

## **Table of Contents**

**State/Territory Name: Massachusetts**

**State Plan Amendment (SPA) #: 16-0005**

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**

April 27, 2016

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

Dear Secretary Sudders:

We are pleased to enclose a copy of approved Massachusetts State Plan Amendment (SPA) No. 16-005 submitted to CMS on March 31, 2016. This SPA was submitted to revise your approved Title XIX State plan to implement a 2% reduction to the market basket percentage increase for hospice providers that are not in compliance with Medicare quality reporting requirements established under section 1814(i)(5)(A)(i) of the Social Security Act. This SPA was approved effective January 1, 2016.

Enclosed is a copy of the following approved State plan page.

- Attachment 4.19-B, page 3.1.

If you have any questions regarding this matter you may contact Julie McCarthy at (617) 565-1244 or by e-mail at [Julie.McCarthy@cms.hhs.gov](mailto:Julie.McCarthy@cms.hhs.gov).

Sincerely,

/s/

Richard R. McGreal  
Associate Regional Administrator

Enclosure/s

cc: Daniel Tsai, Assistant Secretary for MassHealth, Medicaid Director  
Daniel Cohen, State Plan Coordinator

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER:  <div style="text-align: center;"><b>016-005</b></div>	2. STATE  <div style="text-align: center;"><b>MA</b></div>
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE  <div style="text-align: center;"><b>January 1, 2016</b></div>	
5. TYPE OF PLAN MATERIAL (Check One):  <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> NEW STATE PLAN</span> <span><input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN</span> <span><input checked="" type="checkbox"/> AMENDMENT</span> </div> <div style="text-align: center; font-size: small;">COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)</div>			
6. FEDERAL STATUTE/REGULATION CITATION:  <div style="text-align: center;"> <b>42 USC 1396</b>  <b>42 CFR 418</b> </div>		7. FEDERAL BUDGET IMPACT:  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>a. FFY16</b> <b>b. FFY17</b> </div> <div style="width: 60%;"> <b>\$ (2,937)</b>  <b>\$ 0</b> </div> </div>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <div style="text-align: center;"><b>Attachment 4.19-B, page 3. 1</b></div>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <div style="text-align: center;"><b>Attachment 4.19-B, page 3. 1</b></div>	
10. SUBJECT OF AMENDMENT:  <div style="text-align: center;"><b>Rates of Payment for Hospice Services</b></div>			
11. GOVERNOR'S REVIEW (Check One): <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT  <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL         </div> <div style="width: 35%;"> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED:  <b>Not required under 42 CMR 430.12(b)(2)(i)</b> </div> </div>			
12. SIGNATURE OF STATE AGENCY OFFICIAL:  <div style="text-align: center;">/s/</div>		16. RETURN TO:  <b>Daniel Cohen</b> <b>Interim State Plan Coordinator</b> <b>Executive Office of Health and Human Services</b> <b>Office of Medicaid</b> <b>One Ashburton Place, 11<sup>th</sup> Floor</b> <b>Boston, MA 02108</b>	
13. TYPED NAME: <b>Marylou Sudders</b>			
14. TITLE: <b>Secretary</b>			
15. DATE SUBMITTED: <b>March 31, 2016</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 03/31/2016		18. DATE APPROVED: 04/27/2016	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/2016		20. SIGNATURE OF REGIONAL OFFICIAL:  <div style="text-align: center;">/s/</div>	
21. TYPED NAME: Richard R. McGreal		22. TITLE: Associate Regional Administrator, Division of Medicaid & Children's Health Operations, Boston, MA	
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 **OFFICIAL**

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p. **Hospice Services:**

Massachusetts pays for hospice services using the CMS annually published Medicaid hospice rates that are effective from October 1 of each year through September 30 of the following year. Except as otherwise noted in the plan, fee schedule rates are the same for both governmental and private providers. With the exception of payment for physician services Medicaid reimbursement for hospice care will be made at one of the following five predetermined rates for each day in which an individual receives the respective type, duration and intensity of the services furnished under the care of the hospice.

1. Routine Home Care (RHC): Hospice providers are paid one of two levels of RHC for dates of service on or after 1/1/2016. This two-rate payment methodology will result in a higher RHC rate based on payment for days one (1) through sixty (60) of hospice care and a lower RHC rate for days sixty-one (61) or later. A minimum of sixty (60) days gap in hospice services is required to reset the counter which determines which payment category a participant is qualified for.
2. Continuous Home Care
3. Inpatient Respite Care
4. General Inpatient Care
5. Service Intensity Add-On

Effective January 1, 2016, hospice providers that are not in compliance with Medicare quality reporting requirements established under section 1814(i)(5)(A)(i) of the Social Security Act are subject to a 2% reduction to the market basket percentage increase.