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# State/Territory Name: Massachusetts

# State Plan Amendment (SPA) #: 21-0019

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

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 21-0019

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 an update the methods and standards used by Massachusetts to determine rates of payment for renal dialysis clinic services. The proposed amendment adds a cost adjustment factor (CAF) of 5% to the portion of the bundled rate for dialysis procedures only, resulting in the proposed bundled rate of \$185.18.

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

CENTERS FOR MEDICARE & MEDICAID SERVICES	FORM APPROVE OMB No. 0938-019	
TRANSMITTAL AND NOTICE OF APPROVAL O	1 TRANSMITTAL NUMBER	
STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	06/01/2021	
5. TYPE OF PLAN MATERIAL (Check One)		
NEW STATE PLAN AMENDMENT TO BE CO	NSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN A	MENDMENT (Separate transmittal for each amendment)	
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT	
42 USC 1396a(a)(13); 42 CFR Part 447; 42 CFR 440.10	a. FFY <u>21</u> \$ <u>110,000</u> b. FFY <u>22</u> \$ <u>340,000</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
Attachment 4.19-B page 01a6	Attachment 4.19-B page 01a6	
10. SUBJECT OF AMENDMENT		
An amendment regarding methods used to determine rates of supplies	payment for chronic maintenance dialysis treatments and home dialysis	
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	
13. TYPED NAME	The Commonwealth of Massachusetts	
Marylou Sudders	Executive Office of Health and Human Services Office of Medicaid	
Secretary	One Ashburton Place, Room 1109 Boston, MA 02108	
15. DATE SUBMITTED 06/30/21		
FOR REGIONAL	OFFICE USE ONLY	
I7. DATE RECEIVED June 30, 2021	18. DATE APPROVED September 17, 2021	
	ONE COPY ATTACHED	
	20. SIGNATURE OF REGIONAL OFFICIAL	
9. EFFECTIVE DATE OF APPROVED MATERIAL		
9. EFFECTIVE DATE OF APPROVED MATERIAL June 1, 2021		
	22. TITLE	
June 1, 2021	22. TITLE Director, Division of Reimbursement Review	

### (Item h. Clinic Services, continued)

#### 6. <u>Renal Dialysis Clinics</u>

The fee-for-service rates are effective for services provided on or after June 1, 2021. All rates are published on <u>https://www.mass.gov/regulations/101-CMR-33700-chronic-maintenance-dialysis-treatments-and-home-dialysis-supplies</u>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.