

101: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 346.00: RATES FOR CERTAIN SUBSTANCE-RELATED AND ADDICTIVE DISORDERS PROGRAMS

Section

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346.01: General Provisions

(1) Scope. 101 CMR 346.00 governs rates of payment to be used by all Governmental Units making payment to Eligible Providers of certain substance-related and addictive disorders services to Publicly Assisted Clients. The rates for health care services set forth in 101 CMR 346.00 also apply to individuals covered by the Workers' Compensation Act, M.G.L. c.152.

(2) Disclaimer of Authorization of Services. 101 CMR 346.00 is neither authorization for nor approval of the substantive services for which rates are determined pursuant to 101 CMR 346.00. Governmental Units that purchase services from Eligible Providers are responsible for the definition, authorization, and approval of services extended to Publicly Assisted Clients.

(3) Effective Date. 101 CMR 346.00 shall be effective for services rendered on and after the dates specified in 101 CMR 346.04(4)(a) and (b). The rates for Clinical Case Management, In-Home Therapy, Recovery Coaching, and Telephone Recovery shall be effective pursuant to contracts executed under Department of Public Health procurements.

(4) Coding Updates and Corrections. EOHHS may publish procedure code updates and corrections in the form of an administrative bulletin. The publication of such updates and corrections will list:

- (a) codes for which only the code numbers change, with the corresponding cross references between existing and new codes;
- (b) deleted codes for which there are no corresponding new codes; and
- (c) codes for entirely new services that require pricing. EOHHS will list these codes and apply individual consideration (I.C.) reimbursement for these codes until appropriate rates can be developed.

(5) Administrative Bulletins. EOHHS may issue administrative bulletins to clarify its policy on and understanding of substantive provisions of 101 CMR 346.00.

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346.02: Definitions

Meaning of Terms. As used in 101 CMR 346.00, unless the context requires otherwise, terms shall have the meanings ascribed in 101 CMR 346.02.

Acute Treatment Provider (ATP). An eligible provider of Acute Treatment Services.

Acute Treatment Services (Inpatient). Those medically managed and/or monitored acute intervention and stabilization services that provide supervised detoxification to individuals in acute withdrawal from alcohol or other drugs and address the biopsychosocial problems associated with alcoholism and other drug addictions requiring a 24-hour supervised inpatient stay.

Approved Program Rate. The rate per service unit approved by EOHHS and filed with the Secretary of the Commonwealth.

Case Consultation. A meeting with a professional of another agency to resolve treatment issues or to exchange other relevant client information. Case consultation may be billed only for face-to-face meetings that are necessary as a result of the inability or inappropriateness of other forms of communication, such as telephone and letter. Such circumstances and services must be documented in the client's record and be available as part of any record audit that the purchasing agency may perform.

Case Management. Services, as specified by the MassHealth program, which coordinate the substance-related and addictive disorders treatment of pregnant women with other medical and community services that are critical to the needs of the woman and her pregnancy. Case Management is billable only for women enrolled in the Day Treatment Program. Service is limited to one hour per week per enrollee, provided in no less than 15-minute increments.

Child Enhancement for Residential Rehabilitation Services. A supplemental rate to reflect the costs of young children who may be accompanying their parents in the program.

Client Resources. Revenue received in cash or in kind from Publicly Assisted Clients to defray all or a portion of the cost of program services. Client resources may include payments made by Publicly Assisted Clients to defray the room and board expense of residential services, clients' food stamps, or payments made by clients according to ability to pay or sliding fee scale.

Clients. Recipients of service units within a program.

Clinical Case Management Master's Level. Individualized case management provided as part of a clinical outpatient service that facilitate ongoing engagement in community-based treatment and recovery services; link to community resources such as housing, employment, education and health care; facilitates access to mainstream benefits and includes evidence-based models that integrate clinical treatment and case management services.

