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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 14-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



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

November 13, 2014

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

Dear Mr. Polanowicz:

Enclosed for your records is an approved copy of the MassHealth Standard Alternative Benefit Plan (ABP) State plan amendment (SPA) MA 14-0007. This ABP, which was submitted through the Medicaid Model Data Lab (MMDL) on March 17, 2014, meets all federal statutory and regulatory requirements for establishing an ABP. This SPA is approved effective as of January 1, 2014, as requested by the Commonwealth.

CMS is aware that from 01/01/2014 – 09/30/2014, inclusive, the Commonwealth continued to apply the existing State plan limit of 20 (twenty) acute hospital inpatient days per admission for beneficiaries ages 21 and older. This limit applied on a transitional basis to both the Standard ABP and the CarePlus ABP, allowing time for Massachusetts to make the payment systems and contracting adjustments necessary to support the transition to a new prospective payment methodology beginning October 1, 2014.

Approval of this MassHealth Standard ABP SPA was contingent upon CMS' receipt of a formal SPA to prospectively remove this 20-day inpatient limit from the Supplements to Attachments 3.1-A and 3.1-B of the State plan, effective October 1, 2014. SPA 14-0017 met this requirement and was approved on October 27, 2014. This completed Massachusetts' transition to the ABP as reflected in this approved SPA 14-0007.

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, including the following templates:
 - ABP 1, pp 1-2;
 - ABP 2a, p 1;
 - ABP 3, pp 1-2;
 - ABP 4, p 1;

- ABP 5, pp 1-38;
- ABP 7, pp 1-2;
- ABP 8, pp 1-3;
- ABP 9, p 1;
- ABP 10, p 1; and
- ABP 11, p 1.

CMS appreciates the significant amount of work your staff dedicated to preparing this State plan amendment. If you have any questions concerning this SPA, please contact Julie McCarthy at (617) 565-1244 or by e-mail at Julie.McCarthy@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure/s

cc: Kristin Thorn, Medicaid Director
Michael Coleman, State Plan Coordinator

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory
name:

Massachusetts

Transmittal Number:

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

MA-14-0007

Proposed Effective Date

01/01/2014

(mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1937 of the Social Security Act

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

Subject of Amendment

Massachusetts, through this amendment, establishes the MassHealth Standard Alternative Benefit Plan (ABP). As of January 1, 2014, MassHealth Standard ABP provides benefits to targeted individuals eligible under the Adult Group, specifically 19-20 year olds, and 21-64 year olds with breast and cervical cancer, who are HIV+, or who are receiving services from the Massachusetts Department of Mental Health or who are on a waiting list to receive such services. The federal budget impact for this coverage was included as part of Massachusetts State Plan Amendment 013-0024 (MAGI-Based Eligibility Groups).

Governor's Office Review

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

Describe:

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

Describe:

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

Signature of State Agency Official

Submitted By:

Alison Kirchgasser

Last Revision Date:

Nov 10, 2014

Submit Date:

Mar 17, 2014

DATE RECEIVED: 03/17/2014

PLAN APPROVED – ONE COPY ATTACHED

DATE APPROVED: 11/13/2014

EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/2014

SIGNATURE OF REGIONAL OFFICIAL:

/s/

TYPED NAME: Richard R. McGreal

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



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1 - L

Alternative Benefit Plan Populations **ABPI**

Identify and define the population that will participate in the Alternative Benefit Plan.

Alternative Benefit Plan Population Name:

Identify eligibility groups that are included in the Alternative Benefit Plan's population, and which may contain individuals that meet any targeting criteria used to further define the population.

Eligibility Groups Included in the Alternative Benefit Plan Population:

	Eligibility Group:	Enrollment is mandatory or voluntary?	
+	Adult Group	Mandatory	X

Enrollment is available for all individuals in these eligibility group(s).

Targeting Criteria (select all that apply):

- Income Standard.
- Disease/Condition/Diagnosis/Disorder.
 Disease/Condition/Diagnosis/Disorder
- Physical Disability
- Brain Injury
- HIV/AIDS
- Medically Frail
- Technology Dependent
- Autism
- Developmental Disability
- Intellectual Disability
- Mental Illness
- Substance Use Disorder
- Diabetes
- Heart Disease
- Asthma
- Obesity
- Other Disease/Condition/Diagnosis/Disorder



Alternative Benefit Plan

Describe:

Individuals with Breast and Cervical Cancer

Other.

Other Targeting Criteria (Describe):

This ABP is provided to all 19-20 year olds eligible under the Adult Group, individuals ages 21-64 who meet the targeting criteria above or who are receiving services from the Massachusetts Department of Mental Health or who are on a waiting list to receive such services.

Geographic Area

The Alternative Benefit Plan population will include individuals from the entire state/territory.

Yes

Any other information the state/territory wishes to provide about the population (optional)

PRA Disclosure Statement

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

V.20130724



Alternative Benefit Plan

OMB Control Number: 0938-1148
OMB Expiration date: 10/31/2014

Attachment 3.1-L

Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A) ABP2a
(i)(VIII) of the Act

The state/territory has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements. Therefore the state/territory is deemed to have met the requirements for voluntary choice of benefit package for individuals exempt from mandatory participation in a section 1937 Alternative Benefit Plan.

Yes

Explain how the state has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements.

For the MassHealth Standard ABP, the state compared its State Plan benefits with those offered through the Government Employees Health Association (GEHA), Inc. GEHA is an approved Benchmark Plan described in 45 CFR 156.100(a) as one of the "three largest national Federal Employee Health Benefit Plan options" open to federal employees in all geographies by enrollment. The state concluded that its State Plan offers all the Essential Health Benefits at the same or richer amount, duration and scope.

PRA Disclosure Statement

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

V.20130807



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1 - L

Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package

ABP3

Select one of the following:

- The state/territory is amending one existing benefit package for the population defined in Section 1.
- The state/territory is creating a single new benefit package for the population defined in Section 1.

Name of benefit package:

Selection of the Section 1937 Coverage Option

The state/territory selects as its Section 1937 Coverage option the following type of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package under this Alternative Benefit Plan (check one):

- Benchmark Benefit Package.
- Benchmark-Equivalent Benefit Package.

The state/territory will provide the following Benchmark Benefit Package (check one that applies):

- The Standard Blue Cross/Blue Shield Preferred Provider Option offered through the Federal Employee Health Benefit Program (FEHBP).
- State employee coverage that is offered and generally available to state employees (State Employee Coverage):
- A commercial HMO with the largest insured commercial, non-Medicaid enrollment in the state/territory (Commercial HMO):
- Secretary-Approved Coverage.
 - The state/territory offers benefits based on the approved state plan.
 - The state/territory offers an array of benefits from the section 1937 coverage option and/or base benchmark plan benefit packages, or the approved state plan, or from a combination of these benefit packages.
 - The state/territory offers the benefits provided in the approved state plan.
 - Benefits include all those provided in the approved state plan plus additional benefits.
 - Benefits are the same as provided in the approved state plan but in a different amount, duration and/or scope.
 - The state/territory offers only a partial list of benefits provided in the approved state plan.
 - The state/territory offers a partial list of benefits provided in the approved state plan plus additional benefits.

Please briefly identify the benefits, the source of benefits and any limitations:

Selection of Base Benchmark Plan



Alternative Benefit Plan

The state/territory must select a Base Benchmark Plan as the basis for providing Essential Health Benefits in its Benchmark or Benchmark-Equivalent Package.

The Base Benchmark Plan is the same as the Section 1937 Coverage option.

Indicate which Benchmark Plan described at 45 CFR 156.100(a) the state/territory will use as its Base Benchmark Plan:

- Largest plan by enrollment of the three largest small group insurance products in the state's small group market.
- Any of the largest three state employee health benefit plans by enrollment.
- Any of the largest three national FEHBP plan options open to Federal employees in all geographies by enrollment.
- Largest insured commercial non-Medicaid HMO.

