

Table of Contents

State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 16-0008

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
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

June 24, 2016

Marylou Sudders, Secretary
Executive Office of Health and Human Services
One Ashburton Place, Room 1109
Boston, Massachusetts 02108

Dear Secretary Sudders:

Enclosed for your records is an approved copy of the MassHealth Standard Alternative Benefit Plan (ABP) State plan amendment (SPA) No. MA 16-008. This ABP, which was submitted through the Medicaid Model Data Lab (MMDL) on March 31, 2016, meets all federal statutory and regulatory requirements for establishing an ABP. This SPA was submitted to revise your approved Standard ABP to add Prior Authorization requirements for home health aide and home health part-time nursing services. This SPA has been approved effective January 1, 2016.

All requirements pertaining to ABPs must be met, including, but not limited to: benefits, payment rates, reimbursement methodologies, cost-sharing State plan pages, and, if applicable, managed care delivery systems (waivers and contracts). Amendments to the State's approved Medicaid program (SPAs, waivers, contracts) may require corresponding amendments to the ABP if the change to the benefit in the approved State plan will be mirrored in the ABP.

Enclosed are copies of the following approved State plan pages to be incorporated into the Massachusetts State plan:

- Attachment 3.1-L, template ABP 5, pages 1-39

If you have any questions regarding this matter you may contact Julie McCarthy at (617) 565-1244 or by e-mail at Julie.McCarthy@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure/s

cc: Daniel Tsai, Assistant Secretary for MassHealth, Medicaid Director
Daniel Cohen, State Plan Coordinator

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory

name:

Massachusetts

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

MA-16-008

Proposed Effective Date

01/01/2016

(mm/dd/yyyy)

Federal Statute/Regulation Citation

42 U.S.C. 1396u-7(a); 42 CFR 440.300 et seq.

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2016	\$ -196400.00
Second Year	2017	\$ -339600.00

Subject of Amendment

Massachusetts, through this amendment, clarifies the prior authorization requirement for home health services for Standard ABP Adult Group members ages 21-64. Massachusetts already covers these services for members under age 21 when medically necessary, pursuant to federal Early and Periodic Screening, Diagnostic, and Treatment requirements.

Governor's Office Review

- Governor's office reported no comment
 Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
 Other, as specified

Describe:

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

Signature of State Agency Official

Submitted By:

Alison Kirchgasser

Last Revision Date:

Jun 24, 2016

Submit Date:

Mar 31, 2016

DATE RECEIVED: 03/31/2016

EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/2016

PLAN APPROVED – ONE COPY ATTACHED

DATE APPROVED: 06/24/2016

SIGNATURE OF REGIONAL OFFICIAL:

/s/

TYPED NAME: Richard R. McGreal

TITLE: Associate Regional Administrator,
Division of Medicaid & Children's Health Operations
Boston Regional Office



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L

Benefits Description	ABP5
The state/territory proposes a "Benchmark-Equivalent" benefit package. <input type="checkbox"/> No	
Benefits Included in Alternative Benefit Plan	
Enter the specific name of the base benchmark plan selected:	
2012 Government Employee Health Association, Inc. Benefit Plan (GEHA)	
Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved."	
Secretary-Approved	

OFFICIAL



Alternative Benefit Plan

Essential Health Benefit 1: Ambulatory patient services

Collapse All

Benefit Provided:

Outpatient Hospital Service

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

For those members receiving benefits fee for service (FFS), certain specific services are covered with prior authorization (PA); for example, physical and occupational therapy services provided by an outpatient hospital require PA after 20 visits in a 12-month period. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Benefit Provided:

Hospice Care

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Hospice Care is provided in accordance with section 1905(o) of the Social Security Act and Section 2302 of the Affordable Care Act.

Those members receiving benefits fee for service (FFS) must receive certification of terminal illness and elect hospice benefits.

Benefit Provided:

OLP: Audiologists' Services

Source:

State Plan 1905(a)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

OFFICIAL

Amount Limit:	Duration Limit:	Remove
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
State Plan Benefit Title: "Medical care and any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law: Audiologists' Services."		
For those members receiving benefits fee for service (FFS), certain high-cost and replacement hearing aids are covered with prior authorization (PA). For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.		

Benefit Provided:	Source:	Remove
OLP: Chiropractors' Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
20 visits/treatments per member per calendar year	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
State Plan Benefit Title: "Medical care and any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law: Chiropractors' Services."		
For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.		

Benefit Provided:	Source:	
Physicians' Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		



Alternative Benefit Plan

OFFICIAL

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

State Plan Benefit Title: "Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere."

Remove

For those members receiving benefits fee for service (FFS), certain specific services are covered with prior authorization (PA); for example, reconstructive surgery and non-emergency out-of-state services provided by a physician who practices beyond 50-miles of the state border. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Benefit Provided:

Diagnostic Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

For those members receiving benefits fee for service (FFS), certain specific services, such as Breast MRI, are covered with prior authorization (PA). For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Benefit Provided:

Screening Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

For those members receiving benefits through managed care entities, utilization management may apply.

