

COMMONWEALTH OF MASSACHUSETTS | STANDARD CONTRACT FORM

This form is jointly issued and published by the Office of the Comptroller, the Executive Office for Administration and Finance, and the Operational Services Division as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the [Standard Contract Form Instructions and Contractor Certifications](#), the [Commonwealth Terms and Conditions](#), the [Commonwealth Terms and Conditions for Human and Social Services](#), or the [Commonwealth IT Terms and Conditions](#) which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access forms at macomptroller.org/forms or mass.gov/lists/osd-forms.

CONTRACTOR INFORMATION		COMMONWEALTH INFORMATION	
Contractor Legal Name Boston Medical Center Health Plan, Inc.		Department Executive Office of Health and Human Services	MMARS Code EHS
d/b/a WellSense Health Plan		Contract Manager Name Alejandro Garcia Davalos	
Legal Address As entered on Form W-9 or Form W-4 100 City Square, Suite 200, Charlestown, MA, 02129		Business Mailing Address One Ashburton Place, 11th Fl., Boston, MA 02108	
Contract Manager Name Nelie Lawless		Billing Address If Different	
Phone 617-791-9346	Fax	Phone 781-227-1913	Fax
Email Nelie.Lawless@BMCHP-wellsense.org		Email Alejandro.E.GarciaDavalos@mass.gov	
Vendor Code VC 7000072388		MMARS Doc ID(s) N/A	
Vendor Code Address ID e.g. "AD001". AD 011		RFR/Procurement or Other ID Number BD-22-1039-EHS01-ASHWA-71410	
Note: The Address ID must be set up for Electronic Funds Transfer (EFT) payments.			
☒ NEW CONTRACT		☐ CONTRACT AMENDMENT	
Procurement or Exception Type (Check one option only) ☐ Statewide Contract (OSD or an OSD-designated department.) ☐ Collective Purchase (Attach OSD approval, scope, and budget.) ☐ Department Procurement - Includes all Grants 815 CMR 2.00 . (Attach Solicitation Notice or RFR, and Response or other procurement supporting documentation.) ☐ Emergency Contract (Attach justification for emergency, scope, and budget.) ☐ Contract Employee (Attach Employee Status Form, scope, and budget.) ☐ Interim Contract with new Contractor (Attach justification for Interim Contract and updated scope/budget.) ☐ Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope, and budget.)		Current Contract End Date <i>PRIOR to Amendment</i> December 31, 2027	
		Amendment Amount Or Enter "No Change" No Change	
		Amendment Type Check one option only. Attach details of amendment changes. ☒ Amendment to Date, Scope, or Budget (Attach updated scope and budget.) ☐ Interim Contract with Current Contractor (Attach justification for Interim Contract and updated scope/budget.) ☐ Contract Employee (Attach any updates to scope or budget.) ☐ Other Procurement Exception (Attach authorizing language/justification and updated scope/budget.)	
TERMS AND CONDITIONS			
The Standard Contract Form Instructions and Contractor Certifications and the following document are incorporated by reference into this Contract and are legally binding. Check ONE option:			
☒ Commonwealth Terms and Conditions ☐ Commonwealth Terms and Conditions for Human and Social Services ☐ Commonwealth IT Terms and Conditions			
COMPENSATION			
Check ONE option.			
The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00 .			
☒ Rate Contract (No Maximum Obligation). (Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)			
☐ Maximum Obligation Contract. Total maximum obligation for total duration of this contract (or new total if contract is being amended):			

N/A

PROMPT PAYMENT DISCOUNTS (PPD)Commonwealth payments are issued through Electronic Funds Transfer (EFT) 45 days from invoice receipt. See [Prompt Pay Discounts Policy](#).

Contractors requesting accelerated payments must identify a PPD as follows:

Payment issued within:	10 days	% PPD.
	15 days	% PPD.
	20 days	% PPD.
	30 days	% PPD.

If PPD percentages are left blank, identify reason:

☐ Statutory/legal	☐ Ready Payments (M.G.L. c. 29, § 23A)	☒ Agree to standard 45-day cycle	☐ Only initial payment
--	---	--	---

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT

Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment.

Attach all supporting documentation and justifications.

Amendment 1 to Second Amended and Restated Accountable Care Partnership Plan Contract makes updates to the Contract and certain appendices.

SUPPLIER DIVERSITY PROGRAM (SDP) PLAN

Does the Supplier Diversity Program apply?

- ☒ **YES** If YES, the Contractor's annual SDP commitment for this Contract is **1%**
- ☐ **NO** If NO, and the department is an Executive Department, enter the appropriate exemption:

ANTICIPATED START DATE (Complete ONE option only.)

The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

- ☐ 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.
- ☐ 2. may be incurred as of , 20 , a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.
- ☒ 3. were incurred as of **January**, 20 **25**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE

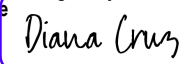
Contract performance shall terminate as of **December 31, 2021**, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS

Notwithstanding verbal or other representations by the parties, the "**Effective Date**" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable), and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in [801 CMR 21.07](#), incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR

Signature and date must be captured at time of signature.

Signature 	Date 11/19/2025
Print Name 2CFB86B8CGC24DA...	Print Title C00
Diana Cruz	

AUTHORIZING SIGNATURE FOR THE DEPARTMENT

Signature and date must be captured at time of signature.

Signature  Mike Levine (Dec 1, 2025 09:35:01 EST)	Date 12/01/2025
Print Name Mike Levine	Print Title Undersecretary for MassHealth

AMENDMENT #1
TO THE
SECOND AMENDED AND RESTATED
ACCOUNTABLE CARE PARTNERSHIP PLAN CONTRACT
FOR THE
MASSHEALTH ACCOUNTABLE CARE ORGANIZATION PROGRAM

WHEREAS, the Executive Office of Health and Human Services (“EOHHS”) and the Contractor identified in **Appendix R** (“Contractor”) entered into the Contract effective January 1, 2023, and with an Operational Start Date of April 1, 2023, to serve as an Accountable Care Organization, improve the MassHealth Member experience of care, health of the population, and efficiency of the MassHealth program, and provide comprehensive health care coverage to MassHealth Members; and

WHEREAS, EOHHS and the Contractor last amended and restated the Contract effective January 1, 2025, (the Second Amended and Restated Accountable Care Partnership Plan Contract);

WHEREAS, in accordance with **Section 5.9** of the Contract, EOHHS and the Contractor desire to amend the Contract effective January 1, 2025; and

WHEREAS, EOHHS and the Contractor agree that the terms stated herein are subject to all required approvals of the federal Centers for Medicare and Medicaid Services (CMS);

NOW, THEREFORE, in consideration of the mutual covenants and agreements contained herein, the Contractor and EOHHS agree as follows:

1. Section 1, Definitions of Terms, Adverse Action, is hereby amended by deleting the section in its entirety and inserting in place thereof:

“**Adverse Action** – any one of the following actions or inactions by the Contractor shall be considered an Adverse Action:

- the failure to provide ACO Covered Services in a timely manner in accordance with the accessibility standards in **Section 2.10.B**;
- the denial or limited authorization of a requested service, including the determination that a requested service is not an ACO Covered Service;
- the reduction, suspension, or termination of a previous authorization by the Contractor for a service;
- the denial, in whole or in part, of payment for a service, where coverage of the requested service is at issue, provided that procedural denials for requested services do not constitute Adverse Actions, including but not limited to denials based on the following:

- failure to follow prior authorization procedures;
 - failure to follow referral rules; and
 - failure to file a timely claim;
 - the failure to act within the timeframes in **Section 2.7.C.6** for making authorization decisions;
 - the failure to act within the timeframes in **Section 2.13.B.4** for reviewing an Internal Appeal and issuing a decision; and
 - the involuntary transfer of an Enrollee to a different PCP pursuant to **Section 2.4.E.3.d.**”
2. **Section 1, Definitions of Terms, Children’s Behavioral Health Initiative Services or CBHI Services** is hereby amended by inserting “, Family-based Intensive Treatment,” before “and Youth Mobile Crisis Intervention”.
 3. **Section 1, Definitions of Terms, Community Service Agency (CSA)** is hereby amended by deleting the section in its entirety and inserting in place thereof:

“**Community Service Agency (CSA)** – a community-based Behavioral Health provider organization whose function is to facilitate access to the continuum of Behavioral Health services by providing an organized pathway to care for children and families where the child is referred for Intensive Care Coordination or Family-based Intensive Treatment. A primary mechanism through which CSAs serve this function is as the provider of Intensive Care Coordination, Family Support and Training Services, and Family-based Intensive Treatment which are BH Covered Services.”
 4. **Section 1, Definitions of Terms,** is hereby amended by inserting a new definition as follows:

“**Designated Perinatal and Maternal Health Expert** – The Designated Perinatal and Maternal Health (PMH) Expert must be a licensed clinician, such as a Certified Nurse Midwife (CNM), Social Worker (LCSW/LICSW), Registered Nurse (RN) or another licensed medical professional such as a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Nurse Practitioner (NP), or Physician’s Assistant (PA) with PMH expertise. The Designated PMH Expert experience shall include but not be limited to working directly with pregnant, birthing, and postpartum patients and their infants. The qualifications for the Designated Perinatal and Maternal Health Expert shall be made available to EOHHS.”
 5. **Section 1, Definitions of Terms, High-Cost Drugs (HCD)** is hereby amended by deleting the section in its entirety and inserting in place thereof:

“**High-Cost Drugs (HCD)** – Unless otherwise specified by EOHHS, drugs identified by EOHHS as High Cost Drugs that have a typical treatment cost greater than \$200,000 per patient per year and treat an applicable condition that affects fewer than 20,000 individuals nationwide.”

6. **Section 1, Definitions of Terms, Internal Appeal** is hereby amended by inserting “The Contractor may only have one level of Internal Appeal for Enrollees consistent with 42 CFR 438.402(b).” after the first sentence.
7. **Section 1, Definitions of Terms, Pre-release Enrollee** is hereby amended by inserting “, as designated by EOHHS,” after “Members” and inserting “or related initiatives” after “Reentry Demonstration Initiative”.
8. **Section 2.3.A.2.h** is hereby amended by deleting “**Section 2.3.A.3.b**” and inserting in place thereof “**Section 2.3.A.3.c**”.
9. **Section 2.3.A.3** is hereby amended by deleting the section in its entirety and inserting in place thereof:

“3. Key Personnel and Other Staff

The Contractor shall have key personnel and other staff as set forth in this **Section**:

- a. The following roles shall be key personnel:
 - 1) The Contractor’s Key Contact, who shall liaise with EOHHS and serve as the point of contact for EOHHS for all communications and requests related to this Contract;
 - 2) The Contractor’s MassHealth Executive Director, who shall have primary responsibility for the management of this Contract and shall be authorized and empowered to represent the Contractor regarding all matters pertaining to this Contract;
 - 3) The Contractor’s Leadership Contact, who shall serve as the contact person for EOHHS’s Assistant Secretary for MassHealth and as a leadership or escalation point of contact for other MassHealth program staff;
 - 4) The Contractor’s Chief Medical Officers/Medical Director, who shall be a clinician licensed to practice in Massachusetts and shall oversee the Contractor’s Care Delivery and Care Management activities, all clinical initiatives including quality improvement activities, including but not limited to clinical initiatives related to addressing the care needs of children, Utilization Management programs, and the review of all appeals decisions that involve the denial of or modification of a requested Covered Service;
 - 5) The Contractor’s Pharmacy Director who shall be responsible for the Contractor’s activities related to pharmacy ACO Covered Services and shall attend Pharmacy Director meetings as described in this Contract and further directed by EOHHS;
 - 6) The Contractor’s Behavioral Health Director, who shall be responsible for the Contractor’s activities related to BH Services and related Care Delivery and Care Management activities, and for all BH-related interaction with EOHHS;

- 7) The Contractor's Chief Financial Officer, who shall be authorized to sign and certify the Contractor's financial condition, including but not limited to attesting to the accuracy of Contractor's financial documents submitted to EOHHS, as described in this Contract and further specified by EOHHS;
- 8) The Contractor's Chief Data Officer, who shall have primary responsibility for ensuring management and compliance of all activities under **Section 2.15** and **Appendix E**;
- 9) The Contractor's Quality Key Contact, who shall oversee the Contractor's quality management and quality improvement activities under this Contract, including those described in **Section 2.14** and other quality activities as further specified by EOHHS;
- 10) The Contractor's Compliance Officer, who shall oversee the Contractor's compliance activities including the Contractor's Fraud and Abuse Prevention activities as described in this Contract and further specified by EOHHS;
- 11) The Contractor's Disability Access Coordinator, whose responsibilities shall include, but may not be limited to:
 - a) Ensuring that the Contractor and its Providers comply with federal and state laws and regulations pertaining to persons with disabilities. Such requirement shall include monitoring and ensuring that Network Providers provide physical access, communication access, accommodations, and accessible equipment for Enrollees with physical or mental disabilities;
 - b) Monitoring and advising on the development of, updating and maintenance of, and compliance with disability-related policies, procedures, operations and activities, including program accessibility and accommodations in such areas as health care services, facilities, transportation, and communications;
 - c) Working with other Contractor staff on receiving, investigating, and resolving Inquiries and Grievances related to issues of disability from Enrollees. Such individual shall be the point person for all Inquiries and Grievances related to issues of disabilities from Enrollees;
 - d) Working with designated EOHHS and Massachusetts Office of Disability staff as directed by EOHHS, including being available to assist in the resolution of any problems or issues related to Enrollees; and
 - e) Upon request of EOHHS, participate in meetings or workgroups related to the needs and care of Enrollees with disabilities.

- 12) The Contractor's State Agency Liaison, who shall coordinate Contractor's interaction with state agencies with which Enrollees may have an affiliation, including but not limited to the Department of Mental Health (DMH), the Department of Developmental Services (DDS), the Department of Children and Families (DCF), the Department of Youth Services (DYS), the Department of Public Health (DPH) and the DPH Bureau of Substance Addiction Services (BSAS). Such Liaison shall act as or shall oversee:
 - a) A designated DCF liaison that works with DCF, including the DCF health and medical services team and the DCF medical social workers in the Contractor's Service Area(s). Such liaison shall:
 - (i) Have at least two years of care management experience, at least one of which shall include working with children in state custody;
 - (ii) Actively participate in the planning and management of services for children in the care or custody of DCF, including children in foster care, guardianship arrangements, and adoptive homes. This shall include but not be limited to:
 - (a) Working with DCF, including the DCF Ombudsman's Office, the DCF health and medical services team, and the DCF medical social workers, to assist EOHHS and DCF in the resolution of any problems or issues that may arise with an Enrollee;
 - (b) Upon request of DCF, participating in regional informational and educational meetings with DCF staff and, as directed by DCF, with foster parent(s), guardians, and adoptive parent(s);
 - (c) As requested by DCF, provide direction and assistance to the DCF health and medical services team and the DCF medical social workers on individual cases regarding ACO Covered Services and coordinating Non-ACO Covered Services;
 - (d) Assisting DCF and, if requested by DCF, foster parent(s), in obtaining appointments for ACO Covered Services;
 - (e) If requested by DCF, work with providers to coordinate Discharge Planning;
 - (f) As requested by EOHHS, actively participate in any joint meetings or

workgroups with EOHHS agencies and other Accountable Care Partnership Plans and MCOs; and

- (g) Perform other functions necessary to comply with the requirements of this Contract.
- b) A designated DYS liaison. Such liaison shall:
 - (i) Have at least two years of care management experience, at least one of which shall include working with children in state custody;
 - (ii) Work with designated DYS staff and be available to assist EOHHS and DYS in the resolution of any problems or issues that may arise with a DYS-affiliated Enrollee;
 - (iii) If requested by DYS, work with providers to coordinate Discharge Planning;
 - (iv) As requested by EOHHS, actively participate in any joint meetings or workgroups with EOHHS agencies and other Accountable Care Partnership Plans and MCOs;
 - (v) Upon request by DYS, participate in regional informational and educational meetings with DYS staff;
 - (vi) As requested by DYS, actively participate and provide advice and assistance to DYS regional directors and staff on individual cases regarding ACO Covered Services and coordinating Non-ACO Covered Services, including the planning and management of such services;
 - (vii) Assist DYS caseworkers in obtaining appointments for ACO Covered Services; and
 - (viii) Perform other functions necessary to comply with this Contract.
- c) A designated DMH liaison. Such liaison shall:
 - (i) Have at least two years of care management experience, at least one of which shall be working with individuals with significant behavioral health needs;
 - (ii) Actively participate in the planning and management of services for Enrollees who are affiliated with DMH, including adult community clinical services (ACCS) clients engaged with CPs. This shall include, but not be limited to:

- (a) Working with DMH, including designated DMH case managers, as identified by DMH, and assisting EOHHS and DMH in resolving any problems or issues that may arise with a DMH-affiliated Enrollee;
 - (b) Upon request of DMH, participating in regional informational and educational meetings with DMH staff and, as directed by DMH, Enrollees' family members and Peer Supports;
 - (c) As requested by DMH, providing advice and assistance to DMH regional directors or case managers on individual cases regarding ACO Covered Services and coordinating Non-ACO covered services;
 - (d) If requested by DMH, working with providers to coordinate Discharge Planning;
 - (e) As requested by EOHHS, actively participating in any joint meetings or workgroups with EOHHS agencies and other Accountable Care Partnership Plans and MCOs;
 - (f) Assisting DMH caseworkers with obtaining appointments for ACO Covered Services;
 - (g) Coordinating with CPs and facilitating communication between CPs and DMH regarding CP Enrollees who are ACCS clients; and
 - (h) Performing other functions necessary to comply with the requirements of this Contract.
- 13) The Contractor's Ombudsman Liaison, who shall liaise with EOHHS' Ombudsman to resolve issues raised by Enrollees; and
- 14) Any other positions designated by EOHHS.
- b. The Contractor shall have the following designated staff:
 - 1) The Contractor's Care Coordination Contact, who, in accordance with **Section 2.4.F.5**, shall liaise with EOHHS on matters related to care coordination, ACO Care Management, and the Community Partners program;
 - 2) The Contractor's Designated Pediatric Expert, who shall assist with ACO Care Management strategy matters, screening matters, and other matters as they relate to Enrollees under the age of 21 as

further described in this Contract, including but not limited to in **Sections 2.5 and 2.6**;

- 3) The Contractor's Designated Perinatal and Maternal Health Expert, who shall assist with ACO Care Management and enhanced care coordination strategy matters, screening matters, and other matters as they relate to perinatal Enrollees as further described in this Contract, including but not limited to **Sections 2.5 and 2.6**. Upon request of EOHHS, the Designated Perinatal and Maternal Health Expert shall participate in meetings or workgroups related to perinatal and maternal health;
- 4) The Contractor's Network Hospital liaison, as described in **Section 2.5.F.3.a.3**;
- 5) The Contractor's point of contact for CBHI network management, as described in **Section 2.9.C.3.e**;
- 6) The Contractor's point of contact for RRS network management, as described in **Section 2.9.C.4.e**;
- 7) The Contractor's point(s) of contact for Specialized CSP services, as described in **Section 2.9.C.13.e**;
- 8) The Contractor's Appeals Coordinator, as described in **Section 2.13.D.8**;
- 9) The Contractor's designated contact person for the administration of HRSN Supplemental Services, as described in **Section 2.23.D**, including managing relationships with Social Service Organizations; and
- 10) Any other positions designated by EOHHS.

c. The Contractor shall appoint key personnel and designated staff as follows:

- 1) The Contractor shall appoint an individual to each of the roles listed in **Section 2.3.A.3.a-b**. The Contractor may appoint a single individual to more than one such role;
- 2) The Contractor shall have appointments to all key personnel roles, as described in **Section 2.3.A.3.a** no later than ninety (90) days prior to the Contract Operational Start Date, and shall notify EOHHS of such initial appointments;
- 3) Key personnel shall, for the duration of the Contract, be employees of the Contractor (or the ACO Partner, as applicable for ACO Partner positions), shall not be subcontractors, and shall be assigned primarily to perform their job functions related to this Contract;
- 4) The Contractor shall, when subsequently hiring, replacing, or appointing individuals to key personnel roles, as described in **Section 2.3.A.3.a**, notify EOHHS of such a change and provide the

resumes of such individuals to EOHHS upon request after such a change is made;

- 5) Upon EOHHS request, the Contractor shall inform EOHHS of any updates to its designated staff, as described in **Section 2.3.A.3.b**, in accordance with **Appendix A**;
- 6) If EOHHS informs the Contractor that EOHHS is concerned that any key personnel or designated staff, as described in **Section 2.3.A.3.a-b**, are not performing the responsibilities described in this Contract, or are otherwise hindering the Contractor's successful performance of the responsibilities of this Contract, the Contractor shall investigate such concerns promptly, take any actions the Contractor reasonably determines necessary to ensure full compliance with the terms of this Contract, and notify EOHHS of such actions. If such actions fail to ensure such compliance to EOHHS' satisfaction, EOHHS may invoke intermediate sanction and corrective action provisions described in **Section 5.4**.

d. **Administrative Staff**

The Contractor, and its ACO Partner as applicable, shall employ sufficient Massachusetts-based, dedicated administrative staff and have sufficient organizational structures in place to comply with all of the requirements set forth herein, including, but not limited to, specifically designated administrative staff dedicated to the Contractor's activities related to:

- 1) The Contractor's relationships with CPs and management of the CP contracts;
- 2) Risk stratification;
- 3) Care Management;
- 4) Population health initiatives and programs; and
- 5) TPL Benefit Coordination, as described in **Section 2.20.A**.