Plan name:

Other Information Related to Selection of the Section 1937 Coverage Option and the Base Benchmark Plan (optional):

The state assures that: 1) all services in the base benchmark have been accounted for throughout the benefit chart found in ABP5 and 2) the accuracy of all information in ABP5 depicting amount, duration and scope parameters of services authorized in the currently approved Medicaid state plan.

PRA Disclosure Statement

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V.20130801



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1 - L

Alternative Benefit Plan Cost-Sharing **ABP4**

Any cost sharing described in Attachment 4.18-A applies to the Alternative Benefit Plan.

Attachment 4.18-A may be revised to include cost sharing for ABP services that are not otherwise described in the state plan. Any such cost sharing must comply with Section 1916 of the Social Security Act.

The Alternative Benefit Plan for individuals with income over 100% FPL includes cost-sharing other than that described in Attachment 4.18-A.

No

Other Information Related to Cost Sharing Requirements (optional):

PRA Disclosure Statement

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

V.20130807



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1 - L

Benefits Description

ABP5

The state/territory proposes a "Benchmark-Equivalent" benefit package. No

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

2012 Government Employee Health Association, Inc. Benefit Plan (GEHA)

Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved."

Secretary-Approved



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 1: Ambulatory patient services		Collapse All <input type="checkbox"/>
Benefit Provided: <input style="width: 90%;" type="text" value="Outpatient Hospital Service"/>	Source: <input style="width: 90%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input style="width: 90%;" type="text" value="Other"/>	Provider Qualifications: <input style="width: 90%;" type="text" value="Medicaid State Plan"/>	
Amount Limit: <input style="width: 90%;" type="text" value="None"/>	Duration Limit: <input style="width: 90%;" type="text" value="None"/>	
Scope Limit: <input style="width: 90%;" type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <div style="border: 1px solid black; padding: 5px;"> For those members receiving benefits fee for service (FFS), certain specific services are covered with prior authorization (PA); for example, physical and occupational therapy services provided by an outpatient hospital require PA after 20 visits in a 12-month period. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA. </div>		
Benefit Provided: <input style="width: 90%;" type="text" value="Hospice Care"/>	Source: <input style="width: 90%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input style="width: 90%;" type="text" value="Other"/>	Provider Qualifications: <input style="width: 90%;" type="text" value="Medicaid State Plan"/>	
Amount Limit: <input style="width: 90%;" type="text" value="None"/>	Duration Limit: <input style="width: 90%;" type="text" value="None"/>	
Scope Limit: <input style="width: 90%;" type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <div style="border: 1px solid black; padding: 5px;"> Hospice Care is provided in accordance with section 1905(o) of the Social Security Act and Section 2302 of the Affordable Care Act. Those members receiving benefits fee for service (FFS) must receive certification of terminal illness and elect hospice benefits. </div>		
Benefit Provided: <input style="width: 90%;" type="text" value="OLP: Audiologists' Services"/>	Source: <input style="width: 90%;" type="text" value="State Plan 1905(a)"/>	
Authorization: <input style="width: 90%;" type="text" value="Other"/>	Provider Qualifications: <input style="width: 90%;" type="text" value="Medicaid State Plan"/>	



Alternative Benefit Plan

<p>Amount Limit: <input type="text" value="None"/></p>	<p>Duration Limit: <input type="text" value="None"/></p>	<input type="button" value="Remove"/>
<p>Scope Limit: <input type="text" value="None"/></p>		
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <div style="border: 1px solid black; padding: 5px;"> <p>State Plan Benefit Title: "Medical care and any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law: Audiologists' Services."</p> <p>For those members receiving benefits fee for service (FFS), certain high-cost and replacement hearing aids are covered with prior authorization (PA). For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.</p> </div>		
<p>Benefit Provided: <input type="text" value="OLP: Chiropractors' Services"/></p>	<p>Source: <input type="text" value="State Plan 1905(a)"/></p>	<input type="button" value="Remove"/>
<p>Authorization: <input type="text" value="Authorization required in excess of limitation"/></p>	<p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p>	
<p>Amount Limit: <input type="text" value="20 visits/treatments per member per calendar year"/></p>	<p>Duration Limit: <input type="text" value="None"/></p>	
<p>Scope Limit: <input type="text" value="None"/></p>		
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <div style="border: 1px solid black; padding: 5px;"> <p>State Plan Benefit Title: "Medical care and any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law: Chiropractors' Services."</p> <p>For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.</p> </div>		
<p>Benefit Provided: <input type="text" value="Physicians' Services"/></p>	<p>Source: <input type="text" value="State Plan 1905(a)"/></p>	
<p>Authorization: <input type="text" value="Other"/></p>	<p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p>	
<p>Amount Limit: <input type="text" value="None"/></p>	<p>Duration Limit: <input type="text" value="None"/></p>	
<p>Scope Limit: <input type="text" value="None"/></p>		



Alternative Benefit Plan

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

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

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

Remove

Benefit Provided:

Diagnostic Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

Benefit Provided:

Screening Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

Benefit Provided:

Pediatric or Family Nurse Practitioners' Services

Source:

State Plan 1905(a)



Alternative Benefit Plan

<p>Authorization: <input type="text" value="Other"/></p> <p>Amount Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="None"/></p> <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="For those members receiving benefits fee for service (FFS), the same prior authorization requirements as those summarized under Physicians' Services apply. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA."/></p>	<p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/> <input type="button" value="Remove"/></p> <p>Duration Limit: <input type="text" value="None"/></p>
<p>Benefit Provided: <input type="text" value="Home Health: Part-time Nursing Services"/></p> <p>Authorization: <input type="text" value="Other"/></p> <p>Amount Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="None"/></p> <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="State Plan Title: 'Home health services: Intermittent or part time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.'"/> <input type="text" value="For those members receiving benefits fee for service (FFS), certain Home Health Services are covered with prior authorization (PA); for example, continuous skilled nursing. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA."/></p>	<p>Source: <input type="text" value="State Plan 1905(a"/> <input type="button" value="Remove"/></p> <p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit: <input type="text" value="None"/></p>
<p>Benefit Provided: <input type="text" value="Clinic Services"/></p> <p>Authorization: <input type="text" value="Other"/></p> <p>Amount Limit: <input type="text" value="None"/></p>	<p>Source: <input type="text" value="State Plan 1905(a)"/></p> <p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit: <input type="text" value="None"/></p>



Alternative Benefit Plan

Scope Limit:

See Below

Remove

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

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

Benefit Provided:

FQHC Services and other Amb. Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

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

Benefit Provided:

Rural Health Clinic Services

Source:

State Plan 1905(a)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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



