Table of Contents

State Territory Name: MASSACHUSETTS

State Plan Amendment (SPA) #: 24-0017

This file contains the following documents in the order listed:

Approval Letter
 CMS 179 Form/Summary Form (with 179-like data)
 Approved SPA Pages

Center for Medicaid & CHIP Services 230 South Dearborn Chicago, Illinois 60604



Financial Management Group

August 14, 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 24-0017

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 24-0017, which was submitted to CMS on June 28, 2024. This plan amendment updates rates for Dialysis Services.

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 April 1, 2024. 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 Debi Benson at 312-886-0360 or via email at <u>Deborah.Benson@cms.hhs.gov.</u>

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. STATE 2 4 0 0 1 7 M A 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT SECURITY ACT SECURITY ACT
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 04/01/2024
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
42 USC 1396a(a)(13); 42 CFR Part 447; 42 CFR 440.10	a FFY 24 \$ 543,000 b FFY 25 \$ 1,082,000
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-B page 01 a6	Attachment 4.19-B page 01 a6
 SUBJECT OF AMENDMENT An amendment regarding methods used to determine rates of payment for chronic maintenance dialysis treatments and home dialysis supplies 	
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:
11. SIGNATURE OF STATE AGENCY OFFICIAL 15	. RETURN TO
12. TYPED NAME Mike Levine 13. TITLE Assistant Secretary for MassHealth 14. DATE SUBMITTED 06/28/2024	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	
June 28, 2024	. DATE APPROVED August 14, 2024
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL 19 April 1, 2024	SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	. TITLE OF APPROVING OFFICIAL irector, Division of Reimbursement Review
Todd McMillion 22. REMARKS	

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(Item h. Clinic Services, continued)

6. <u>Renal Dialysis Clinics</u>

The fee-for-service rates are effective for services provided on or after April 1, 2024. All rates are published on <u>https://www.mass.gov/regulations/101-CMR-33700-rates-for-dialysis-treatments-and-home-dialysis-supplies</u>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.