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Clinical Case Management Non-Master's Level. Individualized case management provided as part of a clinical outpatient service that facilitate ongoing engagement in community-based treatment and recovery services; link to community resources such as housing, employment, education and health care; facilitates access to mainstream benefits.

Clinically Managed Detoxification Services. Medical assessment, intensive counseling, and case management services to clients who are not intoxicated or have been safely withdrawn from alcohol or other drugs or are addicted to a drug that does not require medical withdrawal. These clients require a 24-hour supervised inpatient stay to address the acute emotional, behavioral, or biomedical distress resulting from an individual's use of alcohol or other drugs. This level of service includes four hours of nursing service seven days per week. These services are governed by the Massachusetts Department of Public Health regulation 105 CMR 164.133 (A)(1)(c).

Cost Report. The document used to report costs and other financial and statistical data. The Uniform Financial Statements and Independent Auditor's Report (UFR) are used when required.

Couple Counseling. Therapeutic counseling provided to a couple whose primary complaint or concern is disruption of their relationship or family due to substance-related and addictive disorders.

Day Treatment. A highly structured day treatment program for substance-related and addictive disorders that meets the service criteria set forth by the Massachusetts Department of Public Health pursuant to 105 CMR 164.231, 164.232 (A), (B), and (C) and MassHealth. A Day Treatment Program operates at least three and one half hours per day, five days per week.

Driver Alcohol Education. The program of services, provided through licensed outpatient substance-related and addictive disorders counseling programs, legislated by M.G.L. c. 90, § 24D to first offender drunk drivers adjudicated in Massachusetts courts.

Educational/Motivational Session. A meeting between staff of a Driver Alcohol Education Program and not more than 15 clients. Clients are required to participate in 32 hours of this interactive group programming through 16 two-hour groups.

Eligible Provider. Any individual, group, partnership, trust, corporation, or other legal entity that offers services for purchase by a Governmental Unit and that meets the conditions of purchase or licensure that have been or may be adopted by a purchasing Governmental Unit.

Enhanced Acute Treatment Services. A program that is medically managed and/or monitored acute intervention and stabilization services, that provides supervised detoxification to dually diagnosed individuals in acute withdrawal from alcohol or other drugs and addresses the mental health needs and biopsychosocial problems associated with alcoholism and other drug addictions requiring a 24-hour supervised inpatient stay.

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EOHHS. The Executive Office of Health and Human Services established under M.G.L. c. 6A.

Established Charge. The lowest fee that is charged or accepted as payment by the Eligible Provider to the general public or any third party payer, other than a Governmental Unit, for the provision of services. Fees based upon the client's ability to pay, as in the case of a sliding fee scale, and fees subject to EOHHS review and approval are not deemed to be established charges.

Family Counseling. The therapeutic counseling of more than one member of a family at the same time in the same session, where the primary complaint or concern is disruption of the family due to substance-related and addictive disorders.

Family Residential Treatment Service. A structured and comprehensive rehabilitative environment in programs ranging in size from 11 to 16 family units. Such services support a resident's recovery from alcohol and/or other drug problems, support the family's recovery from the effects of substance-related and addictive disorders, and encourage movement towards independence.

Family Sober Living Program. A transitional sober living environment for families recovering from substance-related and addictive disorders which assists and supports families in their recovery to achieve self-sufficiency and independent living. This is achieved through 1) case management services within an alcohol- and drug-free living environment that supports the active search for permanent housing and employment and reinforces recovery, and 2) establishing community-based supports to maintain ongoing goals in the recovery process.

Governmental Unit. The Commonwealth, any board, commission, department, division, or agency of the Commonwealth and any political subdivision of the Commonwealth.

Group Counseling. Therapeutic counseling to an unrelated group of people having a common problem or concern that is associated with substance-related and addictive disorders.

