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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 19-0017

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 John F. Kennedy Federal Building Boston, Massachusetts 02203



Boston Regional Operations Group

September 12, 2019

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 19-0017. This ABP, which was submitted through the Medicaid Model Data Lab (MMDL No. 0806.R00.07) on June 28, 2019, meets all federal statutory and regulatory requirements for establishing an ABP.

This SPA was submitted to revise your approved Standard ABP to update coverage through *ABP5*: *Other 1937 Benefit Provided: Dental* to add certain periodontal services for adults ages 21 and older, including gingivectomies, gingivoplasties, and periodontal scaling and root planing. This SPA was approved on September 12, 2019, with an effective date of April 22, 2019. This SPA also updates *ABP8: Service Delivery Systems* to more accurately describe your current managed care delivery system.

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, form ABP 5, pages 1-39; and
- Attachment 3.1-L, form ABP 8, pages 1-3.

If you have any questions regarding this matter you may contact Julie McCarthy at (781) 961-1070 or by e-mail at <u>Julie.McCarthy@cms.hhs.gov</u>.

Sincerely,

 $/_{\rm S}/$

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

cc (by e-mail): Daniel Tsai, Assistant Secretary for MassHealth, Medicaid Director Kaela Konefal, Federal Authority Policy Analyst/State Plan Coordinator

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

ransmittal Number Please enter the Ti			
	ransmittal Number	(TN) in the format ST-YY-0000 where ST= the state ab	breviation, YY = the last two digits o
		ur digit number with leading zeros. The dashes must als	
MA-19-0017			
roposed Effective	Date		
04/22/2019	(mm/dd/yyyy)		
ederal Statute/Reg			
42 U.S.C. 1396	u-7(a); 42 CFR	440.300 et seq	
ederal Budget Imp			
	Federal Fisca	d Year Amount	
First Year	2019	\$0.00	
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Second Year	2020	\$ 0.00	
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PLAN APPROVED – ONE COPY ATTACHED

EFFECTIVE DATE OF APPROVED MATERIAL: 04/22/2019

DATE RECEIVED: 06/28/2019

DATE APPROVED: 09/12/2019 SIGNATURE OF REGIONAL OFFICIAL:

/s/

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



	OMB Control Number: 0938-1148
Attachment 3.1-L-	OMB Expiration date: 10/31/2014
Benefits Description	ABP5
The state/territory proposes a "Benchmark-Equivalent" benefit package. No	
Benefits Included in Alternative Benefit Plan	
Enter the specific name of the base benchmark plan selected:	
2014 Government Employee Health Association, Inc. Benefit Plan (GEHA)	
Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved."	ed. Otherwise, enter
Secretary-Approved	



Essential Health Benefit 1: Ambulatory patient se	ervices	Collapse All
Benefit Provided:	Source:	
Outpatient Hospital Service	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, include benchmark plan:	luding the specific name of the source plan if it is not the bas	e
authorization (PA); for example, physical and hospital require PA after 20 visits in a 12-mo	service (FFS), certain specific services are covered with priod occupational therapy services provided by an outpatient onth period. For those members receiving benefits through agement may apply that may differ from the FFS authorization	
Benefit Provided:	Source:	
Hospice Care	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, includenchmark plan:	luding the specific name of the source plan if it is not the bas	e
Hospice Care is provided in accordance with of the Affordable Care Act.	h section 1905(o) of the Social Security Act and Section 2302	2
Those members receiving benefits fee for serelect hospice benefits.	rvice (FFS) must receive certification of terminal illness and	
Benefit Provided:	Source:	
OLP: Audiologists' Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	

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Amount Limit:	Duration Limit:	
None	None	Remove
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
State Plan Benefit Title: "Medical care and any other furnished by licensed practitioners within the scope of Services."		
For those members receiving benefits fee for service (are covered with prior authorization (PA). For those mentities, other utilization management may apply that specified in this SPA.	nembers receiving benefits through managed care	
Benefit Provided:	Source:	
OLP: Chiropractors' Services	State Plan 1905(a)	Remove
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 benchmark plan:	e specific name of the source plan if it is not the base	
State Plan Benefit Title: "Medical care and any other furnished by licensed practitioners within the scope of Services."	f their practice as defined by state law: Chiropractors'	
For those members receiving benefits through manage apply that may differ from the FFS authorization that		
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		
<u> </u>		