Alternative Benefit Plan

<p>health clinic."</p> <p>For those members receiving benefits fee for service (FFS), services provided at RHCs are subject to the same prior authorization requirements summarized in this ABP. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.</p>	<input type="button" value="Remove"/>																																	
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Benefit Provided:</td> <td style="width: 50%; border: none;">Source:</td> <td style="width: 20%; border: none;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Family Planning Services and Supplies</td> <td style="border: 1px solid black; padding: 2px;">State Plan 1905(a)</td> <td style="text-align: center; vertical-align: middle;"><input type="button" value="Remove"/></td> </tr> <tr> <td style="border: none;">Authorization:</td> <td style="border: none;">Provider Qualifications:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Other</td> <td style="border: 1px solid black; padding: 2px;">Medicaid State Plan</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Amount Limit:</td> <td style="border: none;">Duration Limit:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">None</td> <td style="border: 1px solid black; padding: 2px;">None</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Scope Limit:</td> <td colspan="2" style="border: none;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">None</td> <td colspan="2" style="border: none;"></td> </tr> <tr> <td colspan="3" style="border: none; padding: 5px;"> Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: </td> </tr> <tr> <td colspan="3" style="border: 1px solid black; padding: 5px;"> State Plan Title: "Family planning services and supplies for individuals of child-bearing age." </td> </tr> <tr> <td colspan="3" style="border: 1px solid black; padding: 5px;"> For those members receiving benefits fee for service (FFS), the same prior authorization requirements as those summarized under Physicians' Services apply. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA. </td> </tr> </table>	Benefit Provided:	Source:		Family Planning Services and Supplies	State Plan 1905(a)	<input type="button" value="Remove"/>	Authorization:	Provider Qualifications:		Other	Medicaid State Plan		Amount Limit:	Duration Limit:		None	None		Scope Limit:			None			Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:			State Plan Title: "Family planning services and supplies for individuals of child-bearing age."			For those members receiving benefits fee for service (FFS), the same prior authorization requirements as those summarized under Physicians' Services apply. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.			<input type="button" value="Add"/>
Benefit Provided:	Source:																																	
Family Planning Services and Supplies	State Plan 1905(a)	<input type="button" value="Remove"/>																																
Authorization:	Provider Qualifications:																																	
Other	Medicaid State Plan																																	
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Alternative Benefit Plan

Essential Health Benefit 2: Emergency services Collapse All

Benefit Provided:

Emergency Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Covered without limitations.

Benefit Provided:

Transportation – Emergent

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Covered without limitations.

Add



Alternative Benefit Plan

Essential Health Benefit 3: Hospitalization

Collapse All

Benefit Provided:

Inpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

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

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

Add



Alternative Benefit Plan

Essential Health Benefit 4: Maternity and newborn care

Collapse All

Benefit Provided:

Nurse-midwife Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

Benefit Provided:

Physicians' Services: Maternity

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

Benefit Provided:

Inpatient Hospital Services: Maternity

Source:

State Plan 1905(a)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

None

Remove

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

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

Benefit Provided:

Outpatient Hospital Services: Maternity

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

Add



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 5: Mental health and substance use disorder services including behavioral health treatment	Collapse All <input type="checkbox"/>																														
<table style="width: 100%; border: 1px solid black;"> <tr> <td style="width: 45%; border-bottom: 1px solid black;">Benefit Provided:</td> <td style="width: 35%; border-bottom: 1px solid black;">Source:</td> <td style="width: 20%;"></td> </tr> <tr> <td style="border: 1px solid black;">Mental Health and Substance Use Disorder Services</td> <td style="border: 1px solid black;">State Plan 1905(a)</td> <td style="text-align: right; border: 1px solid black;">Remove</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Authorization:</td> <td style="border-bottom: 1px solid black;">Provider Qualifications:</td> <td></td> </tr> <tr> <td style="border: 1px solid black;">Other</td> <td style="border: 1px solid black;">Medicaid State Plan</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Amount Limit:</td> <td style="border-bottom: 1px solid black;">Duration Limit:</td> <td></td> </tr> <tr> <td style="border: 1px solid black;">None</td> <td style="border: 1px solid black;">None</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Scope Limit:</td> <td colspan="2"></td> </tr> <tr> <td style="border: 1px solid black;">None</td> <td colspan="2"></td> </tr> <tr> <td colspan="3" style="padding-top: 10px;"> Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: </td> </tr> <tr> <td colspan="3" style="border: 1px solid black; padding: 5px;"> The state offers mental health and substance use disorder services including behavioral health treatment for all members under state plan benefits including Physicians' Services, Outpatient Hospital Services, FQHCs, RHCs, Inpatient Hospital Services, Emergency Hospital Services, and EPSDT. MassHealth requires managed care contractors to provide certification with MHPAEA in compliance with 130 CMR 450.117(J). Inpatient services provided in an IMD are limited to members under the age of 21 or over the age of 64. </td> </tr> </table>		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 specific name of the source plan if it is not the base benchmark plan:			The state offers mental health and substance use disorder services including behavioral health treatment for all members under state plan benefits including Physicians' Services, Outpatient Hospital Services, FQHCs, RHCs, Inpatient Hospital Services, Emergency Hospital Services, and EPSDT. MassHealth requires managed care contractors to provide certification with MHPAEA in compliance with 130 CMR 450.117(J). Inpatient services provided in an IMD are limited to members under the age of 21 or over the age of 64.		
Benefit Provided:	Source:																														
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:																															
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Benefit Provided:	Source:																														
OLP: Psychologist	State Plan 1905(a)	Remove																													
Authorization:	Provider Qualifications:																														
Other	Medicaid State Plan																														
Amount Limit:	Duration Limit:																														
None	None																														
Scope Limit:																															
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Rehabilitative: MH/SUD Services	State Plan 1905(a)																														
Authorization:	Provider Qualifications:																														
Other	Medicaid State Plan																														



Alternative Benefit Plan

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



Alternative Benefit Plan

Essential Health Benefit 6: Prescription drugs

Benefit Provided:

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

- Prescription Drug Limits (Check all that apply.):
- Limit on days supply
 - Limit on number of prescriptions
 - Limit on brand drugs
 - Other coverage limits
 - Preferred drug list

Authorization:
Yes

Provider Qualifications:
State licensed

Coverage that exceeds the minimum requirements or other:

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



Alternative Benefit Plan

Essential Health Benefit 7: Rehabilitative and habilitative services and devices Collapse All

<p>Benefit Provided:</p> <div style="border: 1px solid black; padding: 2px;">Therapies and Related Services: Physical therapy</div> <p>Authorization:</p> <div style="border: 1px solid black; padding: 2px;">Authorization required in excess of limitation</div> <p>Amount Limit:</p> <div style="border: 1px solid black; padding: 2px;">20 visits per 12-month period</div> <p>Scope Limit:</p> <div style="border: 1px solid black; padding: 2px;">Diversional and recreational therapies are not covered.</div>	<p>Source:</p> <div style="border: 1px solid black; padding: 2px;">State Plan 1905(a)</div> <p>Provider Qualifications:</p> <div style="border: 1px solid black; padding: 2px;">Medicaid State Plan</div> <p>Duration Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div>	<div style="border: 1px solid black; padding: 2px; width: 50px; margin: auto;">Remove</div>
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <div style="border: 1px solid black; padding: 5px;"> <p>State Plan Benefit Title: "Therapies and Related Services: Physical Therapy." Rehabilitative and habilitative physical therapy to improve, or prevent the worsening of a congenital or acquired condition is provided in accordance with 42 CFR 440.110. MassHealth pays for maintenance therapy performed by a licensed therapist when the therapist's specialized knowledge and judgment are required to perform services that are part of a maintenance program.</p> <p>For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.</p> </div>		

<p>Benefit Provided:</p> <div style="border: 1px solid black; padding: 2px;">Therapies and RS: Occupational Therapy</div> <p>Authorization:</p> <div style="border: 1px solid black; padding: 2px;">Authorization required in excess of limitation</div> <p>Amount Limit:</p> <div style="border: 1px solid black; padding: 2px;">20 visits per 12-month period</div> <p>Scope Limit:</p> <div style="border: 1px solid black; padding: 2px;">Diversional and recreational therapies are not covered.</div>	<p>Source:</p> <div style="border: 1px solid black; padding: 2px;">State Plan 1905(a)</div> <p>Provider Qualifications:</p> <div style="border: 1px solid black; padding: 2px;">Medicaid State Plan</div> <p>Duration Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div>	<div style="border: 1px solid black; padding: 2px; width: 50px; margin: auto;">Remove</div>
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <div style="border: 1px solid black; padding: 5px;"> <p>State Plan Benefit Title: "Therapies and Related Services: Occupational Therapy."</p> <p>Rehabilitative and habilitative occupational therapy to improve, or prevent the worsening of a congenital or acquired condition is provided in accordance with 42 CFR 440.110. MassHealth pays for maintenance therapy performed by a licensed therapist when the therapist's specialized knowledge and judgment are required to perform services that are part of a maintenance program. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.</p> </div>		