Benefit Provided:

Pediatric or Family Nurse Practitioners' Services

Source:

State Plan 1905(a)



Alternative Benefit Plan

OFFICIAL

Authorization: Other	Provider Qualifications: Medicaid State Plan	Remove
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: For those members receiving benefits fee for service (FFS), the same prior authorization requirements as those summarized under Physicians' Services apply. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.		
Benefit Provided: Home Health: Part-time Nursing Services	Source: State Plan 1905(a)	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: See below	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: State Plan Title: "Home health services: Intermittent or part time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area." For those members receiving benefits fee for service (FFS), certain Home Health Services are covered with prior authorization (PA); and certain other services are covered with authorization in excess of limitation; for example, continuous skilled nursing requires prior authorization; part time nursing requires authorization after 30 visits in a 90 day period. If the member uses less than 30 part-time nursing visits in a 90 day period, then a new 90 day period is triggered with a new allotment of 30 part-time nursing visits before PA is required. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.		
Benefit Provided: Clinic Services	Source: State Plan 1905(a)	
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	



Alternative Benefit Plan

OFFICIAL

Scope Limit:

See Below

Remove

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

For those members receiving benefits fee for service (FFS), freestanding ambulatory surgical center services are limited to surgical, diagnostic, and medical services that provide diagnosis or treatment through operative procedures requiring general, local, or regional anesthesia, and must be furnished to patients who do not require hospitalization or overnight services upon completion of the procedure, but who require constant medical supervision for a limited amount of time following the conclusion of the procedure. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Benefit Provided:

FQHC Services and other Amb. Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

State Plan Benefit Title: "Federally qualified health center (FQHC) services and other ambulatory services."

For those members receiving benefits fee for service (FFS), services provided at FQHCs are subject to the same prior authorization requirements summarized in this ABP. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Benefit Provided:

Rural Health Clinic Services

Source:

State Plan 1905(a)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

State Plan Benefit Title: "Rural Health Clinic Services and other ambulatory services furnished by a rural



Alternative Benefit Plan

OFFICIAL

<p>health clinic."</p> <p>For those members receiving benefits fee for service (FFS), services provided at RHCs are subject to the same prior authorization requirements summarized in this ABP. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.</p>		<input type="button" value="Remove"/>
Benefit Provided: <input type="text" value="Family Planning Services and Supplies"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <p>State Plan Title: "Family planning services and supplies for individuals of child-bearing age."</p> <p>For those members receiving benefits fee for service (FFS), the same prior authorization requirements as those summarized under Physicians' Services apply. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.</p>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

OFFICIAL

<input checked="" type="checkbox"/> Essential Health Benefit 2: Emergency services		Collapse All <input type="checkbox"/>
<hr/>		
Benefit Provided: <input type="text" value="Emergency Hospital Services"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="Covered without limitations."/>		
<hr/>		
Benefit Provided: <input type="text" value="Transportation – Emergent"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="Covered without limitations."/>		
<input type="button" value="Add"/>		



Alternative Benefit Plan

OFFICIAL

Essential Health Benefit 3: Hospitalization

Collapse All

Benefit Provided:

Inpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

State Plan Title: "Inpatient hospital services (other than those provided in an institution for mental disease)."

For those members receiving benefits fee for service (FFS), as a condition of payment, MassHealth requires preadmission screening for all elective admissions to acute hospitals and for all admissions to a chronic disease and rehabilitation hospital, except for members with other insurance (including Medicare).

For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Add



Alternative Benefit Plan

OFFICIAL

Essential Health Benefit 4: Maternity and newborn care

Collapse All

Benefit Provided: Nurse-midwife Services	Source: State Plan 1905(a)	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: For those members receiving benefits fee for service (FFS), the same prior authorization requirements as those summarized under Physicians' Services apply. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.		

Benefit Provided: Physicians' Services: Maternity	Source: State Plan 1905(a)	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: For those members receiving benefits fee for service (FFS), the same prior authorization requirements as those summarized under Physicians' Services apply. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.		

Benefit Provided: Inpatient Hospital Services: Maternity	Source: State Plan 1905(a)	
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	



Alternative Benefit Plan

OFFICIAL

Scope Limit:

None

Remove

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

For those members receiving benefits fee for service (FFS), the same prior authorization requirements as those summarized under Inpatient Hospital Services apply. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Benefit Provided:

Outpatient Hospital Services: Maternity

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

For those members receiving benefits fee for service (FFS), the same prior authorization requirements as those summarized under Outpatient Hospital Services apply. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Add



Alternative Benefit Plan

OFFICIAL

Essential Health Benefit 5: Mental health and substance use disorder services including behavioral health treatment Collapse All

Benefit Provided:	Source:	
Mental Health and Substance Use Disorder Services	State Plan 1905(a)	<input type="button" value="Remove"/>
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
The state offers mental health and substance use disorder services including behavioral health treatment for all members under state plan benefits including Physicians' Services, Outpatient Hospital Services, FQHCs, RHCs, Inpatient Hospital Services, Emergency Hospital Services, and EPSDT. MassHealth requires managed care contractors to provide certification with MHPAEA in compliance with 130 CMR 450.117(J). Inpatient services provided in an IMD are limited to members under the age of 21 or over the age of 64.		

