

Table of Contents

State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 18-022

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



Boston Regional Operations Group

March 22, 2019

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

Dear Secretary Sudders:

We are pleased to enclose a copy of approved Massachusetts State Plan Amendment (SPA) No. 18-022, submitted to CMS on December 31, 2018. This SPA was submitted to revise your approved Title XIX State plan to update the payment methodology for dental services. This SPA was approved effective October 1, 2018.

Enclosed is a copy of the following approved State plan page.

- Attachment 4.19-B, page 1c.

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/

Francis T. McCullough, Director
Division of Medicaid Field Operations East (Boston)

Enclosure/s

cc: Daniel Tsai, Assistant Secretary for MassHealth, Medicaid Director
Kaela Konefal, Federal Authority Policy Analyst/State Plan Coordinator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>1 8</u> — <u>0 2 2</u>	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 10/01/2018	

5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION 42 CFR Part 447	7. FEDERAL BUDGET IMPACT a. FFY <u>2019</u> \$ <u>100,000</u> b. FFY <u>2020</u> \$ <u>100,000</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B page 1c	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment 4.19-B page 1c

10. SUBJECT OF AMENDMENT
Dental Services

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Not required under 42 CFR 430.12(b)(2)(i)
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL /s/	16. RETURN TO Kaela Konefal State Plan Coordinator Executive Office of Health and Human Services Office of Medicaid One Ashburton Place, 11th Floor Boston, MA 02108
13. TYPED NAME Marylou Sudders	
14. TITLE Secretary	
15. DATE SUBMITTED 12/31/2018	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 12/31/2018	18. DATE APPROVED 03/22/2019
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 10/01/2018	20. SIGNATURE OF REGIONAL OFFICIAL /s/
21. TYPED NAME Francis T. McCullough	22. TITLE Director, Division of Medicaid Field Operations East (Boston)

23. REMARKS

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Methods and Standards for Establishing Payment Rates – Other Types of Care

j. Dental services (including dentures and prosthetic devices) —

The fee-for-service rates for dental services, other than those provided by dentists who are also oral surgeons and use the Current Procedural Terminology (CPT) codes, are effective for services provided on or after October 1, 2018, and are published on <https://www.mass.gov/regulations/101-CMR-31400-dental-services>. For oral surgeons using CPT codes, see Attachment 4.19-B, section 8.d. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.