### **Table of Contents**

### State/Territory Name: Massachusetts

### State Plan Amendment (SPA) #: 22-0042

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

### **DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services 601 E. 12th St., Room 355 Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

February 16, 2023

VIA E-MAIL MaryLou Sudders, Secretary The Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid One Ashburton Place, Room 1109 Boston, MA 02108

Dear Secretary Sudders:

For your records, this is an approved copy of Massachusetts's Alternative Benefit Plan (ABP) State plan amendment (SPA) MA 22-0042. This ABP amendment submitted through the Medicaid Model Data Lab (MMDL No. MA.0806.R00.13) on December 30, 2022 meets all federal statutory and regulatory requirements for establishing an ABP.

The state submitted this SPA to update the Standard Alternative Benefit Plan (ABP) to include Continuous Skilled Nursing services under the Private Duty Nursing provider type. This SPA was approved February 16, 2023, with an effective date of October 1, 2022.

Attached are copies of the approved Alternative Benefit plan pages for incorporation into the Massachusetts State Plan.

If you have questions concerning this letter, please contact Marie DiMartino, Division of Program Operations (South Branch) at (617) 565-9157 or via e-mail at Marie.DiMartino@cms.hhs.gov.

Sincerely,



James G. Scott, Director Division of Program Operations

Enclosures

Amount

### Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

#### State/Territory name: Transmittal Number:

#### Massachusetts

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-22-0042

### **Proposed Effective Date**

10/01/2022

(mm/dd/yyyy)

### Federal Statute/Regulation Citation

Section 1937 of the Social Security Act

#### Federal Budget Impact

	Federal Fiscal Year		
First Year	2023	\$ 0.00	
Second Year	2024	\$ 0.00	

#### Subject of Amendment

An amendment to the Medicaid State Plan to update the Standard Alternative Benefit Plan (ABP) State Plan to include Continuous Skilled Nursing services under the Private Duty Nursing provider type.

### 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:	Feb 7, 2023
Submit Date:	Dec 30, 2022

11

11



		OMB Control Number: 09381148
Attachment 3.1-L-	nç	OMB Expiration date: 10/31/2014 ABP1
Identify and define the population that will		
Alternative Benefit Plan Population Name:	MassHealth Standard ABP	
Identify eligibility groups that are included targeting criteria used to further define the p	in the Alternative Benefit Plan's population, and whic population.	h may contain individuals that meet any
Eligibility Groups Included in the Alternativ	e Benefit Plan Population:	
والمحالية و	Eligibility Group:	Enrollment is mandatory or voluntary?
+ Adult Group		Mandatory X
Enrollment is available for all individuals in	n these eligibility group(s). No	
Targeting Criteria (select all that apply	y):	
☐ Income Standard.	and a second	
Disease/Condition/Diagnosis/Disor	der	
Disease/Condition/Diagnosis/Diso		
Physical Disability		
		an Line a Line of Line of
Brain Injury		
HIV/AIDS		
Medically Frail		
Technology Dependent		
Autism		and the second
Developmental Disability		
Intellectual Disability		
Mental Illness		
Substance Use Disorder		
Diabetes		
Heart Disease		and an end
Asthma		
	1999 B 2	
	nosis/Disorder	
Other Disease/Condition/Diagr TN: 22-0042	nosis/Disorder Approval Date: 2/16/23	and the second
Supersedes TN: 22-0009	Effective Date: 10/01/22	angewang ang



Describe:
Other.
Other Targeting Criteria (Describe):
Geographic Area
The Alternative Benefit Plan population will include individuals from the entire state/territory.
Any other information the state/territory wishes to provide about the population (optional)
PRA Disclosure Statement
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMP control number. The valid OMP control number for this information collection is 0038, 1148. The time required to complete
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

V.20130724

Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



### OMB Control Number: 09381148

Attachment 3.1-L-

OMB Expiration date: 10/31/2014

ABP2a

### Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act

The state/territory has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 Yes requirements. Therefore the state/territory is deemed to have met the requirements for voluntary choice of benefit package for individuals exempt from mandatory participation in a section 1937 Alternative Benefit Plan.

Explain how the state has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements.

For the MassHealth Standard ABP, the state compared its State Plan benefits with those offered through the Government Employees Health Association (GEHA), Inc. GEHA is an approved Benchmark Plan described in 45 CFR 156.100(a) as one of the "three largest national Federal Employee Health Benefit Plan options" open to federal employees in all geographies by enrollment. The state concluded that its State Plan offers all the Essential Health Benefits at the same or richer amount, duration and scope.

### 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.20130807



Attachn	nent 3.1-	L-		Number: 09381148 n date: 10/31/2014
Selecti	on of E	Benchmark Bend	efit Package or Benchmark-Equivalent Benefit Package	ABP3
Select or	ne of the	following:		
С	The stat	e/territory is amendi	ing one existing benefit package for the population defined in Section 1.	
۲	The stat	e/territory is creatin	g a single new benefit package for the population defined in Section 1.	
	Name o	of benefit package:	MassHealth Standard ABP	
Selectio	n of the	Section 1937 Cover	rage Option	
			ion 1937 Coverage option the following type of Benchmark Benefit Package or Ben nis Alternative Benefit Plan (check one):	chmark-
		rk Benefit Package.		
OF		rk-Equivalent Bene		
	The stat		ide the following Benchmark Benefit Package (check one that applies):	
	О	The Standard Blue Program (FEHBP)	Cross/Blue Shield Preferred Provider Option offered through the Federal Employee	: Health Benefit
	C	State employee cov	verage that is offered and generally available to state employees (State Employee Co	overage):
	C	A commercial HM HMO):	O with the largest insured commercial, non-Medicaid enrollment in the state/territor	y (Commercial
	$\overline{\bullet}$	Secretary-Approve	ed Coverage.	
		• The state/territ	tory offers benefits based on the approved state plan.	
		O The state/territ benefit packag	tory offers an array of benefits from the section 1937 coverage option and/or base be ges, or the approved state plan, or from a combination of these benefit packages.	nchmark plan
		• The state/	territory offers the benefits provided in the approved state plan.	
		O Benefits in	nclude all those provided in the approved state plan plus additional benefits.	
		C Benefits a	are the same as provided in the approved state plan but in a different amount, duratio	n and/or scope.
		C The state/	territory offers only a partial list of benefits provided in the approved state plan.	
		C The state/	territory offers a partial list of benefits provided in the approved state plan plus addi	tional benefits.
		Please briefly iden	ntify the benefits, the source of benefits and any limitations:	
		Benefits in the Ma Medicaid State Pl	assHealth Standard Alternative Benefit Plan are the same as offered in the Massachulan.	isetts
Selection	n of Bas	e 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:
C 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.
C Largest insured commercial non-Medicaid HMO.
Plan name: 2012 Government Employees Health Association, Inc.
Other Information Related to Selection of the Section 1937 Coverage Option and the Base Benchmark Plan (optional):
The state assures that: 1) all services in the base benchmark have been accounted for throughout the benefit chart found in ABP5 and 2) 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



_	OMB Control Number: 09381148
Attachment 3.1-L-	OMB Expiration date: 10/31/2014
Alternative Benefit Plan Cost-Sharing	ABP4
Any cost sharing described in Attachment 4.18-A applies to the Alternative Benefit Plan.	
Attachment 4.18-A may be revised to include cost sharing for ABP services that are not otherw cost sharing must comply with Section 1916 of the Social Security Act.	vise described in the state plan. Any such
The Alternative Benefit Plan for individuals with income over 100% FPL includes cost-sharing Attachment 4.18-A.	g other than that described in No
Other Information Related to Cost Sharing Requirements (optional):	

