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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
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: 20004

#### 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: 02/01/2020

#### 5. Type of Plan Material (Check One)

- [ ] New State Plan
- [ ] Amendment to be Considered as New Plan
- [x] Amendment

#### Complete Blocks 6 thru 10 if this is an Amendment (Separate transmittal for each amendment)

#### 6. Federal Statute/Regulation Citation

- 42 USC 1396a(a)(13); 42 CFR Part 447; 42 CFR 440.10

#### 7. Federal Budget Impact

- a. FY 2020: $0
- b. FY 2021: $0

#### 8. Page Number of the Plan Section or Attachment

- Attachment 4.19-B page 3.3

#### 9. Page Number of the Superseded Plan Section or Attachment (If Applicable)

- Attachment 4.19-B page 3.3

#### 10. Subject of Amendment

Methods Used to Determine Rates of Payment for Freestanding Birth Center 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
- [x] Other, as Specified

Not required under 42 CFR 430.12(b)(2)(i)

#### 12. Secretary Official

- [ ] Name:
- [ ] Title:
- [ ] Date Submitted: 03/31/2020

#### 16. Return To

#### FOR REGIONAL OFFICE USE ONLY

#### 17. Date Received: 03/31/2020

#### 18. Date Approved: 06/26/2020

#### 19. Effective Date of Approved Material: 02/01/2020

#### 20. Signature of Regional Official

#### 21. Typed Name

- Todd McMillion
- Title: Director, Division of Reimbursement Review

#### 22. Remarks

Instructions on Back
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.