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State/Territory Name: MA

State Plan Amendment (SPA) #: 21-0024

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
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

December 20, 2022

Marylou Sudders, Secretary
The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
One Ashburton Place, Room 1109
Boston, Massachusetts 02108

RE: Massachusetts State Plan Amendment (SPA) Transmittal Number 21-0024

Dear Secretary Sudders:

We have reviewed the proposed State Plan Amendment (SPA) to Attachment 4.19-B of Massachusetts's state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 30th, 2021. This plan amendment updates implements supplemental payments for nonpublic ambulance providers.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1st, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Jerica Bennett at 1-410-786-1167 or jerica.bennett@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER _21-0024_	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 07/01/2021	

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 42CFR447	7. FEDERAL BUDGET IMPACT a. FFY21 \$ 9,589,000 7,653,000 b. FFY22 \$ 35,244,000 30,612,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B pages 1p, 1p1 (NEW), and 1p2 (NEW)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B pages 1p

10. SUBJECT OF AMENDMENT
Supplemental payments for nonpublic ambulance providers.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

Not required under 42 CFR 430.12(b)(2)(i)

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO The Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid One Ashburton Place, Room 1109 Boston, MA 02108
13. TYPED NAME Marylou Sudders	
14. TITLE Secretary	
15. DATE SUBMITTED 09/30/2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 09/30/2021	118. DATE APPROVED December 20, 2022
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 07/01/2021	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME Todd McMillion	22. TITLE Director, Division of Reimbursement Review

23. REMARKS

12/06/2022-PEN AND INK CHANGE-UPDATED SPA WITH CORRECT TN IN BOX 1-J. BENNETT

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. Nonpublic Ambulance Services Provider Supplemental Payments - Effective for dates of service on or after July 1, 2021, EOHHS will issue supplemental payments to eligible ambulance providers for emergency and non-emergency ground medical transportation services rendered.

a. Eligibility

To be eligible for this supplemental payment, an ambulance service provider must be nonpublic and be licensed by the department of public health under section 6 of chapter 111C of the Massachusetts General Laws, a MassHealth enrolled provider; and in compliance with the payment conditions set forth in 101 CMR 327.05(2), published <https://www.mass.gov/regulations/101-CMR-32700-rates-of-payment-for-ambulance-and-wheelchair-van-services-0>.

(b) Payment Methodology.

Each quarter starting with the quarter beginning July 1, 2021, EOHHS will make supplemental payments to eligible nonpublic ambulance service providers. Each quarterly supplemental payment will be made no later than 45 days after the end of the quarter. These supplemental payments, not to exceed in aggregate the Nonpublic Ambulance Service Reimbursement Trust Fund-funded payment amount for the state fiscal year, will equal to the difference between the Medicaid base payments made to these qualifying providers for emergency and non-emergency ground ambulance services provided by an ambulance service provider and the average amount that would have been paid at the equivalent rate payable by commercial insurers for the same services.

The specific methodology to be used in establishing the supplemental payment for ambulance providers is described immediately below:

- (1) The total payments to eligible nonpublic ambulance providers will be calculated as follows:
 - (A) For all eligible nonpublic ambulance providers, EOHHS will identify all emergency and non-emergency ground ambulance services provided (basic life support, advanced life support, specialty transport care, and mileage)
 - (B) The supplemental payment amount will be calculated by first determining the equivalent ACR for all eligible emergency and non-emergency ground ambulance services identified under subsection (b)(1)(A).
 - (C) EOHHS will then subtract an amount equal to the base Medicaid reimbursement amount for all of the emergency and non-emergency ground ambulance services from the ACR calculated in subsection

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- (b)(1)(B) and divide that by the base Medicaid reimbursement amount to determine the percentage increase for emergency and non-emergency ground ambulance service provided by eligible nonpublic ambulance providers.
- (D) The supplemental payment due to eligible nonpublic ambulance providers will not exceed the product of the 1) percentage increase calculated in subsection (b)(1)(C) above 2) multiplied by the base Medicaid reimbursement amount 3) multiplied by the total number of units for each service.
- (E) The supplemental payment shall not exceed the Nonpublic Ambulance Service Reimbursement Trust Fund-funded payment amount for that state fiscal year.
- (2) EOHHS will distribute 100% of the payment calculated in subsection (b)(1) to eligible nonpublic ambulance providers as follows, with the amount paid to each nonpublic ambulance provider equaling the product of
- (A) the ratio of the amount of ground ambulance services billed to MassHealth by that nonpublic ambulance provider to the amount of all nonpublic ambulance providers' billing to MassHealth for ground ambulance services; and
- (B) 100% of the amount calculated to be payable pursuant to subsection (b)(1).

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4. 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.