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130807



	OMB Control Number: 09381148
Attachment 3.1-L-	OMB Expiration date: 10/31/2014
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 F	Plan (GEHA)
	ected, if other than Secretary-Approved. Otherwise, enter "Secretary-
Approved."	
Secretary-Approved	



Essential Health Benefit 1: Ambulatory patie	nt services	Collapse All
Benefit Provided:	Source:	
Outpatient Hospital Service	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	7
Scope Limit:	L	
None		
benchmark plan: For those members receiving benefits fe authorization (PA); for example, physica hospital require PA after 20 visits in a 12	including the specific name of the source plan if it is not the base e for service (FFS), certain specific services are covered with prio al and occupational therapy services provided by an outpatient 2-month period. For those members receiving benefits through management may apply that may differ from the FFS authorization	r
Benefit Provided:	Source:	
Hospice Care	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	_
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
benchmark plan:	including the specific name of the source plan if it is not the base	
of the Affordable Care Act.	with section 1905(o) of the Social Security Act and Section 2302 or service (FFS) must receive certification of terminal illness and	
Benefit Provided:	Source:	
OLP: Audiologists' Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	



Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
benchmark plan:	it, including the specific name of the source plan if it is not the	1
	and any other type of remedial care recognized under state la hin the scope of their practice as defined by state law: Audiolo	
are covered with prior authorization (P	fee for service (FFS), certain high-cost and replacement hearing PA). For those members receiving benefits through managed c may apply that may differ from the FFS authorization that is	
enefit Provided:	Source:	
DLP: Chiropractors' Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of lin	mitation Medicaid State Plan	
Amount Limit:	Duration Limit:	
20 visits/treatments per member per c		
Scope Limit:		
None		
Conternation regarding this benefit benchmark plan:	it, including the specific name of the source plan if it is not the	e base
	and any other type of remedial care recognized under state la hin the scope of their practice as defined by state law: Chiropr	
	through managed care entities, other utilization management r horization that is specified in this SPA.	nay
enefit Provided:	Source:	
hysicians' Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
INOTIC		1
and a second sec		
Scope Limit:		



	g the specific name of the source plan if it is not the base		-10 <sup>24</sup>
benchmark plan: State Plan Benefit Title: "Physicians' services wh hospital, a nursing facility or elsewhere."	ether furnished in the office, the patient's home, a		
authorization (PA); for example, reconstructive su by a physician who practices beyond 50-miles of	ice (FFS), certain specific services are covered with prior argery and non-emergency out-of-state services provided the state border. For those members receiving benefits anagement may apply that may differ from the FFS		
Benefit Provided:	Source:		
Diagnostic Services	State Plan 1905(a)	Remove	
Authorization:	Provider Qualifications:		
Other	Medicaid State Plan		
Amount Limit:	Duration Limit:	and the second	-
None	None	and the second	
Scope Limit:			
None			
entities, other utilization management may apply specified in this SPA. Benefit Provided:			
Screening Services	Source: State Plan 1905(a)	Remove	
	Provider Qualifications:	Keniove	
Authorization:	Medicaid State Plan	and the second	
		and the second	
Amount Limit: None	Duration Limit:		
FELSER 00 * -			
Scope Limit: None			
benchmark plan:	g the specific name of the source plan if it is not the base		
For those members receiving benefits through ma	naged care entities, utilization management may apply.		
Benefit Provided:	Source:	57	
Pediatric or Family Nurse Practitioners' Services	State Plan 1905(a)	Remove	
TN: 22-0042 At	pproval Date: 2/16/23		25
	fective Date: 10/01/22		



Authorization:	Provider Qualifications:	2
Other	Medicaid State Plan	and the second
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
benchmark plan:	including the specific name of the source plan if it is not the base e for service (FFS), the same prior authorization requirements as	2
those summarized under Physicians' Serv	vices apply. For those members receiving benefits through nanagement may apply that may differ from the FFS authorization	2
enefit Provided:	Source:	
ome Health: Part-time Nursing Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	2
	Duration Limit:	
Amount Limit:		
Amount Limit: See below	None	5
See below		
See below         Scope Limit:         None         Other information regarding this benefit, benchmark plan:         State Plan Title: "Home health services: I health agency or by a registered nurse where the service of the servic		
See below         Scope Limit:         None         Other information regarding this benefit, benchmark plan:         State Plan Title: "Home health services: I health agency or by a registered nurse where the service of the servic	None including the specific name of the source plan if it is not the base Intermittent or part time nursing services provided by a home nen no home health agency exists in the area." e for service (FFS), certain Home Health Services are covered with er services are covered with authorization in excess of limitation; requires prior authorization; part time nursing requires period. If the member uses less than 30 part-time nursing visits in a is triggered with a new allotment of 30 part-time nursing visits s receiving benefits through managed care entities, other	
See below         Scope Limit:         None         Other information regarding this benefit, benchmark plan:         State Plan Title: "Home health services: I health agency or by a registered nurse where the services of the servi	None including the specific name of the source plan if it is not the base Intermittent or part time nursing services provided by a home hen no home health agency exists in the area." e for service (FFS), certain Home Health Services are covered with er services are covered with authorization in excess of limitation; requires prior authorization; part time nursing requires period. If the member uses less than 30 part-time nursing visits in a is triggered with a new allotment of 30 part-time nursing visits is receiving benefits through managed care entities, other may differ from the FFS authorization that is specified in this SPA.	Remove
See below         Scope Limit:         None         Other information regarding this benefit, benchmark plan:         State Plan Title: "Home health services: I health agency or by a registered nurse where the service of the servic	None including the specific name of the source plan if it is not the base Intermittent or part time nursing services provided by a home hen no home health agency exists in the area." e for service (FFS), certain Home Health Services are covered with er services are covered with authorization in excess of limitation; requires prior authorization; part time nursing requires period. If the member uses less than 30 part-time nursing visits in a is triggered with a new allotment of 30 part-time nursing visits receiving benefits through managed care entities, other may differ from the FFS authorization that is specified in this SPA.	Remove
See below         Scope Limit:         None         Other information regarding this benefit, benchmark plan:         State Plan Title: "Home health services: 1 health agency or by a registered nurse where the prior authorization (PA); and certain other for example, continuous skilled nursing result authorization after 30 visits in a 90 day period before PA is required. For those member utilization management may apply that nemefit Provided:         linic Services	None including the specific name of the source plan if it is not the base Intermittent or part time nursing services provided by a home hen no home health agency exists in the area." e for service (FFS), certain Home Health Services are covered with er services are covered with authorization in excess of limitation; requires prior authorization; part time nursing requires period. If the member uses less than 30 part-time nursing visits in a is triggered with a new allotment of 30 part-time nursing visits receiving benefits through managed care entities, other hay differ from the FFS authorization that is specified in this SPA. Source: State Plan 1905(a)	Remove
See below         Scope Limit:         None         Other information regarding this benefit, benchmark plan:         State Plan Title: "Home health services: I health agency or by a registered nurse where the prior authorization (PA); and certain other for example, continuous skilled nursing reauthorization after 30 visits in a 90 day period; before PA is required. For those members utilization management may apply that nemefit Provided:         linic Services         Authorization:	None         including the specific name of the source plan if it is not the base         Intermittent or part time nursing services provided by a home         nen no home health agency exists in the area."         e for service (FFS), certain Home Health Services are covered with         er services are covered with authorization in excess of limitation;         requires prior authorization; part time nursing requires         eriod. If the member uses less than 30 part-time nursing visits in a         is triggered with a new allotment of 30 part-time nursing visits         receiving benefits through managed care entities, other         nay differ from the FFS authorization that is specified in this SPA.         Source:         Source:         Provider Qualifications:	Remove



