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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 18-009

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.18-009 submitted to CMS on March 30, 2018. This SPA was submitted to revise your approved Title XIX State plan to update the reimbursement methodology for oxygen and durable medical equipment. This SPA has been approved effective March 1, 2018.

Enclosed is a copy of the following approved State plan page.

- Attachment 4.19-B, page 1p.

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 (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
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

1 8 — 0 0 9

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

03/01/2018

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 AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

42 CFR Part 447

7. FEDERAL BUDGET IMPACT

a. FFY 2018 \$ (0.65 million)

b. FFY 2019 \$ (1.10 million)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Att. 419-B, page 1p

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Att. 419-B, page 1p

10. SUBJECT OF AMENDMENT

Rates for durable medical equipment, oxygen and respiratory equipment and supplies

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)

12. SIGNATURE OF STATE AGENCY OFFICIAL

/s/

13. TYPED NAME

Marylou Sudders

14. TITLE

Secretary

15. DATE SUBMITTED

03/30/18

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

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

20. 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

SPA MA 18-009

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

o. Any other medical care recognized under state law, including transportation services, oxygen, and podiatry: (continued)

3. Oxygen and durable medical equipment –The fee-for-service rates are effective for services provided on or after March 1, 2018. All rates are published on <https://www.mass.gov/regulations/101-CMR-32200-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.