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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 17-0002

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

October 13, 2017

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 17-0002. This ABP, which was submitted through the Medicaid Model Data Lab (MMDL No. 0807.R00.04) on March 31, 2017, meets all federal statutory and regulatory requirements for establishing an ABP.

This SPA was submitted to revise your approved Standard ABP to update the selection of the base benchmark plan to the 2014 Government Employee Health Association, Inc. plan. This SPA also added limited services clinics to the Clinic Services section under EHB1, and added clinic services to the descriptions of several other services. This SPA has been approved effective January 1, 2017.

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, form ABP 3, pages 1-2; and
- Attachment 3.1-L, form ABP 5, pages 1-36

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
Kaela Konefal, Federal Authority Policy Analyst/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-17-0002

Proposed Effective Date

01/01/2017 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1937 of the Social Security Act

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2017	\$ 0.00
Second Year	2018	\$ 0.00

Subject of Amendment

An amendment to the Medicaid State Plan to update the CarePlus Alternative Benefit Plan (ABP) State Plan EHB benchmark plan selection, to make changes to conform to the recently approved clinic services RAI, and to include the newly distinguished MassHealth provider type, Limited Services Clinics, under the clinic services state plan category.

Governor's Office Review

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

Describe:

[Redacted]

- 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 31, 2017

Submit Date:

Mar 31, 2017

DATE RECEIVED: 03/31/2017

EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/2017

PLAN APPROVED - ONE COPY ATTACHED

DATE APPROVED: 10/13/2017
SIGNATURE OF REGIONAL OFFICIAL:

[Signature]

TYPED NAME: Richard R. McGreal

Richard R. McGreal, Regional Administrator,
Division of Medicaid & Children's Health Operations
Boston Regional Office



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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:

Benefits in the MassHealth CarePlus Alternative Benefit Plan (ABP) are the same as offered in the Massachusetts Medicaid State Plan with the following exceptions:

- 1) Benefits targeted for individuals under 21 years of age, including EPSDT, are not included because CarePlus eligibility will be limited to individuals 21 years of age or older. These services would have been found in Essential Health Benefit 10: Pediatric services; and
- 2) Long term services and supports are generally not available in the CarePlus ABP, including:
 - under EHB 1: Ambulatory Patient Services, skilled nursing visits as part of the Home Health: Part-time



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Nursing Services benefit are more limited in the CarePlus ABP;

- there is no Nursing Facility Services for 21 or Older: Custodial Care benefit in the CarePlus ABP, which would have been listed under Other 1937 Benefits;
- there are no Adult Day Health, Adult Foster Care, Group Adult Foster Care, or Day Habilitation services in the CarePlus ABP.
- there are no Personal Care, Intermediate Care Facility, or Private Duty Nursing services in the CarePlus ABP, which would have been listed under Other 1937 Benefits.

Selection of Base Benchmark 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. No

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: 1) that all services in the base benchmark have been accounted for throughout the benefit chart found in ABP5 and 2) unless otherwise indicated, 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

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.20130801



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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:

2014 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



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Essential Health Benefit 1: Ambulatory patient services

Collapse All

Benefit Provided:

Outpatient Hospital Service

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 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.

Benefit Provided:

Hospice Care

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:

Those members receiving benefits fee for service (FFS) must receive certification of terminal illness and elect hospice benefits.

Benefit Provided:

OLP: Audiologists' Services

Source:

State Plan 1905(a)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



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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:

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."

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.

Benefit Provided:

OLP: Chiropractors' Services

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

20 visits/treatments per calendar year

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: "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."

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

Source:

State Plan 1905(a)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



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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:

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)



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Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	<input type="button" value="Remove"/>
Amount Limit: <input type="text" value="None"/>	Duration Limit: <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 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."/>		
Benefit Provided: <input type="text" value="Home Health: Part-time Nursing Services"/>	Source: <input type="text" value="Secretary-Approved Other"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="See below for scope limits"/>		
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."

