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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 21-0022-A

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



April 19, 2023

Kathleen E. Walsh, Secretary
The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
One Ashburton Place, Room 1109
Boston, MA 02108

Re: Massachusetts State Plan Amendment (SPA) 21-0022-A

Dear Secretary Walsh:

We have reviewed the proposed amendment and accompanying section 1135 waivers to add section 7.4 Medicaid Disaster Relief for the COVID-19 National Emergency to your Medicaid State Plan, as submitted on April 22, 2022 under transmittal number (TN) 21-0022-A. This amendment proposes to implement temporary policies, which are different from those policies and procedures otherwise applied under your Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof).

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 *et seq.*), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences of the COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6 PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and this State Plan provision will no longer be in effect, upon the termination of the public health emergency, including any extensions.

Pursuant to section 1135(b)(5) of the Act, for the period of the public health emergency, CMS is modifying the requirement at 42 C.F.R. 430.20 that the state submits SPAs related to the COVID-19 public health emergency by the final day of the quarter, to obtain a SPA effective date during the quarter, enabling SPAs submitted after the last day of the quarter to have an effective date in a previous quarter, but no earlier than the effective date of the public health emergency.

The State of Massachusetts also requested a waiver of public notice requirements applicable to the SPA submission process. Pursuant to section 1135(b)(1)(C) of the Act, CMS is waiving public notice requirements applicable to the SPA submission process. Public notice for SPAs is required under 42 C.F.R. §447.205 for changes in statewide methods and standards for setting Medicaid payment rates, 42 C.F.R. §447.57 for changes to premiums and cost-sharing, and 42 C.F.R. §440.386 for changes to Alternative Benefit Plans (ABPs). Pursuant to section 1135(b)(1)(C), CMS is approving the state's request to waive these notice requirements otherwise applicable to SPA submissions.

The State of Massachusetts also requested a waiver to modify the tribal consultation timeline applicable to this SPA submission process. Pursuant to section 1135(b)(5) of the Act, CMS is also allowing states to modify the timeframes associated with tribal consultation required under section 1902(a)(73) of the Act, including shortening the number of days before submission or conducting consultation after submission of the SPA.

These waivers or modifications of the requirements related to SPA submission timelines, public notice, and tribal consultation apply only with respect to SPAs that meet the following criteria: (1) the SPA provides or increases beneficiary access to items and services related to COVID-19 (such as by waiving or eliminating cost sharing, increasing payment rates or amending ABPs to add services or providers); (2) the SPA does not restrict or limit payment or services or otherwise burden beneficiaries and providers; and (3) the SPA is temporary, with a specified sunset date that is not later than the last day of the declared COVID-19 public health emergency (or any extension thereof). We encourage states to make all relevant information about the SPA available to the public so they are aware of the changes.

We conducted our review of your submittal according to the statutory requirements in section 1902(a) of the Act and implementing regulations. This letter informs you that Massachusetts' Medicaid SPA Transmittal Number 21-0022-A is approved, effective November 1, 2020. This SPA is in addition to all previously approved Disaster Relief SPAs and does not supersede anything approved in those SPAs.

Enclosed are a copy of the CMS-179 summary form and the approved State Plan pages.

Page 3 - Kathleen E. Walsh, Secretary

Please contact Marie DiMartino at (617) 565-9157 or by email at Marie.DiMartino@cms.hhs.gov if you have any questions about this approval. We appreciate the efforts of you and your staff in responding to the needs of the residents of the State of Massachusetts and the healthcare community.

Sincerely,

Alissa M.
Deboy -S

Digitally signed by Alissa
M. Deboy -S
Date: 2023.04.19
08:22:41 -04'00'

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER <u>2</u> <u>1</u> - <u>0</u> <u>0</u> <u>2</u> <u>2</u> -A	2. STATE <u>MA</u>
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
11/01/2020

5. FEDERAL STATUTE/REGULATION CITATION
Title 19 of the Social Security Act; Section 1135 of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 21 \$ 28,270,000
b. FFY 22 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 7.4 Medicaid Disaster Relief for the COVID-19 National Emergency


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

9. SUBJECT OF AMENDMENT
An amendment regarding CHC/FQHC Supplemental Payments during the COVID-19 national emergency

10. 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:

