

State Plan under title XXI of the Social Security Act
Children's Health Insurance Program
Commonwealth of Massachusetts

Section 6. Coverage Requirements for Children's Health Insurance (Section 2103)



Check here if the state elects to use funds provided under Title XXI to provide expanded eligibility under the state's Medicaid plan,

Our Title XXI Medicaid expansion group is newborns 185.1% FPL up to 200% FPL, children ages 1-5 133.1% FPL up to 150% FPL, children ages 6-17 114.1% FPL up to 150% FPL and children age 18 up to 150% FPL. These children are in MassHealth Standard and receive the Medicaid benefit package. [See MMDL 014-003 approval for current percentages] and [MMDL 014-005 for language about 2101(f).

- 6.1. The state elects to provide the following forms of coverage to children:
(Check all that apply.) **(42CFR 457.410(a))**

- 6.1.1. ☒ **Benchmark coverage; (Section 2103(a)(1) and 42 CFR 457.420)**
- 6.1.1.1. ☐ **FEHBP-equivalent coverage; (Section 2103(b)(1))**
(If checked, attach copy of the plan.)
- 6.1.1.2. ☐ **State employee coverage; (Section 2103(b)(2))** (If checked, identify the plan and attach a copy of the benefits description.)
- 6.1.1.3. ☒ **HMO with largest insured commercial enrollment (Section 2103(b)(3))** (If checked, identify the plan and attach a copy of the benefits description.)

This applies only to Direct Coverage programs, not Premium Assistance. See Section 6.1.4 below.

- 6.1.2. ☐ **Benchmark-equivalent coverage; (Section 2103(a)(2) and 42 CFR 457.430)** Specify the coverage, including the amount, scope and duration of each service, as well as any exclusions or limitations. Please attach a signed actuarial report that meets the requirements specified in 42 CFR 457.431. **See instructions.**
- 6.1.3. ☐ **Existing Comprehensive State-Based Coverage; (Section 2103(a)(3) and 42 CFR 457.440)** [Only applicable to New York; Florida; Pennsylvania] Please attach a description of the benefits package, administration, date of enactment. If existing comprehensive state-based coverage is modified, please provide an actuarial opinion documenting that the actuarial value of the modification is greater than the value as of 8/5/97 or one of the benchmark plans. Describe the fiscal year 1996 state expenditures for existing comprehensive state-based coverage.

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6.1.4. ☒ **Secretary-Approved Coverage. (Section 2103(a)(4)) (42 CFR 457.450)**

6.1.4.1. ☒ Coverage the same as Medicaid State plan and applicable additional coverage described in the Services Related Expenditures and related Special Terms and Conditions in the Massachusetts 1115 demonstration project (no. 11-w-00030) for Medicaid expansion children who are in MassHealth Standard and unborn CHIP children who are in MassHealth Standard, except that unborn CHIP children are not eligible for Premium Assistance.

6.1.4.2. ☒ Comprehensive coverage for children under a Medicaid Section 1115 demonstration project for children in MassHealth Family Assistance and CommonHealth

The Basic Benefit Level, as approved by the Secretary under the Massachusetts 1115 Demonstration Project, for premium assistance toward employer sponsored health insurance.

6.1.4.3. ☐ Coverage that either includes the full EPSDT benefit or that the state has extended to the entire Medicaid population

6.1.4.4. ☐ Coverage that includes benchmark coverage plus additional coverage

6.1.4.5. ☐ Coverage that is the same as defined by existing comprehensive state-based coverage

6.1.4.6. ☐ Coverage under a group health plan that is substantially equivalent to or greater than benchmark coverage through a benefit by benefit comparison (Please provide a sample of how the comparison will be done)

6.1.4.7. ☐ Other (Describe)

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6.2. The state elects to provide the following forms of coverage to children:

Covered services for MassHealth Family Assistance - Direct Coverage (including FAEC)

Non-disabled children who are not eligible for MassHealth Standard and who are in families with income up to 300% FPL are enrolled in MassHealth Family Assistance . Those who do not have cost effective Employer Sponsored Insurance (ESI) receive direct coverage. This coverage is equivalent to the MassHealth Standard (Medicaid benefit package) covered services with the following exceptions: non-emergency transportation, long-term community-based services, personal care services, day habilitation, and adult day health services are not covered. Long-term care is limited to 100 days. Certain services listed below are covered only following prior authorization based on medical necessity.