- e. On an ad hoc basis when changes occur or as directed by EOHHS, the Contractor shall submit to EOHHS an overall organizational chart that includes senior and mid-level managers for the organization. The organizational chart shall include the organizational staffing for Behavioral Health Services and activities. If such Behavioral Health Services and activities are provided by a Material Subcontractor, the Contractor shall submit the organizational chart of the behavioral health Material Subcontractor which clearly demonstrates the relationship with the Material Subcontractor and the Contractor's oversight of the Material Subcontractor. For all organizational charts, the Contractor shall indicate any staff vacancies and provide a timeline for when such vacancies are anticipated to be filled."

10. **Section 2.3.D.5.a.5.a** is hereby amended by inserting "For any payment suspensions initiated prior to April 1, 2023, the Contractor shall disburse 40% of such money to EOHHS." at the end of the section.

11. **Section 2.4.B.2.g** is hereby amended by:
 1. In **Section 2.4.B.2.g.5**, deleting “The name and customer services telephone number for all Material Subcontractors that provide ACO Covered Services to Enrollees unless the Contractor retains all customer service functions for such ACO Covered Services;”
 2. Inserting a new **Section 2.4.B.2.g.6** as follows and renumbering the subsequent sections accordingly:

“6. The name and customer services telephone number for all Material Subcontractors that provide ACO Covered Services to Enrollees unless the Contractor retains all customer service functions for such ACO Covered Services;”
12. **Section 2.4.B.2.g.20.a** is hereby amended by adding “at any time” after “Internal Appeals”.
13. **Section 2.4.E.5.c** is hereby amended by inserting “services” after “CBHI”.
14. **Section 2.5.A.10** is hereby amended by deleting the section in its entirety and inserting in place thereof:

“10. Effective September 23, 2025, develop policies and procedures to pay for annual Behavioral Health Wellness (BH wellness) exams provided to any Enrollee in any care setting by a licensed mental health professional or PCP, as specified in Managed Care Entity Bulletin 136. The annual BH wellness exam shall identify undiagnosed behavioral or mental health needs and appropriate resources for treatment, in accordance with M.G.L. Ch. 118E, s. 10Q, as added by Chapter 177 of the Acts of 2022. The Contractor shall allow, if appropriate, for additional diagnosis codes on the claim, should a condition be discovered during the exam, as specified in Managed Care Entity Bulletin 136 and any superseding bulletins. Such policies and procedures shall not impose prior authorization on the annual BH wellness exam, shall not require a member to have pre-existing clinical conditions, and shall not require a provider to conduct a CANS assessment prior to providing the annual BH wellness exam.”
15. **Section 2.6.D** is hereby amended by inserting a new **Section 2.6.D.12** as follows and renumbering the subsequent sections accordingly:

“12. Ensure that a Designated Perinatal and Maternal Health PMH Expert is involved in the development of and review of the Contractor’s ACO Care Management strategy for perinatal Enrollees and enhanced care coordination for high-risk perinatal Enrollees.”
16. **Section 2.6.E.5.d.2** is hereby amended by inserting “or Family-based Intensive Treatment (FIT)” after “CBHI ICC”.
17. **Section 2.7.B.2.a** is hereby amended, effective April 1, 2025, by deleting “, including the Acute Hospital Carve-Out Drugs List within the MassHealth Drug List,”.

18. **Section 2.7.B.5.d** is hereby amended by deleting “(1) and 101 CMR 331.04 (3)” and inserting in place thereof “, 101 CMR 331.05, and 101 CMR 331.06”.
19. **Section 2.7.B.9.c.1.b** is hereby amended by deleting “and drugs identified in the MassHealth Acute Hospital Carve-Out Drugs List”.
20. **Section 2.7.D.4.f** is hereby amended by deleting the section in its entirety and inserting in place thereof “[Reserved]”.
21. **Section 2.7** is hereby amended by inserting a new **Section 2.7.N** as follows:

“N. Effective July 4, 2025, unless otherwise specified by EOHHS and permitted by federal law, the Contractor shall not make payments under this Contract for ACO Covered Services provided by prohibited entities defined in the One Big Beautiful Bill Act, Pub. L. 119-21, Section 71113.”
22. **Section 2.8.A.1.b.1** is hereby amended by inserting “screened and” before “enrolled”.
23. **Section 2.8.A.3.f** is hereby amended by deleting “and” before “Family Support and Training Services” and inserting in place thereof “,” and inserting “, and Family-based Intensive Treatment” after “Family Support and Training Services”.
24. **Section 2.8.A.3.m** is hereby amended by inserting a new **Section 2.8.A.3.m.3** as follows:

“3. Effective July 1, 2025, Providers of Individualized Treatment Services and Youth and Transitional Age Youth Detoxification and Stabilization Services approved by the DPH Bureau of Substance Addiction Services identified in **Appendix G, Exhibit 8**, as updated by EOHHS from time to time, and shall pay such providers in accordance with **Section 2.8.D.7.d-e**.”
25. **Section 2.8.B** is hereby amended by inserting a new **Section 2.8.B.3** as follows:

“3. Provider Payment Rate Information

The Contractor shall maintain, for all Providers with whom it has a Provider Contract, a payment rate schedule for all ACO Covered Services each Provider is contracted to provide. The Contractor shall:

 - a. Comply with the Provider payment requirements as set forth in **Section 2.8.D**, as updated by EOHHS from time to time;
 - b. Communicate any modifications to the Contractor’s payment rates to Providers and reflect the modifications in the payment rate schedule in a timely manner;
 - c. Make available, upon request, the payment rate schedule to Provider(s) and EOHHS; and
 - d. Ensure its Material Subcontractors, as applicable, adhere to the requirements of this **Section**.”
26. **Section 2.8.D.7** is hereby amended by:

1. Deleting **Section 2.8.D.7.g** in its entirety and inserting in place thereof:

“g. For all types of and enhancements to Residential Rehabilitation Services for Substance Use Disorder (ASAM Level 3.1) (RRS), as set forth in **Appendix C**, the Contractor shall establish Provider rates at or above the rate floor set by EOHHS in 101 CMR 346, unless otherwise directed by EOHHS, and shall use procedure codes as directed by EOHHS to provide payment for such services.”
2. In **Section 2.8.D.7.m**, deleting “The” at the beginning of the section and inserting in place thereof, “Through August 31, the” and deleting “**Appendix O, Exhibit 3**” and in inserting in place thereof “**Appendix O, Exhibit 3.A**”.
3. Deleting **Section 2.8.D.7.n** in its entirety and inserting in place thereof:

“n. Effective September 1, 2025, notwithstanding **Section 2.8.D.7.m** above, for mental health centers designated as Behavioral Health Urgent Care Provider sites, the Contractor shall pay no less than the rate set forth in **Appendix O, Exhibit 3.B** for these services and shall require providers to utilize the code and modifier combination set forth in **Appendix O, Exhibit 3.B** when billing for such services rendered by Behavioral Health Urgent Care Provider sites.”
4. In **Section 2.8.D.7.u**, deleting “The” at the beginning of the section and inserting in place thereof, “Through August 31, 2025, the”.
5. Inserting a new **Section 2.8.D.7.v** as follows and renumbering subsequent sections accordingly:

“v. Effective September 1, 2025, notwithstanding **Section 2.8.D.7.u** above, for services rendered by mental health centers that have not been designated as a Behavioral Health Urgent Care Provider site, the Contractor shall pay no less than the rate set forth in **Appendix O, Exhibit 2** and shall use procedure codes as directed by EOHHS to provide payment for such services.”.
27. **Section 2.8.D.10** is hereby amended by renumbering the paragraph at the end of the section to be **Section 2.8.D.10.k**.
28. **Section 2.8.D.10.d** is hereby amended by deleting the section in its entirety and inserting in place thereof “[Reserved]”.
29. **Section 2.8.D.10.h** is hereby amended by inserting “, 101 CMR 331.05, 101 CMR 331.06 (1), and effective April 1, 2025, 101 CMR 331.06 (2).” after “101 CMR 331.04”.
30. **Section 2.8.D.10.j** is hereby amended by inserting “and shall use procedure codes as directed by EOHHS to provide payment for such services” after “101 CMR 321”.
31. **Section 2.9.C.3** is hereby amended by:
 1. In **Section 2.9.C.3.b**, effective September 1, 2025, deleting “28” and inserting “45” in each instance in which it occurs.

2. In **Section 2.9.C.3.g**, deleting “monthly” and inserting in place thereof “quarterly” and deleting “of the committees for the first year of the CSA implementation”.
3. In **Section 2.9.C.3.i**, deleting “;” and inserting in place thereof “. Effective September 1, 2025, quality management activity plans shall include, but shall not be limited to, completing length of stay record reviews as directed by EOHHS for Enrollees receiving Intensive Care Coordination, In-Home Therapy, Family Support & Training, In-Home Behavioral Service, or Therapeutic Mentoring;”
4. In **Section 2.9.C.3.j**, by deleting “The” at the beginning of the section and inserting in place thereof, “Through August 31, 2025, or as directed by EOHHS, the” and inserting “; and” at the end of the section.
5. Inserting a new **Section 2.9.C.3.k** as follows:
 - “k. For Enrollees receiving ICC from a CSA, in the event of any change in the Contractor’s CSA network providers, the Contractor shall ensure that the Enrollee may continue to receive such services from their current provider of ICC for 90 days after the effective date of any change to the Contractor’s CSA network, as further specified by EOHHS.”

32. Section 2.9.C.5 is hereby amended by:

1. Inserting “and Recovery Coach services for Pregnant and Postpartum Enrollees” after “Recovery Coach services” in each instance in which it occurs.
2. In **Section 2.9.C.5.c**, inserting “and Recovery Coaches for Pregnant and Postpartum Enrollees” after “Recovery Coaches”.

33. Section 2.9.C.6 is hereby amended by:

1. Inserting “and Recovery Support Navigator for Pregnant and Postpartum Enrollees” after “Recovery Support Navigator” in each instance in which it occurs.
2. Inserting “and Recovery Support Navigator services for Pregnant and Postpartum Enrollees” after “Recovery Support Navigator services” in each instance in which it occurs.
3. In **Section 2.9.C.6.b**, deleting “Recovery Support Navigator” before “Medical Necessity Criteria”.

34. Section 2.9.C.13.f is hereby amended by deleting “Section 2.8.D.7.k” and inserting in place thereof “Section 2.8.D.10.k”.

35. Section 2.9.S.1 is hereby amended by deleting the section in its entirety and inserting in place thereof:

- “1. Collaborate with CBHCs and EOHHS to implement the CBHC Incentive Program, which consists of a quality component, the CBHC Clinical Quality

Incentive Program (CCQI), and a health equity component, the CBHC Quality and Equity Incentive Program (CQEIP).”

36. **Section 2.11** is hereby amended by deleting **Section 2.11.J** in its entirety and replacing it with the following, creating a new **Section 2.11.K** as follows, and renumbering the subsequent sections accordingly:

“J. Customer Service Training

Establish a schedule of intensive training for newly-hired and current customer service representatives about:

1. When, where and how Enrollees may obtain EPSDT screenings, diagnosis and treatment services; and
2. The CBHI and when those services are available. Such trainings shall include the following and any other activities that are directed by EOHHS:
 - a. A written curriculum, which shall be prior-approved by EOHHS and subject to modification in whole or in part at the discretion of EOHHS; and
 - b. Refresher trainings that are provided as directed by EOHHS, or as the Contractor determines necessary, to assure that Enrollees receive accurate information about EPSDT and the CBHI.

K. Update Enrollee Address and Other Information

With Enrollee consent, assist Enrollees in providing MassHealth with their current address (residential and mailing), phone numbers and other demographic information including, ethnicity, and race, by entering the updated information in a form and format specified by EOHHS, as follows:

1. If the Contractor learns from an Enrollee or an Authorized Representative, orally or in writing, that the Enrollee’s address or phone number has changed, or if the Contractor obtains demographic information from the Enrollee or Authorized Representative, the Contractor shall provide such information to EOHHS after obtaining the Enrollee’s permission to do so, and in accordance with any further guidance from EOHHS.
2. Prior to entering such demographic information, the Contractor shall advise the Enrollee as follows: “Thank you for this change of address [phone] information. You are required to provide updated address [phone] information to MassHealth. We would like to help you to do that so, with your oral permission, we will forward this information to MassHealth. You may also provide MassHealth with information about your race or ethnicity. This is not required, but it will help MassHealth to improve Member services. You have provided us with this information. If you do not object, we will pass that information on to MassHealth for you”.
3. If the Contractor receives updated demographic information from a third party, such as a Provider, a vendor hired to obtain demographic information, or through the post office, the Contractor shall confirm the

new demographic information with the Enrollee, and obtain the Enrollee's permission, prior to submitting the information to EOHHS.

4. As applicable, the Contractor shall ensure that all appropriate staff entering this information into any EOHHS systems have submitted the documentation necessary to complete this function on any EOHHS systems and completed any necessary training requirements."

37. Section 2.13.B.1.b.1 is hereby amended by inserting "at any time" after "Grievances".

38. Section 2.14.B.3 is hereby amended by renumbering subsections "e" through "I", so that it begins with "a", and then renumbering the subsequent sections accordingly.

39. Section 2.14.B.4 is hereby amended by deleting the section in its entirety and inserting in place thereof:

"4. In collaboration with and as further directed by EOHHS, develop a process to monitor the quality of services using tools such as the MA DRM (Document Review Measure), or another tool approved by EOHHS, to evaluate the adequacy of medical record keeping for both Intensive Care Coordination and In-Home Therapy Services. The Contractor shall apply the approved quality-assessing tool at least annually on a mix of Intensive Care Coordination and In-Home Therapy Services provided across all of the Contractor's Service Areas. Unless otherwise directed by EOHHS, the Contractor shall:

- a. Use the approved quality assessing tool(s) to evaluate at least 10% of the Contractor's Enrollees who have received ICC or IHT during the applicable Contract Year, except that the Contractor shall not be required to review more than 10 Enrollees' medical files per Service Area per Contract Year.
- b. Effective September 1, 2025, apply the approved quality-assessing tool for three Enrollees receiving Intensive Care Coordination within every contracted Community Service Agency (CSA) and annually apply the approved quality-assessing tool for one Enrollee at every contracted provider of In-Home Therapy. The Contractor shall submit to EOHHS an annual report on the record reviews in accordance with **Appendix A.**"

40. Section 2.15.G.4 is hereby amended by inserting a new **Section 2.15.G.4.e** as follows:

"e. The Contractor shall provide and require its Material Subcontractors to provide any information required for the implementation and operation of Electronic Visit Verification (EVV) to ensure that the Contractor's EVV systems comply with the requirements outlined in Section 12006 of the 21st Century Cures Act (codified as 42 USC 1396b(l)) and as directed by EOHHS."

41. Section 2.21.G is hereby amended by deleting the section in its entirety and inserting in place thereof:

"G. Demographic Data Governance Function

The Contractor shall establish and maintain a demographic data governance function responsible for overseeing the collection, use, analysis, and

communication of demographic data. This function must ensure that all member demographic data is handled with the highest level of respect, privacy, and integrity. The governance function shall:

1. Support the appropriate and ethical use of demographic data including through providing guidance on allowable and disallowable uses of the data;
2. Provide guidance for the appropriate analysis and stratification of demographic data to identify, understand, and address disparities;
3. Identify and implement standards for communicating demographic data and associated findings in a respectful, accurate, and contextually appropriate manner; and
4. Work with appropriate internal staff to restrict demographic data access to the appropriate personnel and implement data minimization principles for demographic data users.”

42. Section 2.23.A.1.h is hereby amended by deleting the section in its entirety and inserting in place thereof:

“h. As follows and as further specified by EOHHS, make monthly, prospective payments to Network Primary Care Practice PID/SL’s Taxpayer Identification Number (PCP TIN) for the delivery of a defined set of services for Primary Care and behavioral health integration (Primary Care Sub-Capitation Included Services):

- 1) EOHHS intends to adjust the Total PCP TIN Sub-Capitation Program Rates, as set forth in **Appendix L**, to reflect the Rating Category mix of Enrollees attributed to each PCP TIN. At least annually, EOHHS intends to re-calculate the Total PCP TIN-specific All RC Primary Care Sub-Capitation Program Rates to reflect the actual Rating Category mix of Enrollees attributed to each PCP TIN during the Contract Year, as specified by EOHHS. EOHHS shall determine the Contractor’s compliance with **Sections 2.23.A.1.h** and **2.23.A.2** using such adjusted Total PCP TIN Sub-Capitation Program Rates for PCP TINs.
- 2) For each PCP TIN, make a monthly payment, based on enrollment, at a rate that is no less than 90% of the adjusted Total PCP TIN Sub-Capitation Program Rate.
- 3) For each PCP TIN that is a FQHC, make a monthly payment, based on enrollment, at a rate that is no less than 100% of the adjusted Total PCP TIN Sub-Capitation Program Rate.
- 4) Ensure PCP TINs allocate such payments regularly to each Network Primary Care Practice PID/SL based on the Tier Designation for that Network Primary Care Practice PID/SL.
- 5) Ensure that payments under the Primary Care Sub-Capitation Program are distributed in accordance with **Section 2.23.A** and are not based on Enrollees’ utilization of services.

- 6) Report to EOHHS on the Contractor's Primary Care Sub-Capitation Program payments in a form, format, and frequency specified by EOHHS."
43. **Section 2.23.F** is hereby amended by inserting "and related initiatives" after "Reentry Demonstration Initiative" in the associated paragraph.
44. **Section 3.3.B.3** is hereby amended by inserting ", including but not limited to as set forth in 42 CFR 438.56(g)" after "EOHHS".
45. **Section 4.3.G** is hereby amended by deleting "CBHC Clinical Quality Incentive Program (CCQI) and CBHC Clinical Quality and Equity Incentive Program (CQEIP)" and inserting in place thereof "CBHC Incentive Program".
46. **Section 4.4.D** is hereby amended by deleting the section in its entirety and inserting in place thereof:

"D. As further specified by EOHHS, effective April 1, 2023, EOHHS shall perform periodic reconciliations for payments made by EOHHS on a fee-for-service basis for claims for ACO Covered Services provided to Enrollees. EOHHS shall identify through such reconciliations the amount owed to EOHHS by the Contractor. The Contractor shall remit to EOHHS the full amount through recoupment from future capitation payments or by other payment mechanisms, including direct reimbursement, as determined by EOHHS."
47. **Section 5.1.K.2.c.2** is hereby amended by deleting the section in its entirety and inserting in place thereof "[Reserved]".
48. **Appendix A, ACO Reporting Requirements**, is hereby deleted and replaced with the attached **Appendix A**.
49. **Appendix C, ACO Covered Services**, is hereby deleted and replaced with the attached **Appendix C**.
50. **Appendix G, Behavioral Health**, is hereby deleted and replaced with the attached **Appendix G**.
51. **Appendix O, Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule**, is hereby deleted and replaced with the attached **Appendix O**.
52. **Appendix P, Requirements for the Material Subcontracts Between Accountable Care Organizations (ACOs) and Community Partners (CPs)**, is hereby amended by:
 1. In **Section 1.1.A.1.c**, deleting "or" at the end of **Section 1.1.A.1.c.ii**, inserting a new **Section 1.1.A.1.c.iii** as follows, and renumbering the subsequent sections accordingly:

"(iii) For Contract Years 3 through 5, for all CP Enrollees: \$100 PMPM; or"

2. Deleting “Flexible Services” and inserting in place thereof “HRSN Supplemental Services” in each instance in which it occurs.
53. **Appendix Q, EOHHS Accountable Care Organization Quality and Health Equity Appendix**, is hereby deleted and replaced with the attached **Appendix Q**.

APPENDIX A ACO REPORTING REQUIREMENTS

This Appendix summarizes the reporting requirements described in the Contract. EOHHS may update these requirements from time to time. The Contractor shall submit corresponding Certification Checklists of all reports/submissions listed in **Appendix A** within the timelines specified herein. The Contractor may include a narrative summary to reports/submissions and may include graphs that explain and highlight key trends. All reports must be submitted via OnBase, the EOHHS Contract Management system, unless otherwise indicated below in the “*Target System*” column. Numbering sequence and Report Title that will appear in the OnBase system can be found in **BOLD** in the “*Name of Report*” column.

For all of the reports listed below, unless otherwise specified, if the Contractor meets the target for a given report, the Contractor shall only complete a short narrative description on the report cover sheet. For any report that indicates that the Contractor is not meeting the target, the Contractor shall submit a detailed narrative that includes the results, an explanation as to why the Contractor did not meet the target, and the steps the Contractor is taking to improve performance going forward.

The Contractor shall provide all Reports in the form and format required by EOHHS and shall participate with EOHHS in the development of detailed specifications for these reports. These specifications shall include benchmarks and targets for all reports, as appropriate. Targets shall be changed to reflect improvement in standards over time.

All exhibits referenced herein pertain to **Appendix A**, unless otherwise noted. Such exhibits set forth the form and format the Contractor shall use for each report below. These exhibits shall be provided to the Contractor and may be updated by EOHHS from time to time. EOHHS shall notify the Contractor of any updates to the exhibits.

