

## **Table of Contents**

**State Territory Name: MASSACHUSETTS**

**State Plan Amendment (SPA) #: 24-0027**

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  
Center for Medicaid & CHIP Services  
230 South Dearborn  
Chicago, Illinois 60604



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**Financial Management Group**

August 14, 2024

Mike Levine, Assistant Secretary  
The Commonwealth of Massachusetts Executive Office of  
Health and Human Services Office of Medicaid  
One Ashburton Place, Room 1109  
Boston, MA 02108

RE: TN 24-0027

Dear Assistant Secretary Levine:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Massachusetts state plan amendment (SPA) to Attachment 4.19-B 24-0027, which was submitted to CMS on June 28, 2024. This plan amendment updates rates for Dental services.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of June 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Debi Benson at 312-886-0360 or via email at [Deborah.Benson@cms.hhs.gov](mailto:Deborah.Benson@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER  
2 4 — 0 0 2 7

2. STATE  
MA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**06/01/2024**

5. FEDERAL STATUTE/REGULATION CITATION  
**42 CFR Part 447**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 24 \$ 2,057,000  
b. FFY 25 \$ 6,156,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
**Attachment 4.19-B page 1 c**

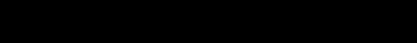
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
  
**Attachment 4.19-B page 1c**

9. SUBJECT OF AMENDMENT  
  
An amendment to the payment methodologies for dental services

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL  


12. TYPED NAME  
**Mike Levine**

13. TITLE  
**Assistant Secretary for MassHealth**

14. DATE SUBMITTED  
**06/28/2024**

15. RETURN TO  
  
Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
One Ashburton Place, Room 1109  
Boston, MA 02108


**FOR CMS USE ONLY**

16. DATE RECEIVED  
**June 28, 2024**

17. DATE APPROVED  
**August 14, 2024**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
**June 1, 2024**

19. SIGNATURE OF APPROVING OFFICIAL  


20. TYPED NAME OF APPROVING OFFICIAL  
**Todd McMillion**

21. TITLE OF APPROVING OFFICIAL  
**Director, Division of Reimbursement Review**

22. REMARKS

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

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**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 June 1, 2024, 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.