Benefit Provided:	Source:	
OLP: Psychologist	State Plan 1905(a)	<input type="button" value="Remove"/>
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Psychological testing only		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
State Plan Title: "Medical care and any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law: Other Practitioners' Services." MassHealth requires managed care contractors to provide certification with MHPAEA in compliance with 130 CMR 450.117(J).		

Benefit Provided:	Source:	
Rehabilitative: MH/SUD Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	



Alternative Benefit Plan

OFFICIAL

Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="None"/>	<input type="button" value="Remove"/>
Scope Limit:		
<input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text" value="For those members receiving benefits fee for service (FFS), the same prior authorization requirements as those summarized under Physicians' Services, Outpatient Hospital Services and Inpatient Hospital Services apply. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA. MassHealth requires managed care contractors to provide certification with MHPAEA in compliance with 130 CMR 450.117(J). Inpatient services provided in an IMD are limited to members under the age of 21 or over the age of 64."/>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

OFFICIAL

Essential Health Benefit 6: Prescription drugs

Benefit Provided:

Coverage is at least the greater of one drug in each U.S. Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

Prescription Drug Limits (Check all that apply.):

- Limit on days supply
- Limit on number of prescriptions
- Limit on brand drugs
- Other coverage limits
- Preferred drug list

Authorization:

Yes

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

The Commonwealth of Massachusetts' ABP prescription drug benefit is the same as under the approved Medicaid state plan for prescribed drugs.



Alternative Benefit Plan

OFFICIAL

Essential Health Benefit 7: Rehabilitative and habilitative services and devices

Collapse All

Benefit Provided:

Therapies and Related Services: Physical therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

20 visits per 12-month period

Duration Limit:

None

Scope Limit:

Diversional and recreational therapies are not covered.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

State Plan Benefit Title: "Therapies and Related Services: Physical Therapy." Rehabilitative and habilitative physical therapy to improve, or prevent the worsening of a congenital or acquired condition is provided in accordance with 42 CFR 440.110. MassHealth pays for maintenance therapy performed by a licensed therapist when the therapist's specialized knowledge and judgment are required to perform services that are part of a maintenance program.

For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Benefit Provided:

Therapies and RS: Occupational Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

20 visits per 12-month period

Duration Limit:

None

Scope Limit:

Diversional and recreational therapies are not covered.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

State Plan Benefit Title: "Therapies and Related Services: Occupational Therapy."

Rehabilitative and habilitative occupational therapy to improve, or prevent the worsening of a congenital or acquired condition is provided in accordance with 42 CFR 440.110. MassHealth pays for maintenance therapy performed by a licensed therapist when the therapist's specialized knowledge and judgment are required to perform services that are part of a maintenance program. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.



Alternative Benefit Plan

OFFICIAL

Benefit Provided:	Source:	
Therapies and RS: Speech, Hearing, and Language	State Plan 1905(a)	<input type="button" value="Remove"/>
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
35 visits per 12-month period	None	
Scope Limit:		
Diversional and recreational therapies are not covered.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
State Plan Benefit Title: "Therapies and Related Services: Services for individuals with speech, hearing, and language disorders."		
Rehabilitative and habilitative speech therapy to improve, or prevent the worsening of a congenital or acquired condition is provided in accordance with 42 CFR 440.110. MassHealth pays for maintenance therapy performed by a licensed therapist when the therapist's specialized knowledge and judgment are required to perform services that are part of a maintenance program.		
For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.		

Benefit Provided:	Source:	
Home Health: Med Supplies, Equip., and Appliances	State Plan 1905(a)	<input type="button" value="Remove"/>
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
State Plan Title: "Home Health Services: Medical supplies, equipment, and appliances suitable for use in the home."		
For those members receiving benefits fee for service (FFS), MassHealth covers medically necessary medical supplies, equipment and appliances (DME) that can be appropriately used in the member's home, and in certain circumstances for use in facilities. DME that is appropriate for use in the member's home may also be used in the community. Certain specific services are covered with prior authorization (PA); for example, hospital beds for home use and liquid oxygen systems. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.		



Alternative Benefit Plan

OFFICIAL

Benefit Provided: Prosthetic Devices	Source: State Plan 1905(a)	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: State Plan Title: "Prescribed drugs, dentures, and prosthetic devices and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist: Prosthetic Devices." For those members receiving benefits fee for service (FFS), MassHealth covers medically necessary prosthetics and orthotics services, including repairs after the exhaustion of manufacturer warranties. Certain specific services are covered with prior authorization (PA); for example, electronic elbows and some upper extremity prostheses. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.		
Benefit Provided: Nursing Facility Services for 21 or Older	Source: State Plan 1905(a)	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Non-custodial nursing care		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: State Plan Title: "Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older." For those members receiving benefits fee for service (FFS), the MassHealth agency requires clinical authorizations for nursing-facility services. New clinical authorizations may be required in some circumstances such as when a member is transferred from one nursing facility to another or converts to Medicaid from Medicare or a third party private payer. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.		