Individual Counseling. A therapeutic meeting between the staff of an Eligible Provider and an individual whose primary complaint or concern is his/her substance-related and addictive disorder or that of a significant other

Individual Assessment Session. A meeting between clinician and a client to explore the client's current and past substance-related and addictive disorders, psychosocial history, motivation for change and to make recommendations for appropriate level of care for treatment. Full assessment documentation is required

In-Home Therapy. A therapeutic counseling service for substance-related and addictive disorders provided in the home by a clinician. In-home therapy is allowed when specific barriers to accessing services at a clinic site are identified for the client. The need for in-home therapy is re-assessed at least every 90 days.

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Jail Diversion. A continuum of services prescribed by the courts as an alternative to jail. The first phase consists of approximately three months in a 24-hour, structured, therapeutic, semi-secure residential setting. Evidence-based treatment services are provided to address resistance to care, co-occurring disorders, criminogenic issues, and prepare individuals to engage in ongoing substance-related and addictive disorders treatment. In the second phase, a case manager is assigned to each client for approximately nine months to assist the client's transition to community treatment and ancillary services.

Medically Monitored Inpatient Detoxification Services. Acute detoxification and related treatment services provided to individuals whose current or potential withdrawal symptoms constitute a risk to the patient's health and well-being and require medical monitoring. These services are governed by the Massachusetts Department of Public Health regulation 105 CMR 164.133(A)(1)(b).

Medical Services Visit. A medical services visit to an opioid treatment program includes medical assessment, medical case management, and dispensing of medication to opiate addicted individuals who require support of opioid substitution therapy, as noted in the Department of Public Health's standard RFR program description of Opioid Treatment Programs and pursuant to 105 CMR 164.302 and 164.303.

Operating Agency. An individual, group partnership, corporation, trust, or other legal entity that operates a program.

Opioid Treatment. Opioid Treatment offers medically monitored treatment services for opiate-addicted clients and combines medical and pharmacological interventions with professional counseling, education, and vocational services. Services are offered on both a short-term (detoxification) and long-term (treatment) basis. Any individuals who are addicted to opiate drugs and are medically screened as appropriate are eligible.

P4P Eligible Provider (P4PEP): an Eligible Provider that provides a P4P Eligible Service.

Pay for Performance (P4P). A value-based purchasing program implemented by a Purchasing Governmental Unit to pay providers to perform activities related to improving the quality of care delivered to clients.

P4P Eligible Service. A substance-related and addictive disorders treatment class of services, such as Transitional Support Services or Acute Treatment Services that has been identified by the Purchasing Governmental Unit as eligible for participation in a P4P program.

Postpartum Enhancement for Residential Rehabilitation Services. A supplemental rate to cover the additional staffing and other costs necessary to meet the needs of postpartum women and their infants in the program.

Pregnant Enhancement for Residential Rehabilitation Services. A supplemental rate to cover the additional staffing and other costs necessary to meet the needs of pregnant women in the program.

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Psycho-Educational Group. An educational group that provides intervention and motivation for individuals who may need substance-related and addictive disorders treatment/intervention services or who are family members of those in need of addiction treatment services.

Publicly Assisted Client. A person who receives program services for which a Governmental Unit is liable, in whole or in part, under a statutory program of financial assistance.

Purchasing Governmental Unit. A Governmental Unit that has purchased or is purchasing service units from an Eligible Provider.

Recovery Coaching. A non-clinical service provided by a trained recovery advocate who provides guidance and coaching for individuals to meet their recovery goals

Related Party. A person or organization that is associated or affiliated with, has control of, or is controlled by the operating agency or any director, stockholder, partner, or administrator of the operating agency by common ownership or control or in a manner specified in §§ 267(b) and (c) of the Internal Revenue Code of 1954 as amended, provided, however, that 10% is the operative factor as set out in §§ 267(b)(2) and (3) and provided further that the definition of "family members" found in § 267(c)(4) of said code includes for the purpose of 101 CMR 346.00:

- (a) husband and wife;
- (b) natural parent, child, and sibling;
- (c) adopted child and adoptive parent;
- (d) stepparent and stepchild;
- (e) father-in-law, mother-in-law, sister-in-law, brother-in-law, son-in-law, and daughter-in-law; and
- (f) grandparent and grandchild.