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Other information regarding this benefit benchmark plan:	,	
•	ervices whether furnished in the office, the patient's home, a	Remove
authorization (PA); for example, recons by a physician who practices beyond 50	ee for service (FFS), certain specific services are covered with prior structive surgery and non-emergency out-of-state services provided 0-miles of the state border. For those members receiving benefits illization management may apply that may differ from the FFS PA.	
Benefit Provided:	Source:	
Diagnostic Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
NI		
None		
Other information regarding this benefit benchmark plan: For those members receiving benefits for are covered with prior authorization (Parentities, other utilization management regarding this benefit benefits for the prior authorization (Parentities, other utilization management regarding this benefit benefits for the prior authorization (Parentities, other utilization management regarding this benefit benchmark plan:	it, including the specific name of the source plan if it is not the base fee for service (FFS), certain specific services, such as Breast MRI, A). For those members receiving benefits through managed care may apply that may differ from the FFS authorization that is	
Other information regarding this benefit benchmark plan: For those members receiving benefits for are covered with prior authorization (Paentities, other utilization management respecified in this SPA.	ree for service (FFS), certain specific services, such as Breast MRI, A). For those members receiving benefits through managed care may apply that may differ from the FFS authorization that is	
Other information regarding this benefit benchmark plan: For those members receiving benefits for are covered with prior authorization (Parentities, other utilization management regarding this benefit benefits for the prior authorization (Parentities, other utilization management regarding this benefit benefits for the prior authorization (Parentities, other utilization management regarding this benefit benchmark plan:	ree for service (FFS), certain specific services, such as Breast MRI, A). For those members receiving benefits through managed care may apply that may differ from the FFS authorization that is Source:	Remove
Other information regarding this benefit benchmark plan: For those members receiving benefits for are covered with prior authorization (Parentities, other utilization management respecified in this SPA. Benefit Provided: Screening Services	Source: State Plan 1905(a)	Remove
Other information regarding this benefit benchmark plan: For those members receiving benefits for are covered with prior authorization (Parentities, other utilization management respecified in this SPA. Benefit Provided:	ree for service (FFS), certain specific services, such as Breast MRI, A). For those members receiving benefits through managed care may apply that may differ from the FFS authorization that is Source:	Remove
Other information regarding this benefit benchmark plan: For those members receiving benefits for are covered with prior authorization (Parentities, other utilization management respecified in this SPA. Benefit Provided: Screening Services Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remove
Other information regarding this benefit benchmark plan: For those members receiving benefits for are covered with prior authorization (Parentities, other utilization management respecified in this SPA. Benefit Provided: Screening Services Authorization: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan MRI, as Breast MRI, as Breast MRI, as Breat MRI, as	Remove
Other information regarding this benefit benchmark plan: For those members receiving benefits for are covered with prior authorization (Parentities, other utilization management respecified in this SPA. Benefit Provided: Screening Services Authorization: None Amount Limit: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Other information regarding this benefit benchmark plan: For those members receiving benefits for are covered with prior authorization (Palentities, other utilization management respecified in this SPA. Benefit Provided: Screening Services Authorization: None Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Other information regarding this benefit benchmark plan: For those members receiving benefits for are covered with prior authorization (Paentities, other utilization management respecified in this SPA. Benefit Provided: Screening Services Authorization: None Amount Limit: None Scope Limit: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Other information regarding this benefit benchmark plan: For those members receiving benefits for are covered with prior authorization (Partitle, other utilization management respecified in this SPA. Benefit Provided: Screening Services Authorization: None Amount Limit: None Scope Limit: None Other information regarding this benefit benchmark plan:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
Other information regarding this benefit benchmark plan: For those members receiving benefits for are covered with prior authorization (Partitle, other utilization management respecified in this SPA. Benefit Provided: Screening Services Authorization: None Amount Limit: None Scope Limit: None Other information regarding this benefit benchmark plan:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None it, including the specific name of the source plan if it is not the base	Remove

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

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See Below		Remove
	ling the specific name of the source plan if it is not the base	
by the following: Designated Emergency Menta Centers, Family Planning Clinics, Sterilization Clinics, Rehabilitation Centers, Speech and Hea Disorder Treatment Clinics, and Limited Service of clinic services who bill using those codes; (3 services when the FASC is located more than 5 clinics may be paid for a maximum of one HIV per test per day, and a maximum of four HIV pyear; (5) MassHealth covers medication assisted service centers, in accordance with applicable contents.	nanaged care entities, other utilization management may	
enefit Provided:	Source:	
QHC Services and other Amb. Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
None Scope Limit:		
Scope Limit: None Other information regarding this benefit, include		
Scope Limit: None Other information regarding this benefit, include benchmark plan:	None	
Scope Limit: None Other information regarding this benefit, include benchmark plan: State Plan Benefit Title: "Federally qualified her For those members receiving benefits fee for see same prior authorization requirements summariant."	None ling the specific name of the source plan if it is not the base	
Scope Limit: None Other information regarding this benefit, include benchmark plan: State Plan Benefit Title: "Federally qualified her For those members receiving benefits fee for sesame prior authorization requirements summarithrough managed care entities, other utilization	None ling the specific name of the source plan if it is not the base rath center (FQHC) services and other ambulatory services." rivice (FFS), services provided at FQHCs are subject to the zed in this ABP. For those members receiving benefits	
Scope Limit: None Other information regarding this benefit, include benchmark plan: State Plan Benefit Title: "Federally qualified her For those members receiving benefits fee for se same prior authorization requirements summarithrough managed care entities, other utilization authorization that is specified in this SPA.	None ling the specific name of the source plan if it is not the base ealth center (FQHC) services and other ambulatory services." rvice (FFS), services provided at FQHCs are subject to the zed in this ABP. For those members receiving benefits management may apply that may differ from the FFS	
Scope Limit: None Other information regarding this benefit, include benchmark plan: State Plan Benefit Title: "Federally qualified her For those members receiving benefits fee for see same prior authorization requirements summarithrough managed care entities, other utilization authorization that is specified in this SPA.	None ling the specific name of the source plan if it is not the base ealth center (FQHC) services and other ambulatory services." rvice (FFS), services provided at FQHCs are subject to the zed in this ABP. For those members receiving benefits management may apply that may differ from the FFS Source:	

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Amount Limit:	Duration Limit:	
None	None	Remove
Scope Limit:		
None		
Other information regarding this benefit, inc benchmark plan:	cluding the specific name of the source plan if it is not the base	
State Plan Benefit Title: "Rural Health Clini health clinic."	c Services and other ambulatory services furnished by a rural	
same prior authorization requirements summ	r service (FFS), services provided at RHCs are subject to the narized in this ABP. For those members receiving benefits ion management may apply that may differ from the FFS	
Benefit Provided:	Source:	
Family Planning Services and Supplies	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, inc benchmark plan:	cluding the specific name of the source plan if it is not the base	
State Plan Title: "Family planning services a	and supplies for individuals of child-bearing age."	
those summarized under Physicians' Service	r service (FFS), the same prior authorization requirements as apply. For those members receiving benefits through agement may apply that may differ from the FFS authorization	
		Add

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Essential Health Benefit 2: Emergency service	ees	Collapse All
Benefit Provided:	Source:	
Emergency Hospital Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit benchmark plan:	, including the specific name of the source plan if it is not the base	÷
Covered without limitations.		
Benefit Provided:	Source:	
Benefit Provided: Transportation – Emergent	Source: State Plan 1905(a)	Remove
		Remove
Transportation – Emergent	State Plan 1905(a)	Remove
Transportation – Emergent Authorization:	State Plan 1905(a) Provider Qualifications:	Remove
Transportation – Emergent Authorization: None	State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
Transportation – Emergent Authorization: None Amount Limit:	State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Transportation – Emergent Authorization: None Amount Limit: None	State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Transportation – Emergent Authorization: None Amount Limit: None Scope Limit: None	State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	