Alternative Benefit Plan

OFFICIAL

Benefit Provided: Home Health: PT, OT, SP and Audiology Services	Source: State Plan 1905(a)	Remove
Authorization: Authorization required in excess of limitation	Provider Qualifications: Medicaid State Plan	
Amount Limit: See below	Duration Limit: None	
Scope Limit: Diversional and recreational therapies are not covered.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: State Plan Title: "Home health services: Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility." For those members receiving benefits fee for service (FFS), the same prior authorization requirements as those summarized under Therapy Services apply. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.		
		Add



Alternative Benefit Plan

OFFICIAL

<input checked="" type="checkbox"/> Essential Health Benefit 8: Laboratory services		Collapse All <input type="checkbox"/>
Benefit Provided: Other Laboratory and X-ray Services	Source: State Plan 1905(a)	<input type="button" value="Remove"/>
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <p>For those members receiving benefits fee for service (FFS), certain specific services are covered with prior authorization (PA); for example, BRCA genetic testing. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.</p>		
<input type="button" value="Add"/>		



Alternative Benefit Plan

OFFICIAL

Essential Health Benefit 9: Preventive and wellness services and chronic disease management

Collapse All

The state/territory must provide, at a minimum, a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

Benefit Provided:

Preventive Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

For those members receiving benefits fee for service (FFS), the same prior authorization requirements as those summarized under Physicians' Services apply. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Benefit Provided:

Face-to-face Tobacco Cessation Counseling Services

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

16 group and individual sessions/12 months

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Within the State Plan this benefit is entitled: Face-to-face tobacco cessation counseling services for pregnant women. Tobacco cessation services are not only covered for pregnant women. The State provides tobacco cessation services under the State Plan benefits including Physicians' Services, Outpatient and Inpatient Hospital Services, Prescribed Drugs, Preventive Services, FQHCs, and RHCs. For those members receiving benefits fee for service, MassHealth covers a total of 16 group and individual counseling sessions per member per 12-month cycle, without prior authorization. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Add



Alternative Benefit Plan

OFFICIAL

Essential Health Benefit 10: Pediatric services including oral and vision care Collapse All

Benefit Provided:
Medicaid State Plan EPSDT Benefits

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

For members receiving benefits fee for service, certain services are covered with prior authorization, for example, members are limited to one comprehensive eye examination within a 12 month period unless additional services are medically necessary. The MassHealth agency pays for all medically necessary pediatric services, including oral and vision care services, for EPSDT-eligible members, without regard to service limitations. Such additional services require prior authorization.

Benefit Provided:
Medicaid State Plan EPSDT Benefits

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

State Plan Title: Inpatient psychiatric facility services for individuals under 21 years of age. For those members receiving benefits fee for service (FFS), a screening team must screen a member under age 21 prior to admission to a psychiatric inpatient hospitalization. The MassHealth agency pays for all medically necessary psychiatric inpatient hospital services for EPSDT-eligible members, without regard to service limitations. Such additional services require prior authorization. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Benefit Provided:
Medicaid State Plan EPSDT Benefits

Source:

State Plan 1905(a)



Alternative Benefit Plan

OFFICIAL

Authorization: Other	Provider Qualifications: Medicaid State Plan	Remove
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: State Plan Benefit Title: "Nursing facility services for patients under 21 years of age." For members under age 21 receiving benefits fee for service (FFS), the MassHealth agency requires authorizations from a medical review team for nursing-facility services. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.		
		Add



Alternative Benefit Plan

OFFICIAL

Other Covered Benefits from Base Benchmark

Collapse All



Alternative Benefit Plan

OFFICIAL

Base Benchmark Benefits Not Covered due to Substitution or Duplication Collapse All

Base Benchmark Benefit that was Substituted: Source:
Base Benchmark

Acupuncture – Duplication

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under the Medicaid state plan as Physicians' Services, Outpatient Hospital Services, FQHCs, and RHCs under EHB 1; and Inpatient Hospital Services under EHB 3. MassHealth provides acupuncture for pain relief, as a substitute for anesthesia and as a substance abuse treatment.
Base benchmark plan: limited to 20 procedures per person per calendar year, for anesthesia and pain relief.

Base Benchmark Benefit that was Substituted: Source:
Base Benchmark

Outpatient Hospital, Clinic, or ASC - Duplication

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under the Medicaid state plan as Outpatient Hospital Services and Clinic Services under EHB 1.

Base Benchmark Benefit that was Substituted: Source:
Base Benchmark

Hospice – Duplication

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under the Medicaid state plan as Hospice Care under EHB 1.

Base Benchmark Benefit that was Substituted: Source:
Base Benchmark

Audiologist and Hearing Services – Duplication

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under the Medicaid state plan as Outpatient Hospital Services and OLP: Audiologists' Services under EHB 1; Inpatient Hospital Services under EHB 3; and Home Health Services: Medical Supplies, Equipment, and Appliances under EHB 7.

Base Benchmark Benefit that was Substituted: Source:
Base Benchmark

Chiropractic – Duplication

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under the Medicaid state plan as OLP: Chiropractors' Services under EHB 1.