Reporting Deliverable Schedule

1. **Same Day Notification (Immediate Notice Upon Discovery):** Deliverables due the same day as discovery. If the incident occurs on a Saturday, Sunday, or state or federal holiday, the notice is due the next business day.
2. **Next Day Notifications:** Deliverables due the next day. If the incident occurs on a Saturday, Sunday, or state or federal holiday, the notice is due the next business day.
3. **Two Business Days Notification:** Deliverables due in two business days
4. **Weekly Deliverables:** Deliverables due by close of business/COB on Fridays
5. **Within 7 Calendar Days of Occurrence Notification:** Deliverables due within seven calendar days of occurrence. If the incident occurs on a Saturday, Sunday, or state or federal holiday, the notice is due within 7 calendar days of the next business day.
6. **No later than 30 days prior to execution:** Deliverables due thirty days prior to implementation for review and approval by EOHHS.
7. **Monthly Deliverables:** Deliverables due on a monthly basis, by the last day of the month, following the month included in the data, unless otherwise specified by EOHHS.
8. **Quarterly Deliverables:** Deliverables due on a contract year (CY) quarterly basis, by the last business day of the month following the end of each quarter, unless otherwise specified.
 CY Quarter 1: January 1 – March 31
 CY Quarter 2: April 1 - June 30
 CY Quarter 3: July 1 – September 30
 CY Quarter 4: October 1 – December 31
9. **Semi-Annual Deliverables:** Deliverables due by the last business day of the month following the end of the reporting period, unless otherwise specified. The semi-annual reporting periods are as follows:
 January 1 – June 30
 July 1 – December 31
10. **Annual Deliverables:** Deliverables due by the last business day of the month following the end of the reporting period (Contract Year: January 1 -- December 31), unless otherwise specified by EOHHS.
11. **Ad-Hoc Deliverables:** Deliverables are due whenever the Contractor has relevant changes or information to report, or upon EOHHS request related to Behavioral Health, Contract Management, Financial, Quality, Pharmacy, and Operations deliverables as applicable.

A. Report and Compliance Certification Checklist: Exhibit C-1

Annually - The Contractor shall list, *check off*, sign and submit a Certification of Data Accuracy for all Contract Management (also including Coordination of Benefits, Hospital Utilization, Fraud and Abuse, Encounter Data and Drug Rebate claims data), Behavioral Health, Financial, Operations and Quality reports/submissions, certifying that the information, data and documentation being submitted by the Contractor is true, accurate, and complete to the best of the Contractor's knowledge, information and belief, after reasonable inquiry. For each report in the sections below, if an attestation is required with the submission, that information will be included within the reporting template.

B. Contract Management Reports

Certain Contract Management Reports have submission requirements in addition to those listed in the Target System column. Please use the following key:

¹ The Contractor shall additionally send report via regular email to the Contract Manager (in addition to using the Target System).

² The Contractor shall additionally send report via secure email to the Contract Manager (in addition to using the Target System).

³ The Contractor shall notify its Contract Manager upon submission of the report using the Target System.

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
CM-03	CM-03 Member Telephone Statistics Member Telephone Statistics	Monthly	OnBase
CM-04	CM-04 Member Education and Related Orientation, Outreach Materials Member Education and Related Orientation, Outreach Materials (including enrollment materials for MH Customer Service Center (CSC))	Ad-Hoc	OnBase ¹
CM-05	CM-05 Updated Provider Directory Provider Directory	Ad-Hoc	OnBase ³
CM-06	CM-06 Provider Manual Provider Manual	Ad-Hoc	OnBase ³
CM-07	CM-07 Marketing Materials Marketing Materials (60 days in advance of use, including materials to be distributed at Contractor and non-Contractor sponsored health fairs or community events)	Ad-Hoc	OnBase ¹

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
CM-08	CM-08 Marketing Materials- Annual Executive Summary Marketing Materials- Annual Executive Summary (including a written statement that all of the Contractor's marketing plans and materials are accurate and do not mislead, confuse, or defraud Members or the state)	Annually	OnBase
CM-09	CM-09 Significant Changes in Provider Network Notification Significant Changes in Provider Network Notification. (Notification: Same Day)	Ad-Hoc	OnBase ¹
CM-10 [all]	[RETIRED]		
CM-11	CM-11 Access and Availability-Immediate Notification Access and Availability-Immediate Notification to EOHHS (only if changes occur that may impact Enrollee access to care, relative to contract standards for geographic access and PCP to enrollee ratio)	Ad-Hoc	OnBase ³
CM-12	CM-12 Claims Processing Report Claims Processing Report	Monthly	OnBase
CM-13	CM-13 Provider Financial Audit Provider Financial Audit	Annually	OnBase
CM-14	[RETIRED]		
CM-15	CM-15 Notification of Scheduled Board of Hearing Cases Notification of Board of Hearing Cases (Notification: Same Day)	Ad-Hoc	OnBase ²
CM-16	CM-16 Implementation of Board of Hearing Decision Implementation of Board of Hearing Decision (within 30 days of receipt)	Ad-Hoc	OnBase ²
CM-17-A	CM-17-A Enrollee Inquiries Summary Inquiries, Grievances, Internal Appeals and Board of Hearing Summary: Enrollee Inquiries	Annually	OnBase
CM-17-B	[RETIRED]		
CM-17-C	[RETIRED]		
CM-17-D	CM-17-D Enrollee Board of Hearing Appeals Summary Inquiries, Grievances, Internal Appeals and Board of Hearing Summary: Enrollee BOH Appeals	Annually	OnBase

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
CM-17-E	CM-17-E - Appeals Report (per 1,000 Enrollees) Appeals Report (per 1,000 Enrollees)	Monthly	OnBase
CM-17-F	CM-17-F - Grievances Report (per 1,000 Enrollees) Grievances Report (per 1,000 Enrollees)	Monthly	OnBase
CM-18	[RETIRED]		
CM-19	[RETIRED]		
CM-20	[RETIRED]		
CM-21	[RETIRED]		
CM-22	CM-22 ACO/MCO Organization, Key Personnel, and Designated Staff Changes Organization, Key Personnel, and Designated Staff Changes. The Contractor will also include Behavioral Health subcontractor information if applicable.	Ad-Hoc	OnBase ³
CM-23	CM-23 Notification of Termination of Material Subcontractor Notification of Intention to Terminate a Material Subcontractor (Notification: Same Day)	Ad-Hoc	OnBase ¹
CM-24	CM-24 Notification of New Material Subcontractor and Checklist Notification of Intention to Use a New Material Subcontractor and Checklist (Material Subcontract Checklist must be submitted no later than 60 days prior to requested implementation date)	Ad-Hoc	OnBase ¹
CM-25	CM-25 Material Subcontractor List Annual Summary Material Subcontractor List Annual Summary	Annually	OnBase
CM-26	CM-26 Coordination of Benefits / Third Party Liability Report (Appendix H) Coordination of Benefits / Third Party Liability Report (Appendix H) a. Third Party Health Insurance Cost Avoidance Claims Amount by Carrier b. Third Party Health Insurance Total Recovery Savings by Carrier c. Accident Trauma Recoveries d. Accident/Trauma Cost Avoidance.	Semi-Annually	OnBase

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
CM-27	CM-27 Third Party Liability (TPL) Identification Reporting (Appendix H) 1. TPL Indicator Form 2. Other EOHHS-specified electronic TPL reporting	Ad-Hoc	1. Mail or Fax (FPL Indicator Form only) 2. Electronic Submission as further specified by EOHHS
CM-28	CM-28 Benefits Coordination Structure (Appendix H) Benefits Coordination Structure (Appendix H)	Ad-Hoc	OnBase
CM-29	CM-29 Encounter Data Submission (Appendix E) Encounter Data Submission (Appendix E)	Monthly	Data Warehouse
CM-30	CM-30 Sampling of Enrollees To Ensure Services Received Sampling of Enrollees To Ensure Services Received Were The Same as Providers Billed	Annually	OnBase
CM-31	CM-31 Notification of Federally Required Disclosures Notification of Federally Required Disclosures (in accordance with Section 5.1.O)	Ad-Hoc	POSC ³
CM-32	CM-32 Notification of Reportable Findings /Network FRD Notification of Reportable Findings /Network FRD (Notification: Same Day)	Ad-Hoc	OnBase ²
CM-33	CM-33 Summary of Reportable Findings/Network FRD Forms Summary of Reportable Findings/Network FRD Forms	Annually	OnBase
CM-34	[RETIRED]		
CM-35	[RETIRED]		
CM-36	CM-36 Provider Materials Provider Materials (related to enrollee cost-sharing, changes to Covered Services and/or any other significant changes per contractual requirements)	Ad-Hoc	OnBase ³

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
CM-37	CM-37 ACO/MCO Policies and Procedures ACO/MCO Policies and Procedures (New drafts and any changes to the most recent printed and electronic versions of the Provider procedures and policies which affect the process by which Enrollees receive care (relating to both medical health and Behavioral Health, if separate) for prior review and approval).	Ad-Hoc	OnBase ³
CM-38	[RETIRED]		
CM-39	CM-39 PCP/Enrollee assignment Monthly report PCP/Enrollee assignment report	Monthly	Data Warehouse
CM-40	CM-40 PCP/Enrollee assignment report Ad-Hoc PCP/Enrollee assignment report	Ad-hoc	Data Warehouse
CM-41	[RETIRED]		
CM-43-A	CM-43-A Holiday Closures and Other Contractor Office Closures Annual Holiday Closures and Other Contractor Office Closures. (The Contractor shall also include Behavioral Health subcontractor information, if applicable).	Annually	OnBase
CM-43-B	CM-43-B Emergency Closures and Other Contractor Office Closures Ad Hoc Emergency Closures and Other Contractor Office Closures. (The Contractor shall also include Behavioral Health subcontractor information, if applicable).	Ad Hoc	OnBase ³
CM-44	CM-44 Strategy-related Reports Strategy-related Reports	Ad Hoc	OnBase
CM-45	[RETIRED]		
CM-46	CM-46 Enrollee and Provider Incentives Notification Enrollee and Provider Incentives Notification	Ad-Hoc	OnBase ³
CM-47	[RETIRED]		
CM-48	CM-48 Copy of Press Releases (pertaining to MassHealth line of business) Copy of Press Releases (pertaining to MassHealth line of business)	Ad-Hoc	OnBase ¹
CM-49	CM-49 Written Disclosure of Identified Prohibited Affiliations Written Disclosure of Identified Prohibited Affiliations	Ad-Hoc	OnBase ³

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
CM-50	[RETIRED]		
CM-51	[RETIRED]		
CM-52	[RETIRED]		
CM-53	CM-53 Involuntary Change in PCP Report Involuntary Change in PCP Report	Ad-Hoc	OnBase ²
CM-54-A	CM-54-A Hospital Payment Arrangement Report Hospital Payment Arrangement Report	Annually	OnBase
CM-54-B	CM-54-B Hospital Fee Schedule Exemption Form Hospital Fee Schedule Exemption Form	Ad-Hoc	OnBase ³
CM-55-A	CM-55-A Summary of A&A: Ensuring Enrollees access to Medically Necessary services Summary of Access and Availability: Description of Ensuring Enrollees have access to Medically Necessary services	Annually	OnBase
CM-55-A-ADH	CM-55-A-ADH Summary of A&A: Ensuring Enrollees access to Medically Necessary services Summary of Access and Availability: Description of Ensuring Enrollees have access to Medically Necessary services	Ad-Hoc	OnBase ³
CM-55-B	CM-55-B Network Provider Lists: PCPs and OB/GYNs Network Provider Lists: PCPs and OB/GYNs	Annually	OnBase
CM-55-B-ADH	CM-55-B-ADH Network Provider Lists: PCPs and OB/GYNs Network Provider List: PCPs and OB/GYNs	Ad-Hoc	OnBase ³
CM-55-C	CM-55-C Network Provider Lists: Acute and Rehabilitation Hospitals and Urgent Care Centers Network Provider Lists: Acute and Rehabilitation Hospitals and Urgent Care Centers	Annually	OnBase
CM-55-C-ADH	CM-55-C-ADH Network Provider Lists: Acute and Rehabilitation Hospitals and Urgent Care Centers Network Provider Lists: Acute and Rehabilitation Hospitals and Urgent Care Centers	Ad-Hoc	OnBase ³
CM-55-D	CM-55-D Network Provider Lists: Physician Specialists Network Provider Lists: Physician Specialists	Annually	OnBase
CM-55-D-ADH	CM-55-D-ADH Network Provider Lists: Physician Specialists Network Provider Lists: Physician Specialists	Ad-Hoc	OnBase ³
CM-55-E	CM-55-E Network Provider List: Pharmacies Network Provider List: Pharmacies	Annually	OnBase

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
CM-55-E-ADH	CM-55-E-ADH Network Provider List: Pharmacies Network Provider List: Pharmacies	Ad-Hoc	OnBase ³
CM-55-F	CM-55-F Ratio Reports: PCP to Enrollee and OBGYN to Enrollee (female members age 10+) Showing open and closed adult PCPs and pediatric PCPs/Panels per number of Enrollees/OBGYN ratios for female members age 10+)	Annually	OnBase
CM-55-F-ADH	CM-55-F-ADH Ratio Reports: PCP to Enrollee and OBGYN to Enrollee (female members age 10+) Showing open and closed adult PCPs and pediatric PCPs/Panels per number of Enrollees/OBGYN ratios for female members age 10+)	Ad-Hoc	OnBase ³
CM-55-G	CM-55-G Ratio Reports: Specialist to Enrollee Specialists to Enrollee Ratio	Annually	OnBase
CM-55-G-ADH	CM-55-G-ADH Ratio Reports: Specialist to Enrollee Specialists to Enrollee Ratio	Ad-Hoc	OnBase ³
CM-55-H	CM-55H Distance and time reports: PCP and OBGYN provider Distance and time reports: PCP and OBGYN provider	Annually	OnBase
CM-55-H-ADH	CM-55-H-ADH Distance and time reports: PCP and OBGYN provider Distance and time reports: PCP and OBGYN provider	Ad-Hoc	OnBase ³
CM-55-I	CM-55-I Distance and time reports: Acute and Rehabilitation Hospitals and Urgent Care Centers Distance and time reports: Acute and Rehabilitation Hospitals and Urgent Care Centers	Annually	OnBase
CM-55-I-ADH	CM-55-I-ADH Distance and time reports: Acute and Rehabilitation Hospitals and Urgent Care Centers Distance and time reports: Acute and Rehabilitation Hospitals and Urgent Care Centers	Ad-Hoc	OnBase ³
CM-55-J	CM-55-J Distance and time reports: Physician Specialists Distance and time reports: Physician Specialists	Annually	OnBase
CM-55-J-ADH	CM-55-J-ADH Distance and time reports: Physician Specialists Distance and time reports: Physician Specialists	Ad-Hoc	OnBase ³
CM-55-K	CM-55-K Distance and time reports: Pharmacies Distance and time reports: Pharmacies	Annually	OnBase
CM-55-K-ADH	CM-55-K-ADH Distance and time reports: Pharmacies Distance and time reports: Pharmacies	Ad-Hoc	OnBase ³
CM-55-L	[RETIRED]		

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
CM-55-L-ADH	CM-55-L-ADH Timeliness of Care Summary of Access and Availability: Timeliness of Care (Describe system in place to monitor and document access and appointment scheduling standards)	Ad-Hoc	OnBase ³
CM-55-M	CM-55-M Use of Out-of- Network Providers Summary of Access and Availability: Use of Out-of- Network Providers	Annually	OnBase
CM-55-M-ADH	CM-55-M-ADH Use of Out-of- Network Providers Summary of Access and Availability: Use of Out-of- Network Providers	Ad-Hoc	OnBase ³
CM-56	CM-56 CMS Managed Care Program Annual Report (MCPAR) CMS Managed Care Program Annual Report (MCPAR)	Annually	OnBase
CM-57	[RETIRED]		
CM-58	CM-58 Application for MassHealth Data [for External Research Projects] Application for MassHealth Data	Ad-hoc	Email
CM-59	CM-59 Provider Enrollment True Up File Provider Enrollment True Up File	Monthly	SFTP
CM-C1	CM-C1 Report and Compliance Certification Checklist Annual Report and Compliance Certification Checklist	Annually	OnBase
CM-C2	CM-C2 Supplier Diversity Program (SDP) Spending Report for Prime Contractors The SDP Spending Report form may be found here: https://www.mass.gov/lists/sdo-forms	Quarterly	Secure Email ²

C. Behavioral Health Reports

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
BH-01	BH-01 Reportable Adverse Incidents-Daily Incident Delivery Report Behavioral Health Reportable Adverse Incidents and Roster of Reportable Adverse Incidents-Daily Incident Delivery Report (Notification: Same Day)	Notification: Same Day	Secure Email

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
BH-02	BH-02 Behavioral Health Adverse Incident Summary Report Behavioral Health Adverse Incident Summary Report	Annually	OnBase
BH-03	BH-03 Behavioral Health Readmission Rates Behavioral Health Readmission Rates	Annually on July 31	OnBase
BH-04	BH-04 Behavioral Health Ambulatory Continuing Care Rates Behavioral Health Ambulatory Continuing Care Rates	Annually on July 31	OnBase
BH-05	BH-05 Members Boarding in Emergency Departments or on Administratively Necessary Days (AND) Status. Members Boarding in Emergency Departments or on Administratively Necessary Days (AND) Status.	Daily	MABHA Website
BH-06	BH-06 Enrollee Access to ESP Enrollee Access to ESP	Ad-hoc	OnBase
BH-08	[RETIRED]		
BH-11	BH-11 Behavioral Health Medical Records Review Report Behavioral Health Medical Records Review Report	Annually	OnBase
BH-12	BH-12 Annually Submission of (updated) Behavioral Health Performance Specifications and Clinical Criteria Annual Submission of (updated) Behavioral Health Performance Specifications and Clinical Criteria	Annually	OnBase
BH-13	BH-13 Clinical Operations/Inpatient & Acute Service Authorization, Diversions, Modification and Denial Report Behavioral Health Clinical Operations/Inpatient & Acute Service Authorization, Diversions, Modification and Denial Report	Quarterly	OnBase
BH-14	BH-14 CANS Compliance Report CANS Compliance. This report is required when CANS data is made available through the Virtual Gateway	Quarterly	OnBase
BH-15	BH-15 Behavioral Health Utilization and Cost Report Behavioral Health Utilization and Cost Report	Quarterly	OnBase
BH-17	BH-17 Behavioral Health Inquiries, Grievances, Internal Appeals and BOH Behavioral Health Inquiries, Grievances, Internal Appeals and BOH	Annually	OnBase

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
BH-18	BH-18 Behavioral Health Provider Network Access and Availability Behavioral Health Provider Network Access and Availability	Ad-hoc and Annually	OnBase
BH-19	BH-19 Behavioral Health Telephone Statistics Behavioral Health Telephone Statistics	Annually	OnBase
BH-22	BH-22 Substance Use Disorder Clinical Ops/Inpatient Authorization Report Substance Use Disorder Clinical Operations/Inpatient & Acute Service Authorization Modification and Denial Report	Quarterly	OnBase
BH-23	[RETIRED]		
BH-24	BH-24 Community Support Program for Homeless Individuals Provider List Community Support Program for Homeless Individuals Provider List	Annually	OnBase
BH-25	BH-25 Community Support Program for Individuals with Justice Involvement Provider List Community Support Program for Individuals with Justice Involvement Provider List	Quarterly	OnBase
BH-26	BH-26: Community Support Program Tenancy Preservation Program Provider List Community Support Program Tenancy Preservation Program Provider List	Annually	OnBase

D. Care Coordination

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
CC-01	CC-01 Care Needs Screening Aggregate Care Needs Screening Completion Rates	Ad-hoc	OnBase
CC-02	CC-02 HRSN Screening HRSN Screening	Ad-hoc	OnBase
CC-03	CC-03 HRSN Referrals	Ad-hoc	OnBase

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
	HRSN Referrals		
CC-04	CC-04 Risk Stratification Algorithm Risk Stratification Algorithm and Narrative	Annually	OnBase
CC-05	CC-05 Care Management Program Descriptions and Performance Care Management Program Descriptions and Performance	Annually	OnBase
CC-06	CC-06 CP Performance Management Strategy Summary of the Contractor's performance management strategy of the CP Program and overview of Contractor's CP Program performance.	Annually	OnBase
CC-07-A	CC-7-A CP Quality Payment Receipts CP Quality Payment Receipts	Annually	SFTP
CC-07-B	CC-07-B CP Monthly Payment Receipts CP Monthly Care Coordination Payment Receipts	Monthly	SFTP
CC-07-C	CC-07-C CP Annual Payment Report CP Annual Care Coordination Payment Report	Annually on March 28	SFTP
CC-08	CC-08 Early warning indicators of significant CP performance concerns, Performance Improvement Plans, or Corrective Action Plans As described in Section 2.6.E.3.b-c, notification within 5 business days of early warning indicators of significant CP performance concerns, and/or implementation of Performance Improvement Plans, or development of Corrective Action Plans	Ad-hoc	OnBase
CC-09	CC-09 Comprehensive Assessment and Care Plans (CM) Comprehensive Assessment and Care Plan Completion Rates for Care Management	Ad-hoc	OnBase
CC-10	CC-10 Care Management Enrollment Care Management Enrollment	Monthly	SFTP
CC-11	[RETIRED]		

