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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 17-004

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

October 30, 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. 17-004 submitted to CMS on March 31, 2017. This SPA was submitted to revise your approved Title XIX State plan to update the reimbursement pages for Renal Dialysis Clinics and Substance Use Disorder Treatment Clinics. This SPA has been approved effective January 1, 2017.

Enclosed are copies of the following approved State plan pages.

- Attachment 4.19-B, pages 1a6 and 1a10.

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.

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>1 7 — 0 0 4</u>	2. STATE MA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 01/01/17	

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 447	7. FEDERAL BUDGET IMPACT a. FFY 2017 \$ <u>339,000</u> (89,000) b. FFY 2018 \$ <u>339,000</u> (399,000)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B pages 1a6 and 1a10	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment 4.19-B pages 1a6 and 1a10

10. SUBJECT OF AMENDMENT
Clinic Service Rates

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED *Not required under 42 CFR 430.12(b)(2)(i)*
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL <i>/s/</i>	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	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 03/31/2017	18. DATE APPROVED 10/30/2017
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 01/01/2017	20. SIGNATURE OF REGIONAL OFFICIAL <i>/s/</i>
21. TYPED NAME Richard R. McGreal	22. TITLE Associate Regional Administrator, Division of Medicaid & Children's Health Operations, Boston, MA

23. REMARKS
SPA MA 17-004

State Plan under Title XIX of the Social Security Act

State: Massachusetts

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

(Item h. Clinic Services, continued)6. Renal Dialysis Clinics

The fee-for-service rates are effective for services provided on or after January 1, 2017. All rates are published on <http://www.mass.gov/eohhs/docs/eohhs/eohhs-regs/101-cmr-337.pdf>. The published rates include a fee schedule for services provided from the effective date through December 15, 2017 and a fee schedule for services provided on or after December 16, 2017. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

OFFICIAL

Attachment 4.19-B

Page 1a10

State Plan under Title XIX of the Social Security Act

State: Massachusetts

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

(Item h. Clinic Services, continued)

9. Substance Use Disorder Treatment Clinics

The fee-for-service rates are effective for services provided on or after January 1, 2017. All rates are published on <http://www.mass.gov/eohhs/docs/eohhs/eohhs-regs/101-cmr-346-00.pdf>. The published rates include a fee schedule for services provided from the effective date through June 30, 2017 and a fee schedule for services provided on or after July 1, 2017. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.