Base Benchmark Benefit that was Substituted: Source:
Base Benchmark

Foot Care - Duplication



Alternative Benefit Plan

OFFICIAL

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		<input type="button" value="Remove"/>
<input type="text" value="Duplication: covered in the Medicaid state plan as Physician Services under EHB 1."/>		
Base Benchmark Benefit that was Substituted:	Source:	
<input type="text" value="Physician Services – Duplication"/>	<input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input type="text" value="Duplication: covered in the Medicaid state plan as Physicians' Services under EHB 1."/>		
Base Benchmark Benefit that was Substituted:	Source:	
<input type="text" value="Diagnostic and Treatment Services – Duplication"/>	<input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input type="text" value="Duplication: covered in the Medicaid state plan as Physicians' Services, Diagnostic Services and Screening Services under EHB 1; and Other Laboratory and X-ray Services under EHB 8."/>		
Base Benchmark Benefit that was Substituted:	Source:	
<input type="text" value="Adult Preventive Care - Duplication"/>	<input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input type="text" value="Duplication: covered in the Medicaid state plan as FQHC, RHC, Physicians' Services, Outpatient Hospital Services and Screening Services under EHB 1; Inpatient Hospital Services under EHB 3; and Preventive Services under EHB 9."/>		
Base Benchmark Benefit that was Substituted:	Source:	
<input type="text" value="Nurse Practitioner - Duplication"/>	<input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input type="text" value="Duplication: covered in the Medicaid state plan as Physicians' Services, Pediatric or Family Nurse Practitioner Services, FQHCs and RHCs under EHB 1."/>		
Base Benchmark Benefit that was Substituted:	Source:	
<input type="text" value="Skilled Nursing Facility – Duplication"/>	<input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input type="text" value="Duplication: covered in the Medicaid state plan as Nursing Facility Services for 21 or Older under EHB 7; and 'Nursing facility services for patients under 21 years of age' under EHB 10."/>		
Base Benchmark Benefit that was Substituted:	Source:	
<input type="text" value="Maternity Care – Duplication"/>	<input type="text" value="Base Benchmark"/>	



Alternative Benefit Plan

OFFICIAL

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: covered in Medicaid state plan as Physicians' Services: Maternity, Nurse-midwife services, Outpatient Hospital Services: Maternity and Inpatient Hospital Services: Maternity under EHB 4.</p>		Remove
<p>Base Benchmark Benefit that was Substituted:</p> <p>Inpatient Hospital - Duplication</p>	<p>Source:</p> <p>Base Benchmark</p>	Remove
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: covered in Medicaid state plan as Inpatient Hospital Services under EHB 3.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Mental Health and SUD Services - Duplication</p>	<p>Source:</p> <p>Base Benchmark</p>	Remove
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: covered in Medicaid state plan as Physicians' Services, Outpatient Hospital Services, FQHCs, and RHCs under EHB 1; Emergency Hospital Services under EHB 2; Mental Health and Substance Use Disorder Services, OLP: Psychologist, and Rehabilitative Services: MH/SUD under EHB 5; and Inpatient Hospital Services under EHB 3.</p> <p>Base Benchmark: Psychological testing is limited to testing necessary to determine the appropriate psychiatric treatment. All services under the benefit require pre-certification. Excluded services include: services by pastoral, marital, drug/alcohol and other counselors including therapy for sexual problems; treatments for learning disabilities and mental retardation; telephone therapy; travel time to member's home to conduct therapy; services rendered or billed by schools, or halfway houses or members of their staffs; marriage counseling; and services that are not medically necessary.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>PT and OT – Duplication</p>	<p>Source:</p> <p>Base Benchmark</p>	Remove
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: covered in Medicaid state plan as Therapies and Related services: Physical Therapy, Occupational Therapy, and Home Health: PT, OT, SP, and Audiology Services under EHB 7.</p> <p>Base Benchmark: All physical and occupational therapy visits require preauthorization. The benefit covers rehabilitation services only. In addition, the benefit is limited to 60 physical therapy and occupational therapy visits per person per calendar year, combined. (One visit is two hours or less of physical or occupational therapy.)</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Speech Therapy – Duplication</p>	<p>Source:</p> <p>Base Benchmark</p>	
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: covered in Medicaid state plan as Physicians' Services under EHB 1; and Therapies and Related Services: Speech, Hearing and Language Disorders, and Home Health: PT, OT, SP and Audiology</p>		