E. Financial Reports

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
FR-01	FR-01 Notification to EHS Regarding Negative Change in Financial Status Notification to EHS Regarding Negative Change in Financial Status (Notification: Same Day)	Notification: Same Day	OnBase
FR-02	FR-02 Outstanding Litigation Summary Outstanding Litigation Summary	Annually	OnBase
FR-03	FR-03 Financial Ratio Analysis Financial Ratio Analysis	Annually on June 30	OnBase
FR-04B	FR-04B Experience Review and Revenue Expense Report (F-4B) Experience Review and Revenue Expense Report (F-4B)	Quarterly and Annually	OnBase
FR-05C	FR-05C Experience Review and Utilization/Cost Reports (F-5C) Experience Review and Utilization/Cost Reports (F-5C)	Quarterly and Annually	OnBase
FR-07	FR-07 Liability Protection Policies Liability Protection Policies	Annually	OnBase
FR-08	FR-08 DOI Financial Report (for Plans that are DOI licensed) DOI Financial Report (for Plans that are DOI licensed)	Quarterly	OnBase
FR-09	FR-09 Insolvency Reserves Insolvency Reserves Attestation	Annually on March 31	OnBase
FR-10	FR-10 Lag Triangles and Completion Factors Report (IBNR) Lag Triangles and Completion Factors Report (IBNR)	Quarterly and Annually	OnBase
FR-11	FR-11 Description of Incurred But Not Reported (IBNR) Methodology Description of Incurred But Not Reported (IBNR) Methodology	Annually	OnBase
FR-12	FR-12 Audited Financial Statements Audited Financial Statements	Annually on June 30	OnBase
FR-13	FR-13 Attestation Report from Independent Auditors on	Annually on June	OnBase

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
	Effectiveness of Internal Controls Attestation Report from Independent Auditors on Effectiveness of Internal Controls	30	
FR-14	FR-14 Financial Relationships Report Financial Relationships Report	Annually	OnBase
FR-15	FR-15 Annual Administrative Detail Report Annual Administrative Detail Report	Annually on July 31	OnBase
FR-17	FR-17 Quarterly Risk Share Report Quarterly Annual Risk Share Report	Quarterly and Annually	OnBase
FR-18-A	[RETIRED]		
FR-18-B	[RETIRED]		
FR-19	FR-19 Report on Rates Paid to a Parent Organization or Subsidiary in the Previous Contract Year Report on Rates Paid to a Parent Organization or Subsidiary in the Previous Contract Year	Ad-Hoc	OnBase
FR-20	[RETIRED]		
FR-21	[RETIRED]		
FR-22	[RETIRED]		
FR-23	FR-23 Ad Hoc Cash Flow Statement Ad Hoc Cash Flow Statement	Ad-Hoc	OnBase
FR-24	FR-24 Report on Any Default of the Contractor's Obligations OR Financial Obligation To A Third Party. Under This Contract, Or Any Default By A Parent Corporation On Any Financial Obligation To A Third Party That Could In Any Way Affect The Contractor's Ability To Satisfy Its Payment Or Performance Obligations. (Notification: Same Day)	Ad-Hoc	OnBase
FR-25	FR-25 Significant Organizational Changes, New Material Subcontractors, or Potential Business Ventures Significant Organizational Changes, New Material Subcontractors, or Potential Business Ventures That May Impact Performance (No later than 30 days prior to execution)	Ad-Hoc No later than 30 days prior to execution	OnBase

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
FR-26	FR-26 Provider Risk Arrangements Provider Risk Arrangements	Ad-Hoc	OnBase
FR-27	FR-27 Changes in Contractor's Providers' Risk Arrangements Changes in Contractor's Providers' Risk Arrangements (Notification: Same Day)	Ad-Hoc	OnBase
FR-28	FR-28 Working Capital Requirement Notification Working Capital Requirement Notification ("if" working capital falls below 75% below the amount reported on the prior year audited financial reports) (Two Business Days)	Ad-Hoc	OnBase
FR-29	FR-29 Continuing Services Reconciliation Data Continuing Services Reconciliation Data	Ad-Hoc	OnBase
FR-30	FR-30 ABA Reconciliation Report ABA Reconciliation Report	Annually on July 31	OnBase
FR-31	FR-31 Medical Loss Ratio (MLR) Report Medical Loss Ratio (MLR) Report	Annually on July 31	OnBase
FR-32	FR-32 Alternative Payment Models (APM) Report Alternative Payment Models (APM) Report	Annually on July 31	OnBase
FR-33	FR-33 Provider Agreements Annual Provider Agreements Annual	Annually	OnBase
FR-34	FR-34 Provider Agreements – Ad-Hoc Provider Agreements – Ad-Hoc	Ad-Hoc	OnBase
FR-35	FR-35 Report on Satisfying Contractor's Payment Or Performance Obligations Report on Satisfying Contractor's Payment Or Performance Obligations	Ad-Hoc	OnBase
FR-37	FR-37 IMD Services Report Report on services provided to members with long term IMD stay	Quarterly and Annually	OnBase
FR-38	FR-38 Other High Cost Pharmacy Reconciliation Report Annual Other High Cost Pharmacy Risk Share Report	Annually on July 31	OnBase
FR-39	FR-39 SUD Reconciliation Report	Annually on July	OnBase

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
	Annual SUD Risk Share Report	31	
FR-40	FR-40 Financial Encounter Validation Report Quarterly Financial Encounter Validation Report	Quarterly and Annually	OnBase
FR-42	[RETIRED]		
FR-43-A	FR-43 Primary Care Sub-Capitation Payment Tracking Report - Monthly Primary Care Sub-Capitation Payment Tracking Report	Monthly	SFTP
FR-43-B	FR-43 Primary Care Sub-Capitation Payment Tracking Report – Ad Hoc Primary Care Sub-Capitation Payment Tracking Report	Ad-Hoc	SFTP
FR-44	[RETIRED]		
FR-45	FR-45 Material Subcontractor Medical Loss Ratio (MLR) Identification Report Identify and report Material Subcontractors subject to CMS STC 8.6(c) MLR reporting requirement	Annually on July 31	OnBase
FR-46	FR-46 Material Subcontractor Medical Loss Ratio (MLR) Report Report MLR data for Material Subcontractors subject to CMS STC 8.6(c)	Annually on July 31	OnBase

F. ACO Health Equity Reporting

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
HQ-23	[RETIRED]		
HQ-24	HQ-24 ACO/MCO Health Quality and Strategic Plan	Annually on December 31	OnBase

G. Health Related Social Needs Reports

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
HRSN-01	HRSN-01 Monthly Utilization Monitoring Report Monthly Utilization Monitoring Report	Monthly	Email
HRSN-02	HRSN-02 Annual Tracking Report Monthly Utilization Monitoring Report	Annually in March	OnBase
HRSN-03	[RETIRED]		
HRSN-04	[RETIRED]		

H. Operations Reports

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
OP-01	[RETIRED]		
OP-02	OP-02 Inbound Managed Care Provider Directory Interface (ACPD) Inbound Managed Care Provider Directory Interface (ACPD)	Monthly	POSC
OP-03	OP-03 Long-term Care Report Log Long-term Care Report Log	Weekly	OnBase
OP-04	OP-04 Member Discrepancy Report Member Discrepancy Report	Monthly	OnBase
OP-05	[RETIRED]		
OP-06	OP-06 Address Change File Address Change File	Bi-Weekly	OnBase
OP-07	OP-07 Multiple ID File Multiple ID File	Bi-Weekly	OnBase
OP-08	OP-08 Date of Death Report Date of Death Report	Bi-Weekly	OnBase
OP-09	OP-09 Cost Sharing Copay Overage Report Cost Sharing Copay Overage Report	Monthly	OnBase

I. Pharmacy Reports

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
PH-01	PH-01 Pharmacy Claims Level Interface Plans use the Pharmacy Claims Level Interface to submit rebate data for Pharmacy claims. The original claims file submission is due within 5 calendar days following the close of the prior month.	Monthly	POPS Portal
PH-02	[RETIRED]		
PH-03	PH-03 Pharmacy Provider Network Identification Layout Pharmacy Provider Network Identification Layout	Ad-Hoc	POPS Portal
PH-04-A	PH-04-A Drug Utilization Review Report Drug Utilization Review Report	Annually in May	Secure Email
PH-04-B	[RETIRED]		
PH-04-C	[RETIRED]		
PH-05-A	PH-05-A Pharmacy MassHealth Drug Rebate File Submission Report Pharmacy MassHealth Drug Rebate File Submission Report for the plans to self- report monthly on the upload of the report PH-01 to the POPS Portal. The File Submission Report is due within 3 business days following the upload of PH-01.	Monthly	Email
PH-05-B	[RETIRED]		
PH-06	[RETIRED]		
PH-07	PH-07 Pharmacy Retail Registration Form for Access to the MassHealth Drug Rebate Portal Pharmacy Retail Registration Form for Access to the MassHealth Drug Rebate Portal	Ad-Hoc	OnBase
PH-08	[RETIRED]		
PH-09	[RETIRED]		
PH-10	[RETIRED]		
PH-11	[RETIRED]		
PH-12-A	PH-12-A PBM Pricing Report - Quarterly PBM Pricing Report- Quarterly	Quarterly	POPS Portal, or as directed by EOHHS

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
PH-12-B	PH-12-B PBM Pricing Report - Ad-Hoc PBM Pricing Report- Ad-Hoc	Ad-Hoc	POPS Portal, or as directed by EOHHS
PH-13	PH-13 Mail Order Pharmacy Program Report Mail Order Pharmacy Program Report- Ad-Hoc	Ad-Hoc	OnBase
PH-14	PH-14 Change in BIN/PCN/Group Number Report Change in BIN/PCN/Group Number Report- Ad-Hoc <i>(Note: Due at least 30-days before new BIN/PCN/Group Number is effective)</i>	Ad-Hoc	Email
PH-15	[RETIRED]		
PH-16-A	[RETIRED]		
PH-16-B	[RETIRED]		
PH-17	[RETIRED]		
PH-18	[RETIRED]		
PH-19	[RETIRED]		
PH-20	[RETIRED]		
PH-21	[RETIRED]		
PH-22-A	[RETIRED]		
PH-22-B	[RETIRED]		
PH-23-A	[RETIRED]		
PH-23-B	[RETIRED]		
PH-24	[RETIRED]		
PH-25	PH-25 Amyloidosis Therapies Monitoring Program Amyloidosis Therapies Monitoring Program -Quarterly	Annually on April 30	OnBase
PH-26	[RETIRED]		
PH-27	[RETIRED]		
PH-28	PH-28 Pharmacy Call Center Metrics Report Pharmacy Call Center Metrics Report- Quarterly	Quarterly	OnBase
PH-29	[RETIRED]		
PH-30	[RETIRED]		
PH-31	[RETIRED]		
PH-32	[RETIRED]		

J. Program Integrity

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
PI-01	PI-01 Fraud and Abuse Notification (within 5 days) and Activities Fraud and Abuse Notification (within 5 days) and Activities	Ad-Hoc	OnBase and Secure E-mail
PI-02	PI-02 Notification of For-Cause Provider Suspensions and Terminations Notification of Provider Suspensions and Terminations	Monthly on the 5 th of the following month	OnBase with Email Notification
PI-03	[RETIRED]		
PI-04	PI-04 Notification of Provider Overpayments Notification of Provider Overpayments	Ad-hoc	OnBase
PI-05	PI-05 Summary of Provider Overpayments Summary of Provider Overpayments	Semi-annually	OnBase
PI-06	PI-06 Response to Overpayments Identified by EOHHS Report Response to Overpayments Identified by EOHHS Report	Ad-hoc	OnBase
PI-07	PI-07 Agreed Upon Overpayments Collection Report Agreed Upon Overpayments Collection Report	Ad-hoc	OnBase
PI-08	PI-08 - Self-Reported Disclosures Self-Reported Disclosures	Ad-Hoc	OnBase
PI-09	PI-09 Program Integrity Compliance Plan and Anti-Fraud, Waste and Abuse Plan Program Integrity Compliance Plan and Anti-Fraud, Waste and Abuse Plan	Annual	OnBase
PI-10	PI-10 Payment Suspension Quarterly Payment Suspension Report	Quarterly	OnBase

K. Quality Reports

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
QR-01	QR-01 QM/QI Program Description/Workplan Report needs to be submitted as per Appendix B, Quality Improvement Goals.	Annually	OnBase
QR-02	QR-02 CAHPS Reports (Submission of full CAHPS Report) CAHPS Reports (Submission of full CAHPS Report as well <u>Member-level</u> and aggregate data made available via NCQA submission process)	Annually on July 31	OnBase
QR-03	[RETIRED]		
QR-04	QR-04 External Audit/Accreditation External Accreditation (Submission of NCQA accreditation report and associated results)	Ad-Hoc	OnBase
QR-05	QR-05 HEDIS IDSS Report HEDIS IDSS Report (Submission in Excel and CSV formats).	Annually on June 30	OnBase
QR-06	QR-06 HEDIS Member Level Data	Annually on June 30	Secure Email
QR-07	QR-07 Clinical Quality Measures	Annually in Quarter 3	Quality Vendor
QR-08	QR-08 Supplemental Data for Clinical Quality Supplemental data files (Format for submission determined and communicated by MassHealth's Comprehensive Quality Measure Vendor (CQMV). (Note: Due by May 31 st of each year)	Annually in Quarter 2	Inter-change
QR-09	QR-09 Validation of Performance Measures Performance Measure Data (Format for submission determined and communicated by External Quality Review Organization).	Annually in Quarter 4	EQRO
QR-10	QR-10 Serious Reportable Events (SREs) and Provider Preventable Conditions (PPCs) Serious Reportable Events (SREs) and Provider Preventable Conditions (PPCs) (including Health care Acquired Conditions (HCACs) and Other Provider Preventable Conditions (OPPCs) Submission using EOHHS developed template).	Notification: Within 30 calendar days of occurrence	OnBase
QR-11	QR-11 Summary of Serious Reportable Events (SREs) and Provider Preventable Conditions (PPCs) Summary of Serious Reportable Events (SREs) and Provider	Annually	OnBase

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
	Preventable Conditions (PPCs) (Submission using EOHHS-developed template).		
QR-12	QR-12 Performance Improvement Projects Performance Improvement Project Reports (Format for submission determined by and communicated by External Quality Review Organization).	To Be Determined	EQRO

APPENDIX C
Exhibit 1: ACO Covered Services
✓ Denotes a covered service

The Contractor shall provide to each Enrollee each of the ACO Covered Services listed below in an amount, duration, and scope that is Medically Necessary (as defined in **Section 1** of this Contract), provided that the Contractor is not obligated to provide any ACO Covered Service in excess of any service limitation expressly set forth below. Except to the extent that such service limitations are set forth below, the general descriptions below of ACO Covered Services do not limit the Contractor's obligation to provide all Medically Necessary services.

Service	Coverage Types		
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus
Acupuncture Treatment - the insertion of metal needles through the skin at certain points on the body, with or without the use of herbs, an electric current, heat to the needles or skin, or both, for pain relief or anesthesia.	✓	✓	✓
Acute Inpatient Hospital –all inpatient services such as daily physician intervention, surgery, obstetrics, radiology, laboratory, and other diagnostic and treatment procedures. Coverage of acute inpatient hospital services shall include Administratively Necessary Days. Administratively Necessary Day shall be defined as a day of Acute Inpatient Hospitalization on which an Enrollee's care needs can be provided in a setting other than an Acute Inpatient Hospital and on which an Enrollee is clinically ready for discharge.	✓	✓	✓
Ambulatory Surgery/Outpatient Hospital Care - outpatient surgical, related diagnostic, medical and dental services.	✓	✓	✓
Audiologist – audiologist exams and evaluations. See related hearing aid services.	✓	✓	✓
Behavioral Health Services – see Appendix C, Exhibit 3 .	✓	✓	✓
Breast Pumps and Breast Milk Storage Bags – to expectant and new birthing parents as specifically prescribed by their attending physician, consistent with the provisions of the Affordable Care Act of 2010 and Section 274 of Chapter 165 of the Acts of 2014, including but not limited to double electric breast pumps one per birth or as medically necessary.	✓	✓	✓

Service	Coverage Types		
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus
Certain COVID-19 Specimen Collection and Testing – until May 11, 2023, Specimen collection codes G2023 and G2024 billed with modifier CG, used when provider 1) has a qualified ordering clinician present at the specimen collection site available to order medically necessary COVID-19 diagnostic tests; and 2) ensures the test results are provided to the patient (along with any initial follow-up counseling, as appropriate), either directly or through the patient’s ordering clinician.	✓	✓	✓
Chiropractic Services – The Contractor is responsible for providing chiropractic manipulative treatment, office visits, and radiology services for all Enrollees. The Contractor may establish a per Enrollee per Contract Year service limit of 20 office visits or chiropractic manipulative treatments, or any combination of office visits and chiropractic manipulative treatments.	✓	✓	✓
Chronic, Rehabilitation Hospital or Nursing Facility Services – services, for all levels of care, including for eligible Enrollees under the age of 22 in accordance with applicable state requirements, provided at either a nursing facility, chronic or rehabilitation hospital, or any combination thereof, 100 days per Contract Year per Enrollee. The 100-day limitation shall not apply to Enrollees receiving Hospice services and the Contractor may not request disenrollment of Enrollees receiving Hospice services based on the length of time in a nursing facility. The Contractor shall use the following MassHealth admission/coverage criteria for admission into a chronic hospital, rehabilitation hospital and nursing facility, and may not request disenrollment of any Enrollee who meets such coverage criteria until the Enrollee exhausts such 100-day limitation described above. For the applicable criteria, see 130 CMR 456.408, 456.409, 456.410 and 435.408, 435.409 and 435.410 (rehabilitation hospitals). In addition, for Enrollees under the age of 22, the Contractor shall ensure that its contracted nursing facilities comply with the relevant provisions of 105 CMR 150.000, et seq. The Contractor must ensure that its contracted nursing facilities establish and follow a written policy regarding its bed-hold period, consistent with the MassHealth bed-hold policy. For applicable criteria, see 130 CMR 456.425. For clarification purposes, an Enrollee’s stay while recovering from COVID-19 in a nursing facility or chronic or rehabilitation hospital, or any combination thereof, shall count towards the 100-day per Contract Year per Enrollee coverage	✓	✓	✓

Service	Coverage Types		
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus
described in this section; provided, however for an Enrollee's stays in a Commonwealth-designated COVID-19 nursing facility, see non-ACO Covered Services in Exhibit 2 below.			
Dental - Emergency related dental services as described under Emergency Services in Appendix C, Exhibit 1 and oral surgery which is Medically Necessary to treat a medical condition performed in any place of service, including but not limited to an outpatient setting, as described in Ambulatory Surgery/Outpatient Hospital Care in Appendix C, Exhibit 1 as well as a clinic or office settings.	✓	✓	✓
Diabetes Self-Management Training – diabetes self-management training and education services furnished to an individual with pre-diabetes or diabetes by a physician or certain accredited mid-level providers (e.g., registered nurses, physician assistants, nurse practitioners, and licensed dietitians).	✓	✓	✓
Dialysis – laboratory; prescribed drugs; tubing change; adapter change; and training related to hemodialysis; intermittent peritoneal dialysis; continuous cycling peritoneal dialysis; continuous ambulatory peritoneal dialysis.	✓	✓	✓
Durable Medical Equipment and Medical/Surgical Supplies – 1) Durable Medical Equipment - products that: (a) are fabricated primarily and customarily to fulfill a medical purpose; (b) are generally not useful in the absence of illness or injury; (c) can withstand repeated use over an extended period of time; and (d) are appropriate for home use. Includes but not limited to the purchase of medical equipment, replacement parts, and repairs for such items as: canes, crutches, wheelchairs (manual, motorized, custom fitted, & rentals), walkers, commodes, special beds, monitoring equipment, and the rental of Personal Emergency Response Systems (PERS). 2) Medical/Surgical Supplies - medical/treatment products that: (a) are fabricated primarily and customarily to fulfill a medical or surgical purpose; (b) are used in the treatment of a specific medical condition; and (c) are non-reusable and disposable including, but not limited to, items such as urinary catheters, wound dressings, and diapers.	✓	✓	✓

