Table of Contents

State/Territory Name: MA

State Plan Amendment (SPA) #: 21-0041

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
Financial Management Group

March 15, 2022

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

RE: Massachusetts State Plan Amendment (SPA) Transmittal Number 21-0041

Dear Secretary Sudders:

We have reviewed the proposed State Plan Amendment (SPA) to Attachment 4.19-B of Massachusetts’s state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 30th, 2021. This plan amendment revises the payment rates for dental services.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 15th, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Jerica Bennett at 1-410-786-1167 or jerica.bennett@cms.hhs.gov.

Sincerely,

[Redacted]

Todd McMillion
Director
Division of Reimbursement Review

Enclosures
### TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

<table>
<thead>
<tr>
<th>1. TRANSMITTAL NUMBER</th>
<th>2. STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>210041</td>
<td>MA</td>
</tr>
</tbody>
</table>

**TO: CENTER DIRECTOR**

CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

**PROPOSED EFFECTIVE DATE**

10/15/2021

**FEDERAL STATUTE/REGULATION CITATION**

42 CFR Part 447

**PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT**

Attachment 4.19-B p. 1c

**SUBJECT OF AMENDMENT**

An amendment to the rates for dental services

**GOVERNOR’S REVIEW (Check One)**

☐ GOVERNOR’S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR’S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITAL  
☑ OTHER, AS SPECIFIED:  
Not required under 42 CFR 430.12(b)(2)(i)

**SIGNATURE OF STATE/AGENCY OFFICIAL**

[Redacted]

**TYPED NAME**

Marylou Sudders

**TITLE**

Secretary

**DATE SUBMITTED**

12/30/2021

**DATE RECEIVED**

12/30/21

**DATE APPROVED**

March 15, 2022

**EFFECTIVE DATE OF APPROVED MATERIAL**

10/15/21

**SIGNATURE OF APPROVING OFFICIAL**

[Redacted]

**TITLE OF APPROVING OFFICIAL**

Todd McMillion  
Director, Division of Reimbursement Review

**REMINDERS**

- Complete all required questions.  
- Attachments must be accurate and complete.  
- Provide complete documentation.

**INSTRUCTIONS ON BACK**
j. Dental services (including dentures and prosthetic devices) —

1. Fee-for-Service Rates

The fee-for-service rates for dental services, other than those provided by dentists who are also oral surgeons and use the Current Procedural Terminology (CPT) codes, are effective for services provided on or after October 15, 2021, and are published on https://www.mass.gov/regulations/101-CMR-31400-rates-for-dental-services. For oral surgeons using CPT codes, see Attachment 4.19-B, section 8.d. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

2. High Medicaid Volume Intellectual/Developmental Disability Dental Provider Supplemental Payment

a. Eligibility

In order to qualify for this payment, a dental provider must have provided at least 70% of all MassHealth Behavioral Management visits in SFY18, and must enter into a separate payment agreement with EOHHS relating to payment as a High Medicaid Volume Intellectual/Developmental Disability Dental Provider. Based on these criteria, Tufts Dental Facilities is the only dental provider eligible for this payment.

b. Payment Methodology

Effective April 1, 2019, such payment will be the difference, not to exceed $3.0 million, between (1) annual (July 1 to June 30) payments to the eligible dental provider made pursuant to the fee schedule as reported to the MMIS, and (2) the annually calculated average private commercial rate, where the average private commercial rate is derived from commercial fee schedules applied to paid Medicaid claims as reported to the MMIS. Such payment is made as an annual lump sum by the first quarter following the end of the preceding rate year (September 30), and in equal quarterly installments thereafter.