For those members receiving benefits fee for service (FFS), nursing visits provided by a home health agency are covered for a MassHealth CarePlus member only with prior authorization and when the following conditions are met: (1) such care is provided following an overnight hospital or skilled nursing facility stay and (2) such care is intended to help resolve an identified skilled-nursing need directly related to the member's hospital or skilled nursing facility stay. 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: <input type="text" value="Clinic Services"/>	Source: <input type="text" value="State Plan 1905(a)"/>	
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="See Below"/>	Duration Limit: <input type="text" value="None"/>	



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Scope Limit:

Covered within the limitations outlined 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), (1) MassHealth covers clinic services provided by the following: Designated Emergency Mental Health Providers, Freestanding Ambulatory Surgery Centers, Family Planning Clinics, Sterilization Clinics, Radiation Oncology Centers, Renal Dialysis Clinics, Rehabilitation Centers, Speech and Hearing Centers, Mental Health Centers, Substance Use Disorder Treatment Clinics, and Limited Services Clinics; (2) MassHealth applies NCCI edits to providers of clinic services who bill using those codes; (3) Prior authorization is required for out of state FASC services when the FASC is located more than 50 miles from the Massachusetts border; (4) family planning clinics may be paid for a maximum of one HIV pre-test and one HIV post-test counseling visit per member per test per day, and a maximum of four HIV pre-test and four HIV post-test counseling visits per calendar year; (5) case consultation at SUD outpatient counseling treatment clinics is limited to one hour every three months; (6) acupuncture at SUD outpatient counseling treatment clinics is limited to 6 treatments per member per week for the first 2 weeks and 3 treatments per member per week thereafter; (7) MassHealth covers medication assisted treatment for opioid dependency at opioid treatment service centers, in accordance with applicable clinical standards; (8) opioid treatment service centers may provide four counseling sessions per member per week.

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)



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Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	<input type="button" value="Remove"/>
Amount Limit: <input type="text" value="None"/>	Duration Limit: <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 a="" ambulatory="" and="" by="" clinic="" clinic.\""="" furnished="" health="" other="" rural="" services="" type="text" value="State Plan Benefit Title: \"/> 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.		
Benefit Provided: <input type="text" value="Family Planning Services and Supplies"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <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 age.\""="" and="" child-bearing="" family="" for="" individuals="" of="" planning="" services="" supplies="" type="text" value="State Plan Title: \"/> 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: <input type="text" value="Home Health: Aide Services"/>	Source: <input type="text" value="State Plan 1905(a)"/>	
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	



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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:

State Plan Title: "Home health services: Home health aide services provided by a home health agency." For those members receiving services fee-for-service, home health aide services are covered when the member has a need for either home health part-time nursing services or home health therapy services. Prior authorization is required for home health aide services provided pursuant to a need for home health part-time nursing services or provided pursuant to a need for home health therapy services. For those members receiving benefits through managed care entities, other utilization management may apply.

Add



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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



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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 pre-admission 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



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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:

Physician 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



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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



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Essential Health Benefit 5: Mental health and substance use disorder services including behavioral health treatment

Collapse All

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, Clinic Services, Outpatient Hospital Services, Inpatient Hospital Services, Emergency Hospital Services, EPSDT, FQHCs, and RHCs. All CarePlus managed care contractors provide certification of compliance with MHPAEA. Inpatient services are not provided in an IMD.		

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:		
Psychological testing only		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
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; other practitioners' services." All CarePlus managed care contractors provide certification of compliance with MHPAEA.		

Benefit Provided:	Source:	
Rehabilitative Services: MH/SUD Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	



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Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	<input type="button" value="Remove"/>
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 type="text" value="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. All CarePlus managed care contractors provide certification of compliance with MHPAEA. Inpatient services are not provided in an IMD."/>		
<input type="button" value="Add"/>		



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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.): Authorization: Provider Qualifications:

Limit on days supply

Yes

State licensed

Limit on number of prescriptions

Limit on brand drugs

Other coverage limits

Preferred drug list

Coverage that exceeds the minimum requirements or other:

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



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Essential Health Benefit 7: Rehabilitative and habilitative services and devices

Collapse All

Benefit Provided:

Therapies and Related Services: Physical therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

20 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 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.