See Below		and the second se
Other information regarding this benefit, include benchmark plan: For those members receiving benefits fee for s by the following: Designated Emergency Mem Centers, Family Planning Clinics, Sterilization Clinics, Rehabilitation Centers, Speech and He Disorder Treatment Clinics, Limited Services NCCI edits to providers of clinic services who out of state FASC services when the FASC is (4) family planning clinics may be paid for a m counseling visit per member per test per day, a counseling visits per calendar year; (5) MassH dependency at opioid treatment service centers For those members receiving benefits through	ding the specific name of the source plan if it is not the base service (FFS), (1) MassHealth covers clinic services provided tal Health Providers, Freestanding Ambulatory Surgery a Clinics, Radiation Oncology Centers, Renal Dialysis earing Centers, Mental Health Centers, Substance Use Clinics, and Urgent Care Clinics; (2) MassHealth applies obill using those codes; (3) Prior authorization is required for located more than 50 miles from the Massachusetts border; naximum of one HIV pre-test and one HIV post-test and a maximum of four HIV pre-test and four HIV post-test lealth covers medication assisted treatment for opioid s, in accordance with applicable clinical standards.	
apply that may differ from the FFS authorizati	Source:	
FQHC Services and other Amb. Services	Source: State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
benchmark plan: State Plan Benefit Title: "Federally qualified h For those members receiving benefits fee for s same prior authorization requirements summar	ding the specific name of the source plan if it is not the base nealth center (FQHC) services and other ambulatory services." service (FFS), services provided at FQHCs are subject to the rized in this ABP. For those members receiving benefits n management may apply that may differ from the FFS	
Benefit Provided:	Source:	
Rural Health Clinic Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
		·
Amount Limit.	Duration Limit:	



None		and the second se
benchmark plan: State Plan Benefit Title: "Rural Health Clinic health clinic." For those members receiving benefits fee for s same prior authorization requirements summa	ding the specific name of the source plan if it is not the base Services and other ambulatory services furnished by a rural service (FFS), services provided at RHCs are subject to the prized in this ABP. For those members receiving benefits on management may apply that may differ from the FFS	
enefit Provided:	Source:	<u>~</u>
amily Planning Services and Supplies	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	8
Scope Limit:		÷
None		
For those members receiving benefits fee for s those summarized under Physicians' Services	ad supplies for individuals of child-bearing age." service (FFS), the same prior authorization requirements as apply. For those members receiving benefits through gement may apply that may differ from the FFS authorization	
		Add
		3
and a second		

Approval Date: 2/16/23 Effective Date: 10/01/22



Essential Health Benefit 2: Emergency serv	rices	Collapse All
Benefit Provided:	Source:	
Emergency Hospital Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		7
Benefit Provided:	Source:	-
	Source:	
Transportation – Emergent	State Plan 1905(a)	Remove
	Provider Qualifications:	
Authorization:	Flovider Qualifications.	
Authorization: None	Medicaid State Plan	
None	Medicaid State Plan	
None Amount Limit:	Medicaid State Plan Duration Limit:	
None Amount Limit: None	Medicaid State Plan Duration Limit:	
None Amount Limit: None Scope Limit: None	Medicaid State Plan Duration Limit:	
None Amount Limit: None Scope Limit: None Other information regarding this benefi	Medicaid State Plan         Duration Limit:         None	



Benefit Provided:	Source:	
Inpatient Hospital Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
	vices (other than those provided in an institution for mental	]
State Plan Title: "Inpatient hospital serv disease)." For those members receiving benefits for preadmission screening for all elective a disease and rehabilitation hospital, exce Additionally, certain specific services in authorization (PA); for example, certain admission require PA. For those members receiving benefits th	ee for service (FFS), as a condition of payment, MassHealth requires admissions to acute hospitals and for all admissions to a chronic ppt for members with other insurance (including Medicare). In the acute inpatient hospital setting are covered with prior in drugs and biologics administered during the acute inpatient prough managed care entities, other utilization management may	
State Plan Title: "Inpatient hospital serv disease)." For those members receiving benefits for preadmission screening for all elective a disease and rehabilitation hospital, exce Additionally, certain specific services in authorization (PA); for example, certain admission require PA.	ee for service (FFS), as a condition of payment, MassHealth requires admissions to acute hospitals and for all admissions to a chronic ppt for members with other insurance (including Medicare). In the acute inpatient hospital setting are covered with prior in drugs and biologics administered during the acute inpatient prough managed care entities, other utilization management may	



ssential Health Benefit 4: Maternity and new	vborn care	Collapse All
Benefit Provided:	Source:	
Nurse-midwife Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration-Limit:	
None	None	7
Scope Limit:		
None		
Other information regarding this benefit,	including the specific name of the source plan if it is not the base	
those summarized under Physicians' Serv	e for service (FFS), the same prior authorization requirements as vices apply. For those members receiving benefits through nanagement may apply that may differ from the FFS authorization	1
Benefit Provided:	Source:	
Physicians' Services: Maternity	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
		7
Other	Medicaid State Plan	
Other Amount Limit: None	Duration Limit:	
Amount Limit: None	Duration Limit:	
Amount Limit:	Duration Limit:	
Amount Limit: None Scope Limit: None	Duration Limit: None	
Amount Limit: None Scope Limit: None Other information regarding this benefit, benchmark plan:	Duration Limit: None including the specific name of the source plan if it is not the base	
Amount Limit: None Scope Limit: None Other information regarding this benefit, benchmark plan: For those members receiving benefits fee those summarized under Physicians' Serv	Duration Limit: None	]
Amount Limit: None Scope Limit: None Other information regarding this benefit, benchmark plan: For those members receiving benefits fee those summarized under Physicians' Serv managed care entities, other utilization m	Duration Limit: None including the specific name of the source plan if it is not the base e for service (FFS), the same prior authorization requirements as vices apply. For those members receiving benefits through	]
Amount Limit: None Scope Limit: None Other information regarding this benefit, benchmark plan: For those members receiving benefits fee those summarized under Physicians' Serv managed care entities, other utilization m that is specified in this SPA. Benefit Provided:	Duration Limit: None including the specific name of the source plan if it is not the base e for service (FFS), the same prior authorization requirements as vices apply. For those members receiving benefits through nanagement may apply that may differ from the FFS authorization	]
Amount Limit: None Scope Limit: None Other information regarding this benefit, benchmark plan: For those members receiving benefits fee those summarized under Physicians' Serv managed care entities, other utilization m that is specified in this SPA.	Duration Limit: None including the specific name of the source plan if it is not the base e for service (FFS), the same prior authorization requirements as vices apply. For those members receiving benefits through hanagement may apply that may differ from the FFS authorization Source:	
Amount Limit: None Scope Limit: None Other information regarding this benefit, benchmark plan: For those members receiving benefits feet those summarized under Physicians' Serve managed care entities, other utilization m that is specified in this SPA. Benefit Provided: Inpatient Hospital Services: Maternity	Duration Limit: None including the specific name of the source plan if it is not the base e for service (FFS), the same prior authorization requirements as vices apply. For those members receiving benefits through nanagement may apply that may differ from the FFS authorization Source: State Plan 1905(a)	
Amount Limit: None Scope Limit: None Other information regarding this benefit, benchmark plan: For those members receiving benefits fee those summarized under Physicians' Serv managed care entities, other utilization m that is specified in this SPA. Benefit Provided: Inpatient Hospital Services: Maternity Authorization:	Duration Limit: None including the specific name of the source plan if it is not the base e for service (FFS), the same prior authorization requirements as vices apply. For those members receiving benefits through hanagement may apply that may differ from the FFS authorization Source: State Plan 1905(a) Provider Qualifications:	



