HRY18.
- The inpatient per diem rate is further increased by 2.90%. The current inpatient payment rate is \$578.52.