Benefit Provided:	Source:	
npatient Hospital Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, inc	cluding the specific name of the source plan if it is not the base	
benchmark plan:	rituding the specific name of the source plant it it is not the base	
benchmark plan:	(other than those provided in an institution for mental	
benchmark plan: State Plan Title: "Inpatient hospital services disease)." For those members receiving benefits fee for preadmission screening for all elective admir disease and rehabilitation hospital, except for Additionally, certain specific services in the		
benchmark plan: State Plan Title: "Inpatient hospital services disease)." For those members receiving benefits fee fo preadmission screening for all elective admi disease and rehabilitation hospital, except for Additionally, certain specific services in the authorization (PA); for example, certain drugadmission require PA.	(other than those provided in an institution for mental r service (FFS), as a condition of payment, MassHealth requires issions to acute hospitals and for all admissions to a chronic or members with other insurance (including Medicare). acute inpatient hospital setting are covered with prior gs and biologics administered during the acute inpatient gh managed care entities, other utilization management may	

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Essential Health Benefit 4: Maternity and newbor	n care	Collapse All
Benefit Provided:	Source:	
Nurse-midwife Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, incl benchmark plan:	luding the specific name of the source plan if it is not the base	e e
those summarized under Physicians' Services	service (FFS), the same prior authorization requirements as apply. For those members receiving benefits through gement may apply that may differ from the FFS authorization	n
Benefit Provided:	Source:	
Physicians' Services: Maternity	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, incl benchmark plan:	luding the specific name of the source plan if it is not the base	e
those summarized under Physicians' Services	s service (FFS), the same prior authorization requirements as apply. For those members receiving benefits through gement may apply that may differ from the FFS authorization	n
Benefit Provided:	Source:	
Inpatient Hospital Services: Maternity	State Plan 1905(a)	
Authorization:	Provider Qualifications:	_
Other	Medicaid State Plan	
O tiller		
Amount Limit:	Duration Limit:	

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None		Remove
Other information regarding this benefit, includenchmark plan:	uding the specific name of the source plan if it is not the base	
those summarized under Inpatient Hospital Se	service (FFS), the same prior authorization requirements as ervices apply. For those members receiving benefits through gement may apply that may differ from the FFS authorization	
enefit Provided:	Source:	
utpatient Hospital Services: Maternity	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, includenchmark plan:	ading the specific name of the source plan if it is not the base	
those summarized under Outpatient Hospital	service (FFS), the same prior authorization requirements as Services apply. For those members receiving benefits through gement may apply that may differ from the FFS authorization	
		Add

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Benefit Provided:	Source:	
Mental Health and Substance Use Disorder Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan:	ne specific name of the source plan if it is not the base	
all members under state plan benefits including Physics Services, FQHCs, RHCs, Inpatient Hospital Service MassHealth requires managed care contractors to pro		
Benefit Provided:	Source:	
OLP: Psychologist	G(, DI 1005()	Remove
OLI . I Sychologist	State Plan 1905(a)	Kelliove
Authorization:	Provider Qualifications:	Remove
		Kemove
Authorization:	Provider Qualifications:	Kemove
Authorization: Other	Provider Qualifications: Medicaid State Plan	Remove
Authorization: Other Amount Limit:	Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Authorization: Other Amount Limit: None	Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Authorization: Other Amount Limit: None Scope Limit: Psychological testing only	Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Authorization: Other Amount Limit: None Scope Limit: Psychological testing only Other information regarding this benefit, including the benchmark plan:	Provider Qualifications: Medicaid State Plan Duration Limit: None ne specific name of the source plan if it is not the base remedial care recognized under state law, furnished by ce as defined by state law: Other Practitioners'	Remove
Authorization: Other Amount Limit: None Scope Limit: Psychological testing only Other information regarding this benefit, including the benchmark plan: State Plan Title: "Medical care and any other type of licensed practitioners within the scope of their practic Services." MassHealth requires managed care contraction compliance with 130 CMR 450.117(J).	Provider Qualifications: Medicaid State Plan Duration Limit: None ne specific name of the source plan if it is not the base remedial care recognized under state law, furnished by ce as defined by state law: Other Practitioners'	Remove
Authorization: Other Amount Limit: None Scope Limit: Psychological testing only Other information regarding this benefit, including the benchmark plan: State Plan Title: "Medical care and any other type of licensed practitioners within the scope of their practice Services." MassHealth requires managed care contraction compliance with 130 CMR 450.117(J). Benefit Provided:	Provider Qualifications: Medicaid State Plan Duration Limit: None The specific name of the source plan if it is not the base of the specific name of the source plan if it is not the base of the specific name of the source plan if it is not the base of the specific name of the source plan if it is not the base of the specific name of the source plan if it is not the base of the specific name of the source plan if it is not the base of the specific name of the source plan if it is not the base of the specific name of the source plan if it is not the base of the specific name of the source plan if it is not the base of the specific name of the source plan if it is not the base of the specific name of the source plan if it is not the base of the specific name of the source plan if it is not the base of the specific name of the source plan if it is not the base of the specific name of the source plan if it is not the base of the specific name of the specific nam	Remove
Authorization: Other Amount Limit: None Scope Limit: Psychological testing only Other information regarding this benefit, including the benchmark plan: State Plan Title: "Medical care and any other type of licensed practitioners within the scope of their practic Services." MassHealth requires managed care contractions.	Provider Qualifications: Medicaid State Plan Duration Limit: None ne specific name of the source plan if it is not the base remedial care recognized under state law, furnished by ce as defined by state law: Other Practitioners' ctors to provide certification with MHPAEA in Source:	Remove

