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State/Territory Name: MA

State Plan Amendment (SPA) #: 25-0006

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850

Financial Management Group

November 7, 2025

Mike Levine, Assistant Secretary
Executive Office of Health and Human Services
One Ashburton Place
Room 1109
Boston, MA 02108

RE: Massachusetts 25-0006

Dear Assistant Secretary Levine:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Massachusetts state plan amendment (SPA) to Attachment 4.19-A MA 25-0006, which was submitted to CMS on March 31, 2025. This plan amendment increases the Supplemental Payment for Continuity of Access for High Public Payer Acute Hospitals by $7 million for inpatient acute hospital 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), and 1923 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 March 28, 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 Novena James-Hailey at 617-565-1291 or via email at Novena.JamesHailey@cms.hhs.gov.

Sincerely,

[redacted]

Rory Howe
Director
Financial Management Group

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 25-0006

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
03/28/2025

5. FEDERAL STATUTE/REGULATION CITATION
42 USC 1396a(a)(13); 42 CFR Part 447; 42 CFR 440.10

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 25 $ 3,091,000
b. FFY 26 $ 4,132,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-A(1) p. 49

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment 4.19-A(1) p. 49

9. SUBJECT OF AMENDMENT
An amendment to update payment methodologies for acute inpatient hospitals

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
[redacted]

12. TYPED NAME
Mike Levine

13. TITLE
Assistant Secretary for MassHealth

14. 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
March 31, 2025

17. DATE APPROVED
November 7, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
March 28, 2025

19. SIGNATURE OF APPROVING OFFICIAL
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Rory Howe

21. TITLE OF APPROVING OFFICIAL
Director, Financial Management Group

22. REMARKS

i. A non-profit teaching acute hospital that provides medical, surgical, emergency and obstetrical services and is affiliated with a Commonwealth-owned medical school, as determined by EOHHS,

ii. A Freestanding Pediatric Acute Hospital, as such term is defined in Section II, above,

iii. A freestanding cancer hospital, or

iv. The acute hospital that had the lowest statewide commercial relative price in fiscal year 2019.

b. Methodology

Effective October 1, 2024, EOHHS will make the targeted hospital supplemental payments described in this **Section III.J.13** as follows:

i. For hospitals eligible for targeted hospital supplemental payments under **Section III.J.13.a.i**, EOHHS shall make a total aggregate payment of $10,000,000.

ii. For hospitals eligible for targeted hospital supplemental payments under **Section III.J.13.a.ii**, EOHHS shall make a total aggregate payment of $22,500,000 to the hospital with the largest volume of inpatient discharges in fiscal year 2019, as determined by EOHHS using Massachusetts hospital cost report data.

iii. For hospitals eligible for targeted hospital supplemental payments under **Section III.J.13.a.iii**, EOHHS shall make a total aggregate payment of $5,000,000.

iv. For hospitals eligible for targeted hospital supplemental payments under **Section III.J.13.a.iv**, EOHHS shall make a total aggregate payment of $11,000,000.

14. [Reserved]

15. Supplemental Payment for Continuity of Access of High Public Payer Acute Hospitals

Hospitals will receive a Supplemental Payment for the Continuity of Access of High Public Payer Acute Hospitals in accordance with the following chart, to ensure the continuation of access to essential acute hospital services in the communities served by each hospital. Each payment in the chart shall be paid as a single lump sum and only the single hospital listed as eligible for each payment shall receive the payment.

Eligible Hospital	RY25 New Supplemental Payments Effective October 1, 2024	RY25 New Supplemental Payment Effective March 28, 2025, paid by December 31, 2025
Morton Hospital	$10,000,000	N/A
Holy Family Hospital	$125,000,000	$7,000,000
Total	**$135,000,000**	**$7,000,000**