Service	Coverage Types		
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services – Children, adolescents and young adults who are under 21 years old and are enrolled in MassHealth Standard and CommonHealth are entitled to Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, including Medically Necessary services that are listed in 42 U.S.C. 1396d(a) and (r) and discovered as a result of a medical screening.	✓		
Early Intervention –child visits, center-based individual visits, community child group, early intervention-only child group, and parent-focused group sessions; evaluation/assessments; and intake/screenings. The Contractor may establish a service limit restricting Early Intervention Services to Enrollees aged 3 or under.	✓	✓	
Emergency Services – covered inpatient and outpatient services, including Behavioral Health Services, which are furnished to an Enrollee by a provider that is qualified to furnish such services under Title XIX of the Social Security Act, and needed to evaluate or stabilize an Enrollee’s Emergency Medical Condition.	✓	✓	✓
Family Planning – family planning medical services, family planning counseling services, follow-up health care, outreach, and community education. Under Federal law, an Enrollee may obtain family planning services from any MassHealth provider of family planning services without the Contractor’s authorization.	✓	✓	✓
Fluoride Varnish – Pediatricians and other qualified health care professionals (Physician Assistants, Nurse Practitioners, Registered Nurses, and Licensed Practical Nurses) may apply Fluoride Varnish to eligible MassHealth Enrollees under age 21, during a pediatric preventive care visit. This service is primarily intended for children 0-6 but may be covered up to age 21.	✓	✓	
Hearing Aids – The Contractor is responsible for providing and dispensing hearing aids; ear molds; ear impressions; batteries; accessories; aid and instruction in the use, care, and maintenance of the hearing aid; and loan of a hearing aid to the Enrollee, when necessary.	✓	✓	✓
Home Health Services – skilled and supportive care services provided in the member’s home to meet skilled care needs and associated activities of daily living to allow the member to safely stay in their home. Available services include skilled nursing, medication administration,	✓	✓	✓

Service	Coverage Types		
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus
home health aide, and occupational, physical, and speech/language therapy. See CMR 403.000 and MassHealth Home Health Agency Bulletin 54 (June 2019).			
Homeless Medical Respite — medical respite services in accordance with 130 CMR 458.000 for individuals experiencing homelessness provided post-hospital discharge or hospital emergency department visit for medical or surgical issues or pre-procedure for colonoscopies. Post-hospital medical respite services include semi-private or private room and board; screening, intake and admission; assessment; care planning; case management; health referral and navigation; intensive housing navigation supports; and discharge planning. Pre-procedure medical respite services include private room and board; screening, intake and admission; pre-procedure support services; and discharge planning.	✓	✓	✓
Hospice — a package of services designed to meet the needs of terminally ill patients such as nursing; medical social services; physician; counseling; physical, occupational and speech language therapy; homemaker/home health aide services; medical supplies, drugs and durable medical equipment and supplies, short term general inpatient care, short term respite care, and room and board in a nursing facility provided, however, that the 100 day limitation on institutional care services shall not apply to an Enrollee receiving Hospice services. Hospice services covered by the Contractor shall include room and board in a nursing facility pursuant to 130 CMR 437.424(B). Hospice is an all-inclusive benefit. The Enrollee has to elect the Hospice benefit and, by electing the Hospice benefit, the Enrollee waives their right to the otherwise independent services that are for the Enrollee included as a part of the Hospice benefit. If an Enrollee elects Hospice, then the Enrollee waives their rights for the duration of the election of hospice care for any services related to the treatment of the terminal condition for which hospice care was elected or that are equivalent to hospice care. However, Enrollees under age 21 who have elected the Hospice benefit shall have coverage for curative treatment and all Medically Necessary ACO and Non-ACO Covered Services for MassHealth Standard and CommonHealth Enrollees.	✓	✓	✓
Infertility – Diagnosis of infertility and treatment of an underlying medical condition.	✓	✓	✓

Service	Coverage Types		
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus
Laboratory – all services necessary for the diagnosis, treatment, and prevention of disease, and for the maintenance of the health of Enrollees. All laboratories performing services under this Contract shall meet the credentialing requirements set forth in Section 2.9.H , including all medically necessary vaccines not covered by the Commonwealth of Massachusetts Department of Public Health.	✓	✓	✓
MassHealth Coordinating Aligned, Relationship-centered, Enhanced Support (CARES) for Kids – a service that provides targeted case management services for high risk individuals under age 21 with medical complexity. MassHealth CARES for Kids provides comprehensive, high-touch care coordination for children and their families. This service is provided in certain primary care or specialized settings where medically complex individuals under age 21 receive medical care. MassHealth CARES for Kids providers will serve as lead entities to coordinate prompt and individualized care across the health, educational, state agency, and social service systems.	✓		
Medical Nutritional Therapy – nutritional, diagnostic, therapy and counseling services for the purpose of a medical condition that are furnished by a physician, licensed dietician, licensed dietician/nutritionist, or other accredited mid-level providers (e.g., registered nurses, physician assistants, and nurse practitioners).	✓	✓	✓
Orthotics – braces (non-dental) and other mechanical or molded devices to support or correct any defect of form or function of the human body. See Subchapter 6 of the Orthotics Manual.	✓	✓	✓
Oxygen and Respiratory Therapy Equipment – ambulatory liquid oxygen systems and refills; aspirators; compressor-driven nebulizers; intermittent positive pressure breather (IPPB); oxygen; oxygen gas; oxygen-generating devices; and oxygen therapy equipment rental.	✓	✓	✓
Pharmacy – The Contractor is responsible for providing prescription, over-the-counter drugs, Non-Drug Pharmacy Products, and pharmaceutical compounded drugs as set forth in the MassHealth Drug List. The Contractor is also responsible for providing delivery of medications from pharmacy providers to a personal residence, including homeless shelters, consistent with 101 CMR 446.03(5). Effective April 1, 2025, see Exhibit 2 for Acute Hospital Carve-Out Drugs.	✓	✓	✓

Service	Coverage Types		
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus
Physician (primary and specialty) – all medical, developmental pediatrician, psychiatry, radiological, laboratory, anesthesia and surgical services, including those services provided by nurse practitioners serving as primary care providers and services provided by nurse midwives.	✓	✓	✓
Podiatry – The Contractor is responsible for providing services as certified by a physician, including medical, radiological, surgical, and laboratory care. For restrictions regarding coverage of orthotics, see the “Orthotics” service description above.	✓	✓	✓
Preventive Pediatric Health Screening and Diagnostic Services - children, adolescents and young adults who are under 21 years old and are enrolled in the MassHealth Basic, Essential or Family Assistance Plan are entitled to Preventive Pediatric Healthcare Screening and Diagnosis Services as outlined in 130 CMR 450.150.		✓	
Prosthetic Services and Devices – evaluation, fabrication, fitting, and the provision of a prosthesis. For individuals over age 21, certain limitations apply. See Subchapter 6 of the Prosthetics Manual	✓	✓	✓
Radiology and Diagnostic Tests – X-rays, portable X-rays, magnetic resonance imagery (MRI) and other radiological and diagnostic services, including those radiation or oncology services performed at radiation oncology centers (ROCs) which are independent of an acute outpatient hospital or physician service.	✓	✓	✓
Remote Patient Monitoring (RPM) – home monitoring of Enrollees for chronic disease management and e-consult services. 1) RPM – As of August 1, 2024, as further specified by EOHHS, certain services, provided by a physician, community health center, or hospital, to facilitate close, in-home monitoring of Enrollees who are pregnant, postpartum, have congestive heart failure, chronic obstructive pulmonary disease, or other conditions specified by EOHHS. 2) COVID-19 RPM - bundled services to facilitate home monitoring of Enrollees with confirmed or suspected COVID-19 who do not require emergency department or hospital level of care but require continued close monitoring. The COVID-19 RPM	✓	✓	✓

Service	Coverage Types		
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus
bundle includes all medically necessary clinical services required to facilitate seven days of close, in-home, monitoring of members with confirmed or suspected COVID-19. Details around MassHealth's coverage of the RPM bundle can be found in All Provider Bulletin 294, as may be updated from time to time. The Contractor must cover the RPM bundle of services in the method and manner specified in All Provider Bulletin 294, as may be updated from time to time, when such services are delivered as Medicaid services. The Contractor may determine their own rate of payment for the RPM bundle of services.			
School Based Health Center Services – all ACO Covered Services set forth in this Appendix C delivered in School Based Health Centers (SBHCs).	✓	✓	
Therapy – individual treatment, (including the design, fabrication, and fitting of an orthotic, prosthetic, or other assistive technology device); comprehensive evaluation; and group therapy. 1) Physical: evaluation, treatment, and restoration to normal or best possible functioning of neuromuscular, musculoskeletal, cardiovascular, and respiratory systems. 2) Occupational: evaluation and treatment designed to improve, develop, correct, rehabilitate, or prevent the worsening of functions that affect the activities of daily living that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies, or injuries. 3) Speech and Hearing: evaluation and treatment of speech language, voice, hearing, and fluency disorders.	✓	✓	✓
Tobacco Cessation Services – face-to-face individual and group tobacco cessation counseling as defined at 130 CMR 433.435(B), 130 CMR 405.472 and 130 CMR 410.447 and pharmacotherapy treatment, including nicotine replacement therapy (NRT).	✓	✓	✓
Transportation (emergent) – ambulance (air and land) transport that generally is not scheduled, but is needed on an Emergency basis, including Specialty Care Transport that is	✓	✓	✓

Service	Coverage Types		
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus
ambulance transport of a critically injured or ill Enrollee from one facility to another, requiring care that is beyond the scope of a paramedic.			
Transportation (non-emergent, to out-of-state location) – ambulance and other common carriers that generally are pre-arranged to transport an Enrollee to a service that is located outside a 50-mile radius of the Massachusetts border.	✓		✓
Urgent Care Clinic Services – ACO Covered Services set forth in this Appendix C provided by an urgent care clinic consistent with 130 CMR 455.000 and Section 39 of Ch. 260 of the Acts of 2020.	✓	✓	✓
Vaccine Counseling Services	✓	✓	✓
Vision Care (medical component) – eye examinations (a) once per 12-month period for Enrollees under the age of 21 and (b) once per 24-month period for Enrollees 21 and over, and, for all Enrollees, whenever Medically Necessary; vision training; ocular prosthesis; contacts, when medically necessary, as a medical treatment for a medical condition such as keratoconus; and bandage lenses.	✓	✓	✓
Wigs – as prescribed by a physician related to a medical condition.	✓	✓	✓

Appendix C

Exhibit 2: Non-ACO Covered Services

✓ Denotes a Non-ACO Covered Service (wrap service)

The Contractor need not provide, but shall coordinate, for each Enrollee the delivery of all MassHealth services (see 130 CMR 400.000 through 499.000) for which such Enrollee is eligible (see 130 CMR 450.105) but which are not currently ACO Covered Services. Coordination of such services shall include, but not be limited to, informing the Enrollee of the availability of such services and the processes for accessing those services. The general list and descriptions, below, of MassHealth services that are not ACO Covered Services do not constitute a limitation on the Contractor's obligation to coordinate all such services for each Enrollee eligible to receive those services.

Service	Coverage Types		
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus
Abortion - includes, in addition to the procedure itself, pre-operative evaluation and examination; pre-operative counseling; laboratory services, including pregnancy testing, blood type, and Rh factor; Rh, (D) immune globulin (human); anesthesia (general or local); echography; and post-operative (follow-up) care. Abortion does not constitute a family planning service. The procedure itself is federally funded only in the following situations: (1) if the pregnancy is the result of an act of rape or incest; or (2) in the case where a woman suffers from a physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed. Such services may be provided in a physician's office, clinic, or hospital, subject to limitations imposed by applicable law and administrative and billing regulations.	✓	✓	✓
Acute Hospital Carve-Out Drugs – Effective April 1, 2025, one-time infused cell and gene therapies as listed on the MassHealth Drug List Acute Hospital Carve-Out Drugs List, or as otherwise specified by EOHHS excluding any inpatient or outpatient services related to the infusion of these drugs.	✓	✓	✓
Adult Dentures – full and partial dentures, and repairs to said dentures, for adults ages 21 and over.	✓	✓	✓

Service	Coverage Types		
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus
Adult Day Health – services ordered by a physician and delivered to an Enrollee in a community-based program setting that is open at least Monday through Friday for eight hours per day and include: nursing and healthcare oversight, therapy, assistance with Activities of Daily Living (ADL), nutritional and dietary, counseling activities and case management. Services provided are based upon an individual plan of care. Transportation to and from the Adult Day Health program is arranged and reimbursed by the Adult Day Health program. In order to be eligible for Adult Day Health Services, the Enrollee must be at least 18 years of age or older and require assistance with at least one (1) ADL or one (1) skilled service and meet the eligibility criteria outlined in 130 CMR 404.407.	✓		
Adult Foster Care - services ordered by a physician and delivered to an Enrollee in a home environment that meets the qualified setting as described in 130 CMR 408.435 Services are based upon an individual plan of care and include assistance with Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), and other personal care as needed, nursing services and oversight, and care management. Assistance with ADLs, IADLs and other personal care is provided by a qualified caregiver that lives with the Enrollee in the home environment. Nursing services and oversight and care management are provided by a multidisciplinary team. In order to be eligible for Adult Foster Care services, the Enrollee must be at least 16 years of age or older and require assistance with at least one (1) ADL and meet the eligibility criteria outlined in 130 CMR 408.417.	✓		
Chronic, Rehabilitation Hospital, or Nursing Facility Services – Both 1. Services provided at either a nursing facility, chronic or rehabilitation hospital, or any combination thereof, over 100 days per Contract Year per Enrollee; provided, however, that (A) for Enrollees receiving Hospice services, the Contractor shall cover skilled nursing facility services without limitation, and (B) for Enrollees in Family Assistance such coverage is limited to six months consistent with MassHealth policy; and	✓	✓	

Service	Coverage Types		
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus
2. Any stay of any duration in a Commonwealth-designated COVID-19 nursing facility.			
Day Habilitation – services provided in a community based day program setting that is open at least Monday through Friday for six hours per day and includes daily programming based on activities and therapies necessary to meet individual goals and objectives. Goals and objectives are outlined on a day habilitation service plan and are designed to help an Enrollee reach his/her optimal level of physical, cognitive, psychosocial and occupational capabilities. In order to be eligible for Day Habilitation services, the Enrollee must be at least 18 years of age or older; have a diagnosis of mental retardation and/or developmental disability; and meet the eligibility criteria outlined in 130 CMR 419.434.	✓		
Dental - preventive and basic services for the prevention and control of dental diseases and the maintenance of oral health for children and adults as described in 130 CMR 420.000.	✓	✓	✓
Doula Services – Doula services for pregnant, birthing, and postpartum members in accordance with 130 CMR 463.000.	✓	✓	✓
Group Adult Foster Care - services ordered by a physician delivered to an Enrollee in a group housing residential setting such as assisted living, elderly, subsidized or supportive housing. Group Adult Foster Care services are based upon an individual plan of care and include: assistance with Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), and other personal care as needed, nursing services and oversight and care management. Assistance with ADLs, IADLs and other personal care is provided by a direct care worker that is employed or contracted by the Group Adult Foster Care Provider, Nursing services and oversight and care management are provided by a multidisciplinary team. In order to be eligible for Group Adult Foster Care services, the Enrollee must be at least 22 years of age or older and require assistance with at least one (1) ADL.	✓		
Personal Care Attendant – physical assistance with Activities of Daily Living (ADLs) such as: bathing, dressing/grooming, eating, mobility, toileting, medication administration, and passive range of motion exercise for Enrollees who have a chronic or permanent	✓		

Service	Coverage Types		
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus
disability requiring physical assistance with two (2) or more ADLs. If an Enrollee is clinically eligible for PCA, an Enrollee may also receive assistance with Instrumental Activities of Daily Living (IADLs), including household management tasks, meal preparation, and transportation to medical providers.			
Private Duty Nursing/Continuous Skilled Nursing – a nursing visit of more than two continuous hours of nursing services. This service can be provided by a home health agency, continuous skilled nursing agency, or Independent Nurse.	✓		
Tablets (for use as augmentative and alternative communication (AAC) devices) – Tablets for use as non-dedicated AAC devices, that do not meet the definition of durable medical equipment and are not eligible for federal financial participation. These devices will be configured and provided by MassHealth or its agent for members for whom AAC is medically necessary and for whom a tablet is the most appropriate device.	✓	✓	
Transitional Support Services (TSS) for Substance Use Disorders (Level 3.1) – 24- hour short term intensive case management and psycho-educational residential programming with nursing available for members with substance use disorders who have recently been detoxified or stabilized and require additional transitional stabilization prior to placement in a residential or community based program. Enrollees with Co-Occurring Disorders receive coordination of transportation and referrals to mental health providers to ensure treatment for their co-occurring psychiatric conditions. Pregnant women receive coordination of their obstetrical care.	✓	✓	✓
Transportation (non-emergent, to in-state location or location within 50 miles of the Massachusetts border) - ambulance (land), chair car, taxi, and common carriers that generally are pre-arranged to transport an Enrollee to a covered service that is located in-state or within a 50-mile radius of the Massachusetts border.	✓		✓
Vision Care (non-medical component) - prescription and dispensing of ophthalmic materials, including eyeglasses and other visual aids, excluding contacts.	✓	✓	✓

Appendix C
Exhibit 3: ACO Covered Behavioral Health Services

✓ Denotes a covered service

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
Inpatient Services - 24-hour services, delivered in a licensed or state-operated hospital setting, that provide clinical intervention for mental health or substance use diagnoses, or both. This service does not include continuing inpatient psychiatric care delivered at a facility that provides such services, as further specified by EOHHS. (See details below)			
1. Inpatient Mental Health Services - hospital services to evaluate and treat an acute psychiatric condition which 1) has a relatively sudden onset; 2) has a short, severe course; 3) poses a significant danger to self or others; or 4) has resulted in marked psychosocial dysfunction or grave mental disability. Such services include (1) specialized inpatient psychiatric services provided to children or adolescents with neurodevelopmental disorders who have severe behavioral manifestations of Autism Spectrum Disorders (ASD)/Intellectual Disabilities (ID) and co-occurring mental health conditions, and shall be provided in accordance with the MassHealth Acute Hospital Request for Applications (Acute Hospital RFA) and the MassHealth Psychiatric Hospital Request for Applications (Psychiatric Hospital RFA); and (2) for dates of service on or after October 1, 2023, specialized inpatient psychiatric services provided to Enrollees with an eating disorder diagnosis and severe associated psychiatric and medical needs in specialized eating disorder psychiatric settings, and shall be provided in accordance with the Acute Hospital RFA and the MassHealth Psychiatric Hospital Request for Applications (Psychiatric Hospital RFA).	✓	✓	✓
2. Inpatient Substance Use Disorder Services (Level 4) - Intensive inpatient services provided in a hospital setting, able to treat Enrollees with acute medically complex withdrawal management needs, as well as co-occurring biomedical and/or psychiatric conditions. Services are delivered by an interdisciplinary staff of addiction credentialed physician and other appropriate credentialed treatment professionals with the full resources of a general acute care or psychiatric hospital available.	✓	✓	✓

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
3. Observation/Holding Beds - hospital services, for a period of up to 24 hours, in order to assess, stabilize, and identify appropriate resources for Enrollees.	✓	✓	✓
4. Administratively Necessary Day (AND) Services - a day(s) of inpatient hospitalization provided to Enrollees when said Enrollees are clinically ready for discharge, but an appropriate setting is not available. Services shall include appropriate continuing clinical services.	✓	✓	✓
Diversionary Services - those mental health and substance use disorder services that are provided as clinically appropriate alternatives to Behavioral Health Inpatient Services, or to support an Enrollee returning to the community following a 24-hour acute placement; or to provide intensive support to maintain functioning in the community. There are two categories of Diversionary Services, those provided in a 24-hour facility, and those which are provided in a non-24-hour setting or facility. (See detailed services below)			
24-Hour Diversionary Services:			
a. Youth and Adult Community Crisis Stabilization – services provided as an alternative to hospitalization, including short-term psychiatric treatment in structured, community-based therapeutic environments. Community Crisis Stabilization provides continuous 24-hour observation and supervision for Enrollees who do not require or are transitioning from Inpatient Services.	✓	✓	✓
b. Community-Based Acute Treatment for Children and Adolescents (CBAT) – mental health services provided in a staff-secure setting on a 24-hour basis, with sufficient clinical staffing to insure safety for the child or adolescent, while providing intensive therapeutic services including, but not limited to, medication monitoring; psychiatric assessment; nursing availability; Specialing (as needed); individual, group and family therapy; case management; family assessment and consultation; discharge planning; and psychological testing, as needed. This service may be used as an alternative to or transition from Inpatient services.	✓	✓	
c. Medically Monitored Intensive Services - Acute Treatment Services (ATS) for Substance Use Disorders (Level 3.7) – 24-hour, seven days week, medically monitored addiction treatment services that provide evaluation and withdrawal management. Withdrawal management services are delivered by nursing and counseling staff under a physician-approved protocol	✓	✓	✓

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
and physician-monitored procedures and include: bio-psychosocial assessment; induction to FDA approved medications for addictions when appropriate, individual and group counseling; psychoeducational groups; and discharge planning. Pregnant women receive specialized services to ensure substance use disorder treatment and obstetrical care. Enrollees with Co-Occurring Disorders receive specialized services to ensure treatment for their co-occurring psychiatric conditions. These services may be provided in licensed freestanding or hospital-based programs.			
d. Clinical Support Services for Substance Use Disorders (Level 3.5) – 24-hour treatment services, which can be used independently or following Acute Treatment Services for substance use disorders, including comprehensive bio-psychosocial assessments and treatment planning, therapeutic milieu, intensive psycho education and counseling, outreach to families and significant others, linkage to medications for addiction therapy, connection to primary care and community supports and aftercare planning for individuals beginning to engage in recovery from addiction. Enrollees with Co-Occurring Disorders receive coordination of transportation and referrals to mental health providers to ensure treatment for their co-occurring psychiatric conditions. Pregnant women receive coordination of their obstetrical care.	✓	✓	✓
e. Transitional Care Unit (TCU) – A community based therapeutic program offering high levels of supervision, structure and intensity of service within an unlocked setting. The program serves children and adolescents, under age 19, who are in the custody of the Department of Children and Families (DCF), who have been determined to need group care or foster care and no longer meet the clinical criteria for continued stay at an acute level of care. The TCU offers comprehensive services, including but not limited to, a therapeutic milieu, psychiatry, aggressive case management, and multidisciplinary, multi-modal therapies.	✓	✓	
Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)			
a. Adult Residential Rehabilitation Services for Substance Use Disorders (Level 3.1) - 24-hour residential environment that provides a structured and comprehensive rehabilitative	✓	✓	✓

