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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 18-0004

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

May 7, 2018

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 18-0004. This ABP, which was submitted through the Medicaid Model Data Lab (MMDL No. MA.0807.R00.06) on March 30, 2018, meets all federal statutory and regulatory requirements for establishing an ABP.

This SPA was submitted to revise your approved CarePlus ABP to update coverage through Essential Health Benefit 3 (EHB3): Hospitalization to reflect that certain Inpatient Hospital Services require Prior Authorization. This SPA has been approved effective March 1, 2018.

During the processing of this SPA it was discovered that an outdated version of the ABP8 template (Service Delivery Systems) had been carried forward in the MMDL. The ABP8 was updated as part of SPA No. 15-0009, approved on March 9, 2016 with an effective date of October 1, 2015. This revised ABP8 should have carried forward through the MMDL to all subsequent approved SPAs.

To address this technical issue, this approval letter also includes an administrative correction to include the approved ABP8 from SPA No. 15-0009 in this approval, and in the following SPAs:

- 16-007, approved 06/24/2016 effective 01/01/2016;
- 17-0002, approved 10/13/2017 effective 01/01/2017; and
- 17-0012, approved 12/08/2017 effective 08/01/2017.

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 5 (Benefits Description), pages 1-37; and
- Attachment 3.1-L, form ABP 8 (Service Delivery Systems), 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 (via e-mail): 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-18-0004

Proposed Effective Date

03/01/2018 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1937 of the Social Security Act

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2018	\$ 0.00
Second Year	2019	\$ 0.00

Subject of Amendment

An amendment to the Medicaid State Plan to update the CarePlus Alternative Benefit Plan (ABP) State Plan to specify, in EHB-3 Hospitalization, that certain acute inpatient hospital services are covered with prior authorization; for example, certain drugs and biologics administered during the acute inpatient admission require PA.

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:

Apr 25, 2018

Submit Date:

Mar 30, 2018

PLAN APPROVED – ONE COPY ATTACHED

DATE APPROVED: 05/07/2018
SIGNATURE OF REGIONAL OFFICIAL:

DATE RECEIVED: 03/30/2018

EFFECTIVE DATE OF APPROVED MATERIAL: 03/01/2018

/s/

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



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L- ☐**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



Alternative Benefit Plan

☒ Essential Health Benefit 1: Ambulatory patient services

 Collapse All ☐

Benefit Provided:

Source:

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

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:

Source:

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

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:

Source:

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:



Alternative Benefit Plan

Scope Limit:

None

Remove

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

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



Alternative Benefit Plan

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

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

[Remove](#)

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.

Benefit Provided:

Diagnostic Services

Source:

State Plan 1905(a)

[Remove](#)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

Benefit Provided:

Screening Services

Source:

State Plan 1905(a)

[Remove](#)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

Benefit Provided:

Pediatric or Family Nurse Practitioners' Services

Source:

State Plan 1905(a)



Alternative Benefit Plan

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Remove

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:

Home Health: Part-time Nursing Services

Source:

Secretary-Approved Other

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

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:

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:

Clinic Services

Source:

State Plan 1905(a)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See Below

Duration Limit:

None



Alternative Benefit Plan

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)



Alternative Benefit Plan

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Remove

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

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:

Family Planning Services and Supplies

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: "Family planning services and supplies for individuals of child-bearing age."

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

Benefit Provided:

Home Health: Aide Services

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

None

Remove

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

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



Alternative Benefit Plan

☒ Essential Health Benefit 2: Emergency services

 Collapse All ☐

Benefit Provided:

Emergency Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Covered without limitations.

Benefit Provided:

Transportation – Emergent

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Covered without limitations.

Add



Alternative Benefit Plan

☒ Essential Health Benefit 3: Hospitalization

 Collapse All ☐

Benefit Provided:

Source:

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

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). Additionally, certain specific services in the acute inpatient hospital setting are covered with prior authorization (PA); for example, certain drugs and biologics administered during the acute inpatient admission require 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.