11. SIGNATURE OFFICIAL
 OFFICIAL

12. TYPED NAME
Marylou Sudders

13. TITLE
Secretary

14. DATE SUBMITTED
4/22/2022

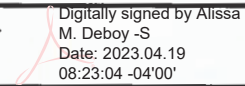
15. RETURN TO
The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
One Ashburton Place, Room 1109
Boston, MA 02108

FOR CMS USE ONLY

16. DATE RECEIVED
April 22, 2022

17. DATE APPROVED
April 19, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL November 1, 2020	19. SIGNATURE OF APPROVING OFFICIAL Deboy -S 
20. TYPED NAME OF APPROVING OFFICIAL Alissa Mooney DeBoy on Behalf of Anne Marie Costello	21. TITLE OF APPROVING OFFICIAL Deputy Director Center for Medicaid and CHIP Services

22. REMARKS

State/Territory: Massachusetts

Section 7 – General Provisions

7.4. Medicaid Disaster Relief for the COVID-19 National Emergency

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period described below:

Describe shorter period here.

Except as provided in Section E, the policies and procedures described below shall be effective 11/1/2020 through the last day of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof).

NOTE: States may not elect a period longer than the Presidential or Secretarial emergency declaration (or any renewal thereof). States may not propose changes on this template that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

Request for Waivers under Section 1135

X The agency seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:

- a. X SPA submission requirements – the agency requests modification of the requirement to submit the SPA by December 31, 2020, to obtain a SPA effective date during the fourth calendar quarter of 2020, pursuant to 42 CFR 430.20.
- b. X Public notice requirements – the agency requests waiver of public notice requirements that would otherwise be applicable to this SPA submission. These requirements may include those specified in 42 CFR 440.386 (Alternative Benefit Plans), 42 CFR 447.57(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of changes in statewide methods and standards for setting payment rates).

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- c. Tribal consultation requirements – the agency requests modification of tribal consultation timelines specified in Massachusetts Medicaid state plan, as described below:

Please describe the modifications to the timeline.

The timeframe for tribal consultation in the State Plan is at least 30 days prior to SPA submission and an allowance of at least 14 days for feedback. We request to change the tribal consultation timeframe during the emergency period to conduct consultation the same date as submission of the SPA with an allowance of a week for feedback.

EOHHS consulted with the Massachusetts Indian Tribes by email on August 6, 2021 about the proposed state plan amendments included in this COVID-19 Disaster SPA Template. The Tribes were asked to respond with any advice or feedback regarding this state plan amendment by August 13, 2021.

Section A – Eligibility

1. The agency furnishes medical assistance to the following optional groups of individuals described in section 1902(a)(10)(A)(ii) or 1902(a)(10)(c) of the Act. This may include the new optional group described at section 1902(a)(10)(A)(ii)(XXIII) and 1902(ss) of the Act providing coverage for uninsured individuals.

Include name of the optional eligibility group and applicable income and resource standard.

2. The agency furnishes medical assistance to the following populations of individuals described in section 1902(a)(10)(A)(ii)(XX) of the Act and 42 CFR 435.218:

- a. All individuals who are described in section 1905(a)(10)(A)(ii)(XX)

Income standard: _____

-or-

- b. Individuals described in the following categorical populations in section 1905(a) of the Act:

Income standard: _____

3. The agency applies less restrictive financial methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows.

Less restrictive income methodologies:

State/Territory: Massachusetts

Less restrictive resource methodologies:

4. ____ The agency considers individuals who are evacuated from the state, who leave the state for medical reasons related to the disaster or public health emergency, or who are otherwise absent from the state due to the disaster or public health emergency and who intend to return to the state, to continue to be residents of the state under 42 CFR 435.403(j)(3).

5. ____ The agency provides Medicaid coverage to the following individuals living in the state, who are non-residents:

6. ____ The agency provides for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the disaster or public health emergency.

Section B – Enrollment

1. ____ The agency elects to allow hospitals to make presumptive eligibility determinations for the following additional state plan populations, or for populations in an approved section 1115 demonstration, in accordance with section 1902(a)(47)(B) of the Act and 42 CFR 435.1110, provided that the agency has determined that the hospital is capable of making such determinations.

Please describe the applicable eligibility groups/populations and any changes to reasonable limitations, performance standards or other factors.

2. ____ The agency designates itself as a qualified entity for purposes of making presumptive eligibility determinations described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L.

Please describe any limitations related to the populations included or the number of allowable PE periods.

State/Territory: Massachusetts

3. ____ The agency designates the following entities as qualified entities for purposes of making presumptive eligibility determinations or adds additional populations as described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L. Indicate if any designated entities are permitted to make presumptive eligibility determinations only for specified populations.

