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State/Territory Name: MA

State Plan Amendment (SPA) #: 22-0040

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



Financial Management Group

March 21, 2023

Mike Levine, Assistant 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 22-0040

Dear Assistant Secretary Levine:

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 December 30th, 2022. This plan amendment updates the payment methodology for transportation services.

Based upon the information provided by the State, we have approved the amendment with an effective date of November 1st, 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.

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
2 2 - 0 0 4 0

2. STATE
MA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

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

4. PROPOSED EFFECTIVE DATE
11/01/2022

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR Part 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 23 \$ 9,205,000
b. FFY 24 \$ 10,060,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B page 1o

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

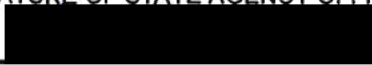
Attachment 4.19-B page 1o

9. SUBJECT OF AMENDMENT
An amendment regarding transportation rates

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
12/30/2022

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
12/30/22

17. DATE APPROVED
March 21, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
11/01/22

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
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 November 1, 2022. 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.