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State Territory Name: MASSACHUSETTS

State Plan Amendment (SPA) #: 24-0030

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
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

November 6, 2024

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

RE: TN 24-0030

Dear Assistant Secretary Levine:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Massachusetts state plan amendment (SPA) to Attachment 4.19-B 24-0030, which was submitted to CMS on September 30, 2024. This plan amendment updates Clinical Laboratory rates.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of September 1, 2024. 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 312-886-0360 or via email at 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

2 4 — 0 0 3 0

2. STATE

M A3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACTTO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

07/01/2024 09/01/2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR Part 440 and 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY ²⁴ \$ 26,000b. FFY ²⁵ \$ 105,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B page 1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19-B page 1

9. SUBJECT OF AMENDMENT

An amendment to update payment methodologies for clinical lab services

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

09/30/2024

15. RETURN TO

Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
One Ashburton Place
Boston, MA 02108**FOR CMS USE ONLY**

16. DATE RECEIVED

September 30, 2024

17. DATE APPROVED

November 6, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

September 1, 2024

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 performed pen and ink change for box 4

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

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 September 1, 2024 . 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.