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Amount Limit:	Duration Limit:	
None	None	Remov
Scope Limit:		
None		
Other information regarding this benefit benchmark plan:	fit, including the specific name of the source	plan if it is not the base
those summarized under Physicians' S apply. For those members receiving be may apply that may differ from the FF managed care contractors to provide contractors.	fee for service (FFS), the same prior authorizervices, Outpatient Hospital Services and Inpenefits through managed care entities, other us a suthorization that is specified in this SPA. ertification with MHPAEA in compliance with are limited to members under the age of 21 cm.	patient Hospital Services utilization management MassHealth requires ith 130 CMR 450.117(J).



efit Provided: Coverage is at least the greater of one drug in each same number of prescription drugs in each category		<i>C</i> 2
Prescription Drug Limits (Check all that apply.):	Authorization:	Provider Qualifications:
	Yes	State licensed
Limit on number of prescriptions		
Limit on brand drugs		
○ Other coverage limits		
Preferred drug list		
Coverage that exceeds the minimum requirements of	or other:	
The Commonwealth of Massachusetts' ABP prescr Medicaid state plan for prescribed drugs.	iption drug benefit is the s	ame as under the approved



Essential Health Benefit 7: Rehabilitative and habilitative s	services and devices	Collapse All
Benefit Provided:	Source:	
Therapies and Related Services: Physical therapy	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	_
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
20 visits per 12-month period	None	
Scope Limit:		_
Diversional and recreational therapies are not covered	1.	
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
State Plan Benefit Title: "Therapies and Related Service habilitative physical therapy to improve, or prevent the provided in accordance with 42 CFR 440.110. MassHelicensed therapist when the therapist's specialized kno services that are part of a maintenance program.	e worsening of a congenital or acquired condition is ealth pays for maintenance therapy performed by a	
		1
For those members receiving benefits through manage apply that may differ from the FFS authorization that i		
apply that may differ from the FFS authorization that i Benefit Provided:		
apply that may differ from the FFS authorization that i	is specified in this SPA.	Remove
apply that may differ from the FFS authorization that i Benefit Provided:	is specified in this SPA. Source:	Remove
apply that may differ from the FFS authorization that i Benefit Provided: Therapies and RS: Occupational Therapy	Source: State Plan 1905(a)	Remove
apply that may differ from the FFS authorization that i Benefit Provided: Therapies and RS: Occupational Therapy Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remove
apply that may differ from the FFS authorization that i Benefit Provided: Therapies and RS: Occupational Therapy Authorization: Authorization required in excess of limitation	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
apply that may differ from the FFS authorization that i Benefit Provided: Therapies and RS: Occupational Therapy Authorization: Authorization required in excess of limitation Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
apply that may differ from the FFS authorization that i Benefit Provided: Therapies and RS: Occupational Therapy Authorization: Authorization required in excess of limitation Amount Limit: 20 visits per 12-month period	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
apply that may differ from the FFS authorization that i Benefit Provided: Therapies and RS: Occupational Therapy Authorization: Authorization required in excess of limitation Amount Limit: 20 visits per 12-month period Scope Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
apply that may differ from the FFS authorization that it Benefit Provided: Therapies and RS: Occupational Therapy Authorization: Authorization required in excess of limitation Amount Limit: 20 visits per 12-month period Scope Limit: Diversional and recreational therapies are not covered. Other information regarding this benefit, including the	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None 1. e specific name of the source plan if it is not the base	Remove

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Benefit Provided:	Source:	
Therapies and RS: Speech, Hearing, and Language	State Plan 1905(a)	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	d.	
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
State Plan Benefit Title: "Therapies and Related Servi and language disorders."	ces: Services for individuals with speech, hearing,	
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 manage apply that may differ from the FFS authorization that		
Benefit Provided:	Source:	
Home Health: Med Supplies, Equip., and Appliances	State Plan 1905(a)	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.		

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enefit Provided:	Source:	
rosthetic Devices	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
specific services are covered with prior authorization	(FFS), MassHealth covers medically necessary fter the exhaustion of manufacturer warranties. Certain (PA); for example, electronic elbows and some upper enefits through managed care entities, other utilization	
enefit Provided:	Source:	
Jursing Facility Services for 21 or Older	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Non-custodial nursing care		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
State Plan Title: "Nursing facility services (other than individuals 21 years of age or older."	services in an institution for mental diseases) for	
For those members receiving benefits fee for service (authorizations for nursing-facilty services. New clinic		



enefit Provided:	Source:	
ome Health: PT, OT, SP and Audiology Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	-
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	None	
Scope Limit:		_
Diversional and recreational therapies are not cover	red.	
Other information regarding this benefit, including t benchmark plan:	the specific name of the source plan if it is not the base	
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

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Source:	_
State Plan 1905(a)	Remove
Provider Qualifications:	
Medicaid State Plan	
Duration Limit:	
None	
the specific name of the source plan if it is not the base	
ce (FFS), certain specific services are covered with prior sting. For those members receiving benefits through nt may apply that may differ from the FFS authorization	
	State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None The specific name of the source plan if it is not the base of the specific services are covered with prior sting. For those members receiving benefits through



Benefit Provided:	Source:	
Preventive Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
For those members receiving benefits fee for service (those summarized under Physicians' Services apply. I managed care entities, other utilization management rethat is specified in this SPA.	For those members receiving benefits through	
Benefit Provided:	Source:	
Face-to-face Tobacco Cessation Counseling Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
16 group and individual sessions/12 months	None	
Scope Limit:		
Scope Limit: None		
	e specific name of the source plan if it is not the base	