Reporting Year. The Operating Agency's fiscal year for which costs incurred are reported to the Operational Services Division on the Uniform Financial Statements and Independent Auditor's Report (UFR), normally July 1st to June 30th.

Residential Rehabilitation. The program of services defined as organized substance-related and addictive disorders treatment and education services featuring a planned program of care in a 24-hour residential setting. These services are provided to clients who require safe and stable living environments in order to develop their recovery skills. Types of residential rehabilitation services are those designed for adult individuals, adults with their families, adolescents, and driving under the influence second offenders pursuant to Massachusetts Department of Public Health regulation 105 CMR 164.000.

Second Offender Driver Alcohol Education Residential Rehabilitation. The program of services described in M.G.L. c. 90, § 24 and provided through licensed residential counseling programs to driving under the influence second offenders.

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Substance-Related and Addictive Disorders Outpatient Counseling. The services defined in the Massachusetts Department of Public Health regulation 105 CMR 164.200.

Telephone Recovery Support. A telephone support service provided by a counselor who is trained in an evidence-based model of telephone recovery support.

Transitional Support Services. Residential case management services provided to bridge the gap between detoxification and residential rehabilitation and/or community ambulatory aftercare services. This level of service includes four hours of nursing service seven days per week.

Transitional Support Services with Special Programming for Women. Residential case management services provided to bridge the gap between detoxification and residential rehabilitation and/or community ambulatory aftercare services, which services focus on the unique needs of women; are structured in a smaller residential setting (16 versus 36 beds); and offer more intensive services (more counseling and smaller staff/client ratio).

Treatment for Civilly Committed Persons Add-on. Enhanced level of care includes transportation, extra medical, psychiatric, recovery specialist care, family counseling, and additional administrative staff for the intake for all civilly committed persons in the Commonwealth. May be purchased in addition to Medically Monitored Detoxification Services, Clinically Managed Detoxification Services and Transitional Support Services for individuals who have been civilly committed by a district court of the Commonwealth, under M.G.L. c. 123, § 35.

346.03: Filing and Reporting Requirements

- (1) Reporting for Annual Review. Unless exempted herein, each Operating Agency shall on or before the 15th day of the fifth month after the end of its fiscal year, submit to EOHHS.
 - (a) a copy of its Uniform Financial Statement and Independent Auditor's report completed in accordance with the filing requirements of the Operational Services Division, Executive Office for Administration and Finance;
 - (b) a supplemental program questionnaire, if requested by EOHHS.
- (2) Penalties. The purchasing governmental unit may reduce the payment rates by 15% for any provider that fails to submit required information to EOHHS. The purchasing governmental unit will notify the provider in advance of its intention to impose a rate reduction.
- (3) General Provisions.
 - (a) Accurate Data. All reports, schedules, additional information, books, and records that are filed or made available to EOHHS shall be certified under pains and penalties of perjury as true, correct and accurate by the Executive Director or Chief Financial Officer of the Operating Agency.
 - (b) Examination of Records. Each Operating Agency shall make available all records relating to its operation and all records relating to a realty service or related party or holding company or any entity

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in which there may be a common ownership or interrelated directorate upon request of EOHHS for examination.

(c) Field Audits. EOHHS may from time to time conduct a field audit. EOHHS shall make reasonable attempts to schedule an audit at the mutual convenience of both parties.

- (4) Additional Information Requested by EOHHS. Each Operating Agency shall file such additional information as EOHHS may from time to time require no later than 21 days after the date of mailing of that written request. If EOHHS's request for the additional information and/or documentation is not fully satisfied through the submission of written explanation(s) and/or documentation within 21 days of the mailing of that request, all costs relative to that request shall be excluded from rate development by EOHHS.

