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**State/Territory Name: Massachusetts**

**State Plan Amendment (SPA) #: 21-0006**

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  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

June 14, 2021

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

**RE: Massachusetts State Plan Amendment (SPA) Transmittal Number 21-0006**

Dear Secretary Sudders:

We have reviewed the proposed Massachusetts State Plan Amendment (SPA) to Attachment 4.19-B of your state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 31, 2021. This plan amendment updated the methods and standards used by Massachusetts to set payment rates for clinic lab services.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.


If you have any additional questions or need further assistance, please contact James Moreth at 206-615-2043 or [James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov).

Sincerely,

A solid black rectangular box used to redact the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <u>21-006</u>	2. STATE <u>MA</u>
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)	
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		4. PROPOSED EFFECTIVE DATE <u>01/01/21</u>	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION <u>42 CFR Part 440 and 447</u>		7. FEDERAL BUDGET IMPACT a. FFY <u>21</u> \$ <u>0</u> b. FFY <u>22</u> \$ <u>0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 4.19-B page 1</u>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ) <u>Attachment 4.19-B page 1</u>	
10. SUBJECT OF AMENDMENT <u>An amendment regarding clinic lab services</u>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <u>Not required under 42 CFR 430.12(b)(2)(i)</u>			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO  The Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid One Ashburton Place, Room 1109 Boston, MA 02108	
13. TYPED NAME <u>Marylou Sudders</u>			
14. TITLE <u>Secretary</u>			
15. DATE SUBMITTED <u>03/31/21</u>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED <u>March 31, 2021</u>		18. DATE APPROVED <u>June 14, 2021</u>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL <u>January 1, 2021</u>		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME <u>Todd McMillion</u>		22. TITLE <u>Director, Division of Reimbursement Review</u>	
23. REMARKS			

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

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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 January 1, 2021. All rates are published on <https://www.mass.gov/regulations/101-CMR-32000-clinical-laboratory-services>. 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.