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Essential Health Benefit 10: Pediatric services including oral and vision care		Collapse All
Benefit Provided:	Source:	
Medicaid State Plan EPSDT Benefits	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		_
None		
Other information regarding this benefit, includ benchmark plan:	ling the specific name of the source plan if it is not the base	_
example, members are limited to one comprehe additional services are medically necessary. The	certain services are covered with prior authorization, for insive eye examination within a 12 month period unless a MassHealth agency pays for all medically necessary a services, for EPSDT-eligible members, without regard to pure prior authorization.	
Benefit Provided:	Source:	
Medicaid State Plan EPSDT Benefits	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		_
None		
Other information regarding this benefit, includ benchmark plan:	ling the specific name of the source plan if it is not the base	
State Plan Title: Inpatient psychiatric facility se For those members receiving benefits fee for se age 21 prior to admission to a psychiatric inpatimedically necessary psychiatric inpatient hospit service limitations. Such additional services req	ervices for individuals under 21 years of age. Price (FFS), a screening team must screen a member under Price (FFS), a screening team must screen a member under Price (FFS), a screening team must screen a member under Price (FFS), a screening team to a screen a member and the screen are screening to a screen a screen are screening to a screen and the screening are screening to the screening are screening are screening to the screening are screening to the screening are scree	
Benefit Provided: Medicaid State Plan EPSDT Benefits	Source:	
	State Plan 1905(a)	



Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	Remove
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
State Plan Benefit Title: "Nursing facility	y services for patients under 21 years of age."	
authorizations from a medical review tea	nefits fee for service (FFS), the MassHealth agency requires um for nursing-facility services. For those members receiving ther utilization management may apply that may differ from the	
authorizations from a medical review tea	um for nursing-facility services. For those members receiving other utilization management may apply that may differ from the	



Other Covered Benefits from Base Benchmark	Collapse All

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Base Benchmark Benefit that was Substituted: Acupuncture – Duplication 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, Clinic 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. Source: Base Benchmark Benefit that was Substituted: Outpatient Hospital, Clinic, or ASC - Duplication 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 Base Benchmark Benefit that was Substituted: Source: Base Benchmark Base Benchmark Benefit that was Substituted: Source: Base Benchmark Remove Base Benchmark 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.	love
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, Clinic 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 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 Base Benchmark Benefit that was Substituted: Source: Base Benchmark Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit (s) including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit (s) included above under Essential Health Benefits:	nove
section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: covered under the Medicaid state plan as Physicians' Services, Outpatient Hospital Services, Clinic 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: Outpatient Hospital, Clinic, or ASC - Duplication 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 Source: Base Benchmark Benefit that was Substituted: Source: Base Benchmark Benefit that was Substituted: 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:	
Clinic 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: Outpatient Hospital, Clinic, or ASC - Duplication 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 Source: Base Benchmark 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:	
Base Benchmark Benefit that was Substituted: Outpatient Hospital, Clinic, or ASC - Duplication 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 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:	
Outpatient Hospital, Clinic, or ASC - Duplication 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: Base Benchmark Source: Base Benchmark 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:	
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: Base Benchmark Base Benchmark 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:	iove
Base Benchmark Benefit that was Substituted: Base Benchmark Benefit that was Substituted: Base Benchmark Base Benchmark 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:	
Hospice – Duplication 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:	
Hospice – Duplication 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:	
section 1937 benchmark benefit(s) included above under Essential Health Benefits:	ove
Duplication: covered under the Medicaid state plan as Hospice Care under EHB 1.	
Base Benchmark Benefit that was Substituted: Source:	
Audiologist and Hearing Services – Duplication Base Benchmark Remov	ove
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:	
Chiropractic – Duplication Base Benchmark Remov	ove
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 Base Benchmark	

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	Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un		Damaya
	Duplication: covered in the Medicaid state plan as Ph		Remove
	se Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Ph	ysician Services – Duplication		Remove
	Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un	der Essential Health Benefits:	
	Duplication: covered in the Medicaid state plan as Ph	ysicians Services under EHB 1.	
Ba	se Benchmark Benefit that was Substituted:	Source:	
Di	agnostic and Treatment Services – Duplication	Base Benchmark	Remove
	Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un		
	Duplication: covered in the Medicaid state plan as Ph Services and Screening Services under EHB 1; and O		
Ва	se Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Ad	dult Preventive Care - Duplication	Base Benefitiark	Remove
	Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un		
	Duplication: covered in the Medicaid state plan as FQ Services and Screening Services under EHB 1; Inpation Services under EHB 9.		
Ва	ise Benchmark Benefit that was Substituted:	Source:	
Νι	rrse Practitioner - Duplication	Base Benchmark	Remove
	Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un	•	
	Duplication: covered in the Medicaid state plan as PhyPractitioner Services, FQHCs and RHCs under EHB		
Ba	se Benchmark Benefit that was Substituted:	Source:	
Sk	illed Nursing Facility – Duplication	Base Benchmark	Remove
	Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un		
	Duplication: covered in the Medicaid state plan as Nu and "Nursing facility services for patients under 21 years."		
Ba	se Benchmark Benefit that was Substituted:	Source:	
M	aternity Care – Duplication	Base Benchmark	

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Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		Remove
Duplication: covered in Medicaid state plan as Physic Outpatient Hospital Services: Maternity and Inpatient		
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Inpatient Hospital - Duplication		Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Duplication: covered in Medicaid state plan as Inpation	ent Hospital Services under EHB 3.	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Mental Health and SUD Services - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
	cians' Services, Outpatient Hospital Services, Clinic cy Hospital Services under EHB 2; Mental Health and , and Rehabilitative Services: MH/SUD under EHB 5;	
Base Benchmark: Psychological testing is limited to to psychiatric treatment. All services under the benefit reservices by pastoral, marital, drug/alcohol and other contreatments for learning disabilities and mental retardate to conduct therapy; services rendered or billed by schemarriage counseling; and services that are not medical	equire pre-certification. Excluded services include: counselors including therapy for sexual problems; ation; telephone therapy; travel time to member's home tools, or halfway houses or members of their staffs;	
Base Benchmark Benefit that was Substituted:	Source:	
PT and OT – Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un	-	
Duplication: covered in Medicaid state plan as Therap Occupational Therapy, and Home Health: PT, OT, SI Base Benchmark: All physical and occupational therap rehabilitation services only. In addition, the benefit is therapy visits per person per calendar year, combined occupational therapy.)	P, and Audiology Services under EHB 7. apy visits require preauthorization. The benefit covers limited to 60 physical therapy and occupational	
Base Benchmark Benefit that was Substituted:	Source:	
Speech Therapy – Duplication	Base Benchmark	
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Duplication: covered in Medicaid state plan as Physic Therapies and Related Services: Speech, Hearing and		

