

Table of Contents

State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 19-023

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



Center for Medicaid & CHIP Services

December 17, 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. 19-023, submitted to CMS on September 30, 2019. This SPA was submitted to revise your approved Title XIX State plan to update the payment methodology for transportation services. This SPA was approved effective September 20, 2019.

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

- Attachment 4.19-B, page 1o.

If you have any questions regarding this matter you may contact Julie McCarthy at (781) 961-1070 or by e-mail at Julie.McCarthy@cms.hhs.gov.

Sincerely,

/s/

Francis T. McCullough, Deputy Director
Financial Management Group

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 2 3</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 09/20/19
---	--

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 \$ 238,000 b. FFY 2020 \$ 4,331,000
---	--

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B page 1o	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment 4.19-B page 1o
---	---

10. SUBJECT OF AMENDMENT
Transportation Rates

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 9/30/2019	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 09/30/2019	18. DATE APPROVED 12/17/2019
---------------------------------	---------------------------------

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 09/20/2019	20. SIGNATURE OF REGIONAL OFFICIAL /s/
21. TYPED NAME Francis T. McCullough	22. TITLE Deputy Director Financial Management Group

23. REMARKS

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:

1. Medical Transportation – the fee-for-service rates for non-brokered transportation to MassHealth-covered medically necessary services that are claimed as medical assistance are effective for services on or after September 20, 2019. Those rates are published at <https://www.mass.gov/regulations/101-CMR-32700-rates-of-payment-for-ambulance-and-wheelchair-van-services>. Except as otherwise noted in subsection 2 of Attachment 4.19-B, section 8.o below, state developed fee schedule rates are the same for both governmental and private providers. Brokered transportation services that are claimed as medical assistance are described in subsection 1 of Attachment 3.1.D.

2. Governmental Ambulance Services Providers - EOHHS will recognize, on a voluntary basis, the allowable certified public expenditures of EOHHS-approved governmental ambulance service providers for providing services to MassHealth members as set forth below.

(1) "Governmental ambulance services provider" means a provider of ambulance services that is a unit of government as specified in 42 CFR 433.50.

(2) The allowable certified public expenditures of a participating governmental ambulance services provider who meets the required state enrollment criteria are eligible for federal reimbursement up to reconciled cost in accordance with (A) through (E) for services provided on or after April 1, 2013.

(A) The governmental ambulance services provider will be paid interim rates equal to the Medicaid reimbursement rates paid to other ambulance services providers in accordance with subsection 1 of Attachment 4.19-B, section 8.o above. The interim rates are provisional in nature, pending the submission of an annual cost report and the completion of cost reconciliation and a cost settlement for that period. Settlements are a separate transaction, occurring as an adjustment to prior year costs and are not to be used to offset future rates.

(B) The governmental ambulance services provider will submit a CMS approved cost report annually, on a form approved by EOHHS. The cost report will be completed on a state fiscal year basis and will be due to EOHHS no later than 120 days following the last day of the state fiscal year.

(C) Cost reconciliation and cost settlement processes will be completed within 24 months from the end of the cost reporting period.

(D) The provider's reported direct and indirect costs are allocated to the Medicaid program by applying a Medicaid utilization statistic ratio, to Medicaid charges associated with paid claims for the dates of service covered by the submitted cost report.

(E) A reconciliation will be computed by EOHHS based on the difference between the interim payments and total allowable Medicaid costs from the approved cost report.