



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Division of Medical Assistance**  
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MASSHEALTH  
TRANSMITTAL LETTER ALL-123  
January 2004

**TO:** All Providers Participating in MassHealth  
**FROM:** Beth Waldman, Acting Commissioner *Beth Waldman*  
**RE:** *All Provider Manuals* (Revision to Covered Services for Aliens with Special Status)

MassHealth is reissuing a revision to the regulations at 130 CMR 450.105 concerning MassHealth Basic and certain applicants and members described as aliens with special status (AWSS).

Regulations ending the availability of MassHealth Basic to AWSS applicants and members were promulgated in July 2003. Conforming amendments to 130 CMR 450.000 were filed as emergency regulations and the emergency was inadvertently allowed to expire. Therefore, MassHealth is refiling this revision, so these regulations conform to other MassHealth regulations that are in effect.

These regulations were filed as an emergency, effective January 1, 2004.

NEW MATERIAL

(The pages listed here contain new or revised language.)

All Provider Manuals

Pages 1-7 and 1-8

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

All Provider Manuals

Pages 1-7 and 1-8 — transmitted by Transmittal Letter ALL-121

<b>Commonwealth of Massachusetts</b> <b>Division of Medical Assistance</b> <b>Provider Manual Series</b>  ALL PROVIDER MANUALS	<b>SUBCHAPTER NUMBER AND TITLE</b> 1 INTRODUCTION (130 CMR 450.000)	<b>PAGE</b> 1-7
	<b>TRANSMITTAL LETTER</b> ALL-123	<b>DATE</b> 01/01/04

- (gg) prosthetic services;
  - (hh) rehabilitation services;
  - (ii) renal dialysis services;
  - (jj) speech and hearing services;
  - (kk) therapy services: physical, occupational, and speech/language;
  - (ll) transportation services;
  - (mm) vision care; and
  - (nn) X-ray/radiology services.
- (2) Managed Care Member Participation. MassHealth Standard members must enroll with a MassHealth managed care provider unless excluded from participation in managed care (see 130 CMR 450.117 et seq. and 130 CMR 508.000) or during a period of presumptive eligibility. (See 130 CMR 505.002(C)(4).) Women described at 130 CMR 505.002(H), who receive MassHealth Standard as a result of a diagnosis of breast or cervical cancer, may only enroll in the PCC Plan.
- (3) Managed Care Organizations. For MassHealth Standard members who are enrolled in a MassHealth MCO, the following rules apply.
- (a) MassHealth does not pay a provider other than the MCO for any services that are covered by MassHealth's contract with the MCO, except for family planning services that were not provided or arranged for by the MCO. It is the responsibility of the provider to verify the scope of services covered by MassHealth's contract with the MCO.
  - (b) MassHealth pays providers other than the MCO for those services listed in 130 CMR 450.105(A)(1) that are not covered by MassHealth's contract with the MCO. Such payment is subject to all conditions and restrictions of MassHealth, including all applicable prerequisites for payment.
- (4) Behavioral Health Services.
- (a) MassHealth Standard members enrolled in the PCC Plan receive behavioral health services only through MassHealth's behavioral health contractor. (See 130 CMR 450.124 et seq.)
  - (b) MassHealth Standard members enrolled in an MCO receive behavioral health services only through the MCO. (See 130 CMR 450.117 et seq.)
  - (c) MassHealth Standard members who are excluded from participating in managed care under 130 CMR 508.004 or who have not enrolled in an MCO or with MassHealth's behavioral health contractor may receive behavioral health services from any participating MassHealth provider of such services.
- (5) Purchase of Health Insurance. MassHealth may purchase third-party health insurance for MassHealth Standard members, with the exception of members described at 130 CMR 505.002(H), if MassHealth determines such premium payment is cost effective. Under such circumstances, MassHealth pays a provider only for those services listed in 130 CMR 450.105(A)(1) that are not available through the member's third-party health insurer.

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	<b>TRANSMITTAL LETTER</b> ALL-123	<b>DATE</b> 01/01/04

(B) MassHealth Basic. Basic members receive services through either the purchase of medical benefits or premium assistance.

(1) Covered Services. The following services are covered for MassHealth Basic members (see 130 CMR 505.006).

- (a) abortion services;
- (b) acute inpatient hospital services;
- (c) ambulatory surgery services;
- (d) audiologist services;
- (e) behavioral health (mental health and substance abuse) services;
- (f) Chapter 766: home assessments and participation in team meetings;
- (g) chiropractor services;
- (h) community health center services;
- (i) dental services;
- (j) durable medical equipment and supplies;
- (k) family planning services;
- (l) emergency ambulance services;
- (m) hearing aid services;
- (n) home health services;
- (o) laboratory services;
- (p) nurse midwife services;
- (q) nurse practitioner services;
- (r) orthotic services;
- (s) outpatient hospital services;
- (t) oxygen and respiratory therapy equipment;
- (u) pharmacy services;
- (v) physician services;
- (w) podiatrist services;
- (x) prosthetic services;
- (y) rehabilitation services (except in inpatient hospital settings);
- (z) renal dialysis services;
- (aa) speech and hearing services;
- (bb) therapy services: physical, occupational, and speech/language;
- (cc) vision care; and
- (dd) X-ray/radiology services.

(2) Managed Care Member Participation. MassHealth Basic members for whom eligibility is determined under 130 CMR 505.006 must participate in managed care as described in 130 CMR 450.117. These members are eligible to receive services listed in 130 CMR 450.105(B)(1) only after enrolling with a MassHealth managed care provider in accordance with 130 CMR 508.002(I).