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:

Therapies and RS: Occupational Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

20 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 Title: "Therapies and Related Services: Occupational Therapy."

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.



Alternative Benefit Plan

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Benefit Provided:	Source:	
Therapies and RS: Speech, Hearing, and Language	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
35 visits per 12-month period	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: "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:	Source:	
Home Health: Med Supplies, Equip., and Appliances	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:		
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

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Benefit Provided:	Source:	
Prosthetic Devices	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:		
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."		
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.		

Benefit Provided:	Source:	
Nursing Facility Services for 21 or Older	Secretary-Approved Other	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	FFS: 100 days/member/episode; MCE: see Other h	
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: "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, a combined, aggregate 100-day per year duration limit applies (in combination with chronic disease and rehabilitation hospital days), and other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.		

Benefit Provided:	Source:	
Home Health: PT, OT, SP and Audiology Services	State Plan 1905(a)	



Alternative Benefit Plan

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Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	<input type="button" value="Remove"/>
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

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Essential Health Benefit 8: Laboratory services

Collapse All

Benefit Provided:

Other Laboratory and X-ray 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 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

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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)	<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: 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)	<input type="button" value="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 Hospital Services, Inpatient Hospital Services, Prescribed Drugs, Preventive Services, FQHCs, and RHCs. For those members receiving benefits fee for service (FFS), 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.		



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

Benefit Provided:

Medicaid State Plan EPSDT Benefits

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Other

Amount Limit:

Other

Duration Limit:

Other

Scope Limit:

Not a provided benefit.

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

This benefit plan is for individuals age 21-64 and will not include any EPSDT or pediatric service benefits.

Add



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Other Covered Benefits from Base Benchmark

Collapse All



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<input checked="" type="checkbox"/> Base Benchmark Benefits Not Covered due to Substitution or Duplication		Collapse All <input type="checkbox"/>
Base Benchmark Benefit that was Substituted: <input type="text" value="Acupuncture – Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
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: <input type="text" value="Duplication: covered under the Medicaid state plan as Physicians' Services, Outpatient Hospital Services, Clinic 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."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Outpatient Hospital, Clinic, or ASC - Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
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: <input type="text" value="Duplication: covered under the Medicaid state plan as Outpatient Hospital Services and Clinic Services under EHB 1."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Hospice – Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
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: <input type="text" value="Duplication: covered under the Medicaid state plan as Hospice Care under EHB 1."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Audiologist and Hearing Services – Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
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: <input type="text" value="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: Medical Supplies, Equipment, and Appliances under EHB 7."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Chiropractic – Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
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: <input type="text" value="Duplication: covered under the Medicaid state plan as OLP: Chiropractors' Services under EHB 1."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Foot Care - Duplication"/>	Source: Base Benchmark	



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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: <input type="text" value="Duplication: covered in the Medicaid state plan as Physicians' Services under EHB 1."/>		<input type="button" value="Remove"/>
Base Benchmark Benefit that was Substituted: <input type="text" value="Physician Services – Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
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: <input type="text" value="Duplication: covered in the Medicaid state plan as Physicians' Services under EHB 1."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Diagnostic and Treatment Services – Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
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: <input type="text" value="Duplication: covered in the Medicaid state plan as Physicians' Services, Clinic Services, Diagnostic Services, and Screening Services under EHB 1; and Other Laboratory and X-ray services under EHB 8."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Adult Preventive Care - Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
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: <input type="text" value="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."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Nurse Practitioner - Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
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: <input type="text" value="Duplication: covered in the Medicaid state plan as Physicians' Services, Pediatric or Family Nurse Practitioners' Services, FQHCs, and RHCs under EHB 1."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Emergency Services – Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
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: <input type="text" value="Duplication: covered in the Medicaid state plan as Emergency Hospital Services under EHB 2."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Skilled Nursing Facility – Substitution"/>	Source: Base Benchmark	



