

Table of Contents

State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 19-012

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

September 19, 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. 19-012, submitted to CMS on May 1, 2019. This SPA was submitted to revise your approved Title XIX State plan to update the payment methodologies for dental services, including the additional of a new High Medicaid Volume Intellectual/Developmental Disability Dental Provider Supplemental Payment. This SPA was approved on September 19, 2019, effective April 1, 2019.

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 (781) 961-1070 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 9 — 0 1 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 04/01/2019	

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>1,661,000</u> b. FFY <u>2020</u> \$ <u>1,661,000</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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B page 1c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
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE /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 04/30/2019	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 05/01/2019	18. DATE APPROVED 09/19/2019
---------------------------------	---------------------------------

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 04/01/2019	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) —

1. Fee-for-Service Rates

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.

2. High Medicaid Volume Intellectual/Developmental Disability Dental Provider Supplemental Payment

a. Eligibility

In order to qualify for this payment, a dental provider must have provided at least 70% of all MassHealth Behavioral Management visits in SFY18, and must enter into a separate payment agreement with EOHHS relating to payment as a High Medicaid Volume Intellectual/Developmental Disability Dental Provider. Based on these criteria, Tufts Dental Facilities is the only dental provider eligible for this payment.

b. Payment Methodology

Effective April 1, 2019, such payment will be the difference, not to exceed \$3.0 million, between (1) annual (July 1 to June 30) payments to the eligible dental provider made pursuant to the fee schedule as reported to the MMIS, and (2) the annually calculated average private commercial rate, where the average private commercial rate is derived from commercial fee schedules applied to paid Medicaid claims as reported to the MMIS. Such payment is made as an annual lump sum by the first quarter following the end of the preceding rate year (September 30), and in equal quarterly installments thereafter.