- 6.2.1. ☒ Inpatient services **(Section 2110(a)(1))**
All acute inpatient hospital services such as daily physician intervention, surgery, obstetrics, radiology, laboratory and other diagnostic and treatment procedures.
- 6.2.2. ☒ Outpatient services **(Section 2110(a)(2))**
Acute outpatient services include outpatient surgical, and related diagnostic and medical services.
- 6.2.3. ☒ Physician services **(Section 2110(a)(3))**
Physician services (primary and specialty) include all medical, radiological, laboratory, anesthesia and surgical.
- 6.2.4. ☒ Surgical services **(Section 2110(a)(4))**
Surgical services include services provided in section 6.2.1, 6.2.2, and 6.2.3
- 6.2.5. ☒ Clinic services (including health center services) and other ambulatory health care services. **(Section 2110(a)(5))**
Clinical services include services provided in section 6.2.2 and 6.2.3
- 6.2.6. ☒ Prescription drugs **(Section 2110(a)(6))**
Legend drugs that are approved by the U.S. Food and Drug Administration

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- 6.2.7. ☒ Over-the-counter medications **(Section 2110(a)(7))**
Non-legend drugs that are approved by the U.S. Food and Drug Administration.
- 6.2.8. ☒ Laboratory and radiological services **(Section 2110(a)(8))**
All laboratory services necessary for the diagnosis, treatment, and prevention of disease, and maintenance of health of MassHealth members. All x-rays, including portable x-rays and magnetic resonance imagery (MRI), and radiological services.
- 6.2.9. ☒ Prenatal care and prepregnancy family services and supplies **(Section 2110(a)(9))**
All prenatal care and family planning medical services, family planning counseling services, follow-up-care, outreach and community education.
- 6.2.10. ☒ Inpatient mental health services, other than services described in 6.2.18., but including services furnished in a state-operated mental hospital and including residential or other 24-hour therapeutically planned structural services **(Section 2110(a)(10))**
- 6.2.11. ☒ Outpatient mental health services, other than services described in 6.2.19, but including services furnished in a state-operated mental hospital and including community-based services **(Section 2110(a)(11))**
- 6.2.12. ☒ Durable medical equipment and other medically-related or remedial devices (such as prosthetic devices, implants, eyeglasses, hearing aids, dental devices, and adaptive devices) **(Section 2110(a)(12))**
Durable medical equipment, orthotic and prosthetic devices, hearing aids, and eyeglasses are covered when medically necessary and according to the requirements described in the Provider Regulations.
- 6.2.13. ☒ Disposable medical supplies **(Section 2110(a)(13))**
- 6.2.14. ☒ Home and community-based health care services (See instructions) **(Section 2110(a)(14))**
Home health nursing services such as skilled nursing and home health aide services.

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- 6.2.15. ☒ Nursing care services (See instructions) **(Section 2110(a)(15))**
Includes nurse practitioner services and nurse midwife services.
- 6.2.16. ☒ Abortion only if necessary to save the life of the mother or if the pregnancy is the result of an act of rape or incest **(Section 2110(a)(16))**
- 6.2.17. ☒ Dental services **(Section 2110(a)(17))**
Preventive and basic services, emergency dental care and oral surgery, and orthodontic services.
- 6.2.18. ☒ Inpatient substance abuse treatment services and residential substance abuse treatment services **(Section 2110(a)(18))**
- 6.2.19. ☒ Outpatient substance abuse treatment services **(Section 2110(a)(19))**
- 6.2.20. ☐ Case management services **(Section 2110(a)(20))**
- 6.2.21. ☐ Care coordination services **(Section 2110(a)(21))**
- 6.2.22. ☒ Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders **(Section 2110(a)(22))**
Includes individual treatment, comprehensive evaluation, and group therapy.
- 6.2.23. ☒ Hospice care **(Section 2110(a)(23))**
- 6.2.24. ☒ Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, or rehabilitative services. (See instructions) **(Section 2110(a)(24))**
Inpatient chronic or rehabilitation limited to 100 days, early intervention services, oxygen and respiratory therapy services, podiatry services, vision care services.
- 6.2.25. ☐ Premiums for private health care insurance coverage **(Section 2110(a)(25))**
- 6.2.26. ☒ Medical transportation **(Section 2110(a)(26))**
Emergency ambulance only.

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- 6.2.27. ☐ Enabling services (such as transportation, translation, and outreach services (See instructions) **(Section 2110(a)(27))**
- 6.2.28. ☒ Any other health care services or items specified by the Secretary and not included under this section **(Section 2110(a)(28))**
Chapter 766: home assessment and participation in team meetings
Chiropractic services.

Covered services for MassHealth Family Assistance- Premium Assistance

Children enrolled in Family Assistance who have access to cost effective Employer Sponsored Coverage (but are currently uninsured) receive Premium Assistance. In addition, if they do not have dental coverage through their ESI, they receive the Medicaid Standard dental benefit as a wrap service.