Alternative Benefit Plan

OFFICIAL

<p>Services under EHB 7. Base Benchmark: All speech therapy visits require preauthorization. The benefit covers rehabilitation services only. In addition, the benefit is limited to 30 visits per person per calendar year (one visit is two hours or less of speech therapy); and speech therapy is only covered when a physician:</p> <ul style="list-style-type: none">- orders the care- identifies the specific professional skills the patient requires and the medical necessity for skilled services- indicates the length of time the services are needed	<input type="button" value="Remove"/>	
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Family Planning Services – Duplication"/></p>	<p>Source: Base Benchmark</p>	<input type="button" value="Remove"/>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p><input type="text" value="Duplication: covered in the Medicaid state plan as Physicians' Services, FQHCs, RHCs, and Family Planning Services and Supplies under EHB 1."/></p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Infertility Services – Duplication"/></p>	<p>Source: Base Benchmark</p>	<input type="button" value="Remove"/>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p><input type="text" value="Duplication: covered under the Medicaid state plan as Physicians' Services, Diagnostic Services, FQHCs, and RHCs under EHB 1; and Laboratory and X-ray services under EHB 8. MassHealth benefits are limited to the diagnosis and treatment of infertility as an underlying medical condition. Base benchmark: benefits are limited to the diagnosis and treatment of infertility as an underlying medical condition."/></p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Preventive Care, Children – Duplication"/></p>	<p>Source: Base Benchmark</p>	<input type="button" value="Remove"/>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p><input type="text" value="Duplication: covered in the Medicaid state plan as FQHCs, RHCs, Physicians' Services, Outpatient Hospital Services and Screening Services under EHB 1; Preventive Services under EHB 9; and EPSDT under EHB 10."/></p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Allergy Care – Duplication"/></p>	<p>Source: Base Benchmark</p>	<input type="button" value="Remove"/>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p><input type="text" value="Duplication: covered in the Medicaid state plan as Physicians' Services, Diagnostic Services, Screening Services, FQHCs, and RHCs under EHB 1."/></p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Treatment Therapies – Duplication"/></p>	<p>Source: Base Benchmark</p>	



Alternative Benefit Plan

OFFICIAL

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		<input type="button" value="Remove"/>
<input type="text" value="Duplication: covered in Medicaid state plan as Prescribed Drugs under EHB 6; Physicians' Services, Outpatient Hospital Services, FQHCs and RHCs under EHB 1; and Inpatient Hospital Services under EHB 3."/>		
Base Benchmark Benefit that was Substituted:	Source:	
<input type="text" value="Orthopedic and Prosthetic Devices – Duplication"/>	<input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input type="text" value="Duplication: covered in Medicaid state plan as Physicians' Services and Outpatient Hospital Services in EHB 1; Inpatient Hospital Services in EHB 3; and 'Prescribed drugs, dentures and prosthetic devices, and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist: Prosthetic Devices' in EHB 7."/>		
Base Benchmark Benefit that was Substituted:	Source:	
<input type="text" value="Durable Medical Equipment – Duplication"/>	<input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input type="text" value="Duplication: covered in Medicaid state plan as 'Home Health: medical supplies, equipment, and appliances suitable for use in the home' in EHB 7."/>		
Base Benchmark Benefit that was Substituted:	Source:	
<input type="text" value="Home Health Services – Duplication"/>	<input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input type="text" value="Duplication: covered in the Medicaid State Plan as Home Health: Part-time Nursing Services in EHB 1. The base benchmark Home Health Services benefit is exclusively for part-time nursing."/>		
Base Benchmark Benefit that was Substituted:	Source:	
<input type="text" value="Educational Classes and Programs – Duplication"/>	<input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input type="text" value="Duplication: Diabetes education and nutritional counseling are covered in the Medicaid state plan as Physicians' Services under EHB 1. Tobacco cessation counseling is covered in the Medicaid state plan as Tobacco Cessation Counseling services under EHB 9 and Prescription Drugs under EHB 6. Base benchmark: Coverage for tobacco cessation counseling services under this benefit is limited to 8 sessions per calendar year."/>		
Base Benchmark Benefit that was Substituted:	Source:	
<input type="text" value="Surgical Procedures – Duplication"/>	<input type="text" value="Base Benchmark"/>	



Alternative Benefit Plan

OFFICIAL

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		<input type="button" value="Remove"/>
<input type="text" value="Duplication: covered in the Medicaid state plan as Physicians' Services and Outpatient Hospital Services under EHB 1; and Inpatient Hospital Services under EHB 3."/>		
Base Benchmark Benefit that was Substituted:	Source:	
<input type="text" value="Ambulance - Duplication"/>	Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input type="text" value="Duplication: covered in the Medicaid state plan as Transportation - Emergent under EHB 2."/>		
Base Benchmark Benefit that was Substituted:	Source:	
<input type="text" value="Prescription Drugs - Duplication"/>	Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input type="text" value="Duplication: covered in the Medicaid state plan as Prescription Drugs under EHB 6."/>		
Base Benchmark Benefit that was Substituted:	Source:	
<input type="text" value="Emergency Services - Duplication"/>	Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input type="text" value="Duplication: covered in the Medicaid state plan as Emergency Hospital Services under EHB 2."/>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

OFFICIAL

<input checked="" type="checkbox"/> Other Base Benchmark Benefits Not Covered		Collapse All <input type="checkbox"/>
Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source: Base Benchmark	<input type="button" value="Remove"/>
<input type="text" value="Christian Science Facilities"/>		
Explain why the state/territory chose not to include this benefit:		
<input type="text" value="GEHA Benefit Name: Care provided at Christian Science Facilities and by Christian Science Practitioners. MassHealth does not cover this provider type; however, all the medically necessary services they provide are covered in this ABP through various categories including Physicians' Services and Outpatient Hospital Services under EHB 1."/>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

OFFICIAL

Other 1937 Covered Benefits that are not Essential Health Benefits Collapse All

Other 1937 Benefit Provided:

Amb services offered by PHSA Health Centers

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

State Plan Benefit Title: "Ambulatory services offered by a health center receiving funds under section 329, 330, or 340 of the Public Health Service Act (PHSA) to a pregnant woman or individual under 18 years of age."

