

## **Table of Contents**

**State/Territory Name: MA**

**State Plan Amendment (SPA) #: 18-0020**

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



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**Financial Management Group**

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

**MAR 26 2019**

RE: Massachusetts 18-0020

Dear Secretary Sudders:

We have reviewed the proposed amendment to Attachments 4.19-A of your Medicaid state plan submitted under transmittal number (TN) 18-0020. Effective October 1, 2018, this amendment specifies update to Rate Year (RY) 2019 reimbursement methodologies for privately-owned inpatient psychiatric hospital services and substance abuse treatment hospitals. Specifically, both payment methods for RY 2019 are substantially similar to those of RY 2018 except, effective December 1, 2018, the state establishes performance based quality incentive payments to qualified providers.

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 18-0020 is approved effective October 1, 2018. 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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>1 8 — 0 2 0</u>	2. STATE <u>MA</u>
	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 <u>10/01/2018</u>	
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 <u>42 USC 1396a; 42 USC 1396b; 42 CFR Part 447</u>	7. FEDERAL BUDGET IMPACT a. FFY 2019 <u>\$ 517,000</u> b. FFY 2020 <u>\$ 517,000</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <u>Attachment 4.19-A(2b) pages 1-6-1-6b</u>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <u>Attachment 4.19-A(2b) pages 1-5</u>	

10. SUBJECT OF AMENDMENT  
Private Psychiatric Inpatient Hospital Services and Substance Abuse Hospital Services


11. GOVERNOR'S REVIEW (Check One)  
 GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Not required under 42 CFR 430.12(b)(2)(i)  
 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 <u>Marylou Sudders</u>	
14. TITLE <u>Secretary</u>	
15. DATE SUBMITTED <u>12/31/2018</u>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED	18. DATE APPROVED <b>MAR 26 2019</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL <u>OCT 01 2018</u>	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME <u>KRISTIN FAN</u>	22. TITLE <u>DIRECTOR, FMG</u>

23. REMARKS  
Pen and ink changes in box #8 by state in the 3/21/2019 informal RAI response:  
"We have also included a pen and ink change to the CMS-179 since the page numbers have been updated".

## 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

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**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 MassHealth MCEs.

- (1) EOHHS established a comprehensive inpatient per diem rate for all participating psychiatric hospitals, covering both routine and ancillary services provided to inpatients.
- (2) EOHHS established an all-inclusive Administrative Day per diem Rate (AD Rate) for psychiatric hospitals for each Administrative Day. The AD Rate is an all-inclusive daily rate paid for each Administrative Day.
- (3) EOHHS established a performance-based quality incentive payment for all eligible psychiatric hospitals based on performance and compliance with reporting requirements.
- (4) EOHHS established a comprehensive inpatient per diem rate for all participating substance abuse treatment hospitals covering both routine and ancillary services provided to inpatients.
- (5) EOHHS established a performance-based quality incentive payment for all eligible substance abuse treatment hospitals based on compliance with reporting requirements.

**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.

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**Behavioral Health (BH) Contractor:** An entity with which EOHHS contracts to provide, arrange for and coordinate behavioral health services to enrolled Members on a capitated basis.

**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.

**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.

**Managed Care Organization (MCO):** An entity with which EOHHS contracts to provide Primary Care and certain other medical services, including behavioral health services, to Members on a capitated basis and which meets the definition of an MCO as set forth in 42 CFR Part 438.2. In addition, MCOs include Accountable Care Partnership Plans, One Care plans and Senior Care Organizations (SCOs).

**Managed Care Entity (MCE):** An MCO or the behavioral health contractor which provides or arranges services for enrolled Members under a MassHealth contract.

**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.

**Program For All Inclusive Care for the Elderly (PACE):** PACE provides a complete package of acute and long-term care services to eligible frail elders, as described under Section 1934 of the Social Security Act and federal PACE regulations at 42 CFR 460.

**Psychiatric Inpatient Hospital (Psychiatric Hospital):** A hospital licensed by 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 DPH, 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

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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 DPH.

**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 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 update factor for operating costs used in the rate calculation for 2018-2019 is 0.0%. 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%, for 2017-2018 it is 0.0%, and for 2018-2019 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.

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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.

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

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- (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, 2018, 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.

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, between RY17 and RY18, and between RY 18 and RY19. The resulting AD rate for FY19 is \$257.46.

Determination of Quality Performance Incentive Payments

- (10) Effective December 31, 2018, psychiatric hospitals can qualify for performance-based quality incentive payments.
- (11) Achievement Threshold or Improvement over the Baseline. Psychiatric hospitals are evaluated for achievement of the threshold or, if achievement is not demonstrated, by improvement over baseline.

The achievement threshold for psychiatric hospitals is calculated by taking median performance of qualifying hospitals using CMS's Inpatient Psychiatric Facility Quality Reporting (IPFQR) for CY2017. Psychiatric hospitals will be awarded points if they meet or exceed the median performance.

Improvement over the baseline for psychiatric hospitals is calculated by comparing average improvement of qualifying hospitals for the CY2017 IPFQR over the CY2016 IPFQR psychiatric hospital performance. Psychiatric hospitals will be awarded points based on their improvement over the baseline relative to other qualifying hospitals.



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- (12) Performance Measurement. Performance for qualifying psychiatric hospitals is measured by achievement of the threshold or, if the achievement threshold is not met, improvement rates for the IPFQR measure. Performance for qualifying psychiatric hospitals is also measured by compliance with reporting requirements for other measures, including submission of Restraint and Seclusion data, and submission of a Quality Improvement Plan. Each measure is calculated out of a maximum of 10 points. The measures are weighted as follows: IPFQR - 10%; Reporting Restraint and Seclusion data - 40%; and submission of Quality Improvement Plan - 50%.
- (13) Payment. Payment to psychiatric hospitals will be proportional to the performance measurement outcome. Payments for all quality performance measures will not exceed a total of \$934,795.

**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 MCE and PACE enrollees 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; 0.00% for HRY18; and 0.0% for HRY19  
The inpatient per diem rate is further increased by 2.90%. The current inpatient payment rate is \$578.52.

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Determination of Quality Performance Incentive Payments

4. Effective December 31, 2018, substance abuse treatment hospitals can qualify for performance-based quality incentive payments.
5. Performance Measurement. Qualifying substance abuse treatment hospitals will be measured by submission of meaningful use data and reporting on the quality improvement plan.
6. Payment. Payment to substance abuse treatment hospitals will be proportional to the completion of the meaningful use data submissions and reporting requirements.