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and Audiology Services under EHB 7. Base Benchmark: All speech therapy visits require pr services only. In addition, the benefit is limited to 30 hours or less of speech therapy); and speech therapy i - orders the care - identifies the specific professional skills the patient - indicates the length of time the services are needed	visits per person per calendar year (one visit is two	Remove
Base Benchmark Benefit that was Substituted: Family Planning Services – Duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un Duplication: covered in the Medicaid state plan as Ph and Family Planning Services and Supplies under EH	der Essential Health Benefits: ysicians' Services, Clinic Services, FQHCs, RHCs,	
Base Benchmark Benefit that was Substituted:	Source:	
Infertility Services – Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
Duplication: covered under the Medicaid state plan as Services, FQHCs, and RHCs under EHB 1; and Labo benefits are limited to the diagnosis and treatment of Base benchmark: benefits are limited to the diagnosis condition.	ratory and X-ray services under EHB 8. MassHealth infertility as an underlying medical condition.	
Base Benchmark Benefit that was Substituted:	Source:	
Preventive Care, Children – Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Duplication: covered in the Medicaid state plan as FQ Hospital Services and Screening Services under EHB under EHB 10.	-	
Base Benchmark Benefit that was Substituted:	Source:	
Allergy Care – Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un Duplication: covered in the Medicaid state plan as Ph Services, FQHCs, and RHCs under EHB 1.	der Essential Health Benefits:	
Base Benchmark Benefit that was Substituted: Treatment Therapies – Duplication	Source: Base Benchmark	

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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:	Remove
Duplication: covered in Medicaid state plan as Prescribed Drugs under EHB 6; Physicians' Services, Outpatient Hospital Services, Clinic Services, FQHCs and RHCs under EHB 1; and Inpatient Hospital Services under EHB 3.	Temore
Base Benchmark Benefit that was Substituted: Source: Base Benchmark	
Orthopedic and Prosthetic Devices – 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 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, an eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist: Prosthetic Device in EHB 7.	
Base Benchmark Benefit that was Substituted: Source:	
Durable Medical Equipment – Duplication Base Benchmark	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 in Medicaid state plan as "Home Health: medical supplies, equipment, and appliant suitable for use in the home" in EHB 7.	ces
Base Benchmark Benefit that was Substituted: Source:	
Home Health Services – Duplication Base Benchmark	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 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:	
Educational Classes and Programs – Duplication Base Benchmark	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: 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.	5
Base Benchmark Benefit that was Substituted: Source:	
Surgical Procedures – Duplication Base Benchmark	

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Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un Duplication: covered in the Medicaid state plan as Phunder EHB 1; and Inpatient Hospital Services under I	nder Essential Health Benefits: sysicians' Services and Outpatient Hospital Services	Remove
Base Benchmark Benefit that was Substituted: Ambulance - Duplication Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un Duplication: covered in the Medicaid state plan as Tra	nder Essential Health Benefits:	Remove
Base Benchmark Benefit that was Substituted: Prescription Drugs - Duplication Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un Duplication: covered in the Medicaid state plan as Prescription	nder Essential Health Benefits:	Remove
Base Benchmark Benefit that was Substituted: Emergency Services - Duplication Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un Duplication: covered in the Medicaid state plan as En	der Essential Health Benefits:	Remove
		Add



Other Base Benchmark Benefits Not Covered		Collapse All
Base Benchmark Benefit not Included in the Alternative Benefit Plan: Christian Science Facilities	Source: Base Benchmark	Remove
Explain why the state/territory chose not to include the GEHA Benefit Name: Care provided at Christian Scien MassHealth does not cover this provider type; however are covered in this ABP through various categories in Services under EHB 1.	ence Facilities and by Christian Science Practitioners. er, all the medically necessary services they provide	
		Add



Other 1937 Covered Benefits that are not Essential He	ealth Benefits	Collapse All
Other 1937 Benefit Provided:	Source:	
Amb services offered by PHSA Health Centers	Section 1937 Coverage Option Benchmark Benefi Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		_
None		
Other:		
age." For those members receiving benefits fee for serv subject to the same prior authorization requirements.	SA) to a pregnant woman or individual under 18 years of vice (FFS), services provided at PHSA Health Centers are nts summarized in this ABP. For those members receiving ization management may apply that may differ from the	
Other 1937 Benefit Provided: Freestanding Birth Center Services	Source: Section 1937 Coverage Option Benchmark Benefi	t Remove
-	Package Provider Qualifications:	Remove
Authorization: Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	rone	
None		
Other:		
For those members receiving benefits fee for servisame prior authorization requirements summarize	vice (FFS), services provided at FSBCs are subject to the ed in this ABP, including Physicians' Services and Nurse benefits through managed care entities, other utilization FFS authorization that is specified in this SPA.	
Other 1937 Benefit Provided:	Source:	
OLP: Optometrists' Services	Section 1937 Coverage Option Benchmark Benefi Package	t
Authorization:	Provider Qualifications:	



Amount Limit:		Duration Limit:	
None		None	Remove
Scope Limit:			
Treatment for congenital dyslexia by this prov	vider typ	e is excluded.	
Other:			
		ppe of remedial care recognized under state law, their practice as defined by state law: Optometrists'	
eye examination within a 24-month period; ad-	lditional s naged car	for service (FFS) are limited to one comprehensive services are provided when medically necessary. For the entities, other utilization management may apply fied in this SPA.	
Other 1937 Benefit Provided:		Source:	
Eyeglasses		Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:		Provider Qualifications:	
Other		Medicaid State Plan	
Amount Limit:		Duration Limit:	
None		None	
Scope Limit:			
See below for scope limits			
Other:			
physician skilled in diseases of the eye or by a Exclusions consist of absorptive lenses of great contact lenses for extended wear use; invisible For those members receiving benefits fee for sauthorization (PA); for example, certain high-i	an optome ater than in the bifocals service (Findex lender anaged car	25% absorption, prisms obtained by decentration; ; and Welsh 4-drop lenses. FS), certain specific services are covered with prior ses, special needs glasses, and glass lenses. For the entities, other utilization management may apply	
Other 1937 Benefit Provided:		Source:	
Personal Care Services		Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:		Provider Qualifications:	
Other		Medicaid State Plan	
Amount Limit:		Duration Limit:	
None		None	