For those members receiving benefits fee for service (FFS), services provided at PHSA Health Centers are subject to the same prior authorization requirements summarized in this ABP. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA

Other 1937 Benefit Provided:

Freestanding Birth Center Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

For those members receiving benefits fee for service (FFS), services provided at FSBCs are subject to the same prior authorization requirements summarized in this ABP, including Physicians' Services and Nurse Midwife Services. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Other 1937 Benefit Provided:

OLP: Optometrists' Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

OFFICIAL

Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	<input type="button" value="Remove"/>
Scope Limit: <input type="text" value="Treatment for congenital dyslexia by this provider type is excluded."/>		
Other: <input and="" any="" as="" by="" care="" defined="" furnished="" law,="" law:="" licensed="" medical="" of="" optometrists'="" other="" practice="" practitioners="" recognized="" remedial="" scope="" services.\"<br="" state="" the="" their="" type="" under="" value="State Plan Benefit Title: \" within=""/> Those members age 21 and older receiving benefits fee for service (FFS) are limited to one comprehensive eye examination within a 24-month period; additional services are provided when medically necessary. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA."/>		
Other 1937 Benefit Provided: <input type="text" value="Eyeglasses"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="See below for scope limits"/>		
Other: <input a="" an="" and="" by="" dentures,="" devices="" diseases="" drugs,="" eye="" eyeglasses="" eyeglasses.\"<br="" in="" of="" optometrist:="" or="" physician="" prescribed="" prosthetic="" skilled="" the="" type="text" value="State Plan Benefit Title: \"/> Exclusions consist of absorptive lenses of greater than 25% absorption, prisms obtained by decentration; contact lenses for extended wear use; invisible bifocals; and Welsh 4-drop lenses. For those members receiving benefits fee for service (FFS), certain specific services are covered with prior authorization (PA); for example, certain high-index lenses, special needs glasses, and glass lenses. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA."/>		
Other 1937 Benefit Provided: <input type="text" value="Personal Care Services"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package	
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	



Alternative Benefit Plan

OFFICIAL

Scope Limit:

None

Remove

Other:

For those members receiving benefits fee for service (FFS), personal care is provided as a self-directed service. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Other 1937 Benefit Provided:

Targeted Case Management Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

State Plan Title: Case Management Services. FFS members seeking TCM are subject to the eligibility criteria described in the state plan in Supplement 1 to Attachment 3.1-A.

- Case Management for Medicaid Recipients Age 18 and Older who are Diagnosed with AIDS and Living in a staffed, congregate residential program which meets the Department of Public Health (DPH) funding requirements for the AIDS/HIV Bureau, Supportive Residential Services program which require that a person be HIV positive, and in which no more than three mentally and/or physically impaired individuals share a single bedroom and bathroom.
- Case Management for Individuals eligible for Medical Assistance and for services provided, purchased, or arranged by the Department of Mental Retardation, not including individuals who reside in ICFs/MR.
- Case Management for Individuals with Mental Illness as Determined by the Department of Mental Health (DMH).
- Case Management for Individuals under age 21 with Serious Emotional Disturbance (SED).
- Case Management for Children Committed to the Department of Youth Services.

Other 1937 Benefit Provided:

Dental

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Covered with the limitations outlined below.

Other:

All medically necessary dental services for EPSDT-eligible members are covered without regard to service



Alternative Benefit Plan

OFFICIAL

limitations.

For members age 21 or over coverage for dental services is limited to the following: diagnostic services including oral evaluation (comprehensive and periodic) and radiographs; preventive services including prophylaxis; emergency care visits; certain restorative services (all fillings); certain prosthodontic services (full and partial dentures including repairs); extractions; anesthesia; treatment of complications related to surgery; certain oral surgery such as biopsies and soft-tissue surgery. In addition, there are limited exceptions that allow for topical fluoride when documented as medically necessary.

For those members receiving benefits fee for service (FFS), certain specific services are covered with prior authorization (PA); for example, orthodontic services and removal of impacted teeth (completely bony). For those members receiving benefits through managed care entities other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Remove

Other 1937 Benefit Provided:

Intermediate Care Facility Services for IID

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See Below

Other:

State Plan Benefit Title: "Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care."

Coverage is limited to state school ICF/MR (these schools have more than 15 beds). For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Other 1937 Benefit Provided:

Transportation – Non-emergent

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Non-emergency transportation is covered to the same extent as described in the approved Medicaid state plan for transportation. For those members receiving benefits fee for service (FFS), all forms of transportation except public transportation require prior authorization from the MassHealth agency. For



Alternative Benefit Plan

OFFICIAL

those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Remove

Other 1937 Benefit Provided:

Private Duty Nursing Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Not provided in a hospital or skilled nursing facility.

