

Table of Contents

State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 24-0018

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

September 17, 2024

Kathleen E. Walsh, 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) 24-0018

Dear Secretary Walsh:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0018. This amendment waives the Recovery Audit Contractor (RAC) Program.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 USC 1396a(a)(42)(B). This letter informs you that Massachusetts' Medicaid SPA TN 24-0018 was approved on September 17, 2024, effective April 1, 2024.

Enclosed are copies of Form CMS-179 and the approved SPA pages to be incorporated into the Massachusetts State Plan.

If you have any questions, please contact Vanessa Jefferies at 410-786-6412 or via email at Vanessa.Jefferies@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

Enclosures

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

1. TRANSMITTAL NUMBER

2 4 - 0 0 1 8

2. STATE

M A

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

4/01/2024

5. FEDERAL STATUTE/REGULATION CITATION

42 USC 1396a(a)(42)(B)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 24 \$ 0

b. FFY 25 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Section 4 p. 36-36i

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Section 4 p. 36-36i

9. SUBJECT OF AMENDMENT

An amendment to to waive the Recovery Audit Contractor (RAC) Program

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, ASSPECIFIED:

Not required under 42 CFR 430.12(b)(2)(i)

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

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

12. TYPED NAME

Mike Levine

13. TITLE

Assistant Secretary for MassHealth

14. DATE SUBMITTED

6/28/2024

FOR CMS USE ONLY

16. DATE RECEIVED

6/28/2024

17. DATE APPROVED 9/17/2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

4/1/2024

19. SIGNATURE OF A

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director
Division of Program Operations

22. REMARKS

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Section 4 General Program Administration

4.5 Medicaid Recovery Audit Program

<p>Citation</p> <p>Section 1902(a)(42)(B)(i) of the Social Security Act</p>	<p><input type="checkbox"/> The State has established a program under which it will contract with one or more recovery audit contractors (RACs) for the purpose of identifying underpayments and overpayments of Medicaid claims under the State plan and under any waiver of the State plan.</p> <p><input checked="" type="checkbox"/> The State is seeking a two (2) year exception to establishing such program for the following reasons:</p> <p>The state has mitigated the need for the RAC contractor through the following state processes and agreements:</p> <ul style="list-style-type: none">• Anti-fraud, waste, and abuse activities, including pre-payment and post-payment reviews, financial and provider audits, and utilization management activities, carried out by MassHealth's managed care plans (MCOs and PHIP).• Physical health and behavioral health provider audits and other recovery activities carried out by the Provider Compliance Unit.• LTSS provider audits and other recovery activities carried out by LTSS third party administrator vendor.• Acute hospital utilization management including pre-payment and post-payment reviews carried out by acute hospital utilization control vendor.• Dental provider audits carried out by dental third party administrator vendor.• Third party liability program integrity activities carried out by third party liability unit.• Financial audits of hospitals and nursing facilities carried out by the Financial Compliance Unit.• Pre-pay reviews carried out by MassHealth Program Integrity Unit through its NetReveal system.
---	--