Covered services for MassHealth CommonHealth

Disabled children who do not qualify for MassHealth Standard are enrolled in CommonHealth. There is no income limit and premiums are based on income. MassHealth CommonHealth covered services are equivalent to MassHealth Standard (Medicaid benefit package) covered services with the following exception: out of state services are covered for emergencies only. Certain services listed below are covered only following prior authorization based on a funding of medical necessity.

- 6.2.1. ☒ Inpatient services **(Section 2110(a)(1))**
All acute inpatient hospital services such as daily physician intervention, surgery, obstetrics, radiology, laboratory and other diagnostic and treatment procedures.
- 6.2.2. ☒ Outpatient services **(Section 2110(a)(2))**
Acute outpatient services include emergent and urgent care, clinic visits, and outpatient surgical, and related diagnostic and medical services.
- 6.2.3. ☒ Physician services **(Section 2110(a)(3))**
Physician services (primary and specialty) include all medical, radiological, laboratory, anesthesia and surgical
- 6.2.4. ☒ Surgical services **(Section 2110(a)(4))**
Surgical services include services provided in section 6.2.1, 6.2.2, and

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6.2.3

- 6.2.5. ☒ Clinic services (including health center services) and other ambulatory health care services. **(Section 2110(a)(5))**
Clinical services include services provided in section 6.2.2 and 6.2.3
- 6.2.6. ☒ Prescription drugs **(Section 2110(a)(6))**
Legend drugs that are approved by the U.S. Food and Drug Administration
- 6.2.7. ☒ Over-the-counter medications **(Section 2110(a)(7))**
Non-legend drugs that are approved by the U.S. Food and Drug Administration
- 6.2.8. ☒ Laboratory and radiological services **(Section 2110(a)(8))**
All laboratory services necessary for the diagnosis, treatment, and prevention of disease, and maintenance of health of MassHealth members. All x-rays, including portable x-rays and magnetic resonance imagery (MRI), and radiological services.
- 6.2.9. ☒ Prenatal care and prepregnancy family services and supplies **(Section 2110(a)(9))**
All prenatal care and family planning medical services, family planning counseling services, follow-up-care, outreach and community education.
- 6.2.10. ☒ Inpatient mental health services, other than services described in 6.2.18., but including services furnished in a state-operated mental hospital and including residential or other 24-hour therapeutically planned structural services **(Section 2110(a)(10))**
- 6.2.11. ☒ Outpatient mental health services, other than services described in 6.2.19, but including services furnished in a state-operated mental hospital and including community-based services **(Section 2110(a)(11))**
- 6.2.12. ☒ Durable medical equipment and other medically-related or remedial devices (such as prosthetic devices, implants, eyeglasses, hearing aids, dental devices, and adaptive devices) **(Section 2110(a)(12))**
Durable medical equipment, orthotic and prosthetic devices, hearing aids, eyeglasses are covered when medically necessary and according to the requirements described in the Provider Regulations.

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- 6.2.13. ☒ Disposable medical supplies **(Section 2110(a)(13))**
- 6.2.14. ☒ Home and community-based health care services (See instructions) **(Section 2110(a)(14))**
Includes personal care services and home health nursing services, such as skilled nursing and home health aide services.
- 6.2.15. ☒ Nursing care services (See instructions) **(Section 2110(a)(15))**
Includes nurse practitioner services, nurse midwife services, and private duty nursing care.
- 6.2.16. ☒ Abortion only if necessary to save the life of the mother or if the pregnancy is the result of an act of rape or incest **(Section 2110(a)(16))**
- 6.2.17. ☒ Dental services **(Section 2110(a)(17))**
Preventive and basic services, emergency dental care and oral surgery, and orthodontic services.
- 6.2.18. ☒ Inpatient substance abuse treatment services and residential substance abuse treatment services **(Section 2110(a)(18))**
- 6.2.19. ☒ Outpatient substance abuse treatment services **(Section 2110(a)(19))**
- 6.2.20. ☐ Case management services **(Section 2110(a)(20))**
- 6.2.21. ☐ Care coordination services **(Section 2110(a)(21))**
- 6.2.22. ☒ Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders **(Section 2110(a)(22))**
Includes individual treatment, comprehensive evaluation, and group therapy.
- 6.2.23. ☒ Hospice care **(Section 2110(a)(23))**

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- 6.2.24. ☒ Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, or rehabilitative services. (See instructions) **(Section 2110(a)(24))**
Includes inpatient and outpatient rehabilitation and chronic disease hospital services, early intervention services, oxygen and respiratory therapy services, podiatry services, vision care services
- 6.2.25. ☒ Premiums for private health care insurance coverage **(Section 2110(a)(25))**
- 6.2.26. ☒ Medical transportation **(Section 2110(a)(26))**
Includes emergency and non-emergency ambulance.
- 6.2.27. ☒ Enabling services (such as transportation, translation, and outreach services (See instructions) **(Section 2110(a)(27))**
Medically necessary transportation by taxi, or chair car to a MassHealth provider for a MassHealth covered service.
- 6.2.28. ☒ Any other health care services or items specified by the Secretary and not included under this section **(Section 2110(a)(28))**
Adult Day Health services
Chapter 766: home assessment and participation in team meetings
Chiropractic services