Alternative Benefit Plan

☒ Essential Health Benefit 4: Maternity and newborn care

 Collapse All ☐

Benefit Provided:

Nurse-midwife Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

Benefit Provided:

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



Alternative Benefit Plan

Scope Limit:

None

Remove

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

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

Benefit Provided:

Outpatient Hospital Services: Maternity

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

Add



Alternative Benefit Plan

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

Collapse All ☐

Benefit Provided:

Mental Health and Substance Use Disorder 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:

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:

OLP: Psychologist

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

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:

Rehabilitative Services: MH/SUD Services

Source:

State Plan 1905(a)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Remove

Scope Limit:

None

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

For those members receiving benefits fee for service (FFS), the same prior authorization requirements as those summarized under Physicians' Services, Outpatient Hospital Services, and Inpatient Hospital Services apply. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA. All CarePlus managed care contractors provide certification of compliance with MHPAEA. Inpatient services are not provided in an IMD.

Add



Alternative Benefit Plan

☒ Essential Health Benefit 6: Prescription drugs

Benefit Provided:

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

Prescription Drug Limits (Check all that apply.):

- ☒ Limit on days supply
- ☐ Limit on number of prescriptions
- ☐ Limit on brand drugs
- ☒ Other coverage limits
- ☐ Preferred drug list

Authorization:

Yes

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

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



Alternative Benefit Plan

☒ Essential Health Benefit 7: Rehabilitative and habilitative services and devices

 Collapse All ☐

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

Benefit Provided:

Therapies and RS: Speech, Hearing, and Language

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

35 visits per 12-month period

Duration Limit:

None

Scope Limit:

Diversional and recreational therapies are not covered.

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

State Plan Title: "Therapies and Related Services: Services for individuals with speech, hearing, and language disorders."

Rehabilitative and habilitative speech therapy to improve, or prevent the worsening of a congenital or acquired condition is provided in accordance with 42 CFR 440.110. MassHealth pays for maintenance therapy performed by a licensed therapist when the therapist's specialized knowledge and judgment are required to perform services that are part of a maintenance program.

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

Benefit Provided:

Home Health: Med Supplies, Equip., and Appliances

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

State Plan Title: "Home health services: Medical supplies, equipment, and appliances suitable for use in the home."

For those members receiving benefits fee for service (FFS), MassHealth covers medically necessary medical supplies, equipment and appliances (DME) that can be appropriately used in the member's home, and in certain circumstances for use in facilities. DME that is appropriate for use in the member's home may also be used in the community. Certain specific services are covered with prior authorization (PA); for example, hospital beds for home use and liquid oxygen systems. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.



Alternative Benefit Plan

Benefit Provided:

Prosthetic Devices

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: "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:

Nursing Facility Services for 21 or Older

Source:

Secretary-Approved Other

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

FFS: 100 days/member/episode; MCE: see Other b

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:

Home Health: PT, OT, SP and Audiology Services

Source:

State Plan 1905(a)



Alternative Benefit Plan

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Remove

Amount Limit:

See below

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: "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.

Add



Alternative Benefit Plan

☒ 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

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

Collapse All ☐

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

Benefit Provided:

Preventive Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

Benefit Provided:

Face-to-face Tobacco Cessation Counseling Services

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

16 group and individual sessions/12 months

Duration Limit:

None

Scope Limit:

None

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

Within the State Plan this benefit is entitled: "Face-to-face tobacco cessation counseling services for pregnant women." Tobacco cessation services are not only covered for pregnant women. The State provides tobacco cessation services under the State Plan benefits including Physicians' Services, Outpatient 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.

Add



Alternative Benefit Plan

☒ Essential Health Benefit 10: Pediatric services including oral and vision careCollapse 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



Alternative Benefit Plan

☐ Other Covered Benefits from Base Benchmark

Collapse All ☐



Alternative Benefit Plan

☒ Base Benchmark Benefits Not Covered due to Substitution or Duplication

 Collapse All ☐

Base Benchmark Benefit that was Substituted:

Source:

Acupuncture – Duplication

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, 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:

Source:

Outpatient Hospital, Clinic, or ASC - Duplication

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 Outpatient Hospital Services and Clinic Services under EHB 1.

Base Benchmark Benefit that was Substituted:

Source:

Hospice – Duplication

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 Hospice Care under EHB 1.

Base Benchmark Benefit that was Substituted:

Source:

Audiologist and Hearing Services – Duplication

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 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:

Source:

Chiropractic – Duplication

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 OLP: Chiropractors' Services under EHB 1.

