

Table of Contents

State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 19-002

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



Boston Regional Operations Group

April 9, 2019

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. 19-002, submitted to CMS on March 29, 2019. This SPA was submitted to revise your approved Title XIX State plan to update the payment methodology for radiology services. This SPA was approved effective January 1, 2019.

Enclosed is a copy 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 Julie.McCarthy@cms.hhs.gov.

Sincerely,

/s/

Francis T. McCullough, Director
Division of Medicaid Field Operations East (Boston)

Enclosure/s

cc: 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 <u>1 9 — 0 0 2</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 01/01/2019
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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 2019 \$ <u>409,000</u> b. FFY 2020 \$ <u>546,000</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B page 1.1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment 4.19-B page 1.1
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10. SUBJECT OF AMENDMENT

Rates for Physician, Certified Nurse Midwife, Certified Pediatric and Family Nurse Practitioner, and other Midlevel Practitioner Radiology 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 /s/	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 03/29/2019	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 03/29/2019	18. DATE APPROVED 04/09/2019
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 01/01/2019	20. SIGNATURE OF REGIONAL OFFICIAL /s/
21. TYPED NAME Francis T. McCullough	22. TITLE Director, Division of Medicaid Field Operations East (Boston)

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 <https://www.mass.gov/regulations/101-CMR-31700-medicine>. 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 <https://www.mass.gov/regulations/101-CMR-31600-surgery-and-anesthesia>. 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 January 1, 2019. All rates are published on <https://www.mass.gov/regulations/101-CMR-31800-radiology>. 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).