

## **Table of Contents**

**State/Territory Name: MA**

**State Plan Amendment (SPA) #: 23-0040**

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 Page

**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**

September 21, 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 23-0040**

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 June 30<sup>th</sup>, 2023. This plan amendment updates the professional dispensing fee when medications are delivered to an individual's residence.

Based upon the information provided by the State, we have approved the amendment with an effective date of May 12<sup>th</sup>, 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 Jerica Bennett at 1-410-786-1167 or [jerica.bennett@cms.hhs.gov](mailto:jerica.bennett@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 3 — 0 0 4 0

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  
**05/12/2023**

5. FEDERAL STATUTE/REGULATION CITATION  
42 USC 1396a(a)(13); 42 CFR Part 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 23 \$ \$126,000  
b. FFY 24 \$ \$324,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
Attachment 4.19-B p.1e2


8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
  
Attachment 4.19-B p.1e2

9. SUBJECT OF AMENDMENT  
  
Adjustment to the professional dispensing fee for prescription drugs for home delivery.

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  
06/30/23

15. RETURN TO  
  
Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
One Ashburton Place, Room 1109  
Boston, MA 02108


**FOR CMS USE ONLY**

16. DATE RECEIVED  
06/30/2023

17. DATE APPROVED  
September 21, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
05/12/2023

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

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- ii. For other drugs administered at a physician’s office, payment shall not exceed the provider’s actual acquisition cost as determined from the provider’s invoice.
  - iii. For drugs administered in the acute outpatient hospital setting for which direct reimbursement is made to the hospital, payment is as specified in Attachment 4.19-B(1), Section III of the State Plan, including for drugs that are defined as “APEC Carve-Out Drugs” under Section II of such Attachment 4.19-B(1).
  - iv. For drugs administered in the acute inpatient hospital setting for which direct reimbursement is made to the hospital, payment is as specified in Attachment 4.19-A(1), Section III of the State Plan, including for drugs that are defined as “APAD Carve-Out Drugs” under Section II of such Attachment 4.19-A(1).
- L. Professional dispensing fees for prescribed drugs.
- i. The professional dispensing fee for compounded drugs whose dispensing involves the mixing two or more commercially prepared products is \$17.52.
  - ii. The professional dispensing fee for compounded drugs whose dispensing involves compounding lotions, shampoos, suspensions, or the mixing of powders or liquids into cream, ointment, or gel base is \$20.02.
  - iii. The professional dispensing fee for compounded drugs whose dispensing involves compounding capsules, troches, suppositories, or pre-filled syringes \$25.02.
  - iv. The professional dispensing fee for compounded drugs needing a sterile environment when mixing is \$40.02.
  - v. The professional dispensing fee for blood clotting factor not obtained through the 340B program is \$10.02.
  - vi. The professional dispensing fee for blood clotting factor obtained through the 340B program is 2.75 cents per unit.
  - vii. The professional dispensing fee for all other prescribed drugs is \$10.02.
  - viii. Eligible providers will receive a payment adjustment to the professional dispensing fee when medications are delivered to a personal residence (including homeless shelters). The payment adjustment will be the lower of the provider's usual and customary charge for prescription delivery or \$8.00, and will be made only when the MassHealth agency is the primary payer.