346.04: Rate Provisions

(1) Services Included in the Rate. The approved rate shall include payment for all care and services that are part of the program of services of an Eligible Provider, as explicitly set forth in the terms of the purchase agreement between the Eligible Provider and the purchasing Governmental Unit(s).

(2) Rates as Full Payment. Each Eligible Provider shall, as a condition of acceptance of payment made by any purchasing Governmental Units for services rendered, accept the approved program rate as full payment and discharge of all obligations for the services rendered. Payment from any other sources shall be used to offset the amount of the purchasing Governmental Unit's obligation for services rendered to the Publicly Assisted Client.

(3) Payment Limitations. No purchasing Governmental Unit may pay less than or more than the approved program rate except as provided in 101 CMR 346.04 (2) and (5).

(4) Approved Program Rates. The rate of payment for authorized services shall be the lower of the established charge or rate listed below. Refer to purchasers' manuals for special coding instructions and limitations on number of units.

(a) Rates effective January 1, 2016.

Code	Rate	Description
Inpatient Services		
H0010	\$190.48	Substance-related and addictive disorders services; sub-acute detoxification (residential addiction program inpatient) (Clinically Managed Detoxification Services)
H0011	\$299.91	Substance-related and addictive disorders services; acute detoxification (Medically Monitored Inpatient Detoxification Services)(Facility with 37 or

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Code	Rate	Description
		fewer licensed beds)
H0011	\$270.37	Substance-related and addictive disorders services; acute detoxification (Medically Monitored Inpatient Detoxification Services)(Facility with more than 37 licensed beds)
H0011-H9	\$35.07	Substance-related and addictive disorders services; acute detoxification (Treatment for Civilly-Committed Persons Add-on)
Residential Services		
H0018	\$133.56	Substance-related and addictive disorders services; short-term residential (nonhospital residential treatment program), per diem (includes room and board) (Transitional Support Services)
H0018-H9	\$92.33	Substance-related and addictive disorders services; short-term residential (nonhospital residential treatment program), per diem (includes room and board) (Second Offender -Driver Alcohol Education Residential)
H2034	\$100.08	Substance-related and addictive disorders halfway house services, per diem (Residential Rehabilitation)
H0019-HD	\$25.57	Residential Rehabilitation Pregnant Enhancement, per diem
H0019-TH	\$81.70	Residential Rehabilitation Postpartum Enhancement, per diem
H0019-HV	\$40.85	Residential Rehabilitation Child Enhancement, per diem
H0019-H9	\$155.72	Jail Diversion-Phase I, per diem
H0006-H9	\$52.60	Jail Diversion-Phase II, per hour
H0019-HR	\$168.23	Family Sober Living, per diem
H0019-HF	\$254.87	Family Residential Treatment for 11 Families, per diem
H0019-HF	\$238.73	Family Residential Treatment for 12 Families, per diem
H0019-HF	\$225.08	Family Residential Treatment for 13 Families, per diem
H0019-HF	\$213.37	Family Residential Treatment for 14 Families, per diem

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Code	Rate	Description
H0019-HF	\$203.23	Family Residential Treatment for 15 Families, per diem
H0019-HF	\$194.35	Family Residential Treatment for 16 or More Families, per diem
H0047-HR	\$49.20	Family Residential 2 nd Partner Enhancement, per diem
Opioid Treatment Services		
<u>Medical Services Visit</u>		
H0020	\$10.21	Substance-related and addictive disorders services; methadone administration and/or service (provision of the drug by a licensed program - dose only visit)
<u>Counseling</u>		
H0004-TF	\$16.94	Behavioral health counseling and therapy, per 15 minutes (opioid individual counseling, intermediate level of care, 4 units max per day).
H0005-HQ	\$13.44	Behavioral health counseling and therapy, per 45 minutes (opioid group counseling, 2 units max per day).
T1006-HR	\$36.30	Alcohol and/or substance abuse services, family/couples counseling (opioid family/couples counseling), per 30 minutes, 2 units max per day.
Ambulatory Services		
<u>Outpatient Counseling</u>		
90882-HF	\$33.58	Consultation with another professional or involved party to clarify and coordinate the treatment of an individual receiving substance-related and addictive disorders treatment services; (substance-related and addictive disorders program - case consultation, per 30 minutes)
H0001	\$16.79	Substance-related and addictive disorders assessment (per 15 minutes)
H0004	\$16.79	Substance-related and addictive disorders counseling and therapy; (individual counseling, per 15 minutes)
H0005	\$13.44	Substance-related and addictive disorders services; group counseling by a clinician; (per 45 minutes)
T1006	\$36.30	Substance-related and addictive disorders services; family/couple counseling (per 30 minutes)