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
environment that supports each resident's independence and resilience and recovery from alcohol and/or other drug problems. Scheduled, goal-oriented rehabilitative services are provided in conjunction with ongoing support and assistance for developing and maintaining interpersonal skills necessary to lead an alcohol and/or drug-free lifestyle. Members receive at least five hours of individual or group therapy each week in addition to case management, psychoeducation and milieu based rehabilitative activities. Residential programs licensed and approved to serve pregnant and post-partum women provide assessment and management of gynecological and/or obstetric and other prenatal needs, as well as treatment plans addressing parenting skills education, child development education, parent support, family planning, nutrition, as well as opportunities for parent/child relational and developmental groups. Enrollees with Co-Occurring Disorders receive coordination of transportation and referrals to mental health providers to ensure treatment for their co-occurring psychiatric conditions.			
b. Family Residential Rehabilitation Services for Substance Use Disorders (Level 3.1) - 24-hour residential environment for families in which a parent has a substance use disorder and either is pregnant, has custody of at least one child or has a physical reunification plan with at least one child within 30 days of admission. Scheduled, goal-oriented rehabilitative services intended to support parents and children are provided in conjunction with ongoing support and assistance for developing and maintaining interpersonal and parenting skills necessary to lead an alcohol and/or drug-free lifestyle and support family reunification and stability. Enrollees receive at least five hours of individual or group therapy each week in addition to case management, psychoeducation and milieu based rehabilitative activities.	✓	✓	✓
c. Transitional Age Youth and Young Adult Residential Rehabilitation Services for Substance Use Disorders (Level 3.1) - 24-hour developmentally appropriate residential environment designed specifically for either Transitional Age Youth ages 16-21 or Young Adults ages 18-25 that provides a structured and comprehensive rehabilitative environment for that supports each resident's independence and resilience and recovery from alcohol and/or other drug problems. Scheduled, goal-oriented rehabilitative services are provided in conjunction with	✓	✓	✓

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
ongoing support and assistance for developing and maintaining interpersonal skills necessary to lead an alcohol and/or drug-free lifestyle. Enrollees receive at least five hours of individual or group therapy each week in addition to case management, psychoeducation and milieu based rehabilitative activities. Enrollees with Co-Occurring Disorders receive coordination of transportation and referrals to mental health providers to ensure treatment for their co-occurring psychiatric conditions.			
d. Youth Residential Rehabilitation Services for Substance Use Disorders (Level 3.1) - 24-hour developmentally appropriate residential environment with enhanced staffing and support designed specifically for youth ages 13-17 that provides a structured and comprehensive rehabilitative environment for that supports each resident's independence and resilience and recovery from alcohol and/or other drug problems. Scheduled, goal-oriented rehabilitative services are provided in conjunction with ongoing support and assistance for developing and maintaining interpersonal skills necessary to lead an alcohol and/or drug-free lifestyle. Members receive at least five hours of individual or group therapy each week in addition to case management, psychoeducation and milieu based rehabilitative activities. Enrollees with Co-Occurring Disorders receive coordination of transportation and referrals to mental health providers to ensure treatment for their co-occurring psychiatric conditions.	✓	✓	
e. Co-Occurring Enhanced Residential Rehabilitation Services for Substance Use Disorders (Level 3.1) - 24-hour, safe, structured environment, located in the community, which supports Enrollee's recovery from addiction and moderate to severe mental health conditions while reintegrating into the community and returning to social, vocation/employment, and/or educational roles. Scheduled, goal-oriented clinical services are provided in conjunction with psychiatry and medication management to support stabilization and development of skills necessary to achieve recovery. Clinical services are provided a minimum of five hours a week and additional outpatient levels of care may be accessed concurrently as appropriate. Programs will ensure that Members have access to prescribers of psychiatric and addiction medications.	✓	✓	✓

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
f. Pregnancy Enhanced Residential Rehabilitation Services for Substance Use Disorders (Level 3.1) – 24-hour developmentally appropriate residential environment designed specifically for people who are pregnant that provides a structured and comprehensive rehabilitative environment for that supports each resident’s independence and resilience and recovery from alcohol and/or other drug problems. Scheduled, goal-oriented rehabilitative services are provided in conjunction with ongoing support and assistance for developing and maintaining interpersonal skills necessary to lead an alcohol and/or drug-free lifestyle. Members receive at least five hours of individual or group therapy each week in addition to case management, psychoeducation and milieu based rehabilitative activities. Residential programs must provide assessment and management of gynecological and/or obstetric and other prenatal needs, as well as treatment plans addressing parenting skills education, child development education, parent support, family planning, nutrition, as well as opportunities for parent/child relational and developmental groups. This enhancement applies to Adult Residential Rehabilitation Services and Co-Occurring Enhanced Residential Rehabilitation Services.	✓	✓	✓
g. Postpartum Enhanced Residential Rehabilitation Services for Substance Use Disorders (Level 3.1) - 24-hour developmentally appropriate residential environment designed specifically for people who are postpartum up to 12 months inclusive of all pregnancy outcomes, that provides a structured and comprehensive rehabilitative environment that supports each resident’s independence and resilience and recovery from alcohol and/or other drug problems. Scheduled, goal-oriented rehabilitative services are provided in conjunction with ongoing support and assistance for developing and maintaining interpersonal skills necessary to lead an alcohol and/or drug-free lifestyle. Members receive at least five hours of individual or group therapy each week in addition to case management, psychoeducation and milieu based rehabilitative activities. Residential programs must provide assessment and management of gynecological and/or obstetric and other postpartum needs, as well as treatment plans addressing parenting skills education, child development education, parent support, family planning, nutrition, as well as opportunities	✓	✓	✓

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
for parent/child relational and developmental groups. This enhancement applies to Adult Residential Rehabilitation Services and Co-Occurring Enhanced Residential Rehabilitation Services.			
Non-24-Hour Diversionary Services			
a. Community Support Program (CSP) and Specialized CSP - an array of services delivered by a community-based, mobile, multi-disciplinary team of professionals and paraprofessionals. These programs provide essential services to Enrollees with a long standing history of a psychiatric or substance use disorder and to their families, or to Enrollees who are at varying degrees of increased medical risk, or to children/adolescents who have behavioral health issues challenging their optimal level of functioning in the home/community setting. Services include outreach and supportive services, delivered in a community setting, which will vary with respect to hours, type and intensity of services depending on the changing needs of the Enrollee. Specialized CSP programs serve populations with particular needs. Specialized CSP Programs: CSP for Justice Involved – a Specialized CSP service to address the health-related social needs of Enrollees with Justice Involvement who have a barrier to accessing or consistently utilizing medical and behavioral health services, as defined by EOHHS. CSP-JI includes behavioral health and community tenure sustainment supports. CSP for Homeless Individuals – a Specialized CSP service to address the health-related social needs of Enrollees who (1) are experiencing Homelessness and are frequent users of acute health MassHealth services, as defined by EOHHS, or (2) are experiencing chronic homelessness, as defined by the US Department of Housing and Urban Development. CSP – Tenancy Preservation Program - a Specialized CSP service to address the health-related social needs of Enrollees who are At Risk of Homelessness and facing Eviction as a result of behavior related to a disability. CSP-TPP works with the member, the Housing Court, and the member’s landlord to preserve tenancies by connecting the member to	✓	✓	✓

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
community-based services in order to address the underlying issues causing the lease violation. The primary goal of the CSP-TPP is to preserve the tenancy and the secondary goals are to put in place services that address those issues that put the Enrollee's housing in jeopardy to ensure that the Enrollee's housing remains stable.			
b. Partial Hospitalization (PHP) – an alternative to Inpatient Mental Health Services, PHP services offer short-term day mental health programming available seven days per week. These services consist of therapeutically intensive acute treatment within a stable therapeutic milieu and include daily psychiatric management.	✓	✓	✓
c. Psychiatric Day Treatment - services which constitute a program of a planned combination of diagnostic, treatment and rehabilitative services provided to a person with mental illness who needs more active or inclusive treatment than is typically available through a weekly visit to a mental health center, individual Provider's office or hospital outpatient department, but who does not need 24-hour hospitalization.	✓	✓	✓
d. Structured Outpatient Addiction Program (SOAP) - clinically intensive, structured day and/or evening substance use disorder services. These programs can be utilized as a transition service in the continuum of care for an Enrollee being discharged from Acute Substance Abuse Treatment, or can be utilized by individuals, who need Outpatient Services, but who also need more structured treatment for a substance use disorder without 24-hour monitoring. These programs incorporate the evidence-based practice of Motivational Interviewing into clinical programming to promote individualized treatment planning. These programs may include specialized services and staffing for targeted populations including pregnant and postpartum Enrollees, adolescents and Enrollees who are experiencing homelessness or at risk of homelessness.	✓	✓	✓
e. Intensive Outpatient Program (IOP) - a clinically intensive service designed to improve functional status, provide stabilization in the community, divert an admission to an Inpatient Service, or facilitate a rapid and stable reintegration into the community following a	✓	✓	✓

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
discharge from an inpatient service. The IOP provides time-limited, comprehensive, and coordinated multidisciplinary treatment.			
f. Recovery Coaching - a non-clinical service provided by individuals currently in recovery from a substance use disorder who have been certified as Recovery Coaches. Eligible Enrollees will be connected with Recovery Coaches at critical junctures in the Enrollees' treatment and recovery. The focus of the Recovery Coach role is to create a relationship between equals that is non-clinical and focused on removing obstacles to recovery, facilitate initiation and engagement to treatment and serve as a guide and motivating factor for the Enrollee to maintain recovery and community tenure. Specialized Recovery Coach Services 1. Recovery Coach for Pregnant and Postpartum Members – effective September 1, 2025, a specialized peer recovery coach who provides non-clinical peer recovery supports to individuals in or seeking recovery who are pregnant or have been pregnant in the last 12 months.	✓	✓	✓
g. Recovery Support Navigators - a specialized care coordination service intended to engage Enrollees with Substance Use Disorder in accessing and continuing Substance Use Disorder treatment. RSNs may be located in a variety of Substance Use Disorder treatment environments, as well as hospital medical or surgical inpatient and emergency department settings, doing outreach and building relationships with individuals in programs, including withdrawal management and step-down services. If an Enrollee accepts RSN services upon leaving a Substance Use Disorder treatment program, the RSN will work with the individual on accessing appropriate treatment and staying motivated for treatment and recovery. These services shall be provided in accordance with the MassHealth Acute Hospital Request for Applications (Acute Hospital RFA) when provided in hospital settings. Specialized Recovery Support Navigators 1. Recovery Support Navigator for Pregnant or Postpartum Members – effective September 1, 2025, a specialized Recovery Support Navigator that provides services to individuals who are pregnant or have been pregnant in the last 12 months.	✓	✓	✓

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
h. Program of Assertive Community Treatment (PACT) – a multi-disciplinary team approach to providing acute, active, ongoing, and long-term community-based psychiatric treatment, assertive outreach, rehabilitation and support. The program team provides assistance to Enrollees to maximize their recovery, ensure consumer-directed goal setting, assist individuals in gaining a sense of hope and empowerment, and provide assistance in helping the individuals served become better integrated into the community. Services are provided in the community and are available, as needed by the individual, 24 hours a day, seven days a week, 365 days a year. PACT includes PACT 50, PACT 80, and Forensic PACT.	✓	✓	✓
Outpatient Services - mental health and substance use disorder services provided in person in an ambulatory care setting such as a mental health center or substance use disorder clinic, hospital outpatient department, community health center, or practitioner's office. The services may be provided at an Enrollee's home or school. (See detailed services below)			
Standard Outpatient Services – those Outpatient Services most often provided in an ambulatory setting.			
a. Family Consultation - a meeting of at least 15 minutes' duration, either in person or by telephone, with family members or others who are significant to the Enrollee and clinically relevant to an Enrollee's treatment to: identify and plan for additional services; coordinate a treatment plan; review the individual's progress; or revise the treatment plan, as required.	✓	✓	✓
b. Case Consultation - an in-person or by telephone meeting of at least 15 minutes' duration, between the treating Provider and other behavioral health clinicians or the Enrollee's primary care physician, concerning an Enrollee who is a client of the Provider, to: identify and plan for additional services; coordinate a treatment plan; review the individual's progress; and revise the treatment plan, as required. Case Consultation shall not include clinical supervision or consultation with other clinicians within the same provider organization.	✓	✓	✓
c. Diagnostic Evaluation - an assessment of an Enrollee's level of functioning, including physical, psychological, social, educational and environmental strengths and challenges for the purpose of diagnosis and designing a treatment plan.	✓	✓	✓
d. Psychiatric Consultation on an Inpatient Medical Unit - an in- person meeting of at least 15 minutes' duration between a psychiatrist or Advanced Practice Registered Nurse Clinical	✓	✓	✓

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
Specialist and an Enrollee at the request of the medical unit to assess the Enrollee's mental status and consult on a behavioral health or psychopharmacological plan with the medical staff on the unit.			
e. Medication Visit - an individual visit specifically for psychopharmacological evaluation, prescription, review, and/or monitoring by a psychiatrist or R.N. Clinical Specialist for efficacy and side effects.	✓	✓	✓
f. Couples/Family Treatment - the use of psychotherapeutic and counseling techniques in the treatment of an Enrollee and his/her partner and/or family simultaneously in the same session.	✓	✓	✓
g. Group Treatment – the use of psychotherapeutic or counseling techniques in the treatment of a group, most of whom are not related by blood, marriage, or legal guardianship.	✓	✓	✓
h. Individual Treatment - the use of psychotherapeutic or counseling techniques in the treatment of an individual on a one-to-one basis.	✓	✓	✓
i. Inpatient-Outpatient Bridge Visit - a single-session consultation conducted by an outpatient provider while an Enrollee remains on an Inpatient psychiatric unit. The Inpatient-Outpatient Bridge Visit involves the outpatient Provider meeting with the Enrollee and the inpatient team or designated inpatient treatment team clinician.	✓	✓	✓
j. Assessment for Safe and Appropriate Placement (ASAP) - an assessment, required by MGL 119 Sec. 33B, conducted by a diagnostician with specialized training and experience in the evaluation and treatment of sexually abusive youth or arsonists, to evaluate individuals who are in the care and custody of DCF and who have been adjudicated delinquent for a sexual offense or the commission of arson, or have admitted to such behavior, or are the subject of a documented or substantiated report of such behavior, and who are being discharged from Inpatient Psychiatric Unit or Hospital or Community-Based Acute Treatment for Children/Adolescents or Intensive Community Based Acute Treatment for	✓	✓	

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
Children/Adolescents to a family home care setting. Services are provided through a DCF designated ASAP provider.			
k. Collateral Contact – a communication of at least 15 minutes’ duration between a Provider and individuals who are involved in the care or treatment of an Enrollee under 21 years of age, including, but not limited to, school and day care personnel, state agency staff, and human services agency staff.	✓	✓	
l. Acupuncture Treatment - the insertion of metal needles through the skin at certain points on the body, with or without the use of herbs, an electric current, heat to the needles or skin, or both, as an aid to persons who are withdrawing from dependence on substances or in recovery from addiction.	✓	✓	✓
m. Opioid Treatment Services — supervised assessment and treatment of an individual, using FDA approved medications (including methadone, buprenorphine/naloxone, and naltrexone) along with a comprehensive range of medical and rehabilitative services, when clinically necessary, to alleviate the adverse medical, psychological or physical effects incident to opiate addiction. This term encompasses induction of Medication for Opioid Use Disorder (MOUD), withdrawal management, and maintenance treatment. MOUD services may also be provided by outpatient hospital emergency departments in accordance with the MassHealth Acute Hospital Request for Applications (Acute Hospital RFA) as further specified by EOHHS.	✓	✓	✓
n. Ambulatory Withdrawal Management - outpatient services for Members who are experiencing a serious episode of excessive substance use or withdrawal complications. Ambulatory Withdrawal Management is provided under the direction of a physician and is designed to stabilize the Member’s medical condition under circumstances where neither life nor significant bodily functions are threatened. The severity of the individual’s symptoms will determine the setting, as well as the amount of nursing and physician supervision necessary during the course of treatment.	✓	✓	✓

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
o. Psychological Testing - the use of standardized test instruments to assess an Enrollee's cognitive, emotional, neuropsychological, verbal, and defensive functioning on the central assumption that individuals have identifiable and measurable differences that can be elicited by means of objective testing.	✓	✓	✓
p. Applied Behavior Analysis for members under 21 years of age (ABA Services) – A MassHealth service that focuses on the analysis, design, implementation, and evaluation of social and other environmental modifications to produce meaningful changes in human behavior. This service provides for the performance of behavioral assessments; interpretation of behavior analytic data; development of a highly specific treatment plan; supervision and coordination of interventions; and training other interveners to address specific objectives or performance goals in order to treat challenging behaviors that interfere with a youth's successful functioning. See 101 CMR 358.00.	✓	✓	
q. Early Intensive Behavioral Intervention (EIBI) - provided to children under three years of age who have a diagnosis of autism spectrum disorder (ASD) and meet clinical eligibility criteria. Such services shall be provided only by DPH-approved, Early Intensive Behavioral Intervention Service Providers.	✓	✓	
r. Preventative Behavioral Health Services - short-term interventions in supportive group, individual, or family settings, recommended by a physician or other licensed practitioner, practicing within their scope of licensure, that cultivate coping skills and strategies for symptoms of depression, anxiety, and other social/emotional concerns, which may prevent the development of behavioral health conditions for members who are under 21 years old who have a positive behavioral health screen (or, in the case of an infant, a caregiver with a positive post-partum depression screening), even if the member does not meet criteria for behavioral health diagnosis. Preventive behavioral health services are available in group sessions when delivered in community-based outpatient settings, and in individual, family, and group sessions when provided by a behavioral health clinician practicing in an integrated pediatric primary care setting.	✓	✓	

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
s. Certified Peer Specialist (CPS) – a service utilizing peers with lived experience in sustained recovery and wellness while living with mental health conditions and trauma to promote member’s empowerment, self-determination, self-advocacy and resiliency. CPSs, employed by CBHCs and CMHCs, are specially trained and certified to support members in their goals and empower their decision making regarding their recovery.	✓	✓	✓
Intensive Home or Community-Based Services for Youth – mental health and substance use disorder services provided to Enrollees in a community-based setting such as home, school, or community service agency. The services provided are more intensive than services that may be provided through a standard outpatient service. (See detailed services below)			
a. Family-based Intensive Treatment – Effective October 1, 2025, a service for individuals younger than 21 years of age with serious emotional disturbance to maintain the youth at home safely and support outpatient and community-based levels of care. The service includes assessment of the members, development and review of an individualized treatment plan, development and review of safety or crisis planning tools, intensive therapeutic interventions for the youth and family, referral and coordination of other services and supports, skills training, and coaching. Family-based Intensive Treatment is provided by eligible providers using a team-based approach.	✓		
b. Family Support and Training – a service provided to the parent /caregiver of a youth (under the age of 21), in any setting where the youth resides, such as the home and other community settings. Family Support and Training is a service that provides a structured, one-to-one, strength-based relationship between a Family Support and Training Partner and a parent/caregiver. The purpose of this service is for resolving or ameliorating the youth’s emotional and behavioral needs by improving the capacity of the parent /caregiver to parent the youth so as to improve the youth’s functioning. Services may include education, assistance in navigating the child serving systems; fostering empowerment, including linkages to peer/parent support and self-help groups; assistance in identifying formal and community resources, support, coaching, and training for the parent/caregiver.	✓		

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
c. Intensive Care Coordination – a service that provides targeted case management services to individuals under 21 with a Serious Emotional Disturbance including individuals with co-occurring conditions. This service includes assessment, development of an individualized care plan, referral and related activities to implement the care plan and monitoring of the care plan.	✓		
d. In-Home Behavioral Services – this service usually includes a combination of behavior management therapy and behavior management monitoring, as follows: C1. Behavior Management Therapy – This service includes assessment, development of the behavior plan, and supervision and coordination of interventions to address specific behavioral objectives or performance. This service addresses challenging behaviors which interfere with the child’s successful functioning. The Behavior management therapist develops and monitors specific behavioral objectives and interventions, including a crisis-response strategy, that are incorporated into the child’s treatment plan. The therapist may also provide short-term counseling and assistance, depending on the child’s performance and level of intervention required. Phone contact and consultation may be provided as part of the intervention. C2. Behavior Management Monitoring – This service includes implementation of the behavior plan, monitoring the child’s behavior, reinforcing implementation of the plan by parents or other caregivers and reporting to the behavior management therapist on implementation of the plan and progress toward behavioral objectives or performance goals. Phone contact and consultation may be provided as part of the intervention.	✓		
e. In-Home Therapy Services – This service is a therapeutic clinical intervention and ongoing training and therapeutic support, as follows: D1. The Therapeutic Clinical Intervention is a structured, consistent, therapeutic relationship between a licensed clinician and the child and family for the purpose of treating the child’s mental health needs including improving the family’s ability to provide effective support for the child to promote healthy functioning of the child	✓	✓	