Alternative Benefit Plan

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

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



Alternative Benefit Plan

<p>Benefit Provided:</p> <input style="width: 95%;" type="text" value="Prosthetic Devices"/>	<p>Source:</p> <input style="width: 95%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
<p>Authorization:</p> <input style="width: 95%;" type="text" value="Other"/>	<p>Provider Qualifications:</p> <input style="width: 95%;" type="text" value="Medicaid State Plan"/>	
<p>Amount Limit:</p> <input style="width: 95%;" type="text" value="None"/>	<p>Duration Limit:</p> <input style="width: 95%;" type="text" value="None"/>	
<p>Scope Limit:</p> <input style="width: 95%;" type="text" value="None"/>		
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <div style="border: 1px solid black; padding: 5px;"> <p>State Plan Title: "Prescribed drugs, dentures, and prosthetic devices and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist: Prosthetic Devices."</p> <p>For those members receiving benefits fee for service (FFS), MassHealth covers medically necessary prosthetics and orthotics services, including repairs after the exhaustion of manufacturer warranties. Certain specific services are covered with prior authorization (PA); for example, electronic elbows and some upper extremity prostheses. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.</p> </div>		

<p>Benefit Provided:</p> <input style="width: 95%;" type="text" value="Nursing Facility Services for 21 or Older"/>	<p>Source:</p> <input style="width: 95%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
<p>Authorization:</p> <input style="width: 95%;" type="text" value="Other"/>	<p>Provider Qualifications:</p> <input style="width: 95%;" type="text" value="Medicaid State Plan"/>	
<p>Amount Limit:</p> <input style="width: 95%;" type="text" value="None"/>	<p>Duration Limit:</p> <input style="width: 95%;" type="text" value="None"/>	
<p>Scope Limit:</p> <input style="width: 95%;" type="text" value="Non-custodial nursing care"/>		
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <div style="border: 1px solid black; padding: 5px;"> <p>State Plan Title: "Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older."</p> <p>For those members receiving benefits fee for service (FFS), the MassHealth agency requires clinical authorizations for nursing-facility services. New clinical authorizations may be required in some circumstances such as when a member is transferred from one nursing facility to another or converts to Medicaid from Medicare or a third party private payer. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.</p> </div>		



Alternative Benefit Plan

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



Alternative Benefit Plan

Essential Health Benefit 8: Laboratory services Collapse All

<p>Benefit Provided: Other Laboratory and X-ray Services</p> <p>Authorization: Other</p> <p>Amount Limit: None</p> <p>Scope Limit: None</p>	<p>Source: State Plan 1905(a)</p> <p>Provider Qualifications: Medicaid State Plan</p> <p>Duration Limit: None</p>	<p>Remove</p>
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Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

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

Add



Alternative Benefit Plan

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

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

Benefit Provided:

Preventive Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

Benefit Provided:

Face-to-face Tobacco Cessation Counseling Services

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

16 group and individual sessions/12 months

Duration Limit:

None

Scope Limit:

None

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

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

Add



Alternative Benefit Plan

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

<p>Benefit Provided: Medicaid State Plan EPSDT Benefits</p>	<p>Source: State Plan 1905(a) <input type="button" value="Remove"/></p>
<p>Authorization: Other</p>	<p>Provider Qualifications: Medicaid State Plan</p>
<p>Amount Limit: None</p>	<p>Duration Limit: None</p>
<p>Scope Limit: None</p>	
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <p>For members receiving benefits fee for service, certain services are covered with prior authorization, for example, members are limited to one comprehensive eye examination within a 12 month period unless additional services are medically necessary. The MassHealth agency pays for all medically necessary pediatric services, including oral and vision care services, for EPSDT-eligible members, without regard to service limitations. Such additional services require prior authorization.</p>	

<p>Benefit Provided: Medicaid State Plan EPSDT Benefits</p>	<p>Source: State Plan 1905(a) <input type="button" value="Remove"/></p>
<p>Authorization: Other</p>	<p>Provider Qualifications: Medicaid State Plan</p>
<p>Amount Limit: None</p>	<p>Duration Limit: None</p>
<p>Scope Limit: None</p>	
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <p>State Plan Title: Inpatient psychiatric facility services for individuals under 21 years of age. For those members receiving benefits fee for service (FFS), a screening team must screen a member under age 21 prior to admission to a psychiatric inpatient hospitalization. The MassHealth agency pays for all medically necessary psychiatric inpatient hospital services for EPSDT-eligible members, without regard to service limitations. Such additional services require prior authorization. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.</p>	

<p>Benefit Provided: Medicaid State Plan EPSDT Benefits</p>	<p>Source: State Plan 1905(a)</p>
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Alternative Benefit Plan

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



Alternative Benefit Plan

<input type="checkbox"/> Other Covered Benefits from Base Benchmark	Collapse All <input type="checkbox"/>
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Alternative Benefit Plan

<input checked="" type="checkbox"/>	Base Benchmark Benefits Not Covered due to Substitution or Duplication	Collapse All <input type="checkbox"/>						
<table style="width: 100%; border: none;"> <tr> <td style="width: 45%; border: none;">Base Benchmark Benefit that was Substituted:</td> <td style="width: 30%; border: none;">Source:</td> <td style="width: 25%; border: none;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Acupuncture – Duplication</td> <td style="border: none;">Base Benchmark</td> <td style="border: none; text-align: right;"><input type="button" value="Remove"/></td> </tr> </table> <p style="margin-top: 5px;">Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Duplication: covered under the Medicaid state plan as Physicians' Services, Outpatient Hospital Services, FQHCs, and RHCs under EHB 1; and Inpatient Hospital Services under EHB 3. MassHealth provides acupuncture for pain relief, as a substitute for anesthesia and as a substance abuse treatment. Base benchmark plan: limited to 20 procedures per person per calendar year, for anesthesia and pain relief. </div>			Base Benchmark Benefit that was Substituted:	Source:		Acupuncture – Duplication	Base Benchmark	<input type="button" value="Remove"/>
Base Benchmark Benefit that was Substituted:	Source:							
Acupuncture – Duplication	Base Benchmark	<input type="button" value="Remove"/>						
<table style="width: 100%; border: none;"> <tr> <td style="width: 45%; border: none;">Base Benchmark Benefit that was Substituted:</td> <td style="width: 30%; border: none;">Source:</td> <td style="width: 25%; border: none;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Outpatient Hospital, Clinic, or ASC - Duplication</td> <td style="border: none;">Base Benchmark</td> <td style="border: none; text-align: right;"><input type="button" value="Remove"/></td> </tr> </table> <p style="margin-top: 5px;">Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Duplication: covered under the Medicaid state plan as Outpatient Hospital Services and Clinic Services under EHB 1. </div>			Base Benchmark Benefit that was Substituted:	Source:		Outpatient Hospital, Clinic, or ASC - Duplication	Base Benchmark	<input type="button" value="Remove"/>
Base Benchmark Benefit that was Substituted:	Source:							
Outpatient Hospital, Clinic, or ASC - Duplication	Base Benchmark	<input type="button" value="Remove"/>						
<table style="width: 100%; border: none;"> <tr> <td style="width: 45%; border: none;">Base Benchmark Benefit that was Substituted:</td> <td style="width: 30%; border: none;">Source:</td> <td style="width: 25%; border: none;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Hospice – Duplication</td> <td style="border: none;">Base Benchmark</td> <td style="border: none; text-align: right;"><input type="button" value="Remove"/></td> </tr> </table> <p style="margin-top: 5px;">Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Duplication: covered under the Medicaid state plan as Hospice Care under EHB 1. </div>			Base Benchmark Benefit that was Substituted:	Source:		Hospice – Duplication	Base Benchmark	<input type="button" value="Remove"/>
Base Benchmark Benefit that was Substituted:	Source:							
Hospice – Duplication	Base Benchmark	<input type="button" value="Remove"/>						
<table style="width: 100%; border: none;"> <tr> <td style="width: 45%; border: none;">Base Benchmark Benefit that was Substituted:</td> <td style="width: 30%; border: none;">Source:</td> <td style="width: 25%; border: none;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Audiologist and Hearing Services – Duplication</td> <td style="border: none;">Base Benchmark</td> <td style="border: none; text-align: right;"><input type="button" value="Remove"/></td> </tr> </table> <p style="margin-top: 5px;">Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> 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. </div>			Base Benchmark Benefit that was Substituted:	Source:		Audiologist and Hearing Services – Duplication	Base Benchmark	<input type="button" value="Remove"/>
Base Benchmark Benefit that was Substituted:	Source:							
Audiologist and Hearing Services – Duplication	Base Benchmark	<input type="button" value="Remove"/>						
<table style="width: 100%; border: none;"> <tr> <td style="width: 45%; border: none;">Base Benchmark Benefit that was Substituted:</td> <td style="width: 30%; border: none;">Source:</td> <td style="width: 25%; border: none;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Chiropractic – Duplication</td> <td style="border: none;">Base Benchmark</td> <td style="border: none; text-align: right;"><input type="button" value="Remove"/></td> </tr> </table> <p style="margin-top: 5px;">Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Duplication: covered under the Medicaid state plan as OLP: Chiropractors' Services under EHB 1. </div>			Base Benchmark Benefit that was Substituted:	Source:		Chiropractic – Duplication	Base Benchmark	<input type="button" value="Remove"/>
Base Benchmark Benefit that was Substituted:	Source:							
Chiropractic – Duplication	Base Benchmark	<input type="button" value="Remove"/>						
<table style="width: 100%; border: none;"> <tr> <td style="width: 45%; border: none;">Base Benchmark Benefit that was Substituted:</td> <td style="width: 30%; border: none;">Source:</td> <td style="width: 25%; border: none;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Foot Care - Duplication</td> <td style="border: none;">Base Benchmark</td> <td style="border: none;"></td> </tr> </table>			Base Benchmark Benefit that was Substituted:	Source:		Foot Care - Duplication	Base Benchmark	
Base Benchmark Benefit that was Substituted:	Source:							
Foot Care - Duplication	Base Benchmark							



Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Duplication: covered in the Medicaid state plan as Physician Services under EHB 1. </div>	<div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: auto;"> Remove </div>
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Physician Services – Duplication </div>	<p>Source: Base Benchmark</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: auto;"> Remove </div>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Duplication: covered in the Medicaid state plan as Physicians' Services under EHB 1. </div>	
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Diagnostic and Treatment Services – Duplication </div>	<p>Source: Base Benchmark</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: auto;"> Remove </div>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Duplication: covered in the Medicaid state plan as Physicians' Services, Diagnostic Services and Screening Services under EHB 1; and Other Laboratory and X-ray Services under EHB 8. </div>	
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Adult Preventive Care - Duplication </div>	<p>Source: Base Benchmark</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: auto;"> Remove </div>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Duplication: covered in the Medicaid state plan as FQHC, RHC, Physicians' Services, Outpatient Hospital Services and Screening Services under EHB 1; Inpatient Hospital Services under EHB 3; and Preventive Services under EHB 9. </div>	
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Nurse Practitioner - Duplication </div>	<p>Source: Base Benchmark</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: auto;"> Remove </div>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Duplication: covered in the Medicaid state plan as Physicians' Services, Pediatric or Family Nurse Practitioner Services, FQHCs and RHCs under EHB 1. </div>	
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Skilled Nursing Facility – Duplication </div>	<p>Source: Base Benchmark</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: auto;"> Remove </div>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Duplication: covered in the Medicaid state plan as Nursing Facility Services for 21 or Older under EHB 7; and "Nursing facility services for patients under 21 years of age" under EHB 10. </div>	
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Maternity Care – Duplication </div>	<p>Source: Base Benchmark</p>



Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Duplication: covered in Medicaid state plan as Physicians' Services: Maternity, Nurse-midwife services, Outpatient Hospital Services: Maternity and Inpatient Hospital Services: Maternity under EHB 4. </div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Remove</div>
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Inpatient Hospital - Duplication </div>	<p>Source:</p> <p>Base Benchmark</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Duplication: covered in Medicaid state plan as Inpatient Hospital Services under EHB 3. </div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Remove</div>
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Mental Health and SUD Services - Duplication </div>	<p>Source:</p> <p>Base Benchmark</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Duplication: covered in Medicaid state plan as Physicians' Services, Outpatient Hospital Services, FQHCs, and RHCs under EHB 1; Emergency Hospital Services under EHB 2; Mental Health and Substance Use Disorder Services, OLP: Psychologist, and Rehabilitative Services: MH/SUD under EHB 5; and Inpatient Hospital Services under EHB 3. </div> <div style="border: 1px solid black; padding: 2px; margin-top: 10px;"> Base Benchmark: Psychological testing is limited to testing necessary to determine the appropriate psychiatric treatment. All services under the benefit require pre-certification. Excluded services include: services by pastoral, marital, drug/alcohol and other counselors including therapy for sexual problems; treatments for learning disabilities and mental retardation; telephone therapy; travel time to member's home to conduct therapy; services rendered or billed by schools, or halfway houses or members of their staffs; marriage counseling; and services that are not medically necessary. </div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Remove</div>
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> PT and OT – Duplication </div>	<p>Source:</p> <p>Base Benchmark</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Duplication: covered in Medicaid state plan as Therapies and Related services: Physical Therapy, Occupational Therapy, and Home Health: PT, OT, SP, and Audiology Services under EHB 7. </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Base Benchmark: All physical and occupational therapy visits require preauthorization. The benefit covers rehabilitation services only. In addition, the benefit is limited to 60 physical therapy and occupational therapy visits per person per calendar year, combined. (One visit is two hours or less of physical or occupational therapy.) </div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Remove</div>
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Speech Therapy – Duplication </div>	<p>Source:</p> <p>Base Benchmark</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Duplication: covered in Medicaid state plan as Physicians' Services under EHB 1; and Therapies and Related Services: Speech, Hearing and Language Disorders, and Home Health: PT, OT, SP and Audiology </div>	



Alternative Benefit Plan

<p>Services under EHB 7. Base Benchmark: All speech therapy visits require preauthorization. The benefit covers rehabilitation services only. In addition, the benefit is limited to 30 visits per person per calendar year (one visit is two hours or less of speech therapy); and speech therapy is only covered when a physician: - orders the care - identifies the specific professional skills the patient requires and the medical necessity for skilled services - indicates the length of time the services are needed</p>	<input type="button" value="Remove"/>	
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Family Planning Services – Duplication"/></p>	<p>Source: Base Benchmark</p>	<input type="button" value="Remove"/>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p>		
<p>Duplication: covered in the Medicaid state plan as Physicians' Services, FQHCs, RHCs, and Family Planning Services and Supplies under EHB 1.</p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Infertility Services – Duplication"/></p>	<p>Source: Base Benchmark</p>	<input type="button" value="Remove"/>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p>		
<p>Duplication: covered under the Medicaid state plan as Physicians' Services, Diagnostic Services, FQHCs, and RHCs under EHB 1; and Laboratory and X-ray services under EHB 8. MassHealth benefits are limited to the diagnosis and treatment of infertility as an underlying medical condition. Base benchmark: benefits are limited to the diagnosis and treatment of infertility as an underlying medical condition.</p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Preventive Care, Children – Duplication"/></p>	<p>Source: Base Benchmark</p>	<input type="button" value="Remove"/>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p>		
<p>Duplication: covered in the Medicaid state plan as FQHCs, RHCs, Physicians' Services, Outpatient Hospital Services and Screening Services under EHB 1; Preventive Services under EHB 9; and EPSDT under EHB 10.</p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Allergy Care – Duplication"/></p>	<p>Source: Base Benchmark</p>	<input type="button" value="Remove"/>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p>		
<p>Duplication: covered in the Medicaid state plan as Physicians' Services, Diagnostic Services, Screening Services, FQHCs, and RHCs under EHB 1.</p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Treatment Therapies – Duplication"/></p>	<p>Source: Base Benchmark</p>	



Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: covered in Medicaid state plan as Prescribed Drugs under EHB 6; Physicians' Services, Outpatient Hospital Services, FQHCs and RHCs under EHB 1; and Inpatient Hospital Services under EHB 3.</p>		<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Orthopedic and Prosthetic Devices – Duplication</p>	<p>Source:</p> <p>Base Benchmark</p>	<p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: covered in Medicaid state plan as Physicians' Services and Outpatient Hospital Services in EHB 1; Inpatient Hospital Services in EHB 3; and "Prescribed drugs, dentures and prosthetic devices, and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist: Prosthetic Devices" in EHB 7.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Durable Medical Equipment – Duplication</p>	<p>Source:</p> <p>Base Benchmark</p>	<p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: covered in Medicaid state plan as "Home Health: medical supplies, equipment, and appliances suitable for use in the home" in EHB 7.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Home Health Services – Duplication</p>	<p>Source:</p> <p>Base Benchmark</p>	<p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: covered in 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.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Educational Classes and Programs – Duplication</p>	<p>Source:</p> <p>Base Benchmark</p>	<p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: 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.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Surgical Procedures – Duplication</p>	<p>Source:</p> <p>Base Benchmark</p>	



Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Duplication: covered in the Medicaid state plan as Physicians' Services and Outpatient Hospital Services under EHB 1; and Inpatient Hospital Services under EHB 3. </div>	<div style="border: 1px solid black; padding: 2px; width: 80px; margin: 0 auto;">Remove</div>	
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Ambulance - Duplication </div>	<p>Source:</p> <p>Base Benchmark</p>	<div style="border: 1px solid black; padding: 2px; width: 80px; margin: 0 auto;">Remove</div>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Duplication: covered in the Medicaid state plan as Transportation - Emergent under EHB 2. </div>		
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Prescription Drugs - Duplication </div>	<p>Source:</p> <p>Base Benchmark</p>	<div style="border: 1px solid black; padding: 2px; width: 80px; margin: 0 auto;">Remove</div>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Duplication: covered in the Medicaid state plan as Prescription Drugs under EHB 6. </div>		
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Emergency Services - Duplication </div>	<p>Source:</p> <p>Base Benchmark</p>	<div style="border: 1px solid black; padding: 2px; width: 80px; margin: 0 auto;">Remove</div>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Duplication: covered in the Medicaid state plan as Emergency Hospital Services under EHB 2. </div>		
		<div style="border: 1px solid black; padding: 2px; width: 80px; margin: 0 auto;">Add</div>



Alternative Benefit Plan

Other Base Benchmark Benefits Not Covered

Collapse All

Base Benchmark Benefit not Included in the Alternative Benefit Plan: Source: Base Benchmark

Christian Science Facilities

Remove

Explain why the state/territory chose not to include this benefit:

GEHA Benefit Name: Care provided at Christian Science Facilities and by Christian Science Practitioners. MassHealth does not cover this provider type; however, all the medically necessary services they provide are covered in this ABP through various categories including Physicians' Services and Outpatient Hospital Services under EHB 1.

Add



Alternative Benefit Plan

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

Other 1937 Benefit Provided:

Amb services offered by PHSA Health Centers

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

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

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

Other 1937 Benefit Provided:

Freestanding Birth Center Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

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

Other 1937 Benefit Provided:

OLP: Optometrists' Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>	<input type="button" value="Remove"/>
Scope Limit: <input style="width: 95%;" type="text" value="Treatment for congenital dyslexia by this provider type is excluded."/>		
Other: <div style="border: 1px solid black; padding: 5px;"> State Plan Benefit Title: "Medical care and any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law: Optometrists' services." Those members age 21 and older receiving benefits fee for service (FFS) are limited to one comprehensive eye examination within a 24-month period; additional services are provided when medically necessary. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA. </div>		
Other 1937 Benefit Provided: <input style="width: 95%;" type="text" value="Eyeglasses"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
Authorization: <input style="width: 95%;" type="text" value="Other"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>	
Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>	
Scope Limit: <input style="width: 95%;" type="text" value="See below for scope limits"/>		
Other: <div style="border: 1px solid black; padding: 5px;"> State Plan Benefit Title: "Prescribed drugs, dentures, and prosthetic devices and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist: Eyeglasses." Exclusions consist of absorptive lenses of greater than 25% absorption, prisms obtained by decentration; contact lenses for extended wear use; invisible bifocals; and Welsh 4-drop lenses. For those members receiving benefits fee for service (FFS), certain specific services are covered with prior authorization (PA); for example, certain high-index lenses, special needs glasses, and glass lenses. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA. </div>		
Other 1937 Benefit Provided: <input style="width: 95%;" type="text" value="Personal Care Services"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package	
Authorization: <input style="width: 95%;" type="text" value="Other"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>	
Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>	



Alternative Benefit Plan

Scope Limit: <input style="width: 100%;" type="text" value="None"/>		<input type="button" value="Remove"/>
Other: <input style="width: 100%; height: 40px;" type="text" value="For those members receiving benefits fee for service (FFS), personal care is provided as a self-directed service. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA."/>		
Other 1937 Benefit Provided: <input style="width: 100%;" type="text" value="Targeted Case Management Services"/>	Source: <input style="width: 100%;" type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input style="width: 100%;" type="text" value="Other"/>	Provider Qualifications: <input style="width: 100%;" type="text" value="Medicaid State Plan"/>	
Amount Limit: <input style="width: 100%;" type="text" value="None"/>	Duration Limit: <input style="width: 100%;" type="text" value="None"/>	
Scope Limit: <input style="width: 100%;" type="text" value="None"/>		
Other: <input style="width: 100%; height: 150px;" type="text" value="State Plan Title: Case Management Services. FFS members seeking TCM are subject to the eligibility criteria described in the state plan in Supplement 1 to Attachment 3.1-A.
- Case Management for Medicaid Recipients Age 18 and Older who are Diagnosed with AIDS and Living in a staffed, congregate residential program which meets the Department of Public Health (DPH) funding requirements for the AIDS/HIV Bureau, Supportive Residential Services program which require that a person be HIV positive, and in which no more than three mentally and/or physically impaired individuals share a single bedroom and bathroom.
- Case Management for Individuals eligible for Medical Assistance and for services provided, purchased, or arranged by the Department of Mental Retardation, not including individuals who reside in ICFs/MR.
- Case Management for Individuals with Mental Illness as Determined by the Department of Mental Health (DMH).
- Case Management for Individuals under age 21 with Serious Emotional Disturbance (SED).
- Case Management for Children Committed to the Department of Youth Services."/>		
Other 1937 Benefit Provided: <input style="width: 100%;" type="text" value="Dental"/>	Source: <input style="width: 100%;" type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	
Authorization: <input style="width: 100%;" type="text" value="Other"/>	Provider Qualifications: <input style="width: 100%;" type="text" value="Medicaid State Plan"/>	
Amount Limit: <input style="width: 100%;" type="text" value="None"/>	Duration Limit: <input style="width: 100%;" type="text" value="None"/>	
Scope Limit: <input style="width: 100%;" type="text" value="Covered with the limitations outlined below."/>		
Other: <input style="width: 100%; height: 20px;" type="text" value="All medically necessary dental services for EPSDT-eligible members are covered without regard to service"/>		



