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**State/Territory Name: Massachusetts** 

State Plan Amendment (SPA) #: 21-0018

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**

September 17, 2021

Marylou Sudders, 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) Transmittal Number 21-0018

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 June 30<sup>th</sup>, 2021. This plan amendment provides updates to the rate of payment for hearing services. This SPA is making changes to (1) increase rates for certain hearing services covered by an adjustment of 9.66%; (2) incorporate certain cochlear implant device related services and increase these rates by an adjustment of 9.66%; and (3) establish service-specific codes and rates for bone-anchored hearing aid (BAHA) services.

Based upon the information provided by the State, we have approved the amendment with an effective date of June 1<sup>st</sup>, 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		. TRANSMITTAL NUMBER	2. STATE
		21-018	I NA A
		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		I. PROPOSED EFFECTIVE DAT 06/01/2021	E
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	7	. FEDERAL BUDGET IMPACT	. 440.000
42 CFR Part 447; 42 USC 1396d(a)(6); 42 CFR 440.60	ŀ		\$ 110,000 \$ 320,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	ġ	PAGE NUMBER OF THE SUPE OR ATTACHMENT (If Applicab	RSEDED PLAN SECTION
Attachment 4.19-B page 1a-i		Attachment 4.19-B page 1	a-i
10. SUBJECT OF AMENDMENT		<del></del>	
TO SOURCE OF AMENDMENT			
An amendment regarding methods used to determine rates of payment for hearing services			
11. 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 CF	FR 430.12(b)(2)(i)
12. SIGNATURE OF STATE AGENCY OFFICIAL	I 16 DI	ETURN TO	<del></del>
ion_	''	2101114 10	
13. TYPED NAME	-		
Marylou Sudders		The Commonwealth of Massachi Executive Office of Health and H	usetts uman Services
14. TITLE	1	Office of Medicaid One Ashburton Place, Room 1109 Boston, MA 02108	
Secretary  15. DATE SUBMITTED	1		
06/30/21			
FOR REGIONAL O			
17. DATE RECEIVED June 30, 2021	10.10.10.10.10.10.1	ATE APPROVED	
PLAN APPROVED - O		ptember 17, 2021	
19. EFFECTIVE DATE OF APPROVED MATERIAL		GNATURE OF REGIONAL OFFI	CIAL
June 1, 2021	20. 31	GNATORE OF REGIONAL OFF	CIAL
21. TYPED NAME	22. TI	TIE	
Todd McMillion	1200	ector, Division of Reimbur	reamant Daviau
23. REMARKS	Dire	ctor, Division of Reimour	isement Keview
FORM CMS-179 (07/92)		Pook	

instructions on Back

## State Plan under Title XIX of the Social Security Act State: Massachusetts Methods and Standards for Establishing Payment Rates – Other Types of Care

- e. Medical or other type of remedial care recognized under the laws of the Commonwealth furnished by licensed practitioners within the scope of their practice as defined by the laws of the Commonwealth:
  - 1. Audiological Services, including Hearing Instrument Specialist Services

The fee-for-service rates are effective for services provided on or after June 1, 2021. All rates are published on <a href="https://www.mass.gov/regulations/101-CMR-32300-hearing-services">https://www.mass.gov/regulations/101-CMR-32300-hearing-services</a>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

TN: 021-018 Approval Date: 09/17/2021 Effective Date: 06/01/21

Supersedes: 017-007