Please describe the designated entities or additional populations and any limitations related to the specified populations or number of allowable PE periods.

4. ____ The agency adopts a total of ____ months (not to exceed 12 months) continuous eligibility for children under age enter age ____ (not to exceed age 19) regardless of changes in circumstances in accordance with section 1902(e)(12) of the Act and 42 CFR 435.926.
5. ____ The agency conducts redeterminations of eligibility for individuals excepted from MAGI-based financial methodologies under 42 CFR 435.603(j) once every ____ months (not to exceed 12 months) in accordance with 42 CFR 435.916(b).
6. ____ The agency uses the following simplified application(s) to support enrollment in affected areas or for affected individuals (a copy of the simplified application(s) has been submitted to CMS).
- a. ____ The agency uses a simplified paper application.
 - b. ____ The agency uses a simplified online application.
 - c. ____ The simplified paper or online application is made available for use in call-centers or other telephone applications in affected areas.

Section C – Premiums and Cost Sharing

1. ____ The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

Please describe whether the state suspends all cost sharing or suspends only specified deductibles, copayments, coinsurance, or other cost sharing charges for specified items and services or for specified eligibility groups consistent with 42 CFR 447.52(d) or for specified income levels consistent with 42 CFR 447.52(g).

2. ____ The agency suspends enrollment fees, premiums and similar charges for:
- a. ____ All beneficiaries
 - b. ____ The following eligibility groups or categorical populations:

State/Territory: Massachusetts

Please list the applicable eligibility groups or populations.

3. ____ The agency allows waiver of payment of the enrollment fee, premiums and similar charges for undue hardship.

Please specify the standard(s) and/or criteria that the state will use to determine undue hardship.

Section D – Benefits

Benefits:

1. ____ The agency adds the following optional benefits in its state plan (include service descriptions, provider qualifications, and limitations on amount, duration or scope of the benefit):

2. ____ The agency makes the following adjustments to benefits currently covered in the state plan:

3. ____ The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewideness requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).

4. ____ Application to Alternative Benefit Plans (ABP). The state adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).

- a. ____ The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.
- b. ____ Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

Please describe.

State/Territory: Massachusetts

Telehealth:

5. ____ The agency utilizes telehealth in the following manner, which may be different than outlined in the state's approved state plan:

Please describe.

Drug Benefit:

6. ____ The agency makes the following adjustments to the day supply or quantity limit for covered outpatient drugs. The agency should only make this modification if its current state plan pages have limits on the amount of medication dispensed.

Please describe the change in days or quantities that are allowed for the emergency period and for which drugs.

7. ____ Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions.

8. ____ The agency makes the following payment adjustment to the professional dispensing fee when additional costs are incurred by the providers for delivery. States will need to supply documentation to justify the additional fees.

Please describe the manner in which professional dispensing fees are adjusted.

9. ____ The agency makes exceptions to their published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.

Section E – Payments

Optional benefits described in Section D:

1. ____ Newly added benefits described in Section D are paid using the following methodology:

- a. ____ Published fee schedules –

Effective date (enter date of change):

Location (list published location):

TN: 021-022-A
Supersedes TN: NEW

Approval Date: 04/19/2023
Effective Date: 11/01/2020

This SPA is in addition to all previously approved Disaster Relief SPAs and does not supersede anything approved in those SPAs.

State/Territory: Massachusetts

b. Other:

Increases to state plan payment methodologies:

2. The agency increases payment rates for the following services:

Please list all that apply.

Community Health Center (CHC)/Federally Qualified Health Center (FQHC) Supplemental Payments

Effective dates for these payments are set forth hereinafter.

a. Payment increases are targeted based on the following criteria:

Please describe criteria.

b. Payments are increased through:

i. A supplemental payment or add-on within applicable upper payment limits:

Please describe.

Community Health Center (CHC)/Federally Qualified Health Center (FQHC) Supplemental Payments.