Base Benchmark Benefit that was Substituted:

Source:

Foot Care - Duplication

Base Benchmark



Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: covered in the Medicaid state plan as Physicians' Services under EHB 1.</p>		Remove
<p>Base Benchmark Benefit that was Substituted:</p> <p>Physician Services – Duplication</p>	<p>Source:</p> <p>Base Benchmark</p>	Remove
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: covered in the Medicaid state plan as Physicians' Services under EHB 1.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Diagnostic and Treatment Services – Duplication</p>	<p>Source:</p> <p>Base Benchmark</p>	Remove
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: covered in the Medicaid state plan as Physicians' Services, Clinic Services, Diagnostic Services, and Screening Services under EHB 1; and Other Laboratory and X-ray services under EHB 8.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Adult Preventive Care - Duplication</p>	<p>Source:</p> <p>Base Benchmark</p>	Remove
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: covered in the Medicaid state plan as 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.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Nurse Practitioner - Duplication</p>	<p>Source:</p> <p>Base Benchmark</p>	Remove
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: covered in the Medicaid state plan as Physicians' Services, Pediatric or Family Nurse Practitioners' Services, FQHCs, and RHCs under EHB 1.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Emergency Services – Duplication</p>	<p>Source:</p> <p>Base Benchmark</p>	Remove
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: covered in the Medicaid state plan as Emergency Hospital Services under EHB 2.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Skilled Nursing Facility – Substitution</p>	<p>Source:</p> <p>Base Benchmark</p>	



Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>Substitution: Covered in this CarePlus Alternative Benefit Plan as Nursing Facility Services for 21 or Older under EHB 7.</p> <p>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> </div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Remove</div>
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <p>Maternity Care – Duplication</p> </div> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <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> </div>	<p>Source:</p> <p>Base Benchmark</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">Remove</div>
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <p>Inpatient Hospital - Duplication</p> </div> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>Duplication: covered in Medicaid state plan as Inpatient Hospital Services under EHB 3.</p> </div>	<p>Source:</p> <p>Base Benchmark</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">Remove</div>
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <p>Mental Health and SUD Services - Duplication</p> </div> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <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.</p> <p>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> </div>	<p>Source:</p> <p>Base Benchmark</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">Remove</div>
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <p>PT and OT – Duplication</p> </div> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <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.</p> <p>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> </div>	<p>Source:</p> <p>Base Benchmark</p>



Alternative Benefit Plan

therapy visits per person per calendar year, combined. (One visit is two hours or less of physical or occupational therapy.)	<div style="border: 1px solid black; padding: 2px 10px; background-color: #f0f0f0;">Remove</div>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Base Benchmark Benefit that was Substituted: <div style="border: 1px solid black; padding: 2px 10px; margin-top: 5px;">Speech Therapy – Duplication</div> </div> <div style="width: 45%;"> Source: Base Benchmark </div> </div> <div style="text-align: right; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px 10px; background-color: #f0f0f0;">Remove</div> </div> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> - 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 </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Base Benchmark Benefit that was Substituted: <div style="border: 1px solid black; padding: 2px 10px; margin-top: 5px;">Family Planning Services – Duplication</div> </div> <div style="width: 45%;"> Source: Base Benchmark </div> </div> <div style="text-align: right; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px 10px; background-color: #f0f0f0;">Remove</div> </div> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>Duplication: covered in the Medicaid state plan as Physicians' Services, Clinic Services, FQHCs, RHCs, and Family Planning Services and Supplies under EHB 1 .</p> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Base Benchmark Benefit that was Substituted: <div style="border: 1px solid black; padding: 2px 10px; margin-top: 5px;">Infertility Services – Duplication</div> </div> <div style="width: 45%;"> Source: Base Benchmark </div> </div> <div style="text-align: right; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px 10px; background-color: #f0f0f0;">Remove</div> </div> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>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.</p> <p>Base benchmark: benefits are limited to the diagnosis and treatment of infertility as an underlying medical condition.</p> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Base Benchmark Benefit that was Substituted: <div style="border: 1px solid black; padding: 2px 10px; margin-top: 5px;">Allergy Care – Duplication</div> </div> <div style="width: 45%;"> Source: Base Benchmark </div> </div> <div style="text-align: right; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px 10px; background-color: #f0f0f0;">Remove</div> </div> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>Duplication: covered in the Medicaid state plan as Physicians' Services, Diagnostic services, Screening Services, FQHCs, and RHCs under EHB 1.</p> </div>	



