

**APPENDIX A**

**Exhibit 1: Services Included in TCOC Calculations**

✓ Denotes a service included in TCOC Calculations

Each of the Services listed below will be included in Total Cost of Care (TCOC) calculations, except for those listed as Services Not Included in TCOC Calculations or listed as Excluded Services. MassHealth reserves the right to amend or modify this list, including but not limited to further defining the services listed below as well as adding or removing services.

Service	Coverage Types		
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus
<b>Acupuncture Treatment</b>	✓	✓	✓
<b>Acute Inpatient Hospital</b>	✓	✓	✓
<b>Ambulatory Surgery/Outpatient Hospital Care</b>	✓	✓	✓
<b>Audiologist</b>	✓	✓	✓
<b>Behavioral Health Services (see below)</b>	✓	✓	✓
<b>Breast Pumps</b>	✓	✓	✓
<b>Certain COVID-19 Specimen Collection and Testing</b>	✓	✓	✓
<b>Chiropractic Services</b>	✓	✓	✓
<b>Chronic, Rehabilitation Hospital or Nursing Facility Services, up to 100 days per Contract Year, except stays in Commonwealth designated COVID-19 nursing facility, see non-TCOC Included Services in Exhibit 2.</b>	✓	✓	✓
<b>Emergency Related Dental Services</b>	✓	✓	✓
<b>Diabetes Self-Management Training</b>	✓	✓	✓
<b>Dialysis</b>	✓	✓	✓
<b>Durable Medical Equipment and Medical/Surgical Supplies</b>			
1) Durable Medical Equipment	✓	✓	✓
2) Medical/Surgical Supplies			
<b>Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services</b>	✓		
<b>Early Intervention</b>	✓	✓	

Service	Coverage Types		
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus
Emergency Services	✓	✓	✓
Family Planning	✓	✓	✓
Fluoride Varnish	✓	✓	
Hearing Aids	✓	✓	✓
Home Health Services	✓	✓	✓
Hospice	✓	✓	✓
Infertility, related to an underlying medical condition	✓	✓	✓
Laboratory	✓	✓	✓
Medical Nutritional Therapy	✓	✓	✓
Orthotics	✓	✓	✓
Oxygen and Respiratory Therapy Equipment	✓	✓	✓
Pharmacy (Please see below for categories of Pharmacy that are not included in TCOC calculations.)			
1) Prescription Drugs	✓	✓	✓
2) Over-the-Counter Drugs			
3) Non-Drug Pharmacy Products			
Physician (primary and specialty)	✓	✓	✓
Podiatry	✓	✓	✓
Preventive Pediatric Health Screening and Diagnostic Services		✓	
Prosthetic Services and Devices	✓	✓	✓
Radiology and Diagnostic Tests	✓	✓	✓
Remote Patient Monitoring	✓	✓	✓
School Based Health Center Services	✓	✓	
Therapy			
1) Physical	✓	✓	✓
2) Occupational			
3) Speech and Hearing			

Service	Coverage Types		
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus
Tobacco Cessation Services	✓	✓	✓
Transportation (emergent)	✓	✓	✓
Transportation (non-emergent, to out-of-state location)	✓		✓
Urgent Care Clinic Services	✓	✓	✓
Vaccine Counseling Services	✓	✓	✓
Vision Care (medical component)	✓	✓	✓
Wigs	✓	✓	✓

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**Exhibit 2: Services Not Included in TCOC Calculations**

✓ Denotes a service not included in TCOC calculations (wrap service)

These services, coordinated by, but not provided by, the Contractor are not factored into TCOC calculations.

Service	Coverage Types		
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus
Abortion	✓	✓	✓
Adult Dentures	✓	✓	✓
Adult Day Health	✓		
Adult Foster Care	✓		
Certain Bundled COVID-19 Testing	✓	✓	✓
Chapter 766	✓	✓	
Chronic, Rehabilitation Hospital, or Nursing Facility Services, both beyond 100 days per Contract Year, consistent with MassHealth policy, and any stay of any duration in a Commonwealth-designated COVID-19 nursing facility	✓	✓	
Day Habilitation	✓		
Digital Therapy Products	✓	✓	✓
Preventative and Basic Dental Services	✓	✓	✓
Group Adult Foster Care	✓		
Isolation and Recovery Site Services	✓	✓	✓
Keep Teens Healthy	✓	✓	
Personal Care Attendant	✓		
Pharmacy – HCV and Non-HCV High Cost Drugs	✓	✓	✓
Private Duty Nursing/Continuous Skilled Nursing	✓	✓	
Telehealth Network Provider Services	✓	✓	✓
Transitional Support Services (TSS) for Substance Use Disorders (Level 3)	✓	✓	✓
Transportation (non-emergent, to in-state location or location within 50 miles of the	✓		✓

	Coverage Types			
Service	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus	
Massachusetts border)				
Vision Care (non-medical component)	✓	✓	✓	

