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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 20-0004

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
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

June 26, 2020

Daniel Tsai, Deputy Secretary & Acting Secretary
The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
One Ashburton Place, Room 1109
Boston, MA 02108

RE: Massachusetts State Plan Amendment (SPA) Transmittal Number 20-0004

Dear Deputy Secretary & Acting Secretary Tsai:

We have reviewed the proposed Massachusetts State Plan Amendment (SPA) to Attachment 4.19-B of your state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 31, 2020. This plan amendment updates the payment methods used to determine rates of payment for Freestanding Birth Center Services.

Based upon the information provided by the State, we have approved the amendment with an effective date of February 1, 2020. 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 James Moreth at 206-615-2043 or James.Moreth@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 <u>2 0 - 0 0 4</u>	2. STATE <u>MA</u>
		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 <u>02/01/2020</u>	
5. TYPE OF PLAN MATERIAL (Check One)			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION <u>42 USC 1396a(a)(13); 42 CFR Part 447; 42 CFR 440.10</u>		7. FEDERAL BUDGET IMPACT a. FFY <u>2020</u> \$ <u>0</u> b. FFY <u>2021</u> \$ <u>0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 4.19-B page 3.3</u>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 4.19-B page 3.3</u>	
10. SUBJECT OF AMENDMENT <u>Methods Used to Determine Rates of Payment for Freestanding Birth Center Services</u>			
11. GOVERNOR'S REVIEW (Check One)			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED Not required under 42 CFR 430.12(b)(2)(i)	
12. STATE AGENCY OFFICIAL		16. RETURN TO	
13. TYPED NAME <u>Daniel Tsai</u>			
14. TITLE <u>Deputy Secretary and Acting Secretary</u>			
15. DATE SUBMITTED <u>03/31/2020</u>			
17. DATE RECEIVED <u>03/31/2020</u>			
FOR REGIONAL OFFICE USE ONLY			
18. DATE APPROVED <u>6/26/2020</u>		19. EFFECTIVE DATE OF APPROVED MATERIAL <u>02/01/2020</u>	
PLAN APPROVED - ONE COPY ATTACHED			
20. SIGNATURE OF REGIONAL OFFICIAL		21. TYPED NAME <u>Todd McMillion</u>	
22. TITLE <u>Director, Division of Reimbursement Review</u>		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

v. **Licensed Freestanding Birth Centers**

The fee-for-service rates are effective for services provided on or after February 1, 2020. All rates are published on <https://www.mass.gov/regulations/101-CMR-35500-rates-for-freestanding-birth-center-services>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.