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Code	Rate	Description
H2015-HF	\$9.92	Telephone Recovery – Substance-related and addictive disorders service; Telephone Recovery support service by a counselor trained in evidence-based model. (15 minutes)
H2019-HF	\$19.69	In-Home Therapy – Substance-related and addictive disorders service; in-home counseling by a clinician.(per 15 minutes)
H2027	\$3.60	Psycho-Educational – Substance-related and addictive disorders service; Educational and motivational non-clinical group (per 15 minutes, per client)
H0038-HF	\$13.59	Recovery Coaching- Substance-related and addictive disorders service; recovery support service by a recovery advocate trained in Recovery Coaching (per 15 minutes)

Clinical Case Management

H0006-HO	\$19.83	Clinical Case Management -Master’s level- Substance-related and addictive disorders service by master’s level clinician that uses an evidenced-based model that integrates clinical and case management services.(per 15 minutes)
H0006-HN	\$12.83	Clinical Case Management - Non-master’s level- Substance-related and addictive disorders service by non-master’s level counselor to engage and link client to treatment and community resources (per 15 minutes)

Driver Alcohol Education

H0001-H9	\$16.79	Substance-related and addictive disorders assessment by clinician (court-ordered, per 15 minutes)
H0004-H9	\$16.79	Substance-related and addictive disorders counseling and therapy by clinician, per 15 minutes (individual counseling -court-ordered)
H0005-H9	\$4.48	Substance-related and addictive disorders services; group counseling by a clinician (court-ordered); (per 15 minutes)

Day Treatment

H2012-HF	\$70.83	Substance-related and addictive disorders day services by clinicians (substance-related and addictive disorders program); (3.5 hours)
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Code	Rate	Description
Services for Pregnant/Postpartum Clients		
<u>Inpatient Services</u>		
H0011-HD	\$305.55	Substance-related and addictive disorders services; acute detoxification ; (Medically Monitored Inpatient Detoxification Services; pregnant/parenting women's program; Facility with 37 or fewer licensed beds)
H0011-HD	\$277.30	Substance-related and addictive disorders services; acute detoxification ; (Medically Monitored Inpatient Detoxification Services; pregnant/parenting women's program; Facility with more than 37 licensed beds)
<u>Outpatient Services</u>		
H0004-HD	\$16.79	Substance-related and addictive disorders counseling and therapy, per 15 minutes; (pregnant/parent women's program-individual counseling)
H0005-HD	\$13.44	Substance-related and addictive disorders services; group counseling by a clinician; (pregnant/parenting women's program); (per 45 minutes)
H0006-HD	\$12.83	Substance-related and addictive disorders services; case management (pregnant/parenting women's program); (per 15 minutes)
T1006-HD	\$36.30	Substance-related and addictive disorders services; family/couple counseling (pregnant/parenting women's program); (per 30 minutes)
<u>Day Treatment</u>		
H1005	\$67.16	Prenatal care, at-risk enhanced service package (includes H1001-H1004) (prenatal care, at risk enhanced service, antepartum management, care coordination, education, follow-up home visit) (individual counseling, per hour)
H1005-HQ	\$70.83	Prenatal care, at-risk enhanced service package (includes H1001-H1004) (prenatal care, at risk enhanced service, antepartum management, care coordination, education, follow-up home visit) (day treatment); (per 3.5 hours)
(b) Rates effective April 1, 2016.		
H0001-U1	\$97.00	Alcohol and/or drug assessment (buprenorphine and naltrexone medical evaluation)
H0033	\$32.90	Oral medication administration, direct observation (includes observation for first dosage of buprenorphine only)

