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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 15-0006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Additional Companion letter
- 3) CMS 179 Form/Summary Form (with 179-like data)
- 4) 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

September 8, 2015

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

Dear Secretary Sudders:

We are pleased to enclose a copy of approved Massachusetts State Plan Amendment (SPA) No. 15-0006, which was submitted to my office on June 30, 2015. This SPA was submitted to revise your approved Title XIX State plan to add coverage for certain optional dental services (full and partial dentures and repairs) for beneficiaries ages 21 and older. This SPA has been approved effective May 15, 2015.

During our processing of SPA 15-0006, we reviewed the reimbursement provisions for Dental services that appear on page 1b of Attachment 4.19-B. Based on that review, we have determined that the reimbursement provisions for Dental services are not consistent with Medicaid statutory and regulatory requirements. Additional information is required. However, we will not be issuing a companion letter to address this issue, as this language is already under revision as part of SPA No. 09-010(B). SPA No. 09-010(B) remains on RAI status at the time of this letter, with the State's latest proposal from 06/25/2015 under review by CMS.

We also reviewed the same-page coverage provisions for those other items that appear on the submitted pages from 15-0006, which included both Items 9 (Clinics) and 9a (Designated Emergency Mental Health Providers). At the State's request, a companion letter will be issued with this approval letter to resolve outstanding issues resulting from this review.

Enclosed are copies of the following approved State plan pages.

- Supplement to Attachment 3.1-A, page 3; and
- Supplement to Attachment 3.1-B, page 3

If you have any questions regarding this matter you may contact Julie McCarthy at (617) 565-1244 or by e-mail at Julie.McCarthy@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure/s

cc: Daniel Tsai, Assistant Secretary for MassHealth, Medicaid Director
Daniel Cohen, State Plan Coordinator

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One Ashburton Place, Room 1109
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Dear Secretary Sudders:

This letter is being sent as a companion to our approval of your State Plan Amendment (SPA) No. 15-0006, approved on September 8, 2015. During our processing of SPA 15-0006, we also reviewed the coverage provisions for services that appear on the submitted pages. Based on that review, we have determined that the coverage provisions for both Items 9 (Clinics) and 9a (Designated Emergency Mental Health Providers/DEP) are not consistent with Medicaid statutory and regulatory requirements described below. Additional information is required.

Coverage Provisions for Item 9 – Clinics (Supplements to Attachments 3.1-A/B, pages 3)

- 1) This section of the State plan describes limits on FASC services only. Please list all clinic services that are covered under this item, including those provided without limitations.

Coverage Provisions for Item 9a – Designated Emergency Mental Health Provider/Emergency Service Program (DEP/ESP) (same pages)

- 2) This language previously appeared in the State plan under both inpatient and outpatient hospital services. During the processing and approval of SPAs 14-001 and 14-0017, this language was removed/revised as necessary to reflect current coverage. Please review and advise in a similar manner with respect to clinic providers of this service:
 - a) Please clarify what is meant by the term “intends” to establish a new provider type under this plan called Designated Emergency Mental Health Provider. If this provider type has not been established at this point, it should not be in the State plan. The State plan should only consist of currently provided services and providers and their provider qualifications
 - b) If this provider type has been established, please clarify the function and services provided by a DEP/ESP.
 - c) Please clarify whether this service is provided by an individual provider or by a provider of clinic services.

- d) Is the clinic under the direction of a physician, and if so, what type?
- e) If this provider type was established prior to this SPA, please delete the language that reads “MassHealth intends to establish a new provider type...”, as this SPA is not establishing a new provider type. Please revise this language accordingly.

The State has 90 days from the date of this letter – until December 7, 2015 – to address the issues described above. Within this 90-day period, the State may submit a SPA to address these issues or may submit a corrective action plan describing in detail how the State will resolve the issues identified above in a timely manner. Failure to respond within the 90 days will result in the initiation of a formal compliance process. During the 90-day period, CMS will provide any required technical assistance to assist you in resolving these issues.

If you have any questions regarding this matter you may contact Julie McCarthy at (617) 565-1244 or by e-mail at Julie.McCarthy@cms.hhs.gov. We look forward to working with you on these issues.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure/s

cc: Daniel Tsai, Assistant Secretary for MassHealth, Medicaid Director
Daniel Cohen, State Plan Coordinator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: <div style="text-align: center;">MA-015-0006</div>	2. STATE <div style="text-align: center;">MA</div>
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		4. PROPOSED EFFECTIVE DATE <div style="text-align: center;">05/15/15</div>	
6. FEDERAL STATUTE/REGULATION CITATION: <div style="text-align: center;">42 USC 1396d(a)(10) / 42 CFR 440.100</div>		7. FEDERAL BUDGET IMPACT: a. FFY 2015 \$ 178,172 non-newly eligible b. FFY 2016 \$ 472,376 non-newly eligible	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <div style="text-align: center;"> Supplement to Attachment 3.1-A page 3 Supplement to Attachment 3.1-B page 3 </div>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <div style="text-align: center;">Same</div>	
10. SUBJECT OF AMENDMENT: <div style="text-align: center;">Dental Coverage</div>			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Not required under <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 42 CFR 430.12(b)(2)(i)			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <div style="text-align: center;">/s/</div>		16. RETURN TO: <div style="text-align: center;"> Daniel J. Cohen State Plan Coordinator Executive Office of Health and Human Services Office of Medicaid One Ashburton Place, 11th Floor Boston, MA 02108 </div>	
13. TYPED NAME: <div style="text-align: center;">Marylou Sudders</div>		17. DATE RECEIVED: 06/30/2015 18. DATE APPROVED: 09/08/2015	
14. TITLE: <div style="text-align: center;">Secretary</div>			
15. DATE SUBMITTED: <div style="text-align: center;">06/30/15</div>			
FOR REGIONAL OFFICE USE ONLY			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 05/15/2015		20. SIGNATURE OF REGIONAL OFFICIAL: <div style="text-align: center;">/s/</div>	
21. TYPED NAME: Richard R. McGreal		22. TITLE: Associate Regional Administrator, Division of Medicaid & Children's Health Operations, Boston, MA	
23. REMARKS:			

Item 9: Clinic Services

Clinic Services are available with limitations. The Division only pays for freestanding ambulatory surgical services that are medically necessary and appropriately provided in the most cost-effective settings. 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.

Item 9a: Designated Emergency Mental Health Provider

The Division intends to establish a new provider type under this State Plan called Designated Emergency Mental Health Provider (DEP), also known as an Emergency Service Program (ESP). To qualify as a DEP/ESP, a provider of clinical services must be designated as such by the Commonwealth.

Item 10: Dental Services

- A. For members under age 21, all medically necessary dental services, including comprehensive and periodic oral evaluations and all dental services needed for maintenance of dental health, restoration of teeth, and relief of pain and infections are covered.
- B. For members age 21 or over the following dental services are covered:
- diagnostic services including oral evaluation (comprehensive and periodic) and radiographs; preventive services including prophylaxis.
 - emergency care visits;
 - certain restorative services (fillings);
 - certain prosthodontic services (full and partial dentures including repairs)
 - extractions;
 - anesthesia;
 - treatment of complications related to surgery; and
 - certain oral surgery such as biopsies and soft-tissue surgery.

In addition, for members age 21 or over, there are limited exceptions that allow for topical fluoride when documented as medically necessary.

State Plan under Title XIX of the Social Security Act
State: Massachusetts

Amount, Duration, and Scope of Medical
and Remedial Care and Services Provided to the Medically Needy Groups

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