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Amount Limit:	Duration Limit:
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those summarized under Physicians' Se apply. For those members receiving be may apply that may differ from the FF managed care contractors to provide co	fee for service (FFS), the same prior authorization requirements as ervices, Outpatient Hospital Services and Inpatient Hospital Services enefits through managed care entities, other utilization management S authorization that is specified in this SPA. MassHealth requires ertification with MHPAEA in compliance with 130 CMR 450.117(J). are limited to members under the age of 21 or over the age of 64.
	Ac



Essential Health Benefit 6: Prescription drugs		
Benefit Provided:		
Coverage is at least the greater of one drug in each same number of prescription drugs in each categories.		
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' ABP press Medicaid state plan for prescribed drugs.	cription drug benefit is th	e same as under the approved



Essential Health Benefit 7: Rehabilitative and habilitative	we services and devices	Collapse All
Benefit Provided:	Source:	
Therapies and Related Services: Physical therapy	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	1
Amount Limit:	Duration-Limit:	
20 visits per 12-month period	None	7
Scope Limit:		-
Diversional and recreational therapies are not cover	ered.	1
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: "Therapies and Related Se		-
habilitative physical therapy to improve, or preven	at the worsening of a congenital or acquired condition is ssHealth pays for maintenance therapy performed by a	
For those members receiving benefits through man apply that may differ from the FFS authorization the	naged care entities, other utilization management may hat is specified in this SPA.	
Benefit Provided:	Source:	
Therapies and RS: Occupational Therapy	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	-
Authorization required in excess of limitation	Medicaid State Plan	
Autorization required in excess of minitation		
Amount Limit:	Duration Limit:	
	Duration Limit:	]
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Amount Limit: 20 visits per 12-month period	None	]
Amount Limit: 20 visits per 12-month period Scope Limit: Diversional and recreational therapies are not cove	None	]
Amount Limit: 20 visits per 12-month period Scope Limit: Diversional and recreational therapies are not cove Other information regarding this benefit, including	vered.	] ]



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Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	None	
Scope Limit:		
Diversional and recreational therapies are not cover	ered.	
	the specific name of the source plan if it is not the base	
audiology services provided by a home health ager		
State Plan Title: "Home health services: Physical th audiology services provided by a home health ager For those members receiving benefits fee for servic those summarized under Therapy Services apply. F		
State Plan Title: "Home health services: Physical th audiology services provided by a home health ager For those members receiving benefits fee for servic those summarized under Therapy Services apply. F care entities, other utilization management may app	ncy or medical rehabilitation facility." ce (FFS), the same prior authorization requirements as for those members receiving benefits through managed	Add



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:         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	Benefit Provided:	Source:	
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:         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	Other Laboratory and X-ray Services	State Plan 1905(a)	Remove
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:         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	Authorization:	Provider Qualifications:	
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:         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	Other	Medicaid State Plan	
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	Amount Limit:	Duration 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	None	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	Scope Limit:		
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	None		
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		cluding the specific name of the source plan if it is not the base	
	authorization (PA); for example, BRCA ge	netic testing. For those members receiving benefits through	



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Essential Health Benefit 10: Pediatric services including oral and vision care		Collapse All
Benefit Provided:	Source:	
Medicaid State Plan EPSDT Benefits	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	7
Amount Limit:	Duration Limit:	
None	None	- I
Scope Limit:		
None		
Other information regarding this benefit, inclu benchmark plan:	ding the specific name of the source plan if it is not the base	
example, members are limited to one compre- additional services are medically necessary. T	e, certain services are covered with prior authorization, for hensive eye examination within a 12 month period unless The MassHealth agency pays for all medically necessary are services, for EPSDT-eligible members, without regard to equire prior authorization.	
Benefit Provided:	Source:	
Medicaid State Plan EPSDT Benefits	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	7
Amount Limit:	Duration Limit:	
None	None	
Scope Limit: None		- 1
None		
Other information regarding this benefit, inclu benchmark plan:	iding the specific name of the source plan if it is not the base	
State Plan Title: Inpatient psychiatric facility For those members receiving benefits fee for age 21 prior to admission to a psychiatric inpatient medically necessary psychiatric inpatient host service limitations. Such additional services r	services for individuals under 21 years of age. service (FFS), a screening team must screen a member under atient hospitalization. The MassHealth agency pays for all pital services for EPSDT-eligible members, without regard to equire prior authorization. For those members receiving utilization management may apply that may differ from the A.	
Benefit Provided:	Source:	7
Medicaid State Plan EPSDT Benefits	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
TN: 22-0042	Approval Date: 2/16/23	()
Supersedes TN: 22-0009	Effective Date: 10/01/22	يشيرين ا



Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this ben benchmark plan:	efit, including the specific name of the source plan if it is not the base	
	cility services for patients under 21 years of age."	
authorizations from a medical review	the benefits fee for service (FFS), the MassHealth agency requires to team for nursing-facility services. For those members receiving es, other utilization management may apply that may differ from the this SPA.	
		Add
		. Itit



Other Covered Benefits from Base Benchmark

Collapse All



Base Benchmark Benefits Not Covered due to Substitution or Duplication	Collapse All	
Base Benchmark Benefit that was Substituted:     Source:       Acupuncture – Duplication     Base Benchmark		
Acupuncture – Duplication	Remove	
Explain the substitution or duplication, including indicating the substituted benefit(s) or 1 1937 benchmark benefit(s) included above under Essential Health Benefits:		
Duplication: covered under the Medicaid state plan as Physicians' Services, Outpatient F Clinic Services, FQHCs, and RHCs under EHB 1; and Inpatient Hospital Services under MassHealth provides acupuncture for pain relief, as a substitute for anesthesia and as a s treatment. Base benchmark plan: limited to 20 procedures per person per calendar year, for anesthe	r EHB 3. substance abuse	
Base Benchmark Benefit that was Substituted: Source:	J	
Outpatient Hospital, Clinic, or ASC - Duplication Base Benchmark	Remove	
Explain the substitution or duplication, including indicating the substituted benefit(s) or 1 1937 benchmark benefit(s) included above under Essential Health Benefits:	the duplicate section	
Duplication: covered under the Medicaid state plan as Outpatient Hospital Services and under EHB 1.	Clinic Services	
Base Benchmark Benefit that was Substituted: Source:	and the second se	
Hospice – Duplication Base Benchmark	Remove	
Explain the substitution or duplication, including indicating the substituted benefit(s) or 1 1937 benchmark benefit(s) included above under Essential Health Benefits:	the duplicate section	
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 1937 benchmark benefit(s) included above under Essential Health Benefits:		
Duplication: covered under the Medicaid state plan as Outpatient Hospital Services and Services under EHB 1; Inpatient Hospital Services under EHB 3; and Home Health Serv 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 1 1937 benchmark benefit(s) included above under Essential Health Benefits:	the duplicate section	
Duplication: covered under the Medicaid state plan as OLP: Chiropractors' Services und	ler EHB 1.	
Base Benchmark Benefit that was Substituted: Source:		
Foot Care - Duplication Base Benchmark	Remove	