6.2 Covered services for Unborn Children

MassHealth provides coverage for "unborn children" in households with income up to 200% FPL whose mothers are not otherwise eligible for MassHealth Standard. Such unborn children are in MassHealth Standard and receive coverage that is the same as the Medicaid State Plan and the Massachusetts 1115 demonstration project for members in Standard. Benefits to unborn children are delivered through the same delivery and utilization control systems as those available to other Standard members under the 1115 waiver, except that unborn children are not eligible for Premium Assistance and are only eligible for direct coverage.

MassHealth uses a bundled payment methodology which pays for prenatal services, Labor and Delivery and one postpartum visit. The bundled payment is billed on the date of birth of the baby so the postpartum visit is prepaid. If MassHealth is unable to use a bundled payment for any reason, the services are paid fee-for-service.

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CHIP level FFP is available for all services provided during the pregnancy and for the bundled payment. 50% FFP under MassHealth Limited is available for emergency services provided during the postpartum period and no FFP is available for non-bundled non-emergency services provided during the postpartum period.

6.3 The state assures that, with respect to pre-existing medical conditions, one of the following two statements applies to its plan: **(42CFR 457.480)**

6.3.1. ☒ The state shall not permit the imposition of any pre-existing medical condition exclusion for covered services **(Section 2102(b)(1)(B)(ii)); OR**

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6.3.2. ☐ The state contracts with a group health plan or group health insurance coverage, or contracts with a group health plan to provide family coverage under a waiver (see Section 6.4.2. of the template). Pre-existing medical conditions are permitted to the extent allowed by HIPAA/ERISA (**Section 2103(f)**). Please describe: *Previously 8.6*

6.4 **Additional Purchase Options.** If the state wishes to provide services under the plan through cost effective alternatives or the purchase of family coverage, it must request the appropriate option. To be approved, the state must address the following: (**Section 2105(c)(2) and (3)) (42 CFR 457.1005 and 457.1010)**

6.4.1. ☐ **Cost Effective Coverage.** Payment may be made to a state in excess of the 10% limitation on use of funds for payments for: 1) other child health assistance for targeted low-income children; 2) expenditures for health services initiatives under the plan for improving the health of children (including targeted low-income children and other low-income children); 3) expenditures for outreach activities as provided in section 2102(c)(1) under the plan; and 4) other reasonable costs incurred by the state to administer the plan, if it demonstrates the following (**42CFR 457.1005(a)**):

6.4.1.1. Coverage provided to targeted low-income children through such expenditures must meet the coverage requirements above; **Describe the coverage provided by the alternative delivery system. The state may cross reference section 6.2.1 - 6.2.28. (Section 2105(c)(2)(B)(i)) (42CFR 457.1005(b))**

6.4.1.2. The cost of such coverage must not be greater, on an average per child basis, than the cost of coverage that would otherwise be provided for the coverage described above; **Describe the cost of such coverage on an average per child basis. (Section 2105(c)(2)(B)(ii)) (42CFR 457.1005(b))**

6.4.1.3. The coverage must be provided through the use of a community-based health delivery system, such as through contracts with health centers receiving funds under section 330 of the Public Health Service Act or with hospitals such as those that receive disproportionate share payment adjustments under section 1886(c)(5)(F) or 1923 of the Social Security Act. **Describe the community-based delivery system. (Section 2105(c)(2)(B)(iii)) (42CFR 457.1005(a))**

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- 6.4.2. ☐ **Purchase of Family Coverage.** Describe the plan to purchase family coverage. Payment may be made to a state for the purpose of family coverage under a group health plan or health insurance coverage that includes coverage of targeted low-income children, if it demonstrates the following: **(Section 2105(c)(3)) (42CFR 457.1010)**
- 6.4.2.1. Purchase of family coverage is cost-effective relative to the amounts that the state would have paid to obtain comparable coverage only of the targeted low-income children involved; and **(Describe the associated costs for purchasing the family coverage relative to the coverage for the low income children.) (Section 2105(c)(3)(A)) (42CFR 457.1010(a))**
- 6.4.2.2. The state assures that the family coverage would not otherwise substitute for health insurance coverage that would be provided to such children but for the purchase of family coverage. **(Section 2105(c)(3)(B)) (42CFR 457.1010(b))**
- 6.4.2.3. The state assures that the coverage for the family otherwise meets title XXI requirements. **(42CFR 457.1010(c))**