

## **Table of Contents**

**State/Territory Name: Massachusetts**

**State Plan Amendment (SPA) #: 17-003**

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**

June 1, 2017

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. 17-003 submitted to CMS on March 31, 2017. This SPA was submitted to revise your approved Title XIX State plan to add the newly distinguished provider type of Limited Services Clinics to the clinic services section of your State plan. This SPA has been approved effective January 1, 2017.

Enclosed are copies of the following approved State plan pages.

- Supplement to Attachment 3.1-A, page 3-ix1;
- Supplement to Attachment 3.1-B, page 3-ix1; and
- Attachment 4.19-B, pages 1, 1.1, 1a5 and 1a12.

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  
Kaela Konefal, Federal Authority Policy Analyst/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;">1   7   —   0   0   3</div>	2. STATE  <div style="text-align: center; font-size: 1.5em;">MA</div>
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & 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; font-size: 1.2em;">01/01/17</div>		5. TYPE OF PLAN MATERIAL ( <i>Check One</i> )  <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>	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION  <div style="font-size: 1.2em;">42 USC 1396d(a)(9); 42 CFR 440.90</div>		7. FEDERAL BUDGET IMPACT a. FFY 2017 \$ 0 b. FFY 2018 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Supplement to Attachment 3.1-A page 3-xi1 Supplement to Attachment 3.1-B page 3-ix1 Attachment 4.19-B page 01a12 Attachment 4.19-B, pages 1, 1.1 (new), and 1a5		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> )  N/A Attachment 4.19-B, pages 1 and 1a5	
10. SUBJECT OF AMENDMENT  Limited Services Clinics			
11. GOVERNOR'S REVIEW ( <i>Check One</i> )  <div style="display: flex; justify-content: space-between;"> <div> <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> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED  <i>Not required under 42 CFR 430.12(b)(2)(i)</i> </div> </div>			
12. SIGNATURE OF STATE AGENCY OFFICIAL <div style="text-align: center;">/s/</div>		16. RETURN TO Kaela Konefal State Plan Coordinator Executive Office of Health and Human Services Office of Medicaid One Ashburton Place, 11th Floor Boston, MA 02108	
13. TYPED NAME Marylou Sudders		14. TITLE Secretary	
15. DATE SUBMITTED 3/31/17		17. DATE RECEIVED 03/31/2017	
<b>FOR REGIONAL OFFICE USE ONLY</b>			
18. DATE APPROVED 06/01/2017		19. EFFECTIVE DATE OF APPROVED MATERIAL 01/01/2017	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
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  MA 17-003: MA and CMS agreed by email to pen & ink changes to Boxes #8-9 to reflect additional pages	



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

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(Item 9 Clinic Services, continued)

k. **Limited Services Clinic**

MassHealth covers vaccines and immunizations, as well as medical evaluation, testing, screening, treatment, and clinical laboratory services for episodic, urgent care relating to an illness provided in state-licensed limited services clinics.

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 Medically Needy Groups

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(Item 9 Clinic Services, continued)

**k. Limited Services Clinics**

MassHealth covers vaccines and immunizations, as well as medical evaluation, testing, screening, treatment, and clinical laboratory services for episodic, urgent care relating to an illness provided in state-licensed limited services clinics.

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**Methods and Standards for Establishing Payment Rates – Other Types of Care**