Alternative Benefit Plan

<p>Base Benchmark Benefit that was Substituted:</p> <p>Treatment Therapies – 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 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>Source:</p> <p>Base Benchmark</p> <p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Orthopedic and Prosthetic Devices – 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 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>Source:</p> <p>Base Benchmark</p> <p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Durable Medical Equipment – 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 "Home Health: medical supplies, equipment, and appliances suitable for use in the home" under EHB 7.</p>	<p>Source:</p> <p>Base Benchmark</p> <p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Home Health Services – Substitution</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>Substitution: covered in the CarePlus Alternative Benefit Plan as Home Health: Part-time Nursing Services and Home Health: Aide Services under EHB 1.</p> <p>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>Source:</p> <p>Base Benchmark</p> <p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Educational Classes and Programs – 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: 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>	<p>Source:</p> <p>Base Benchmark</p>



Alternative Benefit Plan

Base benchmark: Coverage for tobacco cessation counseling services under this benefit is limited to 8 sessions per calendar year.		Remove
Base Benchmark Benefit that was Substituted: Surgical Procedures – 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 and Outpatient Hospital Services under EHB 1; and Inpatient Hospital Services under EHB 3.		
Base Benchmark Benefit that was Substituted: Ambulance - 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 Transportation - Emergent under EHB 2.		
Base Benchmark Benefit that was Substituted: Prescription Drugs - 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 Prescription Drugs under EHB 6.		
Base Benchmark Benefit that was Substituted: Preventive Care, Children	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 FQHC, RHC, Physicians' Services, Outpatient Hospital Services, and Screening Services under EHB 1; and Preventive Services under EHB 9.		
		Add



Alternative Benefit Plan

☒ Other Base Benchmark Benefits Not CoveredCollapse All ☐Base Benchmark Benefit not Included in the Alternative
Benefit Plan:Source:
Base Benchmark

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

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



Alternative Benefit Plan

☒ Other 1937 Covered Benefits that are not Essential Health Benefits

 Collapse All ☐

Other 1937 Benefit Provided:

Amb. Services offered by PHSA Health Centers

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

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

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

Other 1937 Benefit Provided:

Freestanding Birth Center Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

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

Other 1937 Benefit Provided:

OLP: Optometrists' Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

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



Alternative Benefit Plan

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

Provider Qualifications:

Authorization:

Other

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



Alternative Benefit Plan

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.

Remove

- Case Management for Medicaid Recipients Age 18 and Older who are Diagnosed with AIDS and Living in a staffed, congregate residential program which meets the Department of Public Health (DPH) funding requirements for the AIDS/HIV Bureau, Supportive Residential Services program which require that a person be HIV positive, and in which no more than three mentally and/or physically impaired individuals share a single bedroom and bathroom.
- Case Management for Individuals eligible for Medical Assistance and for services provided, purchased, or arranged by the Department of Mental Retardation, not including individuals who reside in ICFs/MR.
- Case Management for Individuals with Mental Illness as Determined by the Department of Mental Health (DMH).
- Case Management for Individuals under age 21 with Serious Emotional Disturbance (SED).
- Case Management for Children Committed to the Department of Youth Services.

Other 1937 Benefit Provided:

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



Alternative Benefit Plan

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.

Other 1937 Benefit Provided:

OLP: Midlevel 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:

See Below

Other:

State Plan Title: "Medical care and any other type of remedial care provided by licensed practitioners furnished by licensed practitioners within the scope of their practice as defined by state law: Midlevel Practitioners' Services". This includes services of certain midlevel practitioners (e.g., clinical nurse specialists, psychiatric clinical nurse specialists, certified registered nurse anesthetists and certified nurse practitioners) not listed elsewhere. Services that are not covered include experimental, unproven, cosmetic, or otherwise medically unnecessary procedures or treatments; the treatment of male or female infertility



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(including, but not limited to, laboratory tests, drugs and procedures associated with such treatment); however, diagnosis of male or female infertility is covered. Limits on covered services can be exceeded when medically necessary, with 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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☐

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 ☐

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V.20130814



Alternative Benefit Plan

State Name: 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:

October 30, 2014

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):

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