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State/Territory Name: Massachusetts

State Plan Amendment (SPA): MA-25-0004

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

June 24, 2025

Mike Levine
Medicaid Director
Office of Medicaid
One Ashburton Place
Boston, MA 02108

RE: TN 25-0004

Dear Director Levine:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Massachusetts state plan amendment (SPA) to Attachment 4.19-B MA-25-0004, which was submitted to CMS on March 31, 2025. This plan amendment enables Indian Health Services (IHS) facilities, to bill MassHealth for up to five medically necessary visits per person per day at the all-inclusive (AIR) IHS encounter rate.

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 January 15th, 2025. 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 Robert Bromwell at (410) 786-5914 or via email at Robert.Bromwell@cms.hhs.gov.

Sincerely,

[Redacted Signature]

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 5 — 0 0 0 4

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 SERVICES4. PROPOSED EFFECTIVE DATE
01/15/2025

5. FEDERAL STATUTE/REGULATION CITATION

42 USC § 1396d(b)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY ²⁵ \$ 0b. FFY ²⁶ \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B page 1a11

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19-B page 1a11

9. SUBJECT OF AMENDMENT

An amendment to update payment methodologies for the Indian Health Service (IHS) bundled rate

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 Levine13. TITLE
Assistant Secretary for MassHealth14. DATE SUBMITTED
03/31/2025

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
3/31/202517. DATE APPROVED
June 24, 2025**PLAN APPROVED - ONE COPY ATTACHED**18. EFFECTIVE DATE OF APPROVED MATERIAL
1/15/2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion21. 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

(Item h. Clinic Services, continued)

11. Indian Health Services (IHS) Facilities

Payment is made to Indian Health Services (IHS) facilities (including Section 638 tribal facilities) in accordance with the most recently published *Federal Register* notice addressing the all-inclusive IHS encounter rate. The State will pay IHS facilities (including Section 638 tribal facilities) the all-inclusive IHS encounter rate for up to five medically necessary visits per person per day, provided that a Medicaid service covered by the all-inclusive IHS encounter rate, as described below, is rendered at each billed visit. Medicaid services covered by the all-inclusive IHS encounter rate include the following:

- a. early and periodic screening, diagnosis and treatment services;
- b. family planning services and supplies;
- c. physicians' services;
- d. medical care and any other remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law (i.e., podiatrist, optometrist, chiropractor, and audiologist services);
- e. rural health clinic services;
- f. home health services;
- g. private duty nursing services;
- h. clinic services;
- i. dental services;
- j. physical therapy and related services;
- k. other diagnostic, screening, preventive, and rehabilitation services;
- l. nurse-midwife services;
- m. case management services;
- n. extended services for pregnant women;
- o. ambulatory prenatal care for pregnant women; and
- p. pediatric or family nurse practitioners' services.