Alternative Benefit Plan

<p>limitations.</p> <p>For members age 21 or over coverage for dental services is limited to the following: diagnostic services including oral evaluation (comprehensive and periodic) and radiographs; preventive services including prophylaxis; emergency care visits; certain restorative services (certain fillings), and as of March 1, 2014 certain additional restorative services (all fillings); extractions; anesthesia; treatment of complications related to surgery; certain oral surgery such as biopsies and soft-tissue surgery. In addition, there are limited exceptions that allow for topical fluoride when documented as medically necessary.</p> <p>For those members receiving benefits fee for service (FFS), certain specific services are covered with prior authorization (PA); for example, orthodontic services and removal of impacted teeth (completely bony). For those members receiving benefits through managed care entities other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.</p>	<div style="border: 1px solid black; padding: 2px; width: 80px; margin: auto;">Remove</div>																				
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Alternative Benefit Plan

<div style="border: 1px solid black; padding: 2px;">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.</div>		<div style="border: 1px solid black; padding: 2px; width: 60px; float: right;">Remove</div>
<p>Other 1937 Benefit Provided:</p> <div style="border: 1px solid black; padding: 2px;">Private Duty Nursing Services</div> <p>Authorization:</p> <div style="border: 1px solid black; padding: 2px;">Other</div> <p>Amount Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div> <p>Scope Limit:</p> <div style="border: 1px solid black; padding: 2px;">Not provided in a hospital or skilled nursing facility.</div> <p>Other:</p> <div style="border: 1px solid black; padding: 2px;">For those members receiving benefits fee for service (FFS), nursing services provided by an independent nurse require prior authorization. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.</div>	<p>Source:</p> <div style="border: 1px solid black; padding: 2px;">Section 1937 Coverage Option Benchmark Benefit Package</div> <p>Provider Qualifications:</p> <div style="border: 1px solid black; padding: 2px;">Medicaid State Plan</div> <p>Duration Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div>	<div style="border: 1px solid black; padding: 2px; width: 60px; float: right;">Remove</div>
<p>Other 1937 Benefit Provided:</p> <div style="border: 1px solid black; padding: 2px;">Home Health: Aide Services</div> <p>Authorization:</p> <div style="border: 1px solid black; padding: 2px;">Other</div> <p>Amount Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div> <p>Scope Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div> <p>Other:</p> <div style="border: 1px solid black; padding: 2px;">State Plan Title: "Home Health Services: Home health aide services provided by a home health agency." For those members receiving benefits through managed care entities, utilization management may apply.</div>	<p>Source:</p> <div style="border: 1px solid black; padding: 2px;">Section 1937 Coverage Option Benchmark Benefit Package</div> <p>Provider Qualifications:</p> <div style="border: 1px solid black; padding: 2px;">Medicaid State Plan</div> <p>Duration Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div>	<div style="border: 1px solid black; padding: 2px; width: 60px; float: right;">Remove</div>
<p>Other 1937 Benefit Provided:</p> <div style="border: 1px solid black; padding: 2px;">Rehabilitative Services</div> <p>Authorization:</p> <div style="border: 1px solid black; padding: 2px;">Other</div> <p>Amount Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div>	<p>Source:</p> <div style="border: 1px solid black; padding: 2px;">Section 1937 Coverage Option Benchmark Benefit Package</div> <p>Provider Qualifications:</p> <div style="border: 1px solid black; padding: 2px;">Medicaid State Plan</div> <p>Duration Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div>	



Alternative Benefit Plan

Scope Limit:

None Remove

Other:

Rehabilitative services other than mental health. For those members receiving benefits fee for service (FFS), the same prior authorization requirements as those outlined under Physicians' Services, Outpatient Hospital Services and Inpatient Hospital Services apply. Certain long term services and supports require screening for clinical authorization; for example, adult day health, adult foster care, group adult foster care, and day habilitation. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

<p>Other 1937 Benefit Provided:</p> <p>OLP: Podiatrist</p> <p>Authorization:</p> <p>Other</p> <p>Amount Limit:</p> <p>See Below</p> <p>Scope Limit:</p> <p>Other than routine foot care services</p> <p>Other:</p> <p>State Plan Title: "Medical care and any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law: Podiatrist." The following limits are hard limits for members aged 21 and older: Office visits are limited to one initial visit; one limited visit per 30 day period; one extended visit per 30 day period; and one follow up visit per week. Out of office visits are limited to one visit in a 30 day period in a long-term-care facility or the member's home and two visits in a 30 day period in a hospital setting. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.</p>	<p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications:</p> <p>Medicaid State Plan</p> <p>Duration Limit:</p> <p>None</p> <p style="text-align: right;">Remove</p>
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<p>Other 1937 Benefit Provided:</p> <p>OLP: Other Practitioners' Services</p> <p>Authorization:</p> <p>Other</p> <p>Amount Limit:</p> <p>None</p> <p>Scope Limit:</p> <p>See Below</p> <p>Other:</p> <p>State Plan Title: "Medical care and any other type of remedial care provided by licensed practitioners" furnished by licensed practitioners within the scope of their practice as defined by state law: Other Licensed Practitioners' Services (OLP). OLP Services not listed elsewhere also include hearing instrument specialist</p>	<p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications:</p> <p>Medicaid State Plan</p> <p>Duration Limit:</p> <p>None</p>
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Alternative Benefit Plan

services, and public health dental hygienist services. Hearing instrument specialist services are limited to the practice of fitting and dispensing of hearing aids which means measurement of human hearing solely for the purpose of making selections, adaptations or sales of hearing aids intended to compensate for impaired hearing. For those members receiving benefits fee for service (FFS), certain specific services are covered with prior authorization (PA); for example, certain high-cost hearing aids. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Remove

Other 1937 Benefit Provided:

Extended Services for Pregnant Women

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

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

Other 1937 Benefit Provided:

Nursing Fac. Serv. for 21 or Older: Custodial Care

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Custodial Nursing Care

Other:

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

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

Add



Alternative Benefit Plan

<input type="checkbox"/> Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.)	Collapse All <input type="checkbox"/>
---	---------------------------------------

PRA Disclosure Statement

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

V.20130814



Alternative Benefit Plan

OMB Control Number: 0938-1148
 OMB Expiration date: 10/31/2014

Attachment 3.1 -L

Benefits Assurances **ABP7**

EPSDT Assurances

If the target population includes persons under 21, please complete the following assurances regarding EPSDT. Otherwise, skip to the Prescription Drug Coverage Assurances below.

The alternative benefit plan includes beneficiaries under 21 years of age.

- The state/territory assures that the notice to an individual includes a description of the method for ensuring access to EPSDT services (42 CFR 440.345).
- The state/territory assures EPSDT services will be provided to individuals under 21 years of age who are covered under the state/territory plan under section 1902(a)(10)(A) of the Act.

Indicate whether EPSDT services will be provided only through an Alternative Benefit Plan or whether the state/territory will provide additional benefits to ensure EPSDT services:

- Through an Alternative Benefit Plan.
- Through an Alternative Benefit Plan with additional benefits to ensure EPSDT services as defined in 1905(r).

Other Information regarding how ESPDT benefits will be provided to participants under 21 years of age (optional):

Prescription Drug Coverage Assurances

- The state/territory assures that it meets the minimum requirements for prescription drug coverage in section 1937 of the Act and implementing regulations at 42 CFR 440.347. Coverage is at least the greater of one drug in each United States Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.
- The state/territory assures that procedures are in place to allow a beneficiary to request and gain access to clinically appropriate prescription drugs when not covered.
- The state/territory assures that when it pays for outpatient prescription drugs covered under an Alternative Benefit Plan, it meets the requirements of section 1927 of the Act and implementing regulations at 42 CFR 440.345, except for those requirements that are directly contrary to amount, duration and scope of coverage permitted under section 1937 of the Act.
- The state/territory assures that when conducting prior authorization of prescription drugs under an Alternative Benefit Plan, it complies with prior authorization program requirements in section 1927(d)(5) of the Act.