Other:

For those members receiving benefits fee for service (FFS), nursing services provided by an independent nurse require prior authorization. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Other 1937 Benefit Provided:

Home Health: Aide Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

State Plan Title: "Home Health Services: Home health aide services provided by a home health agency."
For those members receiving benefits fee for service (FFS), home health aide services are covered when the member has a need for either home health part-time nursing services or home health physical therapy, occupational therapy, or speech therapy services. Prior authorization is required after 240 home health aide units in a 90 day period for services provided pursuant to a need for home health part-time nursing services. If the member uses less than 240 units in a 90 day period, then a new 90 day period is triggered, with a new allotment of 240 units before PA is required. For home health aide services provided pursuant to a need for home health physical, occupational, or speech therapy services, in addition to the requirement for PA after 240 home health aide units in a 90 day period, PA is also required after 20 physical therapy or occupational therapy visits in a calendar year if home health aide services are provided pursuant to home health physical or occupational therapy services, or after 35 speech therapy visits in a calendar year if home health aide services provided pursuant to home health speech therapy services. For those members receiving benefits through managed care entities, other utilization management may apply.



Alternative Benefit Plan

OFFICIAL

<p>Other 1937 Benefit Provided:</p> <input type="text" value="Rehabilitative Services"/>	<p>Source:</p> <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
<p>Authorization:</p> <input type="text" value="Other"/>	<p>Provider Qualifications:</p> <input type="text" value="Medicaid State Plan"/>	
<p>Amount Limit:</p> <input type="text" value="None"/>	<p>Duration Limit:</p> <input type="text" value="None"/>	
<p>Scope Limit:</p> <input type="text" value="None"/>		
<p>Other:</p> <input type="text" value="Rehabilitative services other than mental health. For those members receiving benefits fee for service (FFS), the same prior authorization requirements as those outlined under Physicians' Services, Outpatient Hospital Services and Inpatient Hospital Services apply. Certain long term services and supports require screening for clinical authorization; for example, adult day health, adult foster care, group adult foster care, and day habilitation. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA."/>		
<p>Other 1937 Benefit Provided:</p> <input type="text" value="OLP: Podiatrist"/>	<p>Source:</p> <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
<p>Authorization:</p> <input type="text" value="Other"/>	<p>Provider Qualifications:</p> <input type="text" value="Medicaid State Plan"/>	
<p>Amount Limit:</p> <input type="text" value="See Below"/>	<p>Duration Limit:</p> <input type="text" value="None"/>	
<p>Scope Limit:</p> <input type="text" value="Other than routine foot care services"/>		
<p>Other:</p> <input type="text" value="State Plan Title: "Medical care and any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law: Podiatrist." The following limits are hard limits for members aged 21 and older: Office visits are limited to one initial visit; one limited visit per 30 day period; one extended visit per 30 day period; and one follow up visit per week. Out of office visits are limited to one visit in a 30 day period in a long-term-care facility or the member's home and two visits in a 30 day period in a hospital setting. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA."/>		
<p>Other 1937 Benefit Provided:</p> <input type="text" value="OLP: Other Practitioners' Services"/>	<p>Source:</p> <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	
<p>Authorization:</p> <input type="text" value="Other"/>	<p>Provider Qualifications:</p> <input type="text" value="Medicaid State Plan"/>	



Alternative Benefit Plan

OFFICIAL

Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	<input type="button" value="Remove"/>
Scope Limit: <input type="text" value="See Below"/>		
Other: <input (ffs),="" (olp).="" (pa);="" adaptations="" aids="" aids.="" also="" and="" any="" apply="" are="" as="" authorization="" benefits="" by="" care="" certain="" compensate="" covered="" defined="" dental="" differ="" dispensing="" elsewhere="" entities,="" example,="" fee="" ffs="" fitting="" for="" from="" furnished="" health="" hearing="" hearing.="" high-cost="" human="" hygienist="" impaired="" in="" include="" instrument="" intended="" is="" law:="" licensed="" limited="" listed="" making="" managed="" management="" may="" means="" measurement="" medical="" members="" not="" of="" olp="" or="" other="" practice="" practitioners="" practitioners'="" practitioners\"="" prior="" provided="" public="" purpose="" receiving="" remedial="" sales="" scope="" selections,="" service="" services="" services,="" services.="" solely="" spa."="" specialist="" specific="" specified="" state="" that="" the="" their="" this="" those="" through="" to="" type="" utilization="" value="State Plan Title: \" which="" with="" within=""/>		
Other 1937 Benefit Provided: <input type="text" value="Extended Services for Pregnant Women"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other: <input type="text" value="For those members receiving benefits fee for service (FFS), qualified providers are subject to the same prior authorization requirements summarized in this ABP, including Physicians' Services and Outpatient Hospital Services. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA."/>		
Other 1937 Benefit Provided: <input type="text" value="Nursing Fac. Serv. for 21 or Older: Custodial Care"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="Custodial Nursing Care"/>		



Alternative Benefit Plan

OFFICIAL

Other:

State Plan Title: "Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older."

Remove

For members receiving benefits FFS, the MassHealth agency requires clinical authorizations for nursing-facility services. New clinical authorizations may be required in some circumstances such as when a member is transferred from one nursing facility to another or converts to Medicaid from Medicare or a third party private payer. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Add



Alternative Benefit Plan

OFFICIAL

Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.)

Collapse All

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130814