




**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
*www.mass.gov/masshealth*



MassHealth  
Transmittal Letter ALL-215  
November 2015

**TO:** All Providers Participating in MassHealth

**FROM:** Daniel Tsai, Assistant Secretary for MassHealth 

**RE:** *All Provider Manuals* (Primary Care Clinician Plan)

MassHealth has revised its regulations so that all MassHealth CarePlus members now have the option to enroll in MassHealth's Primary Care Clinician Plan (the PCC Plan). This change will increase enrollment choice for MassHealth CarePlus members and will be consistent with options available for other MassHealth members who are eligible for managed care.

These regulations are effective October 1, 2015.

### **MassHealth Website**

This transmittal letter and attached pages are available on the MassHealth website at [www.mass.gov/masshealth](http://www.mass.gov/masshealth).

### **Questions**

If you have any questions about the information in this transmittal letter, please contact the MassHealth Customer Service Center at 1-800-841-2900, e-mail your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.

### **NEW MATERIAL**

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

#### **All Provider Manual**

Pages 1-9 and 1-10

### **OBSOLETE MATERIAL**

(The pages listed here are no longer in effect.)

#### **All Provider Manual**

Pages 1-9 and 1-10 — transmitted by Transmittal Letter ALL-205

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  All Provider Manuals	<b>Subchapter Number and Title</b> 1. Introduction (130 CMR 450.000)	<b>Page</b> 1-9
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(B) MassHealth CarePlus.

(1) Covered Services. The following services are covered for MassHealth CarePlus members (see 130 CMR 505.008: *MassHealth CarePlus.*)

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

(2) Managed Care Member Participation. MassHealth CarePlus members must enroll with a MassHealth managed care provider in accordance with 130 CMR 508.001(A): *Member Participation.* (See also 130 CMR 450.117.)

(3) Managed Care Organizations. For MassHealth CarePlus members who are enrolled in a MassHealth-contracted MCO, the following rules apply.

- (a) The MassHealth agency does not pay a provider other than the MCO for any services that are covered by the MassHealth agency'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 the MassHealth agency's contract with the MCO.

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(b) The MassHealth agency pays providers other than the MCO for those services listed in 130 CMR 450.105(B)(1) that are not covered by the MassHealth agency'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 CarePlus members enrolled in the PCC Plan receive behavioral-health services only through the MassHealth behavioral health contractor (See 130 CMR 450.124).

(b) MassHealth CarePlus members enrolled in an MCO receive behavioral-health services only through the MCO. (See 130 CMR 450.117.)

(c) MassHealth CarePlus members who are excluded from participating in managed care under 130 CMR 508.004: *Members Excluded from Participation in the Primary Care Clinician Plan or a MassHealth Managed Care Organization* or who have not enrolled in an MCO or the PCC Plan may receive behavioral-health services from any participating MassHealth provider of such services.

(5) Purchase of Health Insurance. The MassHealth agency may purchase third-party health insurance for MassHealth CarePlus members, with the exception of members described at 130 CMR 505.002(F): *Individuals with Breast or Cervical Cancer*, if the MassHealth agency determines such premium payment is cost effective. Under such circumstances, the MassHealth agency pays a provider only for those services listed in 130 CMR 450.105(B)(1) that are not available through the member's third-party health insurer.

(C) MassHealth Buy-In.

(1) For a MassHealth Buy-In member who is 65 years of age or older or is institutionalized (see 130 CMR 519.011: *MassHealth Buy-In*), the MassHealth agency pays all of the member's Medicare Part B premium. The MassHealth agency does not pay for any other benefit for these members.

(2) MassHealth Buy-In members are responsible for payment of copayments, coinsurance, and deductibles. MassHealth Buy-In members are also responsible for payment for any services that are not covered by the member's insurance.

(3) The MassHealth agency does not pay providers directly for any services provided to any MassHealth Buy-In member, and therefore does not issue a MassHealth card to MassHealth Buy-In members.

(4) MassHealth Buy-In members are excluded from participation in any of the MassHealth agency's managed care options pursuant to 130 CMR 508.004: *Members Excluded from Participation in the Primary Care Clinician Plan or a MassHealth Managed Care Organization*.

(D) MassHealth Senior Buy-In.

(1) Covered Services. For MassHealth Senior Buy-In members (see 130 CMR 519.010: *MassHealth Senior Buy-In*), the MassHealth agency pays the member's Medicare Part B premiums, and where applicable, Medicare Part A premiums. The MassHealth agency also pays for coinsurance and deductibles under Medicare Parts A and B.

(2) Managed Care Member Participation. MassHealth Senior Buy-In members are excluded from participation in managed care pursuant to 130 CMR 508.004: *Members Excluded from Participation in the Primary Care Clinician Plan or a MassHealth Managed Care Organization*.