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None		Remove
Other:		
	for service (FFS), personal care is provided as a self-directed fits through managed care entities, other utilization management athorization that is specified in this SPA.	
Other 1937 Benefit Provided:	Source:	
argeted Case Management Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
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- Case Management for Medicaid Recipien in a staffed, congregate residential program requirements for the AIDS/HIV Bureau, Some person be HIV positive, and in which no man share a single bedroom and bathroom. - Case Management for Individuals eligible arranged by the Department of Mental Retained Case Management for Individuals with Management for Individuals under a case Management for Children Committee Case Management for Children Cas	ats Age 18 and Older who are Diagnosed with AIDS and Living in which meets the Department of Public Health (DPH) funding apportive Residential Services program which require that a more than three mentally and/or physically impaired individuals are for Medical Assistance and for services provided, purchased, or ardation, not including individuals who reside in ICFs/MR. Mental Illness as Determined by the Department of Mental Health age 21 with Serious Emotional Disturbance (SED). Source: Source: Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	

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limitations.				
(full and partial dentures including repairs); extractio surgery; certain oral surgery such as biopsies and soft including gingivectomies, gingivoplasties, and period limited exceptions that allow for topical fluoride whe	ic) and radiographs; preventive services including e services (all fillings); certain prosthodontic services ons; anesthesia; treatment of complications related to it-tissue surgery; and certain periodontal services, dontal scaling and root planing. In addition, there are an documented as medically necessary. (FFS), certain specific services are covered with prior is and removal of impacted teeth (completely bony). Seed care entities other utilization management may	Remove		
Other 1937 Benefit Provided:	Source:			
Intermediate Care Facility Services for IID	Section 1937 Coverage Option Benchmark Benefit Package	Remove		
Authorization:	Provider Qualifications:			
Other	Medicaid State Plan			
Amount Limit:	Duration Limit:			
None	None			
Scope Limit:				
See Below				
Other:				
State Plan Benefit Title: "Intermediate care facility semental diseases) for persons determined, in accordanced of such care." Coverage is limited to state school ICF/MR (these screeeiving benefits through managed care entities, other from the FFS authorization that is specified in this SF	ce with section 1902(a)(31)(A) of the Act, to be in hools have more than 15 beds). For those members er utilization management may apply that may differ			
Other 1937 Benefit Provided:	Source:			
Transportation – Non-emergent	Section 1937 Coverage Option Benchmark Benefit Package			
Authorization:	Provider Qualifications:			
Other	Medicaid State Plan			
Amount Limit:	Duration Limit:	ı		
None	None			
Scope Limit:				
None				
Other:				
Non-emergency transportation is covered to the same plan for transportation. For those members receiving				

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transportation except public transportation require pri those members receiving benefits through managed of that may differ from the FFS authorization that is spe	care entities, other utilization management may apply	Remove
Other 1937 Benefit Provided: Private Duty Nursing Services	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Not provided in a hospital or skilled nursing facility.		
Other:		
For those members receiving benefits fee for service nurse require prior authorization. For those members other utilization management may apply that may dif SPA.		
Other 1937 Benefit Provided:	Source:	
Home Health: Aide Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
member has a need for either home health part-time r occupational therapy, or speech therapy services. Prid units in a 90 day period for services provided pursuar If the member uses less than 240 units in a 90 day perallotment of 240 units before PA is required. For hom home health physical, occupational, or speech therapy 240 home health aide units in a 90 day period, PA is	(FFS), home health aide services are covered when the nursing services or home health physical therapy, or authorization is required after 240 home health aide at to a need for home health part-time nursing services, riod, then a new 90 day period is triggered, with a new he health aide services provided pursuant to a need for y services, in addition to the requirement for PA after also required after 20 physical therapy or occupational services are provided pursuant to home health physical therapy visits in a calendar year if home health aide	

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

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Amount Limit:	Duration Limit:	
None	None	Remove
Scope Limit:		
See Below		
Other:		
Practitioners' Services (OLP)". OLP Services not lis specialist services, and public health dental hygienis limited to the practice of fitting and dispensing of he hearing solely for the purpose of making selections, compensate for impaired hearing. For those member specific services are covered with prior authorization	of their practice as defined by state law: Other Licensed ted elsewhere also include hearing instrument the services. Hearing instrument specialist services are saring aids which means measurement of human adaptations or sales of hearing aids intended to a serceiving benefits fee for service (FFS), certain the (PA); for example, certain high-cost hearing aids. For care entities, other utilization management may apply	
Other 1937 Benefit Provided:	Source:	
Extended Services for Pregnant Women	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Other 1937 Benefit Provided:	Source:	
Nursing Fac. Serv. for 21 or Older: Custodial Care	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
веоре Енис.		

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<i>(</i>)	4	Ь	0411	

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.

Other 1937 Benefit Provided:	Source:	
OLP: Midlevel Practitioners' Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See Below		
Other:		
State Plan Title: "Medical care and any other type of a furnished by licensed practitioners within the scope of Practitioners' Services". This includes services of cert specialists, psychiatric clinical nurse specialists, certificationers practitioners not listed elsewhere. Services that are not or otherwise medically unnecessary procedures or treating time in the following services in the services of male or female infertility is convenient to the services of the services	f their practice as defined by state law: Midlevel ain midlevel practitioners (e.g., clinical nurse fied registered nurse anesthetists and certified nurse of covered include experimental, unproven, cosmetic, atments; the treatment of male or female infertility and procedures associated with such treatment); wered. Limits on covered services can be exceeded for those members receiving benefits through	

Add

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Effective Date: 04/22/2019



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

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.