1. Below is a description of the policy and the methods to be used in establishing payment rates for each type of care or service listed in Section 1905(a) of the Social Security Act that is included in the state's medical assistance program.
2. Payments for care or service are not in excess of the upper limits described in 42 CFR Part 447, Subpart D.
3. The state agency will take whatever measures are necessary to assure appropriate audit of records wherever reimbursement is based on costs of providing care or services or fee plus costs of materials.
4. The state agency has access to data identifying the maximum charges allowed; such data will be made available to the Secretary of Health and Human Services upon request.
5. Fee structures will be established that are designed to enlist participation of a sufficient number of providers of services in the program so that eligible persons can receive the medical care and services included in the plan at least to the extent these are available to the general population.
6. Participation in the program will be limited to providers of service who accept, as payment in full, the amounts paid in accordance with the fee structure. No supplementation exists with respect to payment for care furnished in skilled nursing homes.
7. Any increase in payment structure that applies to individual practitioner services will be documented in accordance with the requirements of 42 CFR 447.204.
8. The following is a description of the payment structures by practitioners of services:
  - a. Outpatient hospital services — Percentage of charges or fee per visit. See relevant portions of Attachment 4.19-B(1) for a detailed explanation of how the percentage is determined.
  - b. Laboratory and X-ray services — The fee-for-service rates for laboratory services are effective for services provided on or after August 1, 2015. All rates are published on [http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114\\_3\\_20](http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114_3_20). To ensure compliance with 42 USC 1396b(i)(7), for laboratory tests for which Medicare rates are established, payment is the lowest of the provider's usual and customary charge, the Commonwealth's fee schedule, or the Medicare rate. For x-ray and other radiology services, see Attachment 4.19-B, section 8.d.3 (radiology provision within physician services reimbursement) for the fee-for-service rates. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.
  - c. Periodic screening and diagnosis of individuals who are eligible under the plan and are under the age of twenty-one to ascertain their physical or mental defects, and such health care, treatment and other measures to correct or ameliorate defects and chronic conditions discovered thereby, as may be provided in regulations of the Department of Health and Human Services.



d. Physician's services —

1. Medicine: The fee-for-service rates for physician and midlevel practitioner medicine services are effective for services provided on or after January 1, 2013. All rates are published on [http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114\\_3\\_17](http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114_3_17). Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

2. Surgery and Anesthesia: The fee-for-service rates for physician and midlevel practitioner surgery and anesthesia services are effective for services provided on or after July 1, 2012. All rates are published on [http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114\\_3\\_16](http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114_3_16). Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

3. Radiology: The fee-for-service rates for physician and midlevel practitioner radiology services are effective for services provided on or after July 1, 2012. All rates are published on [http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114\\_3\\_18](http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114_3_18). Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

A physician, nurse practitioner, physician's assistant or certified registered nurse anesthetist employed by the non-profit UMass Memorial Medical Group practice established in accordance with St. 1997, c. 163 to support the purposes of a teaching hospital affiliated with a Commonwealth-owned medical school is eligible to receive an additional payment for physician services provided at such teaching hospital. Such payment will be a percentage, which shall not exceed 100%, of the difference between (1) payments to the eligible provider made pursuant to the DHCFP fee schedule, and (2) the annually calculated average private commercial rate, where the average private commercial rate is derived using the ratio of commercial payments to commercial charges applied to paid Medicaid claims as reported to the MMIS. Such payment is made annually by the first quarter following the end of the preceding rate year. The payment made for rate year 2006 will take into account amounts attributable to rate years beginning with the effective date of this payment methodology (October 1, 2004).

State Plan under Title XIX of the Social Security Act  
State: Massachusetts

Methods and Standards for Establishing Payment Rates – Other Types of Care

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(Item h. Clinic Services, continued)

5. Radiation Oncology Centers

See Attachment 4.19-B, sections 8.b and 8.d. for the fee-for-service rates for Radiation Oncology Centers. These sections of Attachment 4.19-B are reimbursement methodologies for x-ray and physician services, respectively.



State Plan under Title XIX of the Social Security Act  
State: Massachusetts

Methods and Standards for Establishing Payment Rates – Other Types of Care

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(Item h. Clinic Services, continued)

12. Limited Services Clinic (LSC) - See Attachment 4.19-B, sections 8.b and 8.d for the fee-for-service rates for Limited Services Clinics. These sections of Attachment 4.19-B are reimbursement methodologies for laboratory and physician services, respectively.