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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 21-0030

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

December 16, 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) 21-0030

Dear Secretary Sudders:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0030. This amendment updates the state plan to reflect that Brokered Non-Emergency Medical Transportation (NEMT) Services are now provided through two Regional Transit Authorities.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440. This letter is to inform you that Massachusetts Medicaid SPA Transmittal Number 21-0030 was approved December 15, 2021 and effective July 1, 2021.

If you have any questions, please contact Marie DiMartino at 978-330-8063 or via email at Marie.DiMartino@cms.hhs.gov.

Sincerely,



James G Scott, Director
Division of Program Operations

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|--|--|----------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | 1. TRANSMITTAL NUMBER <u>21-030</u> | 2. STATE MA |
| | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |

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| 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 42 CFR Part 440 | 7. FEDERAL BUDGET IMPACT a. FFY 21 \$ 0 b. FFY 22 \$ 0 |
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| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A pages 9, 9a, and 9b Attachment 3.1-B pages 8, 8a, and 8b | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A pages 9, 9a, and 9b Attachment 3.1-B pages 8, 8a, and 8b |
|--|---|

10. SUBJECT OF AMENDMENT

Brokered Non-Emergency Medical Transportation (NEMT) Services

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 09/30/21 | |

FOR REGIONAL OFFICE USE ONLY

| | |
|---------------------------------|---------------------------------|
| 17. DATE RECEIVED 09/30/2021 | 18. DATE APPROVED 12/15/2021 |
|---------------------------------|---------------------------------|

PLAN APPROVED - ONE COPY ATTACHED

| | |
|---|--|
| 19. EFFECTIVE DATE OF APPROVED MATERIAL 07/01/2021 | 20. SIGNATURE OF REGIONAL OFFICIAL  |
| 21. TYPED NAME James G. Scott | 22. TITLE Division of Program Operations |

23. REMARKS

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Amount, Duration, and Scope of Medical and Remedial Care and Services
Provided to the Categorically Needy

24. Any other medical care and any other type of remedial care recognized under state law, specified by the Secretary.

a. Transportation.

- Provided: No limitations With limitations**
 Not provided.

Brokered Transportation

MassHealth provides non-emergency transportation to MassHealth Standard, CommonHealth and CarePlus members through selective broker contracts when no public transportation is available that is suitable to a member's condition within a specified distance from an authorized point of origin and destination. Payment for the non-emergency transportation services arranged through a broker is claimed as medical assistance. Delivery methods consist of ambulatory and non-ambulatory transport, including taxi, livery, ferry, and chair car service, or other methods suitable to the member's condition. MassHealth requires prior authorization to determine the medical necessity of non-emergency transportation provided through the brokerage system. Transportation requests are approved by EOHHS and implemented by the brokers. The state will operate the broker program without regard to freedom of choice of providers (section 1902(a)(23) of the Social Security Act).

The state assures that the two Regional Transit Authorities that serve as transportation brokers were selected by the MassHealth agency pursuant to a competitive procurement conducted consistent with federal requirements, and based on the state's evaluation of the broker's experience, performance, references, resources, qualifications, and cost. Each broker is responsible for arranging with its contracted network of transportation providers to deliver non-emergency transportation to and from medically necessary MassHealth covered services for members in the broker's contractually designated service area.

The state assures that its brokerage contracts are subject to regular auditing and oversight by the state to ensure the quality and timeliness of the transportation services provided, and the adequacy of beneficiary access to medical care and services. In addition, the state requires each broker to undertake extensive oversight activities with respect to its network of transportation providers, and assures that brokers have oversight procedures to monitor beneficiary access and complaints and ensure that transportation is timely and transport personnel are licensed, qualified, competent and courteous.

The state assures that transportation services will be provided under contracts with brokers who comply with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under Section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate). The brokerage contract requires the brokers to comply with 42 CFR § 440.170(a)(4) governing the provision of non-emergency medical transportation, including prohibitions on referrals and conflicts of interest, and provides for the broker to be liable for the full cost of services resulting from a prohibited referral or relationship, as specified in the contracts. Specifically, the brokers are prohibited from directly providing non-emergency medical transportation services, and are prohibited from making a referral or subcontracting to a transportation service provider if the broker has a financial relationship with the transportation provider, as defined at 42 CFR § 411.354(a); or if the broker has an immediate family member, as defined at 42 CFR § 411.351, that has a direct or indirect financial relationship with the transportation provider.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Amount, Duration, and Scope of Medical and Remedial Care and Services
Provided to the Categorically Needy

The brokerage contract prohibits the broker from withholding necessary transportation from a MassHealth member for the purpose of financial gain or any other purpose; authorizing transportation that is not the most appropriate and a cost effective means of transportation for that member for the purpose of financial gain or any other purpose; soliciting or accepting any payment or other form of remuneration, including any kickback, rebate, cash, gift, or service in kind from a transportation provider or any other party in order to influence referrals or subcontracting for non-emergency medical transportation provided to a MassHealth member.