Approval Date: 2/16/23 Effective Date: 10/01/22



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Other Base Benchmark Benefits Not Covered		Collapse All
Base Benchmark Benefit not Included in the Alternative Benefit Plan: Christian Science Facilities	Source: Base Benchmark	Remove
Explain why the state/territory chose not to include this GEHA Benefit Name: Care provided at Christian Scie MassHealth does not cover this provider type; howeve are covered in this ABP through various categories inc Services under EHB 1.	nce Facilities and by Christian Science Practitioners. r, all the medically necessary services they provide	
		Add



○ Other 1937 Covered Benefits that are not Essential He	alth Benefits	Collapse All 🗌	
Other 1937 Benefit Provided:	Source:		
Amb services offered by PHSA Health Centers	Section 1937 Coverage Option Benchmark Benefit Package	Remove	
Authorization:	Provider Qualifications:		
Other	Medicaid State Plan		
Amount Limit:	Duration Limit:	~~	
None	None		
Scope Limit:			
None			
Other:			
330, or 340 of the Public Health Service Act (PHS age." For those members receiving benefits fee for serv subject to the same prior authorization requirement	fered by a health center receiving funds under section 329, SA) to a pregnant woman or individual under 18 years of ice (FFS), services provided at PHSA Health Centers are nts summarized in this ABP. For those members receiving zation management may apply that may differ from the		
Other 1937 Benefit Provided:	Source:	- T-10 	
Freestanding Birth Center Services	Section 1937 Coverage Option Benchmark Benefit Paekage	Remove	
Authorization:	Provider Qualifications:		
Other	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	None		
Scope Limit:	1906		
None			
Other:			
same prior authorization requirements summarize	ice (FFS), services provided at FSBCs are subject to the d in this ABP, including Physicians' Services and Nurse penefits through managed care entities, other utilization FFS authorization that is specified in this SPA.		
Other 1937 Benefit Provided:	Source:		
OLP: Optometrists' Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove	
Authorization:	Provider Qualifications:	_	
Other	Medicaid State Plan		

Approval Date: 2/16/23 Effective Date: 10/01/22



	Duration Limit:	
None	None	
Scope Limit:		
Treatment for congenital dyslexia by this	provider type is excluded.	
Other:		
	d any other type of remedial care recognized under state law, the scope of their practice as defined by state law: Optometrists'	
eye examination within a 24-month period	g benefits fee for service (FFS) are limited to one comprehensive d; additional services are provided when medically necessary. For n managed care entities, other utilization management may apply n that is specified in this SPA.	
her 1937 Benefit Provided:	Source:	
yeglasses	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit: See below for scope limits		
See below for scope minus		
Other		
physician skilled in diseases of the eye or Exclusions consist of absorptive lenses of contact lenses for extended wear use; invi For those members receiving benefits fee authorization (PA); for example, certain h	greater than 25% absorption, prisms obtained by decentration; isible bifocals; and Welsh 4-drop lenses. for service (FFS), certain specific services are covered with prior high-index lenses, special needs glasses, and glass lenses. For managed care entities, other utilization management may apply	
State Plan Benefit Title: "Prescribed drug physician skilled in diseases of the eye or Exclusions consist of absorptive lenses of contact lenses for extended wear use; invi For those members receiving benefits fee authorization (PA); for example, certain h those members receiving benefits through	by an optometrist: Eyeglasses." greater than 25% absorption, prisms obtained by decentration; isible bifocals; and Welsh 4-drop lenses. for service (FFS), certain specific services are covered with prior high-index lenses, special needs glasses, and glass lenses. For managed care entities, other utilization management may apply in that is specified in this SPA. Source:	a 6 8
State Plan Benefit Title: "Prescribed drug physician skilled in diseases of the eye or Exclusions consist of absorptive lenses of contact lenses for extended wear use; invi For those members receiving benefits fee authorization (PA); for example, certain h those members receiving benefits through that may differ from the FFS authorization her 1937 Benefit Provided:	by an optometrist: Eyeglasses." greater than 25% absorption, prisms obtained by decentration; isible bifocals; and Welsh 4-drop lenses. for service (FFS), certain specific services are covered with prior high-index lenses, special needs glasses, and glass lenses. For in managed care entities, other utilization management may apply in that is specified in this SPA. Source: Section 1937 Coverage Option Benchmark Benefit	Remove
State Plan Benefit Title: "Prescribed drug physician skilled in diseases of the eye or Exclusions consist of absorptive lenses of contact lenses for extended wear use; invi For those members receiving benefits fee authorization (PA); for example, certain h those members receiving benefits through that may differ from the FFS authorization her 1937 Benefit Provided: ersonal Care Services	by an optometrist: Eyeglasses." greater than 25% absorption, prisms obtained by decentration; isible bifocals; and Welsh 4-drop lenses. for service (FFS), certain specific services are covered with prior high-index lenses, special needs glasses, and glass lenses. For managed care entities, other utilization management may apply in that is specified in this SPA. Source:	Remove
State Plan Benefit Title: "Prescribed drug physician skilled in diseases of the eye or Exclusions consist of absorptive lenses of contact lenses for extended wear use; invi For those members receiving benefits fee authorization (PA); for example, certain h those members receiving benefits through that may differ from the FFS authorization her 1937 Benefit Provided:	by an optometrist: Eyeglasses." greater than 25% absorption, prisms obtained by decentration; isible bifocals; and Welsh 4-drop lenses. for service (FFS), certain specific services are covered with prior high-index lenses, special needs glasses, and glass lenses. For managed care entities, other utilization management may apply in that is specified in this SPA. Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
State Plan Benefit Title: "Prescribed drug physician skilled in diseases of the eye or Exclusions consist of absorptive lenses of contact lenses for extended wear use; invi For those members receiving benefits fee authorization (PA); for example, certain h those members receiving benefits through that may differ from the FFS authorization her 1937 Benefit Provided: ersonal Care Services Authorization:	by an optometrist: Eyeglasses." greater than 25% absorption, prisms obtained by decentration; isible bifocals; and Welsh 4-drop lenses. for service (FFS), certain specific services are covered with prior nigh-index lenses, special needs glasses, and glass lenses. For in managed care entities, other utilization management may apply in that is specified in this SPA. Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
State Plan Benefit Title: "Prescribed drug physician skilled in diseases of the eye or Exclusions consist of absorptive lenses of contact lenses for extended wear use; invi For those members receiving benefits fee authorization (PA); for example, certain h those members receiving benefits through that may differ from the FFS authorization her 1937 Benefit Provided: ersonal Care Services Authorization: Other	by an optometrist: Eyeglasses." <sup>5</sup> greater than 25% absorption, prisms obtained by decentration; isible bifocals; and Welsh 4-drop lenses. for service (FFS), certain specific services are covered with prior high-index lenses, special needs glasses, and glass lenses. For in managed care entities, other utilization management may apply in that is specified in this SPA. Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remove
State Plan Benefit Title: "Prescribed drug physician skilled in diseases of the eye or Exclusions consist of absorptive lenses of contact lenses for extended wear use; invi For those members receiving benefits fee authorization (PA); for example, certain h those members receiving benefits through that may differ from the FFS authorization her 1937 Benefit Provided: ersonal Care Services Authorization: Other Amount Limit:	by an optometrist: Eyeglasses." 'greater than 25% absorption, prisms obtained by decentration; isible bifocals; and Welsh 4-drop lenses. for service (FFS), certain specific services are covered with prior nigh-index lenses, special needs glasses, and glass lenses. For in managed care entities, other utilization management may apply in that is specified in this SPA. Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove



