

## **Table of Contents**

**State/Territory Name: Massachusetts**

**State Plan Amendment (SPA) #: 19-004**

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



**Boston Regional Operations Group**

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April 9, 2019

Marylou Sudders, Secretary  
Executive Office of Health and Human Services  
One Ashburton Place, Room 1109  
Boston, Massachusetts 02108

Dear Secretary Sudders:

We are pleased to enclose a copy of approved Massachusetts State Plan Amendment (SPA) No. 19-004, submitted to CMS on March 29, 2019. This SPA was submitted to revise your approved Title XIX State plan to update the payment methodology for sterilization clinic services. This SPA was approved effective February 22, 2019.

Enclosed is a copy of the following approved State plan page.

- Attachment 4.19-B, page 1a4.

If you have any questions regarding this matter you may contact Julie McCarthy at (617) 565-1244 or by e-mail at [Julie.McCarthy@cms.hhs.gov](mailto:Julie.McCarthy@cms.hhs.gov).

Sincerely,

/s/

Francis T. McCullough, Director  
Division of Medicaid Field Operations East (Boston)

Enclosure/s

cc: Daniel Tsai, Assistant Secretary for MassHealth, Medicaid Director  
Kaela Konefal, Federal Authority Policy Analyst/State Plan Coordinator

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

1. TRANSMITTAL NUMBER

1 9 — 0 0 4

2. STATE

MA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

02/22/2019

5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

42 CFR Part 447.

7. FEDERAL BUDGET IMPACT

a. FFY 2019 \$ 0  
b. FFY 2020 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B page 1a4

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Attachment 4.19-B page 1a4

10. SUBJECT OF AMENDMENT

Rates for Sterilization Clinic Services.

11. 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)

12. SIGNATURE OF STATE AGENCY OFFICIAL

/s/

13. TYPED NAME

Marylou Sudders

14. TITLE

Secretary

15. DATE SUBMITTED

03/29/2019

16. RETURN TO

Kaela Konefal  
State Plan Coordinator  
Executive Office of Health and Human Services  
Office of Medicaid  
One Ashburton Place, 11th Floor  
Boston, MA 02108

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

03/29/2019

18. DATE APPROVED

04/09/2019

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

02/22/2019

20. SIGNATURE OF REGIONAL OFFICIAL

/s/

21. TYPED NAME

Francis T. McCullough

22. TITLE Director, Division of Medicaid Field Operations  
East (Boston)

23. 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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(Item h. Clinic Services, continued)

4. Sterilization Clinics

The fee-for-service rates are effective for services provided on or after February 22, 2019. All rates are published on <https://www.mass.gov/regulations/101-CMR-31300-rates-for-freestanding-clinics-providing-abortion-and-sterilization>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.