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
within the family. The clinician develops a treatment plan and, using established psychotherapeutic techniques, works with the entire family or a subset of the family, to enhance problem-solving, limit-setting, communication, emotional support or other family or individual functions. The Therapeutic Clinical Intervention is provided by a qualified licensed clinician who will often work in a team that includes one or more qualified paraprofessionals. D2. Ongoing Therapeutic Training and Support is a service provided by a paraprofessional to support implementation of the licensed clinician's treatment plan to achieve the goals of the treatment plan. The paraprofessional assists a licensed clinician in implementing the therapeutic objectives of the treatment plan designed to address the child's mental health and emotional challenges. This service includes teaching the child to understand, direct, interpret, manage and control feelings and emotional responses to situations, and to assist the family in supporting the child in addressing his or her emotional and mental health needs. Phone contact and consultation may be provided as part of the intervention.			
f. Therapeutic Mentoring Services – This service provides a structured, one-to-one mentoring relationship between a therapeutic mentor and a child or adolescent for the purpose of addressing daily living, social and communication needs. Each child or adolescent will have goals and objectives that are designed to support age-appropriate social functioning or ameliorate deficits in the child or adolescent's age-appropriate social functioning. These goals and objectives are developed by the child or adolescent, as appropriate, and his/her treatment team and are incorporated into the treatment plan. The service includes supporting, coaching and training the child or adolescent in age-appropriate behaviors, interpersonal communication, problem-solving and conflict resolution and relating appropriately to other children and adolescents, as well as adults, in recreational and social activities. The therapeutic mentor works with the child or adolescent in such settings as their home, school or social or recreational activities.	✓		

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
Crisis Services – Crisis services are available seven days per week, 24 hours per day to provide treatment of any individual who is experiencing a mental health crisis. (See detailed services below)			
1. Adult Mobile Crisis Intervention (AMCI) Encounter – each 24-hour period an individual is receiving AMCI Services. Each AMCI Encounter shall include at a minimum: crisis assessment, intervention and stabilization. a. Assessment – a face-to-face evaluation of an individual presenting with a behavioral health emergency, including assessment of the need for hospitalization, conducted by appropriate clinical personnel; b. Intervention – the provision of psychotherapeutic and crisis counseling services to an individual for the purpose of stabilizing an emergency; and c. Stabilization – short-term behavioral health treatment in a structured environment with continuous observation and supervision of individuals who do not require hospital level of care. In addition, medication evaluation and specialing services shall be provided if Medically necessary.	✓	✓	✓
2. Youth Mobile Crisis Intervention (YMCI) – a short-term mobile, on-site, face-to-face therapeutic service provided for youth experiencing a behavioral health crisis and for the purpose of identifying, assessing, treating, and stabilizing the situation and reducing the immediate risk of danger to the youth or others consistent with the youth’s risk management/safety plan, if any. Services are available 24 hours a day, seven days a week.	✓	✓	
3. Behavioral Health Crisis Evaluation Services in Acute Medical Setting - Crisis evaluations provided in medical and surgical inpatient and emergency department settings include the crisis assessment, crisis interventions, and disposition coordination and reporting and community collaboration activities for members presenting to the ED in a behavioral health crisis. Elements of crisis evaluations include: a. Comprehensive Behavioral Health Crisis Assessment – Behavioral Health crisis assessment by a qualified behavioral health professional to individuals within 60 minutes	✓	✓	✓

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
of time of the member's readiness to receive such an assessment. Behavioral Health Crisis Evaluation team must include: qualified behavioral health professional, a complex behavioral health care clinician, and other master's and bachelor's-level clinicians and staff sufficient to meet the needs of members served which may include certified peer specialists and recovery coaches. b. Crisis Interventions – Observation, treatment, and support to individuals experiencing a behavioral health crisis c. Discharge Planning and Care Coordination – A disposition plan that includes discharge planning to identify and secure an appropriate level of care and goals for that level of care. d. Reporting and Community Collaboration – Required reporting of individuals awaiting inpatient psychiatric hospitalization and the establishment of referral relationships with community providers. These services shall be provided in accordance with the Acute Hospital RFA.			
4. Behavioral Health Crisis Management Services in Acute Medical Settings – crisis management services provided in medical and surgical inpatient and emergency department settings include ongoing crisis interventions, ongoing determination and coordination of appropriate disposition, and ongoing required reporting and community collaboration activities. Elements of crisis management include: a. Crisis Interventions – Observation, treatment, and support to individuals experiencing a behavioral health crisis b. Discharge Planning and Care Coordination – A disposition plan that includes discharge planning to identify and secure an appropriate level of care and goals for that level of care. c. Ongoing required reporting and community collaboration	✓	✓	✓

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
These services shall be provided in accordance with the Acute Hospital RFA.			
Other Behavioral Health Services - Behavioral Health Services that may be provided as part of treatment in more than one setting type.			
1. Electro-Convulsive Therapy (ECT) - a therapeutic service which initiates seizure activity with an electric impulse while the individual is under anesthesia. It is administered in a facility that is licensed to provide this service by DMH.	✓	✓	✓
2. Repetitive Transcranial Magnetic Stimulation (rTMS) - a noninvasive form of neurostimulation in which rapidly changing magnetic fields are applied to the surface of the scalp through a copper wire coil connected to a magnetic stimulator. The therapeutic service is used to treat depression that has not responded to standard treatment such as medications and psychotherapy.	✓	✓	✓
3. Specializing - therapeutic services provided to an Enrollee in a variety of 24-hour settings, on a one-to-one basis, to maintain the individual's safety.	✓	✓	✓

APPENDIX C

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 covered by the Contractor.

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.

All such services determined by the Contractor to be Medically Necessary shall constitute an ACO Covered Service under the Contract.

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. Services not otherwise covered by MassHealth, except as determined by the Contractor to be Medically Necessary for MassHealth Standard or MassHealth CommonHealth Enrollees under age 21. In accordance with EPSDT requirements, such services constitute an ACO Covered Service under the Contract.
6. A service or supply which is not provided by or at the direction of a Network Provider, except for:
 - a. Emergency Services as defined in **Section 1** of this Contract;
 - b. Family Planning Services; and
7. Non-covered laboratory services as specified in 130 CMR 401.411.

APPENDIX C
Exhibit 5: HRSN Supplemental Services

✓ Denotes a covered service

Exhibit 5.1: HRSN Category 1 Supplemental Nutrition Services

Service	Coverage Types		
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus
Medically Tailored Food Boxes – Selection of minimally prepared grocery items that meet appropriate nutritional standards.	✓	✓	✓
Nutritionally Appropriate Food Boxes – Minimally prepared grocery items or a Community Supported Agricultural (CSA) share.	✓	✓	✓
Medically Tailored Food Prescriptions and Vouchers – Nutrition vouchers and grocery store gift cards to procure healthy food from an approved purchase list.	✓	✓	✓
Nutritionally Appropriate Food Prescriptions and Vouchers – Nutrition vouchers and grocery store gift cards to procure healthy food.	✓	✓	✓
Medically Tailored Home Delivered Meals – Prepared medically tailored meals that reflect appropriate nutritional needs based on defined medical diagnosis and standards reflecting evidence-based practice guidelines, deliver to the Enrollee.	✓	✓	✓
Nutritionally Appropriate Home Delivered Meals – Healthy, well-balanced meals delivered to the Enrollee.	✓	✓	✓

Exhibit 5.2: HRSN Category 2 Supplemental Nutrition Services

Service	Coverage Types		
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus
Kitchen Supplies – Provision of and assistance with obtaining cooking supplies (e.g., pots and pans, utensils, refrigerator) to meet the Enrollee’s nutritional and dietary needs.	✓	✓	✓
Nutrition Counseling – Provision of nutrition counseling for the purposes of meeting the Enrollee’s nutritional and dietary needs.	✓	✓	✓
Nutrition Education Classes and Skills Development – Provision of nutrition education classes and skills development (e.g., cooking classes as education) for the purposes of meeting the Enrollee’s nutritional and dietary needs.	✓	✓	✓

Exhibit 5.3: HRSN Supplemental Housing Services

Service	Coverage Types		
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus
Healthy Homes – Goods and/or remediation services proven to improve housing conditions related to health needs that are not the responsibility of the housing owner/landlord.	✓	✓	✓
Housing Navigation – Assistance to help an Enrollee experiencing housing instability to access benefits, negotiate with landlords, seek out legal assistance, apply for new housing (if needed), or take other actions in order to help stabilize a Enrollee’s housing situation.	✓	✓	✓
Housing Search - Assistance to help an Enrollee, ages 55 and over, experiencing homelessness locate, move into, and maintain housing.	✓	✓	✓

Service	Coverage Types		
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus
Transitional Goods – Move-in costs (e.g., security deposits, first month’s rent, movers), furnishings, and other items necessary to make new housing habitable and comfortable.	✓	✓	✓

Exhibit 5.4 – Items and Services Excluded from HRSN Supplemental Services

In the course of providing HRSN Supplemental Services, the Contractor shall not provide:

- Construction costs (bricks and mortar) or capital investments;
- Room and board outside of specifically enumerated care or housing transitions;
- Research grants and expenditures not related to monitoring and evaluation;
- Costs for services in prisons, correctional facilities or services for people who are civilly committed and unable to leave an institutional setting, except those HRSN-related case management services provided as part of an approved reentry demonstration initiative;
- Services provided to individuals who are not lawfully present in the United States or are undocumented;
- Expenditures that supplant services and activities funded by other state and federal governmental entities;
- School-based programs for children that supplant Medicaid state plan programs, or that are funded under the Department of Education and/or state or the local education agency; or
- Any other projects or activities not specifically approved by CMS as qualifying for coverage as a HRSN item or service under this demonstration.

APPENDIX G
Behavioral Health

Exhibit 1: Community Behavioral Health Center (CBHC) List

CBHC	CATCHMENT AREA
North Suffolk Mental Health Association	Greater Boston
Cambridge Health Alliance	Boston/Cambridge
Cambridge Health Alliance	Malden/Medford/Revere
Boston Medical Center	Boston/Brookline
Riverside Community Care	Norwood
Aspire Health Alliance	South Shore
The Brien Center	Berkshires
Clinical Support Options	Greenfield
Clinical Support Options	Northampton
Behavioral Health Network (BHN)	Southern Pioneer
Center for Human Development	Southern Pioneer
Advocates	Metrowest
Clinical Support Options	North County
Community Healthlink	North County
Riverside Community Care	South County
Community Healthlink	Worcester
Eliot Community Health Services	North Essex
Beth Israel Lahey Behavioral Services	Lawrence
Vinfen	Lowell
Eliot Community Health Services	Tri-city
Child and Family Services	Southern Coast

CBHC	CATCHMENT AREA
High Point Treatment Center	Brockton
Bay Cove Human Services	Cape Cod
Fairwinds- Nantucket's Counseling Center	Nantucket
Child and Family Services	Fall River
Community Counseling of Bristol County	Taunton Attleboro

[REMAINDER OF PAGE INTENTIONALLY BLANK]

Exhibit 2: State-Operated Community Mental Health Centers (SOCMHCs)

Brockton Multi-Service Center 165 Quincy Street Brockton, MA 02402
John C. Corrigan Mental Health Center 49 Hillside Street Fall River, MA 02729
Mass. Mental Health Center 75 Fenwood Road Boston, MA 02115
Pocasset Mental Health Center 830 Country Road Pocasset, MA 02559

[REMAINDER OF PAGE INTENTIONALLY BLANK]

Exhibit 3: State Operated Facilities Providing Inpatient Mental Health Services, Outpatient Behavioral Health Services, and Diversionary Behavioral Health Services

Type of Service/Appendix C Category	Provider Name	Location	NPI	Claim Form¹	Service
Hospital Based Services	Cape Cod and Islands Mental Health Center	Pocasset	1851477491	UB04	Inpatient Services
Hospital Based Services	Corrigan Mental Health Center	Fall River	1700964947	UB04	Inpatient Services
Hospital Based Services	Corrigan Mental Health Center	Fall River	1194803288	UB04	Outpatient Services*
Hospital Based Services	Cape Cod and Islands Mental Health Center	Pocasset	1851477491	1500	Professional Services
Hospital Based Services	Corrigan Mental Health Center	Fall River	1700964947	1500	Professional Services
Diversionary Services	Substance Abuse Program "WRAP"	Taunton	1508212416	1500	Acute Treatment Services
Diversionary Services	Substance Abuse Program "WRAP"	Taunton	1508212416	1500	Clinical Support Services
Clinic services	Brockton Multi-Service Center	Brockton	1326155458	1500	Clinic
Clinic services	Mass Mental Health Center	Boston	1073638805	1500	Clinic

[REMAINDER OF PAGE INTENTIONALLY BLANK]

¹ Professional services are also billed for these programs on a 1500 claim form.

Exhibit 4: Public and Private Institutions for Mental Disease (IMD)²**Private IMDs – Inpatient Hospital Services***(As of May 2019)*

Provider ID	Hospital Name	NUM_TAX_ID	Provider Type
110026750A	AdCare Hospital of Worcester	042053042	74
110020804E	Arbour Hospital	232238962	73
110027416A	Arbour HRI Hospital Inc	232238958	73
110027414A	Bournewood Hospital	042844287	73
110027429A	Fuller Hospital	232801395	73
110032615B	Hampstead Hospital (NH)	42527611	73
110150907B	Haverhill Pavilion	320579111	73
110150798B	Hospital for Behavioral Medicine	831339862	73
110027417A	McLean Hospital (Partners HealthCare)	042697981	73
110027393D	Pembroke Hospital	233061361	73
110105912B	Southcoast Behavioral Health	300751914	73
110027437A	Walden Behavioral Care	200060125	73
110119411A	TaraVista Behavioral Health Care	475245366	73
110131276B	Westborough Behavioral Healthcare Hospital	811411077	73

Public IMDs - State-Owned Non-Acute Hospitals Operated by the Department of Mental Health*(As of June 2014)*

Provider ID	DMH Hospital Name
110000091G	SC Fuller Mental Health Center
110000084H	Taunton State Hospital
110000091D	Worcester State Hospital

*[REMAINDER OF PAGE INTENTIONALLY BLANK]*² In accordance with 42 CFR 438.3(e)(2) and 438.6(e)

Exhibit 5

**DEPARTMENT OF MENTAL HEALTH
DIVISION OF CLINICAL AND PROFESSIONAL SERVICES
LICENSING DIVISION – BULLETIN #19-01
March 1, 2019**

Clinical Competencies/Operational Standards for DMH Licensed Inpatient Facilities

This bulletin, and the attachments hereto are issued pursuant to Department of Mental Health (DMH) regulations 104 CMR 27.03(5)&(8), which provide that DMH “may establish clinical competencies and additional operational standards for care and treatment of patients admitted to facilities³ licensed pursuant to 104 CMR 27.00, including for specialty populations.” The purpose of this regulatory provision is to assist the Department in assuring that DMH licensed facilities have the capability to provide the level of care needed by individuals who meet criteria for inpatient hospitalization, thereby increasing access to services required by citizens of the Commonwealth.

The attached clinical competencies/standards were developed by a broad stakeholder group that included DMH clinical and licensing staff, representatives of DMH licensed facilities, public and commercial payers, and professional trade associations. They are intended as guidelines to inform practice and to provide a baseline for DMH licensing reviews of individual facility’s compliance with licensing regulations. The competencies/standards cover the following areas:

- Clinical Competencies/ Operational Standards Related to Co-occurring Medical Conditions: Psychiatric units within General Hospitals
- OMITTED
- Clinical Competencies/ Operational Standards Related to Severe Behavior/ Assault Risk
- Clinical Competencies/ Operational Standards Related to Co-occurring Autism Spectrum Disorders or Other Intellectual and Developmental Disabilities (ASD/ID/DD)
- Clinical Competencies/ Operational Standards Related to Co-occurring Substance Use Disorders (SUD)

While it is expected that all facilities will generally be able to meet the clinical competencies/standards (including provision of services and equipment), it is not necessarily expected that each facility will have the resources or staff available at all times to meet all competencies and standards at all times, as circumstances within facility at any given time may limit its ability to be in compliance. Facilities must, however, have a plan in place to provide additional staff coverage or equipment as may be needed to facilitate admission of patients who require such coverage or equipment, and should be prepared to engage with public and commercial payers proactively as indicated.

The DMH Licensing Division will begin referring to the attached competencies/standards in its licensing reviews beginning May 1, 2019.

Questions regarding this bulletin should be directed to the DMH Licensing Division at 617-626-8117 or

³ The term “facility” as used in this bulletin includes DMH licensed units within general hospitals.

DMH.Licensing@massmail.state.ma.us.

Attachments:

Clinical Competencies/ Operational Standards Related to Co-occurring Medical Conditions: Psychiatric units within General Hospitals

OMITTED

Clinical Competencies/ Operational Standards Related to Severe Behavior/ Assault Risk

Clinical Competencies/ Operational Standards Related to Co-occurring Autism Spectrum Disorders or Other Intellectual and Developmental Disabilities (ASD/ ID/ DD)

Clinical Competencies/ Operational Standards Related to Co-occurring Substance Use Disorders (SUD)

[REMAINDER OF PAGE INTENTIONALLY BLANK]

Department of Mental Health

Inpatient Licensing Division

Clinical Competencies/ Operational Standards Related to Co-Occurring Medical Conditions

Psychiatric Units within General Hospitals

Psychiatric units in general hospitals are expected to have the capability, or the ability to secure the capability within a reasonable period of time (in hours or, for very complex medical care needs, days), to provide necessary medical care to patients requiring inpatient psychiatric hospitalization who also have medical conditions requiring the following services.

Each inpatient psychiatric unit in a general hospital shall have policies to assure that it has the capacity to provide care for persons with the following medical needs or conditions. If resources are not immediately available for patients with certain medical conditions, the facility must have a plan to secure the resources necessary to provide the care (e.g., securing “just in time” training for nurses from a specialty nurse educator, availability of a specialist to consult with the attending psychiatrist, etc.) through training, supplemental staff, etc. within a reasonable period of time:

- Intravenous (IV) hydration
- Continuous Positive Airway Pressure (CPAP)
- Diabetes Care
- Oxygen Therapy
- Alcohol Detoxification (See specific competencies required for treatment of co-occurring Substance Use Disorders)
- Opiate Detoxification (See specific competencies required for treatment of co-occurring Substance Use Disorders)
- Methicillin-resistant Staphylococcus aureus (MRSA) or other antibiotic-resistant infections or communicable infections
- Assistive devices/specialty equipment (e.g., walkers, canes, wheelchairs, hospital beds, specialty mattresses)
- Occupational Therapy (OT)/ Physical Therapy (PT)
- Anticoagulation therapies
- Eating disorders
- Incontinence
- Foley catheter
- Ostomy care
- Seizures – History and/ or risk of
- Respiratory conditions
- Wound care (any stage)
- Patient in need of in-house Lab services
- Patient in need of internal medicine resources on site

Each facility shall ensure that all staff designated to provide the listed services receive education and demonstrate competencies (i.e., upon hire, as needed, and/ or annually) that are consistent with their role in patient care regarding the above competencies. Each facility shall further ensure that medical and nursing care staff are trained in and can demonstrate knowledge of the facility's policy or plan for securing the resources necessary to provide the listed services and to provide just-in-time training to all staff who will provide care to the patient being admitted.

DMH recognizes that some capabilities may be beyond the capacity of certain general inpatient units within general hospitals. It is necessary; however, that these capabilities be present within the Commonwealth's hospital system, even if they may require extra resources, transportation or preparation. Facilities are encouraged to develop these capabilities, either through direct service arrangements, affiliations with outside providers or otherwise. These capabilities include, but are not limited to:

- IV medications
- Bilevel Positive Airway Pressure (BiPAP)
- Dialysis
- Suction
- Nasogastric (NG) Tube
- Eating disorders – severe restrictive or purging
- Pregnancy

A facility with available beds may deny admission to a patient whose needs have been determined by the facility medical director, or the medical director's physician designee when unavailable* to exceed the facility's capability at the time admission is sought. The medical director's determination must be written, and include the factors justifying the denial and why mitigating efforts, such as utilization of additional staff, would have been inadequate. [See DMH Licensing Bulletin #18-01 - ***Documentation of Unit Conditions and Facility Denial of Inpatient Care*** and 104 CMR 27.05 (3) (d).]

* The medical director's physician designee must be a physician who is vested with the full range of the medical director's authority and responsibility in the medical director's absence.

Department of Mental Health

Inpatient Licensing Division

Clinical Competencies/ Operational Standards Related to Severe Behavior/ Assault Risk

Inpatient psychiatric facilities licensed by the Department of Mental Health are expected to have the capability to provide care to patients who require inpatient psychiatric hospitalization and who present with high level of acuity, including severe behavior and assault risk.