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Attachment 3.1-L-	OMB Control Number: 0938-1148 OMB Expiration date: 10/31/2014
Service Delivery Systems	ABP8
rovide detail on the type of delivery system(s) the state/territory will use for the Alternative Benef enchmark-equivalent benefit package, including any variation by the participants' geographic area	
Type of service delivery system(s) the state/territory will use for this Alternative Benefit Plan(s).	
elect one or more service delivery systems:	
Managed care.	
Managed Care Organizations (MCO).	
Prepaid Inpatient Health Plans (PIHP).	
Prepaid Ambulatory Health Plans (PAHP).	
Primary Care Case Management (PCCM).	
Fee-for-service.	
Other service delivery system.	
Managed Care Options	
Managed Care Assurance	
The state/territory certifies that it will comply with all applicable Medicaid laws and regulation: 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing managed care service Plan. This includes the requirement for CMS approval of contracts and rates pursuant to 42 CF	es through this Alternative Benefit
Managed Care Implementation	
Please describe the implementation plan for the Alternative Benefit Plan under managed care incluprovider outreach efforts.	nding member, stakeholder, and
As part of implementing its Alternative Benefit Plans, certain MassHealth programs and coverage Demonstration ended on December 31, 2013 and members enrolled in those programs and coverage a different program or coverage type, including MassHealth Standard, as of January 1, 2014. Mas include providing written notice to these members explaining that their coverage is changing, that benefits starting January 1, 2014, and how to select a health plan. Most members affected by this to MassHealth managed care delivery system. Such members have previously been required to choose care options (such as an MCO or MassHealth's PCC Plan) or, if not currently in MassHealth, have MassHealth's managed care delivery system. Therefore, requiring Standard ABP members to entroption is consistent with Massachusetts' goal of providing continuity for individuals who fluctuate insurance products. MassHealth customer service is prepared to answer questions from any caller a questions about selecting a health plan. MassHealth has also undertaken outreach efforts to stakeholders and providers. Stakeholders and MassHealth's implementation through Massachusetts' 1115 Demonstration Amendment process, and Alternative Benefit Plan public comment period, and the state regulatory process.	ge types are receiving coverage under sHealth's outreach efforts to members they are receiving the same or richer ransition are familiar with the se between other MassHealth managed had commercial coverage similar to oll in a MassHealth managed care between Medicaid and commercial about this transition, including
Effective March 1, 2018, MassHealth added two types of Accountable Care Organizations (ACOs delivery systemAccountable Care Partnership Plans (a type of MCO) and Primary Care ACOs (a	

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MCO: Managed Care Organization



The managed care delivery system is the same as an already approved managed care program. Yes
The managed care program is operating under (select one):
○ Section 1915(a) voluntary managed care program.
Section 1915(b) managed care waiver.
Section 1932(a) mandatory managed care state plan amendment.
● Section 1115 demonstration.
Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.
Identify the date the managed care program was approved by CMS: October 1, 2013
Describe program below:
MassHealth contracts with managed care organizations (MCOs) and Accountable Care Partnership Plans (a type of MCO) that provide comprehensive health coverage including behavioral health services to MassHealth Standard ABP enrollees. Members enroll in an available ACO or MCO or in the PCC Plan unless exempt because MassHealth is providing premium assistance.
Additional Information: MCO (Optional)
Provide any additional details regarding this service delivery system (optional):
PIHP: Prepaid Inpatient Health Plan
The managed care delivery system is the same as an already approved managed care program. Yes
The managed care program is operating under (select one):
○ Section 1915(a) voluntary managed care program.
○ Section 1915(b) managed care waiver.
Section 1115 demonstration.
Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.
Identify the date the managed care program was approved by CMS: October 1, 2013
Describe program below:
MassHealth's managed care arrangements include the PCC Plan, a primary care case management (PCCM) program administered by MassHealth, and Primary Care ACOs, which are PCCM entities. Members enrolled in the PCC Plan or a Primary Care ACO receive mental health and substance abuse services through a single Behavioral Health Program (BHP) contractor, which is the PIHP. MassHealth Standard ABP members enroll in an available ACO or MCO or in the PCC Plan. If such MassHealth Standard ABP members elect to enroll in the PCC Plan or a Primary Care ACO, they will receive mental health and substance abuse services from the PIHP as described above.
Additional Information: PIHP (Optional)
Provide any additional details regarding this service delivery system (optional):
PCCM: Primary Care Case Management

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The PCCM program is operating under (select one): Section 1915(b) managed care waiver. Section 1932(a) mandatory managed care state plan amendment. Section 1115 demonstration.
Section 1932(a) mandatory managed care state plan amendment.
© Section 1115 demonstration.
C Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.
Identify the date the managed care program was approved by CMS: October 1, 2013
Describe program below:
MassHealth's managed care arrangements include the PCC Plan, a primary care case management (PCCM) program administered by MassHealth and Primary Care ACOs, which are PCCM entities. MassHealth Standard ABP members enroll in an available ACO or MCO or in the PCC Plan.
Additional Information: PCCM (Optional)
Additional finol mation. I Celvi (Optional)
Provide any additional details regarding this service delivery system (optional):
Fee-For-Service Options
Indicate whether the state/territory offers traditional fee-for-service and/or services managed under an administrative services organization:
● Traditional state-managed fee-for-service
Services managed under an administrative services organization (ASO) arrangement
Please describe this fee-for-service delivery system, including any bundled payment arrangements, pay for performance, fee-for-service care management models/non-risk, contractual incentives as well as the population served via this delivery system.
MassHealth Standard ABP members may receive benefits Fee-For-Service (FFS) pending enrollment into an available managed care option; as a wrap to primary health insurance; for MassHealth Standard ABP benefits that are not covered by the Accountable Care Partnership Plan or MCO (also referred to as Non-ACO or Non-MCO Covered Services); or when the member has presumptive or time-limited eligibility.
Additional Information: Fee-For-Service (Optional)
Provide any additional details regarding this service delivery system (optional):

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