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<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>	<input type="button" value="Remove"/>	
<p>Substitution: Covered in this CarePlus Alternative Benefit Plan as Nursing Facility Services for 21 or Older under EHB 7. Base benchmark plan: limited to inpatient confinement at a Skilled Nursing Facility for the first 14 days following the transfer from acute inpatient confinement when skilled care is still required and a cost limit of up to \$700 per day.</p>		
<p>Base Benchmark Benefit that was Substituted:</p>	<p>Source: Base Benchmark</p>	<input type="button" value="Remove"/>
<p>Maternity Care – Duplication</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: Maternity, Nurse-midwife Services, Outpatient Hospital Services: Maternity, and Inpatient Hospital Services: Maternity under EHB 4.</p>		
<p>Base Benchmark Benefit that was Substituted:</p>	<p>Source: Base Benchmark</p>	<input type="button" value="Remove"/>
<p>Inpatient Hospital - Duplication</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 Inpatient Hospital Services under EHB 3.</p>		
<p>Base Benchmark Benefit that was Substituted:</p>	<p>Source: Base Benchmark</p>	<input type="button" value="Remove"/>
<p>Mental Health and SUD Services - Duplication</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, Outpatient Hospital Services, Clinic Services, FQHCs, and RHCs under EHB 1; Emergency Hospital Services under EHB 2; and Mental Health and Substance Use Disorder Services, OLP: Psychologist, and Rehabilitative Services: MH/SUD under EHB 5; and Inpatient Hospital Services under EHB 3. Base Benchmark: Psychological testing is limited to necessary testing 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 the 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.</p>		
<p>Base Benchmark Benefit that was Substituted:</p>	<p>Source: Base Benchmark</p>	
<p>PT and OT – Duplication</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 Therapies and Related Services: Physical Therapy, Occupational Therapy, and Home Health: PT, OT, SP, and Audiology Services under EHB 7. 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</p>		



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therapy visits per person per calendar year, combined. (One visit is two hours or less of physical or occupational therapy.)	Remove
Base Benchmark Benefit that was Substituted: Speech Therapy – Duplication	Source: Base Benchmark Remove
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: Duplication: covered in Medicaid state plan as Physicians' Services and Clinic Services under EHB 1; and Therapies and Related Services: Speech, Hearing and Language Disorders, and Home Health: PT, OT, SP, and Audiology 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	
Base Benchmark Benefit that was Substituted: Family Planning Services – Duplication	Source: Base Benchmark Remove
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: Duplication: covered in the Medicaid state plan as Physicians' Services, Clinic Services, FQHCs, RHCs, and Family Planning Services and Supplies under EHB 1 .	
Base Benchmark Benefit that was Substituted: Infertility Services – Duplication	Source: Base Benchmark Remove
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: Duplication: covered under the Medicaid state plan as Physicians' Services, Diagnostic Services, Clinic Services, FQHCs, and RHCs under EHB 1; and Other 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.	
Base Benchmark Benefit that was Substituted: Allergy Care – Duplication	Source: Base Benchmark Remove
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: Duplication: covered in the Medicaid state plan as Physicians' Services, Diagnostic services, Screening Services, FQHCs, and RHCs under EHB 1.	



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<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Treatment Therapies – 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><input type="text" value="Duplication: covered in Medicaid state plan as Prescribed Drugs under EHB 6; Physicians' Services, Outpatient Hospital Services, Clinic Services, FQHCs, and RHCs under EHB 1; and Inpatient Hospital Services under EHB 3."/></p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Orthopedic and Prosthetic Devices – 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><input type="text" value="Duplication: covered in Medicaid state plan as Physicians' Services and Outpatient Hospital Services under EHB 1; Inpatient Hospital Services under 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' under EHB 7."/></p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Durable Medical Equipment – 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><input type="text" value="Duplication: covered in Medicaid state plan as 'Home Health: medical supplies, equipment, and appliances suitable for use in the home' under EHB 7."/></p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Home Health Services – Substitution"/></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><input type="text" value="Substitution: covered in the CarePlus Alternative Benefit Plan as Home Health: Part-time Nursing Services and Home Health: Aide Services under EHB 1.
Base benchmark: The base benchmark Home Health Services benefit is exclusively for part-time nursing. Covered services require prior approval, are limited to 50 in-home visits per member per calendar year, not to exceed one visit up to two hours per day when a RN or LPN provides the service and an attending physician orders the care, identifies the specific professional skills required by the patient, and indicates the length of time the benefit is needed."/></p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Educational Classes and Programs – Duplication"/></p>	<p>Source: 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> <p><input type="text" value="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."/></p>		