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H0033-U2	\$10.36	Oral medication administration, direct observation with modifier U2 (daily buprenorphine dosing, does not include 2 hour observation).
96372	\$18.23	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular. (naltrexone).
J0571	\$0.80	Buprenorphine, oral, 1 mg.
J0572	\$4.34	Buprenorphine/naloxone, oral, less than or equal to 3 mg
J0573	\$7.76	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal 3.1 to 6 mg.
J0574	\$7.76	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg.
J0575	\$15.52	Buprenorphine/naloxone, oral, greater than 10 mg.

(5) Pay for Performance (P4P) Incentive Payments. Subject to a Purchasing Governmental Unit's determination of the availability of funds, P4P Eligible Providers receive incentive payments through the Pay for Performance (P4P) Program as defined by the purchasing governmental unit and as follows:

(a) Performance Indicators.

1. Each performance indicator is calculated to produce aggregate numbers that will be used to establish baseline information, attainment thresholds and performance benchmarks, relative to the distribution of P4P Eligible Providers. Performance indicator rates are calculated by dividing the numerator by the denominator for each measure to obtain a percentage. A measure's denominator is the number of clients served by a P4P Eligible Provider who are eligible for the performance measure and the numerator is the subset of the denominator who meets the measure's specific performance criteria.

2. Payment Eligibility.

To be eligible for payment for a Performance Indicator a P4P Eligible Provider must:

- i. be an Eligible Provider as of a certain date, the date to be established by the Purchasing Governmental Unit on an annual basis; and

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- ii. have a minimum number (minimum to be established by the Purchasing Governmental Unit) of clients who must meet specific Performance Indicator criteria during the date range for which performance is being measured.

3. Performance Score.

For each Performance Indicator for which the P4P Eligible Provider is eligible per 101 CMR 346.04 (5)(a), P4P Eligible Providers will earn points for either achieving a benchmark or for improving their performance over their previous year's performance. Points will be awarded to a P4P Eligible Provider for each indicator, according to the methodologies noted below.

- a. Attainment Points. P4P Eligible Providers may earn points based on where the P4P Eligible Provider's performance falls, relative to the attainment threshold and to the benchmark set for each Performance Indicator. The attainment threshold is set at the median of all P4P Eligible Providers' performance rates. The benchmark is set at the 75th percentile of all P4P Eligible Providers' performance rates. P4P Eligible Providers will receive attainment points between the range of zero and ten 10 for each Performance Indicator, as noted below.
 - i. If a P4P Eligible Provider's performance rate is below the attainment threshold, it will receive zero attainment points.
 - ii. If a P4P Eligible Provider's performance rate is greater than or equal to the benchmark it will receive 10 attainment points.
 - iii. If a P4P Eligible Provider's performance rate is below the benchmark, but at or above the attainment threshold, the P4P Eligible Provider will receive anywhere from one to up to but less than 10 attainment points, as calculated using the following formula.