ther 1937 Benefit Provided: argeted Case Management Services	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
in a staffed, congregate residential prog	pients Age 18 and Older who are Diagnosed with AIDS and Living gram which meets the Department of Public Health (DPH) funding	
<ul> <li>person be HIV positive, and in which r share a single bedroom and bathroom.</li> <li>Case Management for Individuals eligarranged by the Department of Mental</li> <li>Case Management for Individuals with (DMH).</li> <li>Case Management for Individuals under the second seco</li></ul>	a, Supportive Residential Services program which require that a o more than three mentally and/or physically impaired individuals gible for Medical Assistance and for services provided, purchased, or Retardation, not including individuals who reside in ICFs/MR. h Mental Illness as Determined by the Department of Mental Health der age 21 with Serious Emotional Disturbance (SED). nitted to the Department of Youth Services.	
<ul> <li>person be HIV positive, and in which r share a single bedroom and bathroom.</li> <li>Case Management for Individuals eligarranged by the Department of Mental</li> <li>Case Management for Individuals with (DMH).</li> <li>Case Management for Individuals under the second seco</li></ul>	o more than three mentally and/or physically impaired individuals gible for Medical Assistance and for services provided, purchased, or Retardation, not including individuals who reside in ICFs/MR. h Mental Illness as Determined by the Department of Mental Health der age 21 with Serious Emotional Disturbance (SED). nitted to the Department of Youth Services.	Remove
<ul> <li>person be HIV positive, and in which r share a single bedroom and bathroom.</li> <li>Case Management for Individuals elig arranged by the Department of Mental</li> <li>Case Management for Individuals wit (DMH).</li> <li>Case Management for Individuals und</li> <li>Case Management for Children Committee</li> </ul>	o more than three mentally and/or physically impaired individuals gible for Medical Assistance and for services provided, purchased, or Retardation, not including individuals who reside in ICFs/MR. h Mental Illness as Determined by the Department of Mental Health der age 21 with Serious Emotional Disturbance (SED). nitted to the Department of Youth Services. Source:	Remove
person be HIV positive, and in which r share a single bedroom and bathroom. - Case Management for Individuals elig arranged by the Department of Mental - Case Management for Individuals wit (DMH). - Case Management for Individuals und - Case Management for Children Comm ther 1937 Benefit Provided: ental	o more than three mentally and/or physically impaired individuals gible for Medical Assistance and for services provided, purchased, or Retardation, not including individuals who reside in ICFs/MR. h Mental Illness as Determined by the Department of Mental Health der age 21 with Serious Emotional Disturbance (SED). nitted to the Department of Youth Services. Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
person be HIV positive, and in which r share a single bedroom and bathroom. - Case Management for Individuals elig arranged by the Department of Mental - Case Management for Individuals wit (DMH). - Case Management for Individuals und - Case Management for Children Comm ther 1937 Benefit Provided: ental Authorization:	o more than three mentally and/or physically impaired individuals gible for Medical Assistance and for services provided, purchased, or Retardation, not including individuals who reside in ICFs/MR. h Mental Illness as Determined by the Department of Mental Health der age 21 with Serious Emotional Disturbance (SED). nitted to the Department of Youth Services. Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
person be HIV positive, and in which r share a single bedroom and bathroom. - Case Management for Individuals elig arranged by the Department of Mental - Case Management for Individuals wit (DMH). - Case Management for Individuals und - Case Management for Children Comm ther 1937 Benefit Provided: ental Authorization: Other	o more than three mentally and/or physically impaired individuals gible for Medical Assistance and for services provided, purchased, or Retardation, not including individuals who reside in ICFs/MR. h Mental Illness as Determined by the Department of Mental Health der age 21 with Serious Emotional Disturbance (SED). nitted to the Department of Youth Services. Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remove
person be HIV positive, and in which r share a single bedroom and bathroom. - Case Management for Individuals elin arranged by the Department of Mental - Case Management for Individuals wit (DMH). - Case Management for Individuals und - Case Management for Children Comm her 1937 Benefit Provided: ental Authorization: Other Amount Limit:	o more than three mentally and/or physically impaired individuals gible for Medical Assistance and for services provided, purchased, or Retardation, not including individuals who reside in ICFs/MR. h Mental Illness as Determined by the Department of Mental Health der age 21 with Serious Emotional Disturbance (SED). nitted to the Department of Youth Services. Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
person be HIV positive, and in which r share a single bedroom and bathroom. - Case Management for Individuals elig arranged by the Department of Mental - Case Management for Individuals wit (DMH). - Case Management for Individuals und - Case Management for Children Comm - Case Mana	o more than three mentally and/or physically impaired individuals gible for Medical Assistance and for services provided, purchased, or Retardation, not including individuals who reside in ICFs/MR. h Mental Illness as Determined by the Department of Mental Health der age 21 with Serious Emotional Disturbance (SED). nitted to the Department of Youth Services. Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove



including gingivectomies, gingivoplasties, a limited exceptions that allow for topical fluc For those members receiving benefits fee for authorization (PA); for example, orthodonti	restorative services (all fillings); certain prosthodontic services extractions; anesthesia; treatment of complications related to es and soft-tissue surgery; and certain periodontal services, and periodontal scaling and root planing. In addition, there are oride when documented as medically necessary. or service (FFS), certain specific services are covered with prior ic services and removal of impacted teeth (completely bony). gh managed care entities other utilization management may ration that is specified in this SPA.	
Other 1937 Benefit Provided: Intermediate Care Facility Services for IID	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	N.
Scope Limit:		6
See Below		5
Other:		
Invented discovery for new one determined in	accordance with costion 1002(a)(21)(A) of the Ast to be in	
need of such care." Coverage is limited to state school ICF/MR	accordance with section 1902(a)(31)(A) of the Act, to be in (these schools have more than 15 beds). For those members tities, other utilization management may apply that may differ in this SPA.	
need of such care." Coverage is limited to state school ICF/MR receiving benefits through managed care en	(these schools have more than 15 beds). For those members titles, other utilization management may apply that may differ in this SPA.	
need of such care." Coverage is limited to state school ICF/MR receiving benefits through managed care en from the FFS authorization that is specified	(these schools have more than 15 beds). For those members atities, other utilization management may apply that may differ in this SPA. Source: Section 1937 Coverage Option Benchmark Benefit	Remove
need of such care." Coverage is limited to state school ICF/MR receiving benefits through managed care en from the FFS authorization that is specified Other 1937 Benefit Provided:	(these schools have more than 15 beds). For those members titles, other utilization management may apply that may differ in this SPA.	Remove
need of such care." Coverage is limited to state school ICF/MR receiving benefits through managed care en from the FFS authorization that is specified Other 1937 Benefit Provided: Transportation – Non-emergent	(these schools have more than 15 beds). For those members titles, other utilization management may apply that may differ in this SPA.         Source:         Section 1937 Coverage Option Benchmark Benefit Package	Remove
need of such care." Coverage is limited to state school ICF/MR receiving benefits through managed care en from the FFS authorization that is specified Other 1937 Benefit Provided: Transportation – Non-emergent Authorization:	(these schools have more than 15 beds). For those members tities, other utilization management may apply that may differ in this SPA. Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
need of such care." Coverage is limited to state school ICF/MR receiving benefits through managed care en from the FFS authorization that is specified Other 1937 Benefit Provided: Transportation – Non-emergent Authorization: Other	(these schools have more than 15 beds). For those members titles, other utilization management may apply that may differ in this SPA.         Source:       Section 1937 Coverage Option Benchmark Benefit Package         Provider Qualifications:       Medicaid State Plan	Remove
need of such care." Coverage is limited to state school ICF/MR receiving benefits through managed care en from the FFS authorization that is specified Other 1937 Benefit Provided: Transportation – Non-emergent Authorization: Other Amount Limit: None	(these schools have more than 15 beds). For those members tities, other utilization management may apply that may differ in this SPA.         Source:         Section 1937 Coverage Option Benchmark Benefit Package         Provider Qualifications:         Medicaid State Plan         Duration Limit:	Remove
need of such care." Coverage is limited to state school ICF/MR receiving benefits through managed care en from the FFS authorization that is specified Other 1937 Benefit Provided: Transportation – Non-emergent Authorization: Other Amount Limit:	(these schools have more than 15 beds). For those members tities, other utilization management may apply that may differ in this SPA.         Source:         Section 1937 Coverage Option Benchmark Benefit Package         Provider Qualifications:         Medicaid State Plan         Duration Limit:	Remove
need of such care." Coverage is limited to state school ICF/MR receiving benefits through managed care en from the FFS authorization that is specified Other 1937 Benefit Provided: Transportation – Non-emergent Authorization: Other Amount Limit: None Scope Limit:	(these schools have more than 15 beds). For those members tities, other utilization management may apply that may differ in this SPA.         Source:         Section 1937 Coverage Option Benchmark Benefit Package         Provider Qualifications:         Medicaid State Plan         Duration Limit:	Remove