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<input type="text" value="Base benchmark: Coverage for tobacco cessation counseling services under this benefit is limited to 8 sessions per calendar year."/>		<input type="button" value="Remove"/>
Base Benchmark Benefit that was Substituted: <input type="text" value="Surgical Procedures – Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
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: <input type="text" value="Duplication: covered in the Medicaid state plan as Physicians' Services and Outpatient Hospital Services under EHB 1; and Inpatient Hospital Services under EHB 3."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Ambulance - Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
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: <input type="text" value="Duplication: covered in the Medicaid state plan as Transportation - Emergent under EHB 2."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Prescription Drugs - Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
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: <input type="text" value="Duplication: covered in the Medicaid state plan as Prescription Drugs under EHB 6."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Preventive Care, Children"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
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: <input type="text" value="Duplication: covered in the Medicaid state plan as FQHC, RHC, Physicians' Services, Outpatient Hospital Services, and Screening Services under EHB 1; and Preventive Services under EHB 9."/>		
		<input type="button" value="Add"/>



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<input checked="" type="checkbox"/> Other Base Benchmark Benefits Not Covered		Collapse All <input type="checkbox"/>
Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source: Base Benchmark	<input type="button" value="Remove"/>
<input type="text" value="Christian Science Facilities"/>		
Explain why the state/territory chose not to include this benefit:		
<input type="text" value="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."/>		
		<input type="button" value="Add"/>



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

<p>Other 1937 Benefit Provided:</p> <div style="border: 1px solid black; padding: 2px;">Amb. Services offered by PHSA Health Centers</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: 5px;"> <p>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 to a pregnant woman or individual under 18 years of age."</p> <p>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.</p> </div>	<p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p> <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>
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<p>Other 1937 Benefit Provided:</p> <div style="border: 1px solid black; padding: 2px;">Freestanding Birth Center 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: 5px;"> <p>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.</p> </div>	<p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p> <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>
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<p>Other 1937 Benefit Provided:</p> <div style="border: 1px solid black; padding: 2px;">OLP: Optometrists' Services</div> <p>Authorization:</p> <div style="border: 1px solid black; padding: 2px;">Other</div>	<p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications:</p> <div style="border: 1px solid black; padding: 2px;">Medicaid State Plan</div>	
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Amount Limit: None	Duration Limit: None	Remove
Scope Limit: Treatment for congenital dyslexia by this provider type is excluded.		
Other: 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 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.		
Other 1937 Benefit Provided: Eyeglasses	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: See below for scope limits		
Other: 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.		
Other 1937 Benefit Provided: Dental	Source: Section 1937 Coverage Option Benchmark Benefit Package	
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	



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Scope Limit:

Covered with the limitations outlined below.

Remove

Other:

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 (all fillings); certain prosthodontic services (full and partial dentures including repairs); 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.

For those members receiving benefits fee for service (FFS), certain specific services are covered with prior authorization (PA); for example, 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.

Other 1937 Benefit Provided:

Transportation – Non-emergent

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:

Non-emergency transportation is covered to the same extent as under the approved Medicaid state plan for transportation.

For those members receiving benefits fee for service (FFS), all forms of transportation except public transportation require prior authorization from the MassHealth agency. 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:

Targeted Case Management Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



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Other:

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.

Remove

Other 1937 Benefit Provided:

OLP: Podiatrist

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

None

Scope Limit:

Other than routine foot care services

Other:

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.

Other 1937 Benefit Provided:

OLP: Other Practitioners' Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



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Other:

State Plan Title: "Medical care and any other type of remedial care provided by licensed practitioners," furnished by such practitioners within the scope of their practice as defined by state law: Other Licensed Practitioners' services (OLP). OLP services not listed elsewhere include hearing instrument specialist 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.

Add



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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

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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