

State/Territory Name: Massachusetts

State Plan Amendment (SPA) MA-26-0002

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
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

April 10, 2026

Mike Levine
Assistant Secretary Executive
Office of Human and Health Services
One Ashburton Place
Room 1109
Boston, MA 2108

RE: TN MA-26-0002

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 MA-26-0002, which was submitted to CMS on March 27, 2026. The purpose of this plan amendment is to update the payment methodology for durable medical equipment by rebasing certain rates to 2024 Medicare rates while maintaining existing rates for items without Medicare equivalents.

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 March 1, 2026. 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 Robert Bromwell at 410-786-5914 or via email at robert.bromwell@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

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 6 — 0 0 0 2</u>	2. STATE <u>MA</u>
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 03/01/2026
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5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447.205, 42CFR 440.70	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>26</u> \$ <u>279,000</u> b. FFY <u>27</u> \$ <u>476,000</u>
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B p. 1p2	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B p. 1p2
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9. SUBJECT OF AMENDMENT


An amendment to the payment methodologies for durable medical equipment

10. GOVERNOR'S REVIEW (Check One)

<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Not required under 42 CFR 430.12(b)(2)(i)
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid One Ashburton Place, 10th Floor Boston, MA 02108
12. TYPED NAME Mike Levine	
13. TITLE Undersecretary for MassHealth	
14. DATE SUBMITTED 03/27/2026	

FOR CMS USE ONLY	
16. DATE RECEIVED March 27, 2026	17. DATE APPROVED April 10, 2026

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL March 1, 2026	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

o. **Any other medical care recognized under state law, including transportation services, oxygen, and podiatry:** (continued)

4. Oxygen and durable medical equipment –The fee-for-service rates are effective for services provided on or after March 1, 2026. All rates are published on <https://www.mass.gov/regulations/101-CMR-32200-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.