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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #:13-008

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
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

February 19, 2014

John Polanowicz, Secretary
Executive Office of Health and Human Services
One Ashburton Place, Room 1109
Boston, Massachusetts 02108

Dear Mr. Polanowicz:

We are pleased to enclose a copy of approved Massachusetts State Plan Amendment (SPA) No. 13-008 submitted to my office on June 28, 2013. This SPA proposes to modify the reimbursement methodology for governmental providers of ambulance services to recognize allowable certified public expenditures. This SPA has been approved effective April 1, 2013, as requested by the State.

Changes are reflected on the following page of your approved State Plan:

- Attachment 4.19-B, page 1o

If you have any questions regarding this matter you may contact Aimee Campbell-O'Connor at (617) 565-1642 or by e-mail at Aimee.Campbell-OConnor@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure/s

cc: Kristin Thorn, Medicaid Director
Michael Coleman, State Plan Coordinator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 013-008	2. STATE MA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 04/01/13	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION: 42 USC §1396 et seq. 42 CFR Parts 433, 440, 447	7. FEDERAL BUDGET IMPACT: a. FFY 2013 - \$2,000,000 b. FFY 2014 - \$4,000,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B page 10	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same	

10. SUBJECT OF AMENDMENT:

Payment for Ambulance 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 CMR 430.12(b)(2)(ii)

12. SIGNATURE OF STATE AGENCY OFFICIAL:

/s/

13. TYPED NAME:

John Polanowicz

14. TITLE:

Secretary

15. DATE SUBMITTED:

06/28/13

16. RETURN TO:

Michael P. Coleman
 State Plan Coordinator
 Executive Office of Health and Human Services
 Office of Medicaid
 One Ashburton Place, 11th Floor
 Boston, MA 02108

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: June 28, 2013

18. DATE APPROVED: 02/19/2014

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2013

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME: Richard R. McGreal

22. TITLE: Associate Regional Administrator, Division of Medicaid and
Children's Health Operations, Boston Regional Office

23. 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 - For transportation to MassHealth-covered medically necessary services that are claimed as medical assistance, fee schedule established by DHCFP. The agency's rates were set as of May 1, 2008, and are effective for services on or after that date. All rates are published at http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114_3_27. 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.

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.

This payment methodology for transportation services supersedes the payment methodology as described in item o in Section 4.19-B page 1b.