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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 15-0009

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

March 9, 2016

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

Dear Secretary Sudders:

Enclosed for your records is an approved copy of the MassHealth CarePlus Alternative Benefit Plan (ABP) State plan amendment (SPA) No. MA 15-0009. This ABP, which was submitted through the Medicaid Model Data Lab (MMDL) on December 15, 2015, meets all federal statutory and regulatory requirements for establishing an ABP. This SPA was submitted to revise your approved CarePlus ABP to allow MassHealth CarePlus members to enroll with either a PCC provider or a CarePlus MCO, without geographic restrictions on the number of available MCO plans. This SPA has been approved effective October 1, 2015.

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:

- CarePlus Attachment 3.1-L, template ABP8, pages 1-4.

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

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-15-0009

Proposed Effective Date

10/01/2015

(mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1937 of the Social Security Act

Federal Budget Impact

Federal Fiscal Year

Amount

First Year

2016

\$ 0.00

Second Year

2017

\$ 0.00

Subject of Amendment

Massachusetts, through this amendment, clarifies that CarePlus members may choose to enroll in either the Primary Care Clinician (PCC) plan or an available CarePlus MCO.

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:

Mar 7, 2016

Submit Date:

Dec 15, 2015

PLAN APPROVED – ONE COPY ATTACHED

DATE RECEIVED: 12/15/2015

EFFECTIVE DATE OF APPROVED MATERIAL: 10/01/2015

DATE APPROVED: 03/09/2016
SIGNATURE OF REGIONAL OFFICIAL

/s/

TYPED NAME: Richard R. McGreal

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



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State Name: Massachusetts

Attachment 3.1-L- ☐

OMB Control Number: 0938-1148

Transmittal Number: MA - 15 - 0009

OMB Expiration date: 10/31/2014

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 CarePlus, 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 CarePlus 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



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

Yes

The managed care program is operating under (select one):

- ☐ Section 1915(a) voluntary managed care program.
- ☐ Section 1915(b) managed care waiver.
- ☐ Section 1932(a) mandatory managed care state plan amendment.
- ☒ Section 1115 demonstration.
- ☐ Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

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

Describe program below:

MassHealth contracts with managed care organizations (MCOs) that provide comprehensive health coverage including behavioral health services to CarePlus enrollees.

Additional Information: MCO (Optional)

Provide any additional details regarding this service delivery system (optional):

Members have an opportunity to enroll in a CarePlus MCO or in the PCC Plan. The time period for making this selection is specified by MassHealth in a letter provided to the member when eligibility for managed care is determined.

Members who do not choose a managed care plan within 14 days are assigned to a plan unless the member is excluded from managed care. In general, the following populations are excluded from participation in an MCO or the PCC Plan:

- (1) A member who has Medicare;
- (2) A member who has access to other health insurance that meets basic benefit levels;
- (3) A member who is over 65, except such member may voluntarily enroll in a Senior Care Organization;
- (4) A member in a nursing facility, chronic disease or rehabilitation hospital, ICF/MR, or state psychiatric hospital for other than a short-term rehabilitative stay;
- (5) A member who is eligible solely for MassHealth Limited or Children's Medical Security Plan;
- (6) A member receiving services through Emergency Aid to the Elderly, Disabled, and Children Program;
- (7) A member who is receiving hospice care through MassHealth on a FFS basis or who is terminally ill; and
- (8) A member who has presumptive time-limited eligibility.

The change in available managed care plan choice effective 10/1/15 is that all CarePlus members have the option to enroll in the Primary Care Clinician plan. The prior limitation on plan choice was that CarePlus members were not eligible to enroll in the Primary Care Clinician plan unless there were fewer than two managed care organizations in a particular region.

PIHP: Prepaid Inpatient Health Plan

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

Yes

The managed care program is operating under (select one):

- ☐ Section 1915(a) voluntary managed care program.
- ☐ Section 1915(b) managed care waiver.
- ☒ Section 1115 demonstration.
- ☐ Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.



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

October 30, 2014

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. CarePlus members must enroll in either the PCC Plan or an available CarePlus MCO. If CarePlus 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.

Yes

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:

October 30, 2014

Describe program below:

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

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 CarePlus 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 CarePlus benefits that are not covered by the CarePlus MCO (also referred to as Non-CarePlus MCO Covered Services); or when the member has presumptive or time-limited eligibility.

Additional Information: Fee-For-Service (Optional)



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Provide any additional details regarding this service delivery system (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.

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