Payments under the brokerage contracts are structured to ensure cost-effectiveness. Brokers are required to competitively procure and contract with their network of transportation providers and develop competitive methods of awarding trips and routes to transportation providers. Brokers schedule trips with the lowest cost qualified transportation provider, and the brokers receive reimbursement at cost from the state for their payments to transportation providers.

Brokers are paid a broker-specific average monthly trip cost for each eligible trip. For demand-response trips, the average monthly trip cost is calculated by dividing the broker's total expenditures for demand-response trips by the number of demand-response trips in that month. For program based trips, the average monthly trip cost for each broker is calculated by first determining route-specific average monthly trip rates, and then calculating a combined average trip rate for all routes. To further encourage cost savings, brokers also receive a shared ride incentive payment if they can achieve a target rate of shared ambulatory trips.

A fixed monthly broker management fee paid under the brokerage contract is claimed as an administrative expense. The broker management fee is negotiated between EOHHS and the broker based on the broker's reasonable costs of performing the broker management function, exclusive of direct transportation costs.

The source of the non-federal share of payments for brokered transportation services to MassHealth members is general fund appropriations to the state Medicaid agency.

** Description of non-brokered transportation is provided on **Attachment 3.1-D**

b. Services of Christian Science nurses.

- Provided: No limitations With limitations
 Not provided.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Amount, Duration, and Scope of Medical and Remedial Care and Services
Provided to the Categorically Needy

- c. Care and services provided in Christian Science sanatoria.
- Provided: No limitations With limitations
 Not provided.
- d. Nursing facility services for patients under 21 years of age.
- Provided: No limitations With limitations*
 Not provided.
- e. Emergency hospital services.
- Provided: No limitations With limitations
 Not provided.
- f. Critical Access Hospital Services
- Provided: No limitations With limitations
 Not provided.

* Description provided on **Supplement to Attachment 3.1-A**.

State Plan under Title XIX of the Social Security Act OMB No.: 0938-0193
State: Massachusetts
Amount, Duration and Scope of Services Provided to Medically Needy Groups

Aged, Disabled, AFDC and Under 21

22. Respiratory care services (in accordance with Section 1902 (e) (9) (A) through (C) of the Act).

- Provided: No limitations With limitations
 Not provided

23. Any other medical care and any other type of remedial care recognized under state law, specified by the Secretary.

a. Transportation

- Provided: No limitations With limitations**
 Not provided.

Brokered Transportation

MassHealth provides non-emergency transportation to MassHealth Standard, CommonHealth and CarePlus members through selective broker contracts when no public transportation is available that is suitable to a member's condition within a specified distance from an authorized point of origin and destination. Payment for the non-emergency transportation services arranged through a broker is claimed as medical assistance. Delivery methods consist of ambulatory and non-ambulatory transport, including taxi, livery, ferry, and chair car service, or other methods suitable to the member's condition. MassHealth requires prior authorization to determine the medical necessity of non-emergency transportation provided through the brokerage system. Transportation requests are approved by EOHHS and implemented by the brokers. The state will operate the broker program without regard to freedom of choice of providers (section 1902(a)(23) of the Social Security Act).

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State Plan under Title XIX of the Social Security Act
State: Massachusetts
OMB No.: 0938-0193
Amount, Duration and Scope of Services Provided to Medically Needy Groups

requirements as the Secretary determines to be appropriate). The brokerage contract requires the brokers to comply with 42 CFR § 440.170(a)(4) governing the provision of non-emergency medical transportation, including prohibitions on referrals and conflicts of interest, and provides for the broker to be liable for the full cost of services resulting from a prohibited referral or relationship, as specified in the contracts. Specifically, the brokers are prohibited from directly providing non-emergency medical transportation services, and are prohibited from making a referral or subcontracting to a transportation service provider if the broker has a financial relationship with the transportation provider as defined at 42 CFR § 411.354(a); or if the broker has an immediate family member, as defined at 42 CFR § 411.351, that has a direct or indirect financial relationship with the transportation provider.

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State Plan under Title XIX of the Social Security Act OMB No.: 0938-0193
State: Massachusetts
Amount, Duration and Scope of Services Provided to Medically Needy Groups

b. Services of Christian Science nurses.

- Provided: No limitations With limitations
 Not provided

c. Care and services provided in Christian Science sanitarium.

- Provided: No limitations With limitations
 Not provided

d. Skilled nursing facility services provided for patients under 21 years of age.

- Provided: No limitations With limitations*
 Not provided.

e. Emergency hospital services.

- Provided: No limitations With limitations
 Not provided.

* Description provided on **Supplement to Attachment 3.1-B.**