Subject to compliance with all applicable federal rules and effective for services provided in calendar year 2021 (the "effective period"), each Massachusetts CHC that is an FQHC and that accepts the APM payment will be paid through a new APM that is greater than or equal to its applicable PPS rate, totaling the CHC/FQHC's encounter rate for CHC/FQHC services that is otherwise applicable under the Medicaid state plan (the "existing encounter rate"), plus an additional APM rate paid as a supplemental payment to account for the temporary increased cost of overhead items such as personal protective equipment, office sanitization, etc., which have been borne by CHC/FQHCs during the COVID-19 public health emergency, as the PPS cost base for CHC/FQHCs did not include these costs-.

a. The additional APM is paid as a single supplemental payment, specific to each CHC/FQHC to account for their individual increased costs associated with

the COVID-19 public health emergency, as specified in the table in Section E.2.b.i.b., below. Each CHC/FQHC's specific amount is inclusive of the following components, as applicable: 1) an amount equal to the CHC/FQHC's amount of reduction in approved 340B supplemental payments due to scheduled reductions that took place according to state regulation as of January 1, 2021; 2) an amount sufficient to mitigate the heightened costs faced by CHC/FQHCs with greater than 100,000 annualized individual medical visits; and 3) an amount divided by the corresponding CHC/FQHC's total Medicaid FFS and managed care encounters for CHC/FQHC services covered under the Medicaid state plan for the effective period.

b. The CHC/FQHC-Specific APM Supplemental Payment Table:

Community Health Center	Supplemental Payment
Boston Health Care for the Homeless	\$4,839,557
Brockton Neighborhood Health Center, Inc.	\$2,810,993
Caring Health Center, Inc.	\$1,318,873
Charles River Community Health	\$666,458
Community Health Center of Cape Cod	\$774,741
Community Health Center of Franklin County	\$353,940
Community Health Connections Family Health Center	\$1,418,345
Community Health Programs CHC	\$491,729
Dimock Community Health Center	\$876,407
Duffy Health Center	\$361,499
Edward M. Kennedy Community Health Center	\$1,713,369
Family Health Center of Worcester	\$2,545,653
Fenway Community Health Center	\$1,700,062
Greater Lawrence Family Health Center, Inc.	\$5,340,713
Greater New Bedford Community Health Center	\$1,329,984
Harbor Health Services, Inc.	\$1,780,265
Harvard Street Neighborhood Health Center	\$379,641
Healthfirst Family Care Center, Inc.	\$841,430
Hilltown Community Health Centers, Inc.	\$295,175
Holyoke Health Center	\$2,910,268
Island Health Care	\$30,351
Lowell Community Health Center	\$2,738,370
Lynn Community Health Center	\$3,909,622
Manet Community Health Center	\$832,276
Mattapan Community H C	\$402,987
North End Waterfront Health	\$336,460
North Shore Community Health, Inc.	\$815,613
Outer Cape Health Services, Inc.	\$586,726
South Cove Community Health Center	\$1,978,226
Springfield Health Services for the Homeless	\$138,746
Stanley Street Treatment and Resources (SSTAR)	\$2,832,520
Uphams' Corner Health Center	\$715,148

State/Territory: Massachusetts

c. The amount calculated in Section E.2.b.i.a. for each CHC/FQHC plus the existing encounter rate is the new encounter rate for each CHC/FQHC under this APM for all CHC/FQHC services covered under the Medicaid state plan that occurred during the effective period.

d. The state will also make a wrap payment for the effective period for managed care encounters during the effective period. The wrap payments equal the difference between these new APMs and the amount the managed care entities are obliged to pay CHC/FQHCs directly.

e. The additional APM will be paid to each CHC/FQHC in a single supplemental payment prior to August 1, 2021, inclusive of both the FFS encounters and the managed care wrap payments.

(Effective June 30, 2021 through the last day of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof)).

ii. An increase to rates as described below.

Rates are increased:

Uniformly by the following percentage: _____

Through a modification to published fee schedules –

Effective date (enter date of change):

Location (list published location):

Up to the Medicare payments for equivalent services.

By the following factors:

Please describe.

Payment for services delivered via telehealth:

3. For the duration of the emergency, the state authorizes payments for telehealth services that:

a. Are not otherwise paid under the Medicaid state plan;

b. Differ from payments for the same services when provided face to face;

State/Territory: Massachusetts

- c. Differ from current state plan provisions governing reimbursement for telehealth;

Describe telehealth payment variation.

- d. Include payment for ancillary costs associated with the delivery of covered services via telehealth, (if applicable), as follows:
- i. Ancillary cost associated with the originating site for telehealth is incorporated into fee-for-service rates.
 - ii. Ancillary cost associated with the originating site for telehealth is separately reimbursed as an administrative cost by the state when a Medicaid service is delivered.