P4P Eligible Provider's Attainment Points =

$$\left(\frac{(ATP's Performance Rate) - (Attainment Threshold)}{(Benchmark Rate) - (Attainment Threshold)} \times 9 \right) + 1$$

- b. Improvement Points. P4P Eligible Providers may earn improvement points if the P4P Eligible Provider has demonstrated improvement from its previous year's performance rate. The P4P Eligible Provider's improvement points will be calculated based on the following formula:

P4P Eligible Provider's Improvement Points =

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$$\left(\frac{(ATP's \text{ Performance Rate}) - (ATP's \text{ Previous Year Performance Rate})}{(\text{Benchmark Rate}) - (ATP's \text{ Previous Year Performance Rate})} \right) \times 10$$

- c. P4P Eligible Provider Awarded Points. For each Performance Indicator, the awarded points are the higher of the attainment or improvement points earned by the P4P Eligible Provider. In no event will the number of points awarded exceed 10 for each Performance Indicator. Each Performance Indicator's awarded points are then summed across all the indicators a P4P Eligible Provider is eligible for to determine the total awarded points for a P4P Eligible Provider.

$$\text{P4P Eligible Provider's Awarded Points} = (\text{Points Awarded Indicator 1}) + (\text{Points Awarded Indicator 2}) + \dots + (\text{Points Awarded Indicator N})$$

- d. P4P Eligible Provider Potential Points: The total potential points for a P4P Eligible Provider is determined by multiplying the number of Performance Indicators the P4P Eligible Provider is eligible for (see 101 CMR 346.04 (5)(a)) by the maximum number of points per Performance Indicator 10.

$$\text{Potential Points} = (\text{Number of Performance Indicators for which a P4P Eligible Provider is Eligible}) \times 10$$

- e. P4P Eligible Provider Performance Score: The P4P Eligible Provider's performance score reflects a percentage between 0% and 100%. The P4P Eligible Provider awarded points is divided by the P4P Eligible Provider potential points to obtain the P4P Eligible Provider performance score based on the following formula.

$$\text{P4P Eligible Provider Performance Score} = (\text{P4P Eligible Provider Awarded Points}) / (\text{P4P Eligible Provider Potential Points})$$

4. Per Client Payment Amount

The per client payment amount is determined as follows.

- a. The per client payment amount is determined by dividing the aggregate dollar figure determined by the Purchasing Governmental Unit(s) to be available for incentive payments by the statewide adjusted clients calculated as described below.

$$\text{Per Client Payment Amount} = \frac{\text{Aggregate Dollar Amount Available for Incentive Payments}}{\text{Statewide Adjusted Clients}}$$

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Statewide Adjusted Clients

- i. Statewide adjusted clients. The statewide adjusted clients figure is calculated by summing over all P4P Eligible Providers, each P4P Eligible Provider's adjusted clients number.

$$\text{Statewide Adjusted Clients} = (\text{P4PEP 1 Adjusted Clients}) + (\text{P4PEP 2 Adjusted Clients}) + \dots + (\text{P4PEP N Adjusted Clients})$$

- ii. P4P Eligible Provider Adjusted Clients. Each P4P Eligible Provider's number of clients served during the measurement period is multiplied by the P4P Eligible Provider's Performance Score to derive the "adjusted clients" figure.

5. P4P Eligible Provider Total Performance Indicator Payment Amount

A P4P Eligible Provider's Performance Indicator incentive payment is calculated as the product of: (a) the P4P Eligible Provider's Performance Score calculated as per 101 CMR 346.04(5)(a)(3); the number of P4P Eligible Provider clients served during the measurement period; and (c) the per member payment amount that is calculated as per 101 CMR 346.04(4)

$$\text{P4P Eligible Provider Total Performance Indicator Payment Amount} = (\text{P4P Eligible Provider Performance Score}) \times (\text{number of P4P Eligible Provider clients served}) \times (\text{Per Member Payment Amount})$$

346.05: Severability

The provisions of 101 CMR 346.00 are severable. If any provision of 101 CMR 346.00 or application of such provision to any Eligible Provider or fiscal intermediary is held invalid or unconstitutional, such determination will not affect the validity or constitutionality of any remaining provisions of 101 CMR 346.00 or application of such provisions to Eligible Providers or fiscal intermediaries in circumstances other than those held invalid.

REGULATORY AUTHORITY

101 CMR 346.00: M.G.L. c 118E.