

Table of Contents

State Territory Name: MASSACHUSETTS

State Plan Amendment (SPA) #: 23-0057

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



Financial Management Group

December 15, 2023

Mike Levine, Assistant Secretary
The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
One Ashburton Place, Room 1109
Boston, Massachusetts 02108

RE: Massachusetts State Plan Amendment (SPA) Transmittal Number 23-0057

Dear Assistant Secretary Levine:

We have reviewed the proposed State Plan Amendment (SPA) to Attachment 4.19-B of Massachusetts's state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 29, 2023. This plan amendment updates the methods and standards used to determine the rates of payment for supplemental payments for non-public ambulance providers.

Based upon the information provided by the State, we have approved the amendment with an effective date of September 29, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Debi Benson at 1-312-886-0360 or Deborah.Benson@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 23 — 0057 2. STATE MA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
09/29/23

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR Part 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 23 \$ 0
b. FFY 24 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B pages 1p-1p1


8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B pages 1p-1p1

9. SUBJECT OF AMENDMENT

An amendment to the supplemental payments for nonpublic ambulance providers

10. 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)

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Mike Levine
13. TITLE
Assistant Secretary for MassHealth
14. DATE SUBMITTED
09/29/2023

15. RETURN TO

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
One Ashburton Place, 3rd Floor
Boston, MA 02108


FOR CMS USE ONLY

16. DATE RECEIVED
SEPTEMBER 29, 2023

17. DATE APPROVED
December 15, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
SEPTEMBER 29, 2023

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
TODD MCMILLION

21. TITLE OF APPROVING OFFICIAL
DIRECTOR, DIVISION OF REIMBURSEMENT REVIEW

22. REMARKS

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Methods and Standards for Establishing Payment Rates – Other Types of Care

- o. **Any other medical care recognized under state law, including transportation services, oxygen, and podiatry:** (continued)

3. Nonpublic Ambulance Medicaid Services Provider Supplemental Payments - Effective for dates of service on or after July 1, 2023, EOHHS will issue supplemental payments to eligible ambulance providers for emergency and non-emergency ground medical transportation Medicaid services rendered.

a. Eligibility

To be eligible for this supplemental payment, an ambulance service provider must be nonpublic and be licensed by the department of public health under section 6 of chapter 111C of the Massachusetts General Laws; be a MassHealth enrolled provider; provide service to MassHealth members without limitations or restrictions based on origin point or diagnosis code; and demonstrate compliance with applicable requirements under 42 CFR § 433.68.

(b) Payment Methodology.

Each quarter starting with the quarter beginning July 1, 2023, EOHHS will make supplemental payments to eligible nonpublic ambulance service providers. Each quarterly supplemental payment will not exceed the difference between the Medicaid base payments made to these qualifying providers for emergency and non-emergency ground ambulance Medicaid services provided by an ambulance service provider and the average amount that would have been paid at the equivalent rate payable by commercial insurers for the same services.

The specific methodology to be used in establishing the supplemental payment for ambulance providers is described immediately below:

- (1) The total payments to eligible nonpublic ambulance providers will be calculated as follows:
 - (A) For all eligible nonpublic ambulance providers, EOHHS will identify all emergency and non-emergency ground ambulance Medicaid services provided (basic life support, advanced life support, specialty transport care, and mileage)
 - (B) The supplemental payment amount will be calculated by first determining the equivalent ACR for all eligible emergency and non-emergency ground ambulance services identified under subsection (b)(1)(A).
 - (C) EOHHS will then subtract an amount equal to the base Medicaid reimbursement amount for all of the emergency and non-emergency ground ambulance services from the ACR calculated in subsection (b)(1)(B) and divide that by the base Medicaid reimbursement amount to determine the percentage increase for emergency and non-emergency ground ambulance service provided by eligible nonpublic ambulance providers.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Methods and Standards for Establishing Payment Rates – Other Types of Care

- (D) The supplemental payment due to eligible nonpublic ambulance providers will not exceed the product of the 1) percentage increase calculated in subsection (b)(1)(C) above 2) multiplied by the base Medicaid reimbursement amount 3) multiplied by the total number of units for each service.
- (2) EOHHS will assign eligible nonpublic ambulance providers to one of the following classifications and set the percentage to be applied to supplemental payments for each classification as follows:
- (A) Not-for-Profit nonpublic ambulance providers, 126.33%
 - (B) Not-for-profit hospital nonpublic ambulance providers, 100.79%
 - (C) For-Profit nonpublic ambulance providers in region 1 as defined by the Massachusetts Department of Public Health, Office of Emergency Services (DPH OEM), 128.46%
 - (D) For-Profit nonpublic ambulance providers in region 2 as defined by the DPH OEM, 111.33%
 - (E) For-Profit nonpublic ambulance providers in region 3 as defined by the DPH OEM, 91.59%
 - (F) For-Profit nonpublic ambulance providers in region 4 as defined by the DPH OEM, 106.57%
 - (G) For-Profit nonpublic ambulance providers in region 5 as defined by the DPH OEM, 84.58%, and
 - (H) For-Profit nonpublic ambulance providers assigned to multiple regions or no region as defined by the DPH OEM. 86.27%.
- (3) EOHHS will distribute 100% of the payment calculated in subsection (b)(1) to eligible nonpublic ambulance providers as follows, with the amount paid to each nonpublic ambulance provider not to exceed the product of
- (A) the ratio of the amount of ground ambulance services billed to MassHealth by that nonpublic ambulance provider to the amount of all nonpublic ambulance providers' billing to MassHealth for ground ambulance services;
 - (B) 100% of the amount calculated to be payable pursuant to subsection (b)(1); and
 - (C) The percentage of the nonpublic ambulance provider's classification described in subsection (b)(2).