

## **Table of Contents**

**State/Territory Name: Massachusetts**

**State Plan Amendment (SPA) #: 23-0030**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



June 23, 2023

Kathleen E. Walsh, 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) 23-0030

Dear Secretary Walsh:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0030. This amendment proposes to temporarily suspend all pharmacy copays for eligibility groups consistent with 42 CFR 435 Subparts B, C and D originally approved in Disaster Relief SPA 23-0025.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Massachusetts' Medicaid SPA Transmittal Number 23-0030 is approved effective May 12, 2023.

If you have any questions, please contact Marie DiMartino at (617) 565-9157 or by email at [Marie.DiMartino@cms.hhs.gov](mailto:Marie.DiMartino@cms.hhs.gov).

Sincerely,  
Alissa M.  
Deboy -S

Digitally signed by Alissa  
M. Deboy -S  
Date: 2023.06.23  
07:49:48 -04'00'

Alissa Mooney DeBoy

On Behalf of Anne Marie Costello, Deputy Director  
Center for Medicaid and CHIP Services

Enclosures

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

1. TRANSMITTAL NUMBER

2 3 — 0 0 3 0

2. STATE

M A

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

05/12/2023

5. FEDERAL STATUTE/REGULATION CITATION

Title 19 of the Social Security Act; Section 1135 of the Social Security Act;

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY <sup>23</sup> \$ 1,185,000

b. FFY <sup>24</sup> \$ 1,523,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Section 7.4.B., Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

An amendment to suspend all pharmacy copays for eligibility groups consistent with 42 CFR 435 Subparts B, C, and D.

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. TYPED NAME OF APPROVING OFFICIAL  
[REDACTED]

12. TYPED NAME  
Mike Levine

13. TITLE  
Assistant Secretary for MassHealth

14. DATE SUBMITTED  
05/11/23

15. RETURN TO

Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
One Ashburton Place, Room 1109  
Boston, MA 02108

**FOR CMS USE ONLY**

16. DATE RECEIVED  
05/11/2023

17. DATE APPROVED  
June 23, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
05/12/2023

19. SIGNATURE OF APPROVING OFFICIAL  
Alissa M. Deboy -S  
Digitally signed by Alissa M. Deboy -S  
Date: 2023.06.23 07:49:24 -04'00'

20. TYPED NAME OF APPROVING OFFICIAL  
Alissa Mooney DeBoy on Behalf of Anne Marie Costello

21. TITLE OF APPROVING OFFICIAL  
Deputy Director, Center for Medicaid and CHIP Services

22. REMARKS

**Section 7.4.B., “Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency”**

Effective May 12, 2023 until March 31, 2024, the agency temporarily extends the following election(s) in section 7.4 (submitted on 4/3/23 in SPA Number MA-23-0025) of the state plan.

**Section C – Premiums and Cost Sharing**

1.   X   The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

The state suspends all pharmacy copays for eligibility groups consistent with 42 CFR 435 Subparts B, C, and D.