Other:

4. Other payment changes:

Beginning with dates of service December 11, 2020 except as otherwise noted (in each case, date of EUA from the FDA), through the end of the public health emergency, CHC/FQHCs providing COVID-19 vaccine administrations that were not billed as part of an all-inclusive encounter will be paid for using an alternate payment methodology (APM) at the rates set in the Massachusetts' Medicaid fee schedule published at: <https://www.mass.gov/regulations/101-CMR-44600-covid-19-payment-rates-for-certain-community-health-care-providers>. The CHC/FQHCs must agree to accept this APM (the "COVID-19 vaccine APM") and agree that it covers their cost for providing COVID-19 vaccine-only administration services. The COVID-19 vaccine APM is the Massachusetts Medicaid agency fee schedule rate for administering a COVID-19 vaccine during a vaccine-only visit by staff who have authority under state law and the Medicaid state plan to administer the COVID-19 vaccine. The COVID-19 APM payments are in addition to the Prospective Payment System (PPS) or APM payments made to CHC/FQHCs for an encounter. The amount in total paid to CHC/FQHC providers is at least equal to their provider-specific PPS rate. The COVID-19 APM is not made if the COVID-19 vaccine is provided during an otherwise billable encounter. The COVID-19 APM is designed to support CHC/FQHCs as an important vaccine provider and is calculated to cover the additional costs associated with the administration of COVID-19 vaccines by CHC/FQHC during COVID-19 vaccine-only visits as the PPS cost base did not include these costs. Payments made to the CHC/FQHCs under the COVID-19 APM will be made per submitted claim for the administration of a COVID-19 vaccine during a COVID-19 vaccine-only visit. If the COVID-19 vaccine is administered as part of a billable encounter visit, then the CHC/FQHC will receive the state's standard encounter APM.

Beginning with dates of service November 20, 2020 except as otherwise noted (in each case, date of EUA from the FDA), through the end of the public health emergency, CHC/FQHCs providing monoclonal antibody infusion services that were not billed as part of an all-inclusive encounter will be paid for using an alternate payment methodology (APM) at the rates set in the Massachusetts' Medicaid fee schedule published at: <https://www.mass.gov/regulations/101-CMR-44600-covid-19-payment-rates-for-certain-community-health-care-providers>. The CHC/FQHCs must agree to accept this APM (the "monoclonal APM") and agree that it covers

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their cost for providing monoclonal antibody infusion-only services. The monoclonal APM is the Massachusetts Medicaid agency fee schedule rate for administering monoclonal antibody infusions during a monoclonal antibody infusion-only visit by staff who have authority under state law and the Medicaid state plan to administer the monoclonal antibodies. The monoclonal APM payments are in addition to the Prospective Payment System (PPS) or APM payments made to CHC/FQHCs for an encounter. The amount in total paid to CHC/FQHC providers is at least equal to their provider-specific PPS rate. The monoclonal APM is not made if the monoclonal antibodies are provided during an otherwise billable encounter. The monoclonal APM is designed to support CHC/FQHCs as an important COVID-19 treatment provider and is calculated to cover the additional costs associated with administering monoclonal antibodies by CHC/FQHC during monoclonal antibody infusion-only visits as the PPS cost base did not include these costs. Payments made to the CHC/FQHCs under the monoclonal APM will be made per submitted claim for administering monoclonal antibodies during a monoclonal antibody infusion-only visit. If the monoclonal antibodies are administered as part of a billable encounter visit, then the CHC/FQHC will receive the state's standard encounter APM.

Section F – Post-Eligibility Treatment of Income

1. ___ The state elects to modify the basic personal needs allowance for institutionalized individuals. The basic personal needs allowance is equal to one of the following amounts:
 - a. ___ The individual's total income
 - b. ___ 300 percent of the SSI federal benefit rate
 - c. ___ Other reasonable amount: _____

2. ___ The state elects a new variance to the basic personal needs allowance. (Note: Election of this option is not dependent on a state electing the option described the option in F.1. above.)

The state protects amounts exceeding the basic personal needs allowance for individuals who have the following greater personal needs:

Please describe the group or groups of individuals with greater needs and the amount(s) protected for each group or groups.

Section G – Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information

State/Territory: Massachusetts

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (Expires 03/31/2021). The time required to complete this information collection is estimated to average 1 to 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1135 of the Social Security Act. All responses are public and will be made available on the CMS web site. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ***CMS Disclosure*** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Centers for Medicaid & CHIP Services at 410-786-3870.

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