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**State/Territory Name: MA**

**State Plan Amendment (SPA) #: 22-0030**

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 Page

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

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



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**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 22-0030**

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 30<sup>th</sup>, 2022. This plan amendment updates the payment methodology for clinical laboratory services.

Based upon the information provided by the State, we have approved the amendment with an effective date of August 1<sup>st</sup>, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan page.

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](mailto: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 <u>2 2 - 0 0 3 0</u>	2. STATE <u>MA</u>
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
4. PROPOSED EFFECTIVE DATE <u>08/01/2022</u>	
5. FEDERAL STATUTE/REGULATION CITATION <u>42 CFR Part 440 and 447</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>22</u> \$ <u>1,340</u> b FFY <u>23</u> \$ <u>7,430</u>
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <u>Attachment 4.19-B page 1</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <u>Attachment 4.19-B page 1</u>

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

9. SUBJECT OF AMENDMENT  
  
An amendment to the rates for clinical laboratory services

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

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME  
Marylou Sudders

13. TITLE  
Secretary

14. DATE SUBMITTED  
09/30/2022

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  
09/30/22

17. DATE APPROVED  
December 19, 2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
08/01/22

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL  
Todd McMillion

21. TITLE OF APPROVING OFFICIAL  
Director, Division of reimbursement review

22. REMARKS

State Plan under Title XIX of the Social Security Act  
State: Massachusetts

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**Methods and Standards for Establishing Payment Rates – Other Types of Care**

1. Below is a description of the policy and the methods to be used in establishing payment rates for each type of care or service listed in Section 1905(a) of the Social Security Act that is included in the state's medical assistance program.
2. Payments for care or service are not in excess of the upper limits described in 42 CFR Part 447, Subpart D.
3. The state agency will take whatever measures are necessary to assure appropriate audit of records wherever reimbursement is based on costs of providing care or services or fee plus costs of materials.
4. The state agency has access to data identifying the maximum charges allowed; such data will be made available to the Secretary of Health and Human Services upon request.
5. Fee structures will be established that are designed to enlist participation of a sufficient number of providers of services in the program so that eligible persons can receive the medical care and services included in the plan at least to the extent these are available to the general population.
6. Participation in the program will be limited to providers of service who accept, as payment in full, the amounts paid in accordance with the fee structure. No supplementation exists with respect to payment for care furnished in skilled nursing homes.
7. Any increase in payment structure that applies to individual practitioner services will be documented in accordance with the requirements of 42 CFR 447.204.
8. The following is a description of the payment structures by practitioners of services:
  - a. Outpatient hospital services — Percentage of charges or fee per visit. See relevant portions of Attachment 4.19-B(1) for a detailed explanation of how the percentage is determined.
  - b. Laboratory and X-ray services — The fee-for-service rates for laboratory services are effective for services provided on or after August 1, 2022. All rates are published on <https://www.mass.gov/regulations/101-CMR-32000-clinical-laboratory-services>. To ensure compliance with 42 USC 1396b(i)(7), for laboratory tests for which Medicare rates are established, payment is the lowest of the provider's usual and customary charge, the Commonwealth's fee schedule, or the Medicare rate. For x-ray and other radiology services, see Attachment 4.19-B, section 8.d.3 (radiology provision within physician services reimbursement) for the fee-for-service rates. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.
  - c. Periodic screening and diagnosis of individuals who are eligible under the plan and are under the age of twenty-one to ascertain their physical or mental defects, and such health care, treatment and other measures to correct or ameliorate defects and chronic conditions discovered thereby, as may be provided in regulations of the Department of Health and Human Services.