**Appendix A**

**Exhibit 3: Behavioral Health Services Included in TCOC Calculations**

✓ Denotes a service included in TCOC Calculations

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
<b>Inpatient Services</b>			
1. Inpatient Mental Health Services	✓	✓	✓
2. Inpatient Substance Use Disorder Services (Level 4)	✓	✓	✓
3. Observation/Holding Beds	✓	✓	✓
4. Administratively Necessary Day (AND) Services	✓	✓	✓
<b>Diversionsary Services</b>			
<b>24-Hour Diversionsary Services</b>			
a. Community Crisis Stabilization	✓	✓	✓
b. Community-Based Acute Treatment for Children and Adolescents (CBAT)	✓	✓	
c. Acute Treatment Services (ATS) for Substance Use Disorders (Level 3.7)	✓	✓	✓
d. Clinical Support Services for Substance Use Disorders (Level 3.5)	✓	✓	✓
e. Transitional Care Unit (TCU)	✓	✓	
f. Residential Rehabilitation Services (Level 3.1)			
1. Adult Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	✓	✓	✓
2. Family Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	✓	✓	✓
3. Transitional Age Youth and Young Adult Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	✓	✓	✓
4. Youth Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	✓	✓	✓
5. Co-Occurring Enhanced Residential Rehabilitation Services (Level 3.1)	✓	✓	✓

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
<b>6. Population-Specific High Intensity Residential Services (Level 3.3.)</b>	✓	✓	✓
<b>Non-24-Hour Diversionary Services</b>			
a. Community Support Program (CSP)	✓	✓	✓
b. Partial Hospitalization (PHP)	✓	✓	✓
c. Psychiatric Day Treatment	✓	✓	✓
d. Structured Outpatient Addiction Program (SOAP)	✓	✓	✓
e. Intensive Outpatient Program (IOP)	✓	✓	✓
f. Recovery Coaching	✓	✓	✓
g. Recovery Support Navigators	✓	✓	✓
h. Program of Assertive Community Treatment (PACT)	✓	✓	✓
<b>Outpatient Services</b>			
<b>Standard Outpatient Services</b>			
a. Family Consultation	✓	✓	✓
b. Case Consultation	✓	✓	✓
c. Diagnostic Evaluation	✓	✓	✓
d. Dialectical Behavioral Therapy (DBT)	✓	✓	✓
e. Psychiatric Consultation on an Inpatient Medical Unit	✓	✓	✓
f. Medication Visit	✓	✓	✓
g. Couples/Family Treatment	✓	✓	✓
h. Group Treatment	✓	✓	✓
i. Individual Treatment	✓	✓	✓
j. Inpatient-Outpatient Bridge Visit	✓	✓	✓
k. Assessment for Safe and Appropriate Placement (ASAP)	✓	✓	
l. Collateral Contact	✓	✓	
m. Acupuncture Treatment	✓	✓	✓

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
n. Opioid Treatment Services	✓	✓	✓
o. Ambulatory Withdrawal Management (Level 2WM)	✓	✓	✓
p. Psychological Testing	✓	✓	✓
q. Special Education Psychological Testing	✓	✓	
r. Applied Behavioral Analysis for members under 21 years of age (ABA Services)	✓	✓	
s. Early Intensive Behavioral Intervention (EIBI)	✓	✓	
t. Preventive Behavioral Health Services	✓	✓	
<b>Intensive Home or Community-Based Services for Youth</b>			
a. Family Support and Training	✓		
b. Intensive Care Coordination	✓		
c. In-Home Behavioral Services 1) Behavior Management Therapy 2) Behavior Management Monitoring	✓		
d. In-Home Therapy Services 1) Therapeutic Clinical Intervention 2) Ongoing Therapeutic Training and Support	✓	✓	
e. Therapeutic Mentoring Services	✓		
<b>Emergency Services Program (ESP)</b>			
1. ESP Encounter, provided by contracted ESPs and by outpatient hospital emergency departments as further directed by EOHHS	✓	✓	✓
2. Youth Mobile Crisis Intervention	✓	✓	
<b>Other Behavioral Health Services</b>			
1. Electro-Convulsive Therapy (ECT)	✓	✓	✓
2. Repetitive Transcranial Magnetic Stimulation (rTMS)	✓	✓	✓
3. Specializing	✓	✓	✓



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### Exhibit 4: MassHealth Excluded Services – All Coverage Types

Except as otherwise noted or determined Medically Necessary by EOHHS, the following services are not covered under MassHealth and as such are not included in the Contractor's TCOC.

1. Cosmetic surgery, except as determined by the Contractor to be necessary for:
  - a. correction or repair of damage following an injury or illness;
  - b. mammoplasty following a mastectomy; or
  - c. any other medical necessity as determined by the Contractor.
2. Treatment for infertility, including in-vitro fertilization and gamete intra-fallopian tube (GIFT) procedures.
3. Experimental treatment.
4. Personal comfort items including air conditioners, radios, telephones, and televisions (effective upon promulgation by EOHHS of regulations at 130 CMR regarding non-coverage of air conditioners).
5. Non-covered laboratory services as specified in 130 CMR 401.411.
6. Services not otherwise covered by MassHealth, except as determined by EOHHS to be Medically Necessary for MassHealth Standard or MassHealth CommonHealth Enrollees under age 21. In accordance with EPSDT requirements, such services will be included in the Contractor's TCOC under the Contract.