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**State/Territory Name: Massachusetts** 

State Plan Amendment (SPA) #: 18-005

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

May 29, 2018

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

Dear Secretary Sudders:

We are pleased to enclose a copy of approved Massachusetts State Plan Amendment (SPA) No.18-005 submitted to CMS on March 30, 2018. This SPA was submitted to revise your approved Title XIX State plan to update the reimbursement methodologies for physician and midlevel practitioner services. This SPA has been approved effective March 1, 2018.

Enclosed are copies of the following approved State plan page.

• Attachment 4.19-B, page 1.1.

If you have any questions regarding this matter you may contact Julie McCarthy at (617) 565-1244 or by e-mail at <a href="mailto:Julie.McCarthy@cms.hhs.gov">Julie.McCarthy@cms.hhs.gov</a>.

Sincerely,

/s/

Richard R. McGreal Associate Regional Administrator

Enclosure/s

Cc (via e-mail): Daniel Tsai, Assistant Secretary for MassHealth, Medicaid Director Kaela Konefal, Federal Authority Policy Analyst/State Plan Coordinator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER  1 8 — 0 0 5	2. STATE MA	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	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	RE & MEDICAID SERVICES 03/01/18		
5. TYPE OF PLAN MATERIAL (Check One)			
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☐ AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	NDMENT (Separate transmittal for each am	endment)	
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT a. FFY 2018 \$ 4.9	)7N/	
42 CFR Parts 440 and 447	a. FFY 2018 \$ 4.9 b. FFY 2019 \$ 8.5		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEL OR ATTACHMENT (If Applicable)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
Attachment 4.19-B, p. 1.1	Attachment 4.19-B, p. 1.1		
10. SUBJECT OF AMENDMENT  Rates for Physician, Certified Nurse Midwife, Certified Pediatric and Famil	y Nurse Practitioner and Other Midlevel Pra	actitioner Services	
11. 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)	
/s/	16. RETURN TO Kaela Konefal		
Marvlou Sudders	State Plan Coordinator Executive Office of Health and Human Services		
14. TITLE Secretary	Office of Medicaid One Ashburton Place, 11th Floor Boston, MA 02108		
15. DATE SUBMITTED 03/30/18			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 03/30/2018	18. DATE APPROVED 05/29/2018		
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 03/01/2018	SIGNATURE OF REGIONAL OFFICIAL /s/		
21. TYPED NAME Richard R. McGreal	22. TITLE Associate Regional Administrator, Division of Medicaid and Children's Health Operations, Boston, MA		
23. REMARKS			

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

- d. Physician, Certified Nurse-Midwife, Certified Pediatric and Family Nurse Practitioner, and other Midlevel Practitioner services
  - 1. Medicine: The fee-for-service rates for physician, certified nurse-midwife, certified pediatric and family nurse practitioner, and other midlevel practitioner medicine services are effective for services provided on or after March 1, 2018. All rates are published on <a href="https://www.mass.gov/regulations/101-CMR-31700-medicine">https://www.mass.gov/regulations/101-CMR-31700-medicine</a>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.
  - 2. Surgery and Anesthesia: The fee-for-service rates for physician, certified nurse-midwife, certified pediatric and family nurse practitioner, and other midlevel practitioner surgery and anesthesia services are effective for services provided on or after March 1, 2018. All rates are published on <a href="https://www.mass.gov/regulations/101-CMR-31600-surgery-and-anesthesia">https://www.mass.gov/regulations/101-CMR-31600-surgery-and-anesthesia</a>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.
  - 3. Radiology: The fee-for-service rates for physician, certified nurse-midwife, certified pediatric and family nurse practitioner, and other midlevel practitioner radiology services are effective for services provided on or after March 1, 2018. All rates are published on <a href="https://www.mass.gov/regulations/101-CMR-31800-radiology">https://www.mass.gov/regulations/101-CMR-31800-radiology</a>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

A physician, nurse practitioner, physician's assistant or certified registered nurse anesthetist employed by the non-profit UMass Memorial Medical Group practice established in accordance with St. 1997, c. 163 to support the purposes of a teaching hospital affiliated with a Commonwealth-owned medical school is eligible to receive an additional payment for physician services provided at such teaching hospital. Such payment will be a percentage, which shall not exceed 100%, of the difference between (1) payments to the eligible provider made pursuant to the fee schedule, and (2) the annually calculated average private commercial rate, where the average private commercial rate is derived using the ratio of commercial payments to commercial charges applied to paid Medicaid claims as reported to the MMIS. Such payment is made annually by the first quarter following the end of the preceding rate year. The payment made for rate year 2006 will take into account amounts attributable to rate years beginning with the effective date of this payment methodology (October 1, 2004).

TN: 018-005 Approval Date: 05/29/2018 Effective Date: 03/01/18

Supersedes: 017-010