Other Benefit Assurances

- The state/territory assures that substituted benefits are actuarially equivalent to the benefits they replaced from the base benchmark plan, and that the state/territory has actuarial certification for substituted benefits available for CMS inspection if requested by CMS.
- The state/territory assures that individuals will have access to services in Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) as defined in subparagraphs (B) and (C) of section 1905(a)(2) of the Social Security Act.
- The state/territory assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Social Security Act.



Alternative Benefit Plan

- The state/territory assures that it will comply with the requirement of section 1937(b)(5) of the Act by providing, effective January 1, 2014, to all Alternative Benefit Plan participants at least Essential Health Benefits as described in section 1302(b) of the Patient Protection and Affordable Care Act.
- The state/territory assures that it will comply with the mental health and substance use disorder parity requirements of section 1937(b)(6) of the Act by ensuring that the financial requirements and treatment limitations applicable to mental health or substance use disorder benefits comply with the requirements of section 2705(a) of the Public Health Service Act in the same manner as such requirements apply to a group health plan.
- The state/territory assures that it will comply with section 1937(b)(7) of the Act by ensuring that benefits provided to Alternative Benefit Plan participants include, for any individual described in section 1905(a)(4)(C), medical assistance for family planning services and supplies in accordance with such section.
- The state/territory assures transportation (emergency and non-emergency) for individuals enrolled in an Alternative Benefit Plan in accordance with 42 CFR 431.53.
- The state/territory assures, in accordance with 45 CFR 156.115(a)(4) and 45 CFR 147.130, that it will provide as Essential Health Benefits a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

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V.20130917



Alternative Benefit Plan

OMB Control Number: 0938-1148
 OMB Expiration date: 10/31/2014

Attachment 3.1 - L

Service Delivery Systems ABP8

Provide detail on the type of delivery system(s) the state/territory will use for the Alternative Benefit Plan's benchmark benefit package or benchmark-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).

Select 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 regulations, including but not limited to sections 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing managed care services through this Alternative Benefit Plan. This includes the requirement for CMS approval of contracts and rates pursuant to 42 CFR 438.6.

Managed Care Implementation

Please describe the implementation plan for the Alternative Benefit Plan under managed care including member, stakeholder, and provider outreach efforts.

As part of implementing its Alternative Benefit Plans, certain MassHealth programs and coverage types under Massachusetts' 1115 Demonstration ended on December 31, 2013 and members enrolled in those programs and coverage types are receiving coverage under a different program or coverage type, including MassHealth Standard, as of January 1, 2014. MassHealth's outreach efforts to members include providing written notice to these members explaining that their coverage is changing, that they are receiving the same or richer benefits starting January 1, 2014, and how to select a health plan. Most members affected by this transition are familiar with the MassHealth managed care delivery system. Such members have previously been required to choose between other MassHealth managed care options (such as an MCO or MassHealth's PCC Plan) or, if not currently in MassHealth, have had commercial coverage similar to MassHealth's managed care delivery system. Therefore, requiring Standard ABP members to enroll in a MassHealth managed care option is consistent with Massachusetts' goal of providing continuity for individuals who fluctuate between Medicaid and commercial insurance products. MassHealth customer service is prepared to answer questions from any caller about this transition, including questions about selecting a health plan.

MassHealth has also undertaken outreach efforts to stakeholders and providers. Stakeholders and providers have been kept apprised of MassHealth's implementation through Massachusetts' 1115 Demonstration Amendment process, regular stakeholder meetings, the Alternative Benefit Plan public comment period, and the state regulatory process.

MCO: Managed Care Organization

The managed care delivery system is the same as an already approved managed care program.

Yes



Alternative Benefit Plan

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:

Describe program below:

MassHealth contracts with managed care organizations (MCOs) that provide comprehensive health coverage including behavioral health services to MassHealth Standard ABP enrollees. Members enroll in either an MCO or 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.

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:

Describe program below:

MassHealth's managed care arrangements include the PCC Plan, a primary care case management (PCCM) program administered by MassHealth. Members enrolled in the PCC Plan 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 either an MCO or the PCC Plan. If such MassHealth Standard ABP members elect to enroll in the PCC Plan, 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

The PCCM delivery system is the same as an already approved PCCM program.



Alternative Benefit Plan

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 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

Identify the date the managed care program was approved by CMS:

Describe program below:

MassHealth's managed care arrangements include the PCC Plan, a primary care case management (PCCM) program administered by MassHealth. MassHealth Standard ABP members enroll in either an MCO or the PCC Plan.

Additional Information: PCCM (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 MCO (also referred to as 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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V.20130917



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1 - L

Employer Sponsored Insurance and Payment of Premiums ABP9

The state/territory provides the Alternative Benefit Plan through the payment of employer sponsored insurance for participants with such coverage, with additional benefits and services provided through a Benchmark or Benchmark-Equivalent Benefit Package. Yes

Provide a description of employer sponsored insurance, including the population covered, the amount of premium assistance by population, employer sponsored insurance activities including required contribution, cost-effectiveness test requirements, and benefit information:

The state assures that ESI coverage is established in Section 3.2 and 4.22(h) of the state's approved Medicaid State Plan. The beneficiary will receive a benefit package that includes a wrap of benefits around the employer's sponsored insurance plan that equals the benefit package to which the beneficiary is entitled. The beneficiary will not be responsible for payment of premiums or other cost sharing that exceeds nominal levels as established at 42 CFR part 447 subpart A.

The state/territory otherwise provides for payment of premiums. Yes

Provide a description including the population covered, the amount of premium assistance by population, required contributions, cost-effectiveness test requirements, and benefits information.

The state assures that group health insurance coverage is established in Section 3.2 and 4.22(h) of the state's approved Medicaid State Plan. The beneficiary will receive a benefit package that includes a wrap of benefits around the employers sponsored insurance plan that equals the benefit package to which the beneficiary is entitled. The beneficiary will not be responsible for payment of premiums or other cost sharing that exceeds nominal levels as established at 42 CFR part 447 subpart A.

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

PRA Disclosure Statement

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

V.20130917



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1 - L

General Assurances	ABP10
Economy and Efficiency of Plans	
<input checked="" type="checkbox"/> The state/territory assures that Alternative Benefit Plan coverage is provided in accordance with Federal upper payment limit requirements and other economy and efficiency principles that would otherwise be applicable to the services or delivery system through which the coverage and benefits are obtained.	
Economy and efficiency will be achieved using the same approach as used for Medicaid state plan services.	<input style="width: 50px; height: 20px;" type="text" value="Yes"/>
Compliance with the Law	
<input checked="" type="checkbox"/> The state/territory will continue to comply with all other provisions of the Social Security Act in the administration of the state/territory plan under this title.	
<input checked="" type="checkbox"/> The state/territory assures that Alternative Benefit Plan benefits designs shall conform to the non-discrimination requirements at 42 CFR 430.2 and 42 CFR 440.347(e).	
<input checked="" type="checkbox"/> The state/territory assures that all providers of Alternative Benefit Plan benefits shall meet the provider qualification requirements of the Base Benchmark Plan and/or the Medicaid state plan.	

PRA Disclosure Statement

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Attachment 3.1 - L

Payment Methodology **ABP11**

Alternative Benefit Plans - Payment Methodologies

- The state/territory provides assurance that, for each benefit provided under an Alternative Benefit Plan that is not provided through managed care, it will use the payment methodology in its approved state plan or hereby submits state plan amendment Attachment 4.19a, 4.19b or 4.19d, as appropriate, describing the payment methodology for the benefit.

An attachment is submitted.

PRA Disclosure Statement

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