MassHealth Public Testimony Prep

MA-NACPM with Emily Anesta, Bay State Birth Coalition
October 9, 2026

NACPM | massachusetts state chapter
ADVANCING COMMUNITY MIDWIFERY

I ♥ Midwives
Bay State Birth Coalition

Why members' testimony matters

Enrollment can expand access only if practices can afford to participate.

Your testimony can explain what the rules mean for your practice and the families you serve.

MassHealth has been explicit: now is the time for changes to be made

*"The Division specifically invites comments as to how the amendments may **affect member access to care** for MassHealth-covered services."*

The October 16 hearings

*10 a.m.

Rates

101 CMR 316, 317 and 318

Payment amounts and payment policy

11 a.m.

Enrollment

130 CMR 433

Provider eligibility and requirements for CPMs

What the written proposal establishes

CPMs join the eligible provider types in the rate amendments.

The medicine regulation generally places CPMs at 85% of listed fees, with specified exceptions.

The rate notice proposes a $500 home delivery supply kit payment per pregnancy.

Hearing announcement referred to code S4005 (usually that is used for facilities, waiting for clarification).

What MassHealth has explained

Non-facility professional rates include overhead.

A fee schedule lists rates, but a listed rate alone does not establish coverage.

MassHealth training teaches claim submission.

CBDI is developing support for coding.

Practice expenses and facility payments

Community midwives cover the costs of running an office and providing clinical care in homes, including a second attendant, emergency equipment, supplies, travel and on-call availability.

The open question: the non-facility rate differential does not adequately cover those expenses. Without a more robust payment mechanism, midwives may be unable to afford to enroll, leaving MassHealth families without meaningful access to community birth care.

A clear gap: Payment for second attendants and costs beyond supplies

What we still need to know

- Expected payment for a realistic full course of care
- Which home services are payable, including newborn care
- Rules for transfers, shared care and birth-center employment
- How managed care differs from fee-for-service (MCO/ACO and MassHealth)

Requests we are developing

1. Payment that supports sustainable community birth care
2. Parity for the same covered services within scope
3. Explicit CPM inclusion wherever provider lists affect access
4. Clear written guidance before practices commit to billing

Useful testimony has a clear request

- Who you are and why this affects you
- The change you want
- One concrete example that supports it
- What the change would mean for access to care

A stronger practice-expense statement

General concern

“The reimbursement is too low.”

Clearer request

“Please establish payment that covers the costs of providing birth care at home, including a second attendant and emergency readiness. I can document those costs in my practice.”

Actual costs make the concern concrete

My practice serves ___ births per year.

A second attendant costs my practice $___ per birth.

My annual equipment, office and other overhead costs are $___.

At a verified payment of $___, I could accept ___ MassHealth clients.

A family's experience supports an access request

What care did you need or choose?

What did you pay, travel or go without to get it?

What difference did continuity or home postpartum care make?

What do you want MassHealth to change?

MassHealth needs to hear from people that have MassHealth and still paid out of pocket for home birth care and why.

Example testimony in a midwife's voice

"I'm a community midwife serving [area]. I support adding CPMs to MassHealth. I'm asking for payment that reflects the cost of providing birth care at home.

"In my practice, [specific expense or experience]. Without payment that covers these costs, I would be unable to [specific effect on participation].

"Please revise the payment structure so I can offer this care to MassHealth families."

A clear voice and accurate facts

Choose one main request and use plain language.

Separate written rules from what you heard from a friend or saw on social media.

Label estimates and questions honestly.

Connect the practice issue to its effect on families.

Time to start your testimony

My main request is…

The experience or cost that supports it is…

For MassHealth families, this means…

The regulation my comment concerns is…

Written testimony for the rate hearing

101 CMR 316, 317 and 318

ehs-regulations@mass.gov

Use the regulation numbers in the subject.
Include your full name, mailing address and affiliation.

Send your comments before the October 16 hearing.

Before the hearing

Finish your draft and check the facts.

Register separately for the hearing you plan to address.

Submit to the appropriate email and keep a copy.

Invite families to share their own access experiences.

More information and testimony resources

https://www.machapternacpm.com/masshealth-and-the-cpm.html

https://tinyurl.com/masshealthtestimony

Let The Chapter Know

Planning to submit written testimony or speak at a hearing?

Please let us know which hearing and what issue you plan to address.

This will help us coordinate our efforts and identify any gaps in the comments.

You can use shared talking points and still speak in your own voice.