Other 1937 Benefit Provided: Private Duty Nursing Services	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Not provided in a hospital or skilled nursing facilit	у.	
Other:		
Coverage is provided as defined in the state plan 3. Services. For those members receiving benefits thro management may apply that may differ from the FF	bugh managed care entities, other utilization	
Other 1937 Benefit Provided:	Source:	
Home Health: Aide Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
For those members receiving benefits fee for servic member has a need for either home health part-time occupational therapy, or speech therapy services. Pr units in a 90 day period for services provided pursu If the member uses less than 240 units in a 90 day p allotment of 240 units before PA is required. For ho home health physical, occupational, or speech thera 240 home health aide units in a 90 day period, PA is therapy visits in a calendar year if home health aide or occupational therapy services, or after 35 speech	rior authorization is required after 240 home health aide ant to a need for home health part-time nursing services. beriod, then a new 90 day period is triggered, with a new ome health aide services provided pursuant to a need for py services, in addition to the requirement for PA after s also required after 20 physical therapy or occupational services are provided pursuant to home health physical therapy visits in a calendar year if home health aide herapy services. For those members receiving benefits	
Other 1937 Benefit Provided:	Source:	
Rehabilitative Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	



Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
(FFS), the same prior authorization require Hospital Services and Inpatient Hospital S screening for clinical authorization; for ex- and day habilitation. For those members r	ealth. For those members receiving benefits fee for service ements as those outlined under Physicians' Services, Outpatient ervices apply. Certain long term services and supports require ample, adult day health, adult foster care, group adult foster care, ecciving benefits through managed care entities, other utilization om the FFS authorization that is specified in this SPA.	
her 1937 Benefit Provided:	Source:	
LP: Podiatrist	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	9 <sup>1</sup>
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See Below	None	
Scope Limit:		
Other than routine foot care services		
Other:		
licensed practitioners within the scope of t limits are hard limits for members aged 21 limited visit per 30 day period; one extend of office visits are limited to one visit in a and two visits in a 30 day period in a hosp	her type of remedial care recognized under state law, furnished by heir practice as defined by state law: Podiatrist." The following and older: Office visits are limited to one initial visit; one ed visit per 30 day period; and one follow up visit per week. Out 30 day period in a long-term-care facility or the member's home ital setting. For those members receiving benefits through nagement may apply that may differ from the FFS authorization	
her 1937 Benefit Provided:	Source:	
LP: Other Practitioners' Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		



0	+1	10		2
U	u	IC	r	

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: Other Licensed Practitioners' Services (OLP)". OLP Services not listed elsewhere also include hearing instrument specialist services, public health dental hygienist services, and acupuncturist 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. Acupuncturist services are limited to the practice of providing medically necessary acupuncture for the treatment of pain and as a substance use disorder treatment. 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.

Other 1937 Benefit Provided:	Source:	
Extended Services for Pregnant Women	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Hospital Services. For those members receiving be management may apply that may differ from the Fl	ABP, including Physicians' Services and Outpatient nefits through managed care entities, other utilization FS authorization that is specified in this SPA.	8
ther 1937 Benefit Provided: Nursing Fac. Serv. for 21 or Older: Custodial Care	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remov
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Custodial Nursing Care		
Other:		
State Plan Title: "Nursing facility services (other th individuals 21 years of age or older."	nan services in an institution for mental diseases) for	
For members receiving benefits FFS, the MassHea facility services. New clinical authorizations may be	Ith agency requires clinical authorizations for nursing- be required in some circumstances such as when a	
	proval Date: 2/16/23 ctive Date: 10/01/22	



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, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

ther 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	
LP: Midlevel Practitioners' Services	Package	Remov
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		ha <sup>i</sup>
See Below		4.2 21
Other:	,	
(including, but not limited to, laboratory tests, d	or treatments; the treatment of male or female infertility lrugs and procedures associated with such treatment); is covered. Limits on covered services can be exceeded tion. For these members receiving benefits through	
	ment may apply that may differ from the FFS authorization	l.
managed care entities, other utilization manager	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
managed care entities, other utilization manager that is specified in this SPA. ther 1937 Benefit Provided: fedication Assisted Treatment (MAT)	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
managed care entities, other utilization manager that is specified in this SPA. ther 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
managed care entities, other utilization manager that is specified in this SPA. ther 1937 Benefit Provided: fedication Assisted Treatment (MAT) Authorization: Other	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remove
managed care entities, other utilization manager that is specified in this SPA. ther 1937 Benefit Provided: Iedication Assisted Treatment (MAT) Authorization:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
managed care entities, other utilization manager         that is specified in this SPA.         ther 1937 Benefit Provided:         Indication Assisted Treatment (MAT)         Authorization:         Other         Amount Limit:         None	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
managed care entities, other utilization manager that is specified in this SPA. ther 1937 Benefit Provided: Iedication Assisted Treatment (MAT) Authorization: Other Amount Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
managed care entities, other utilization manager that is specified in this SPA. ther 1937 Benefit Provided: Medication Assisted Treatment (MAT) Authorization: Other Amount Limit: None Scope Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove



Other 1937 Benefit Provided:	Source:	
Routine Patient Costs: Qualifying Clinical Trials	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See Below		
Other:		
	qualifying clinical trials as required under Section n the state plan 3.1A and 3.1B pages under "Coverage of als".	
		Add



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.



