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State/Territory Name: MA

State Plan Amendment (SPA) #: 15-0003

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 AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Financial Management Group

JAN 12 2017

Marylou Sudders, Secretary
Executive Office of Health and Human Services
State of Massachusetts
One Ashburton Place, Room 1109
Boston, MA 02108

RE: Massachusetts 15-0003

Dear Secretary Sudders:

We have reviewed the proposed amendment to Attachments 4.19-A (2a), of your Medicaid State plan submitted under transmittal number (TN) 15-0003. This amendment provides for a technical correction to add the reimbursement methodology for out of state (OOS) chronic disease and rehabilitation (CDR) hospital services to the state plan.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447. We are pleased to inform you that Medicaid State plan amendment 15-0003 is approved effective January 2, 2015. We are enclosing the CMS-1 79 and the amended plan pages.

If you have any questions, please call Novena James-Hailey at (617) 565-1291.

Sincerely,

A solid black rectangular box used to redact the signature of Kristin Fan.

Kristin Fan
Director

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 015-003	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 01/02/15	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <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 (<i>Separate Transmittal for each amendment</i>)		
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.250 et seq.	7. FEDERAL BUDGET IMPACT: a. FFY 2015 \$ 0 b. FFY 2016 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A (2a), page 4a (new)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): N/A	

10. SUBJECT OF AMENDMENT:

Out-of- State Chronic Disease and Rehabilitation Inpatient Hospital 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 CFR 430.12(b)(2)(i)**

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Marylou Sudders

14. TITLE:

Secretary

15. DATE SUBMITTED:

03/31/15

16. RETURN TO:

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

JAN 12 2017

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JAN 02 2015

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Kristen FAN

22. TITLE:

Director, FMC

23. REMARKS:

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Methods for Establishing Payment Rates – Privately Owned
Chronic Disease and Rehabilitation Inpatient Hospital Services

E. Determination of Inpatient Hospital Rate for Out-of-State Chronic Disease or Rehabilitation Hospitals

Payment to an out-of-state chronic disease or rehabilitation hospital for any Inpatient Service payable by the MassHealth agency is the lowest of:

- a. The rate of payment established for the medical service under the other state's Medicaid program;
- b. The MassHealth rate of payment established for such medical service or comparable medical service in Massachusetts; or
- c. The MassHealth rate of payment established for a comparable provider in Massachusetts.

When MassHealth is not able to determine the other state's inpatient rate, it pays out-of-state chronic disease or rehabilitation hospitals a rate comparable to the median or weighted average in-state rate for comparable Hospitals.