

Table of Contents

State/Territory Name: MA

State Plan Amendment (SPA) #: 21-0041

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

March 15, 2022

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

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

Dear Secretary Sudders:

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

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

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

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER <u>2 1 - 0 0 4 1</u>	2. STATE <u>MA</u>
3. PROGRAM IDENTIFICATION: TITLE X OF THE SOCIAL SECURITY ACT	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
10/15/2021

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR Part 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a FFY 22 \$ 13,720,000
b FFY 23 \$ 13,560,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B p. 1c

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

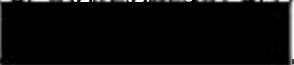
Attachment 4.19-B p. 1c

9. SUBJECT OF AMENDMENT

An amendment to the rates for dental services

10. GOVERNOR'S REVIEW (Check One)

<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Not required under 42 CFR 430.12(b)(2)(i)
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Marylou Sudders

13. TITLE
Secretary

14. DATE SUBMITTED
12/30/2021

15. RETURN TO
**Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
One Ashburton Place, Room 1109
Boston, MA 02108**

FOR CMS USE ONLY

16. DATE RECEIVED
12/30/21

17. DATE APPROVED
March 15, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
10/15/21

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Methods and Standards for Establishing Payment Rates – Other Types of Care

j. Dental services (including dentures and prosthetic devices) —

1. Fee-for-Service Rates

The fee-for-service rates for dental services, other than those provided by dentists who are also oral surgeons and use the Current Procedural Terminology (CPT) codes, are effective for services provided on or after October 15, 2021, and are published on <https://www.mass.gov/regulations/101-CMR-31400-rates-for-dental-services>.

For oral surgeons using CPT codes, see Attachment 4.19-B, section 8.d. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

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

a. Eligibility

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

b. Payment Methodology

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