	_	-				OMB Control Number: 09381148
Att	achment 3.1-L-					OMB Expiration date: 10/31/2014
Be	nefits Assuran	ces				ABP7
EP	SDT Assurances					
	ne target population scription Drug Cov			se complete the follo	wing assurances regarding I	EPSDT. Otherwise, skip to the
The	alternative benefi	t plan includes	beneficiaries unde	r 21 years of age.	Yes	
	The state/territory (42 CFR 440.345)		e notice to an indi	vidual includes a des	cription of the method for e	nsuring access to EPSDT services
	The state/territory state/territory plan				als under 21 years of age wh	no are covered under the
	Indicate whether additional benefit			only through an Alte	ernative Benefit Plan or whe	ether the state/territory will provide
	• Through an A	Alternative Ben	efit Plan.			
	C Through an A	Alternative Ben	efit Plan with addi	tional benefits to ens	ure EPSDT services as defi	ned in 1905(r).
Oth	er Information reg	garding how ES	PDT benefits will	be provided to partic	ipants under 21 years of ag	e (optional):
Pro	escription Drug C	Coverage Assu	ances			
	implementing reg	gulations at 42 (	CFR 440.347. Cov	verage is at least the g	en 2017년 1월 2017년 2017년 1월 20	n section 1937 of the Act and Jnited States Pharmacopeia (USP) benchmark.
		state/territory assures that procedures are in place to allow a beneficiary to request and gain access to clinically appropriate cription drugs when not covered.				
	The state/territory assures that when it pays for outpatient prescription drugs covered under an Alternative Benefit Plan, it meets the requirements of section 1927 of the Act and implementing regulations at 42 CFR 440.345, except for those requirements that are directly contrary to amount, duration and scope of coverage permitted under section 1937 of the Act.					
				ior authorization of p ments in section 1927	rescription drugs under an <i>d</i> (d)(5) of the Act.	Alternative Benefit Plan, it
Ot	ner Benefit Assur	ances				
7						blaced from the base benchmark S inspection if requested by CMS.
	The state/territory assures that individuals will have access to services in Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) as defined in subparagraphs (B) and (C) of section 1905(a)(2) of the Social Security Act.					
7	The state/territory 1902(bb) of the S			nd FQHC services is	made in accordance with th	e requirements of section



- The state/territory assures that it will comply with the requirement of section 1937(b)(5) of the Act by providing, effective January 1, 2014, to all Alternative Benefit Plan participants at least Essential Health Benefits as described in section 1302(b) of the Patient Protection and Affordable Care Act.
- The state/territory assures that it will comply with the mental health and substance use disorder parity requirements of section 1937(b)(6) of the Act by ensuring that the financial requirements and treatment limitations applicable to mental health or substance use disorder benefits comply with the requirements of section 2705(a) of the Public Health Service Act in the same manner as such requirements apply to a group health plan.
- The state/territory assures that it will comply with section 1937(b)(7) of the Act by ensuring that benefits provided to Alternative Benefit Plan participants include, for any individual described in section 1905(a)(4)(C), medical assistance for family planning services and supplies in accordance with such section.
- The state/territory assures transportation (emergency and non-emergency) for individuals enrolled in an Alternative Benefit Plan in accordance with 42 CFR 431.53.
- ✓ The state/territory assures, in accordance with 45 CFR 156.115(a)(4) and 45 CFR 147.130, that it will provide as Essential Health Benefits 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).

#### 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.



y Systems	ABP8	
	OMB Expiration date: 10/31/2014	
	OMB Control Number: 09381148	

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.

Attachment 3.1-L-Service Deliver

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 Standard, 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 Standard ABP 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

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):
C Section 1915(a) voluntary managed care program.
O Section 1915(b) managed care waiver.
O Section 1932(a) mandatory managed care state plan amendment.
Section 1115 demonstration.
C Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.
Identify the date the managed care program was approved by CMS: October 1, 2013
Describe program below: MassHealth contracts with managed care organizations (MCOs) that provide comprehensive health coverage including behavioral health services to MassHealth Standard ABP enrollees. Members enroll in either an MCO or the PCC Plan unless exempt because MassHealth is providing premium assistance.
Additional Information: #type# (Optional)
Provide any additional details regarding this service delivery system (optional):
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):
C Section 1915(a) voluntary managed care program.
C Section 1915(b) managed care waiver.
• Section 1115 demonstration.
O Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.
Identify the date the managed care program was approved by CMS: October 1, 2013
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. MassHealth Standard ABP members enroll in either an MCO or the PCC Plan. If such MassHealth Standard ABP 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: #type# (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): TN: 22-0042 Approval Date: 2/16/23
Supersedes TN: 22-0009 Effective Date: 10/01/22



October 1, 2013

C Section 1915(b) managed care waiver.

C Section 1932(a) mandatory managed care state plan amendment.

• Section 1115 demonstration.

C Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

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

Describe program below:

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

#### Additional Information: #type# (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

C 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-forservice care management models/non-risk, contractual incentives as well as the population served via this delivery system.

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

#### Additional Information: Fee-For-Service (Optional)

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

#### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



OMB Control Number: 09381148 OMB Expiration date: 10/31/2014

ABP9

Yes

Attachment 3.1-L-

#### **Employer Sponsored Insurance and Payment of Premiums**

The state/territory provides the Alternative Benefit Plan through the payment of employer sponsored insurance for participants with such coverage, with additional benefits and services provided through a Benchmark or Benchmark-Equivalent Benefit Package.

Provide a description of employer sponsored insurance, including the population covered, the amount of premium assistance by population, employer sponsored insurance activities including required contribution, cost-effectiveness test requirements, and benefit information:

The state assures that ESI coverage is established in Section 3.2 and 4.22(h) of the state's approved Medicaid State Plan. The beneficiary will receive a benefit package that includes a wrap of benefits around the employer's sponsored insurance plan that equals the benefit package to which the beneficiary is entitled. The beneficiary will not be responsible for payment of premiums or other cost sharing that exceeds nominal levels as established at 42 CFR part 447 subpart A.

The state/territory otherwise provides for payment of premiums.

Provide a description including the population covered, the amount of premium assistance by population, required contributions, cost-effectiveness test requirements, and benefits information.

The state assures that group health insurance coverage is established in Section 3.2 and 4.22(h) of the state's approved Medicaid State Plan. The beneficiary will receive a benefit package that includes a wrap of benefits around the employers sponsored insurance plan that equals the benefit package to which the beneficiary is entitled. The beneficiary will not be responsible for payment of premiums or other cost sharing that exceeds nominal levels as established at 42 CFR part 447 subpart A.

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

#### 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.



_	OMB Control Number: 09381148
Attachment 3.1-L-	OMB Expiration date: 10/31/2014
General Assurances	ABP10
Economy and Efficiency of Plans	
The state/territory assures that Alternative Benefit Plan coverage is provided in accordar equirements and other economy and efficiency principles that would otherwise be app through which the coverage and benefits are obtained.	같은 No. 2년 - 2년 20년 20년 20년 20년 20년 20년 20년 20년 20년
Economy and efficiency will be achieved using the same approach as used for Medica	id state plan services. Yes
Compliance with the Law	
The state/territory will continue to comply with all other provisions of the Social Secur state/territory plan under this title.	ity Act in the administration of the
✓ The state/territory assures that Alternative Benefit Plan benefits designs shall conform CFR 430.2 and 42 CFR 440.347(e).	to the non-discrimination requirements at 42
The state/territory assures that all providers of Alternative Benefit Plan benefits shall m the Base Benchmark Plan and/or the Medicaid state plan.	neet the provider qualification requirements of

#### PRA Disclosure Statement

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OMB Control Number: 09381148 OMB Expiration date: 10/31/2014

Attachment 3.1-L-

#### **Payment Methodology**

ABP11

#### Alternative Benefit Plans - Payment Methodologies

The state/territory provides assurance that, for each benefit provided under an Alternative Benefit Plan that is not provided through managed care, it will use the payment methodology in its approved state plan or hereby submits state plan amendment Attachment 4.19a, 4.19b or 4.19d, as appropriate, describing the payment methodology for the benefit.

An attachment is submitted.

#### PRA Disclosure Statement

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