Each general inpatient psychiatric facility shall assure that it has the capacity to:

- Provide treatment to patients with severe behavior/assault risk, including evaluating patients during the intake and admissions process to determine if additional staffing supplementation is required.
- Adjust staffing levels to meet varying levels of unit acuity.
- Evaluate and document care needs during the referral and acceptance process which serves as preparation for direct care staff and others to incorporate risk and individualized crisis prevention planning (ICPP) upon admission. (While safety tools are generally completed within 48 hours of admission, a person admitted with this risk level should have their safety tool or ICPP completed as soon as possible after arrival.)
- Provide a range of intervention approaches to address the needs of patients with higher levels of acuity. Aggressive, assaultive patients may benefit from behavior management plans, anger management, relaxation techniques, occupational therapy, and social skills development. Consideration for consultation with behavior specialists should be given.
- Provide ongoing training and demonstration of competencies in verbal de-escalation, including hands on experience, to reduce likelihood of harm.

De-escalation and Preventative Skills that can assist direct care staff to safely respond to patient agitation or aggression include but are not limited to:

- Motivational Interviewing
 - Trauma Informed Care
 - Person-Centered Approaches
 - Stigma/ Countertransference
 - Mindfulness
 - Flexible Rules
 - Strength-based interventions
 - Approachability of staff for providing help
 - Anger Management
 - Leadership Rounds regularly on units
- Security specialists/ guards who may participate in direct interactions with patients experiencing episodes of severe behavior or assault risk should have training (e.g., CPI, Handle With Care, MOAB) that is consistent with training received by the direct care psychiatric inpatient staff, as should any additional staff who may participate in such episodes.
- Ensure robust debriefing processes, including incidents that qualify as “near misses.”
- Provide Medication Management with proactive use of PRNs and use of withdrawal protocols as indicated.

- Ensure that staff on all shifts have access to Sensory Tools, and the training required to select and work with patients to use these tools as coping skills and methods for decreasing frustration and aggression.
- Involve community treaters, state agency representatives, and the legal system (if involved) in treatment and discharge planning as soon as possible after admission in order to assess the patient's current continuum of care and foster successful outcomes.
- Ensure that wraparound community services are in place (e.g., get/fill medications, an outpatient medication/injection clinic (if needed), access transportation to appointments, stable housing, and case management).
- Engage patients who are identified as having "personality disorders or traits," utilizing Trauma Informed Care (TIC), Motivational Interviewing (MI), Sensory Tools, attention to diet (e.g., polydipsia, excessive caffeine or sugar intake), and Mindfulness Training.
- Work with court system, families and/ or guardians to expedite the process of commitment if necessary.
- Provide increased security presence, specialized psychopharmacology interventions, and active treatment with the patient to identify and practice greater behavioral control skills.
- Ensure all staff receive consistent education and maintain current trainings and certifications (i.e., upon hire, as needed, and annually) to work with and care for these patients.

Each general inpatient psychiatric facility is recommended to consider:

- When possible, create flexibility in the physical plant for non-restraint and seclusion management of behavior. This can involve providing special observation/single rooms and higher staffing ratios for patients requiring assault precautions to mitigate the risk to roommates and other patients on the unit. It is ideal that a unit be able to provide a distinct, spacious area for the most acute patients with specialized group programming, activity space, and comfort space (if possible). Patients could move to the regular section of the milieu when able to tolerate more stimulation.
- Consideration should be given to the inclusion of Peer Support Specialists in milieu treatment.

A facility with available beds may deny admission to a patient whose needs have been determined by the facility medical director, or the medical director's physician designee when unavailable* to exceed the facility's capability at the time admission is sought. The medical director's determination must be written, and include the factors justifying the denial and why mitigating efforts, such as utilization of additional staff, would have been inadequate. [See ***DMH Licensing Bulletin #18-01 - Documentation of Unit Conditions and Facility Denial of Inpatient Care*** and 104 CMR 27.05 (3) (d).]

* The medical director's physician designee must be a physician who is vested with the full range of the medical director's authority and responsibility in the medical director's absence.

Department of Mental Health

Inpatient Licensing Division

Clinical Competencies/Operational Standards Related to Co-occurring Autism Spectrum Disorder or Other Intellectual and Developmental Disabilities (ASD/ID/DD)

Inpatient psychiatric facilities licensed by the Department of Mental Health are expected to have the capability to provide care to patients who require inpatient psychiatric hospitalization, who present with Autism Spectrum Disorders or Other Intellectual and Developmental Disabilities (ASD/ID/DD), but who do not require specialized treatment due to their ASD/ID/DD beyond the competencies listed below.

Each general inpatient psychiatric facility shall assure that it has the capacity to:

- Provide care to patients with mild to moderate presentations of Autism Spectrum Disorder or other intellectual and/or developmental disabilities whose baseline level of functional impairment is mild to moderate as well. Patients with significant maladaptive behavior, inability to maintain ADLs, as well as those with significant self-injurious or violent behavior, due to their ASD/ID/DD may have needs that exceed the expected capability of a general inpatient psychiatric unit.
- Recognize the clinical needs of common co-occurring physical conditions that are associated with many patients with ASD/ID/DD (e.g., severe constipation, diarrhea, urinary tract infections, food allergies, etc.).
- Provide sensory supports for varying levels of functioning.
- Ensure all staff receive consistent education and maintain current trainings (i.e., upon hire, as needed, and annually) to work with and care for this population.
- Provide ongoing trainings and demonstration of competencies in de-escalating behaviors of patients with ASD/ID/DD, as part of the general de-escalation program.
- Evaluate and document care needs during the referral and acceptance process, and use this information to incorporate the inclusion of behavioral triggers/warning signs, as well as strengths, motivators and any sensory tools that have been successfully employed for direct care staff and the multidisciplinary team.
- Notify and collaborate with the Department of Developmental Services, as appropriate and with the Department of Education (DOE), town or city special education departments to ensure the continuity of special education services for eligible students.
- Engage the Children's Behavioral Health Initiative (CBHI) teams, Department of Education (DOE) teams, DMH, and/or DDS for consultation and discharge planning as needed.
- Minimize the difficulty with transitions, especially by providing discharge information to care managers and outpatient services. Ideally, the same team members (both inpatient and outpatient) would work with these patients as they move across the care continuum.
- Work with families and other caregivers before discharge to enhance successful transition of level of care and reduce recidivism.

Each general inpatient psychiatric facility is recommended to consider:

- Flexible availability of a separate, designated, less stimulating space is best.

A facility with available beds may deny admission to a patient whose needs have been determined by the facility medical director, or the medical director's physician designee when unavailable* to exceed the facility's

Second Amended and Restated Accountable Care Partnership Plan Contract

Appendix G - Behavioral Health

Updated as of Amendment 1

capability at the time admission is sought. The medical director's determination must be written, and include the factors justifying the denial and why mitigating efforts, such as utilization of additional staff, would have been inadequate. [See DMH Licensing Bulletin #18-01 - ***Documentation of Unit Conditions and Facility Denial of Inpatient Care*** and 104 CMR 27.05 (3) (d).]

* The medical director's physician designee must be a physician who is vested with the full range of the medical director's authority and responsibility in the medical director's absence.

Department of Mental Health

Inpatient Licensing Division

Clinical Competencies/ Operational Standards Related to Co-Occurring Substance Use Disorders (SUD)

The Department of Public Health Bureau of Substance Addiction Services (BSAS) licenses inpatient psychiatric facilities that also provide a separate, identifiable inpatient SUD treatment program. Such units/ facilities are required to be dually licensed by DMH and BSAS.

A DMH licensed facility that provides SUD treatment or services, such as medication assisted treatment (MAT), incidental to the evaluation, diagnostic and treatment services for which it is licensed under 104 CMR 27.00, and that does not offer a separate, identifiable inpatient substance use disorder treatment unit or program, or represent themselves to the public as providing substance use disorder treatment or services as a primary or specialty service, must comply with DMH licensing requirements at 104 CMR 27.03(11) but is not subject to BSAS licensure requirements.

As part of its licensure obligations under 104 CMR 27.00, each inpatient psychiatric facility that is not subject to BSAS licensure shall assure that it has the capacity to:

- Identify potential for addictive disorders through evidence-based screening and assessment tools during the admission assessment process.
- Evaluate for, order, assess, and provide medication assisted treatments for alcohol, benzodiazepine, and opioid withdrawal and for addictions to these substances within limitations of licensure. Medication assisted treatment, education, orientation, and initiation is required when clinically indicated. (See SAMHSA Treatment Improvement Protocol 63 –Medications for Opioid Use Disorder)
 - This includes:
 - Assessing the patient for the appropriateness of induction on MAT using one of the three FDA-approved medications for the treatment of Opioid use disorder: buprenorphine, methadone, or naltrexone; and
 - Ensuring that once an induction begins, referrals for an outpatient provider (ex. OTP, OBOT) are secured.
 - Any physician or other authorized hospital staff in DMH-licensed inpatient facilities can administer or dispense methadone and buprenorphine without additional state or federal oversight or approval, provide the methadone or buprenorphine is administered or dispensed incident to the patient’s medical treatment for a condition other than substance use disorder. This includes MAT induction for a patient with a secondary diagnosis of substance use disorder on either methadone or buprenorphine.
 - DEA regulations⁴ authorize physicians or other authorized hospital staff to administer or dispense buprenorphine or methadone in the hospital, which includes psychiatric hospitals, in order to maintain or detox a patient “as an incidental adjunct to medical or surgical treatment of conditions other than addiction”. In effect, this allows a physician

⁴21 CFR Part 1306.07. Note that these regulations also include the “three-day rule”, which allows any physician to administer methadone or buprenorphine without additional state or federal oversight or approval. This includes MAT induction for a patient being treated for acute withdrawal symptoms. The rule allows MAT treatment to relieve acute withdrawal symptoms, provided the treatment is limited to 72 hours where not more than one day’s medication is administered to a person at a time. The 72-hour period cannot be renewed. For more information, see 21 CFR Part 1306.07(b).

or other authorized hospital provider to administer or dispense MAT to patients at the hospital, without time limitation, where SUD is a secondary diagnosis.

- Practitioners who are DATA- waived⁵ can prescribe, administer, or dispense buprenorphine to patients in DMH-licensed inpatient facilities.
- Administer opioid antagonist, if needed. All units must have naloxone available on unit and staff trained to order/administer.
- Provide group and/ or individual therapeutic programming and patient education, provided by appropriately trained staff, which addresses recovery and relapse prevention planning related to SUD. Engage, inform, and support parents and guardians of minors with SUD (on adolescent units). Suggested training for staff may include effects of substance use disorders on the family and related topics such as the role of the family in treatment and recovery.
- Provide active discharge planning to next step placements based on the patient’s care plan. Placements should address ongoing needs related to mental health, addiction, and other biopsychosocial needs and may include step down to subacute levels of care, 24 hour settings, partial hospitalization, intensive outpatient, ongoing outpatient treatment, access to peer services, and other community and housing supports as appropriate. When appropriate, discharge planning must include access to ongoing medication management, both for psychiatric and addiction medications; for continuity of treatment with the goal of reducing readmissions and the likelihood of relapse. This includes having knowledge of Clinical Stabilization/Stepdown Services (CSS) and Transitional Support Services (TSS), Outpatient Medication Management, Sober Houses, and step down to subacute level of care.
- Understand deterrents to successful discharges such as housing, financial assistance for medication copayments, transportation to non-24-hour programs, applying for a prescription for transportation PT-1 form for those with financial issues, etc.
- Ensure a physician dispenses buprenorphine or morphine at discharge or a DATA-waived practitioner provides “bridge” prescriptions for buprenorphine (and other medications) until outpatient appointments can be secured and prescriptions provided for in the outpatient setting.
- Provide direct care staff with a general overview of addictions medicine.

Each inpatient psychiatric facility is recommended to:

- Facilities are strongly encouraged to provide access to all FDA-approved medications for the treatment of opioid use disorder.
- Consider engaging Substance Use Recovery Coaches and/or Peer Specialists within staffing models.
- Include credentialed staff with experience in SUD treatment and resources, ideally, but not necessarily as Licensed Alcohol and Drug Abuse Counselor (LADC) or Certified Alcohol and Drug Abuse Counselor (CDAC) levels.
- Consider referrals to ensure a continuum of care for the client, including arrangements for further substance abuse treatment and post-discharge counseling and other supportive service.
- Consider entering into formal agreements (Qualified Services Organization Agreement - QSOA’s) with community-based Substance Use Disorder treatment providers to support continuation of care.

A facility with available beds may deny admission to a patient whose needs have been determined by the facility medical director, or the medical director’s physician designee when unavailable* to exceed the facility’s capability at the time admission is sought. The medical director’s determination must be written, and include

⁵ The Drug Addiction Treatment Act (DATA) of 2000 authorized physicians to dispense or prescribe buprenorphine in settings other than an opioid treatment program (OTP), subject to certain limitations. This has subsequently been expanded to also authorize nurse practitioners and physician assistants to dispense or prescribe buprenorphine, subject to certain limitations. Information on the process for submitting a waiver to SAMHSA and the DEA can be accessed here: <https://www.samhsa.gov/programs-campaigns/medication-assisted-treatment/training-materials-resources/buprenorphine-waiver>

the factors justifying the denial and why mitigating efforts, such as utilization of additional staff, would have been inadequate. [See DMH Licensing Bulletin #18-01 - ***Documentation of Unit Conditions and Facility Denial of Inpatient Care*** and 104 CMR 27.05 (3) (d).]

* The medical director's physician designee must be a physician who is vested with the full range of the medical director's authority and responsibility in the medical director's absence.

Exhibit 6: Providers of Psychiatric Inpatient Child Services and Psychiatric Inpatient Adolescent Services List

Hospital Name	Address	Psychiatric Inpatient Child Provider	Psychiatric Inpatient Adolescent Provider
Arbour Hospital	49 Robinwood Ave Jamaica Plain, MA 02130		✓
Beverly Hospital	85 Herrick Street Beverly, MA 01915	✓	✓
Boston Children's Hospital	300 Longwood Avenue Boston, MA 02115	✓	✓
Boston Children's Hospital - Waltham	9 Hope Avenue Waltham, MA 02454	✓	✓
Bournewood Health Systems	300 South Street Brookline, MA 02467		✓
CHA Somerville Campus	230 Highland Avenue Somerville, MA 02143	✓	✓
Franciscan Children's	30 Warren Street Brighton, MA 02135	✓	✓
Fuller Hospital	200 May Street South Attleboro, MA 02703		✓
Hospital for Behavioral Medicine	100 Century Drive Worcester, MA 01606	✓	✓
McLean Southeast at Oak Street	52 Oak Street Middleborough, MA 02346		✓
MetroWest Medical Center - Leonard Morse Hospital	67 Union Street Natick, MA 01760-6089	✓	✓
MiraVista Behavioral Health Center	1233 Main Street Holyoke, MA 01040		✓
Monte Nido Walden	10 Carematrix Drive Dedham, MA 02026		✓
Pembroke Hospital	199 Oak Street Pembroke, MA 02359		✓
Southcoast Behavioral Health	581 Faunce Corner Road N. Dartmouth, MA 02714	✓	✓
Salem Hospital	81 Highland Avenue Salem, MA 01970	✓	✓
TaraVista Behavioral Health Center	85 Patton Road Devens, MA 01434		✓
Valley Springs Behavioral Health Hospital	45 Lower Westfield Road Holyoke, MA 01040	✓	✓
Westborough Behavioral Healthcare Hospital	300 Friberg Parkway Westborough, MA 01581	✓	✓

Exhibit 7: Providers of Inpatient Substance Use Disorder Services (Level 4) List

Program Name	Address
Adcare Hospital of Worcester, Inc.	107 Lincoln Street Worcester, MA 01605
Faulkner - Addiction Recovery Program Inpatient	1153 Centre Street 6-North Boston, MA 02130
Harrington Healthcare Co-Occurring Disorders Unit	340 Thompson Road Webster, MA 01570
McLean Hospital HCQ	115 Mill Street Belmont, MA 02478
Boston Medical Center (BMC) – Brighton	736 Cambridge St., CCP 10 Boston, MA 02135

Exhibit 8: Providers of Individualized Treatment Services and Youth and Transitional Age Youth Detoxification and Stabilization Services List

Program Name	Address
Providers of Individualized Treatment Services	
Recovery Centers of America at Danvers	75 Lindal St Danvers, MA 01923
New View (Behavioral Health Network)	21 Kenwood St Greenfield, MA 01301
Recovery From Addictions Program (DMH)	60 Hodges St Taunton, MA 02780
High Point Treatment Inc	108 North Front Street New Bedford, MA 02740 10 Meadowbrook Rd. Brockton MA 02301 1223 State Rd. Plymouth MA 02360
Providers of Youth and Transitional Age Youth Detoxification and Stabilization Services	
Southcoast Behavioral Health	581 Faunce Corner Road Dartmouth, MA 02747

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	90791*	UG - Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation	\$ 208.27
MH and SA OP Services	90791*	U6 - Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation	\$ 167.15
MH and SA OP Services	90791*	AH - Doctoral Level (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation	Effective 1/1/25 through 4/24/25: \$143.48 Effective 4/25/25: 101 CMR 329
MH and SA OP Services	90791*	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation	\$ 144.66
MH and SA OP Services	90791*	HO - Master's Level	Psychiatric Diagnostic Evaluation	Effective 1/1/25 through 4/24/25: \$130.48 Effective 4/25/25: 101 CMR 329
MH and SA OP Services	90791*	U3 - Intern (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation	\$ 81.83
MH and SA OP Services	90791*	U4 - Intern (Master's)	Psychiatric Diagnostic Evaluation	\$ 72.20
MH and SA OP Services	90791	HA - CANS; UG-Doctoral Level (Child Psychiatrist)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$ 223.27
MH and SA OP Services	90791	HA - CANS; U6-Doctoral Level (MD / DO)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$ 182.15
MH and SA OP Services	90791	HA - CANS; AH-Doctoral Level (PhD, PsyD, EdD)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	Effective 1/1/25 through 4/24/25: \$158.48 Effective 4/25/25: 101 CMR 329
MH and SA OP Services	90791	HA - CANS; SA, UF -Nurse Practitioner/Board Certified RNCS and APRN-BC	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$ 159.66
MH and SA OP Services	90791	HA - CANS; HO-Master's Level	CANS - Psychiatric Diagnostic Evaluation, Members under 21	Effective 1/1/25 through 4/24/25: \$145.48 Effective 4/25/25: 101 CMR 329
MH and SA OP Services	90791	HA - CANS; U3-Intern (PhD, PsyD, EdD)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$ 96.83
MH and SA OP Services	90791	HA - CANS; U4-Intern (Master's)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$ 87.20
MH and SA OP Services	90792	UG - Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation with Medical Services	\$ 131.80
MH and SA OP Services	90792	U6 - Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation with Medical Services	\$ 114.31

Second Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

Updated as of Amendment 1

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	90792	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation with Medical Services	\$ 104.57
MH and SA OP Services	90832	UG - Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 20-30 minutes	\$ 69.60
MH and SA OP Services	90832	U6 - Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 20-30 minutes	\$ 69.60
MH and SA OP Services	90832	AH - Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 20-30 minutes	Effective 1/1/25 through 4/24/25: \$59.16 Effective 4/25/25: 101 CMR 329
MH and SA OP Services	90832	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Individual Psychotherapy, approximately 20-30 minutes	\$ 59.16
MH and SA OP Services	90832	HO - Master's Level	Individual Psychotherapy, approximately 20-30 minutes	Effective 1/1/25 through 4/24/25: \$52.20 Effective 4/25/25: 101 CMR 329
MH and SA OP Services	90832	U7 - Certified Addiction Counselor / Certified Alcohol & Drug Abuse Counselor	Individual Psychotherapy, approximately 20-30 minutes	\$ 52.20
MH and SA OP Services	90832	U3 - Intern (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 20-30 minutes	\$ 35.49
MH and SA OP Services	90832	U4 - Intern (Master's)	Individual Psychotherapy, approximately 20-30 minutes	\$ 31.32
MH and SA OP Services	90833	U6 - Doctoral Level (MD / DO)	Add-On Code; Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service	\$ 63.83
MH and SA OP Services	90833	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Add-On Code; Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service	\$ 54.25
MH and SA OP Services	90834	UG - Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 45 minutes	\$ 115.70
MH and SA OP Services	90834	U6 - Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 45 minutes	\$ 101.66
MH and SA OP Services	90834	AH - Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 45 minutes	Effective 1/1/25 through 4/24/25: \$95.89 Effective 4/25/25: 101 CMR 329
MH and SA OP Services	90834	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Individual Psychotherapy, approximately 45 minutes	\$ 95.46
MH and SA OP Services	90834	HO - Master's Level	Individual Psychotherapy, approximately 45 minutes	Effective 1/1/25 through 4/24/25: \$95.46 Effective 4/25/25: 101 CMR 329

Second Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

Updated as of Amendment 1

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	90834	U3 - Intern (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 45 minutes	\$ 47.98
MH and SA OP Services	90834	U4 - Intern (Master's)	Individual Psychotherapy, approximately 45 minutes	\$ 47.26
MH and SA OP Services	90836	U6 - Doctoral Level (MD / DO)	Add-On Code; Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service	\$ 82.90
MH and SA OP Services	90836	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Add-On Code; Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service	\$ 82.90
MH and SA OP Services	90837	UG - Doctoral Level (Child Psychiatrist)	Psychotherapy, 60 minutes	\$ 135.04
MH and SA OP Services	90837	U6 - Doctoral Level (MD / DO)	Psychotherapy, 60 minutes	\$ 135.04
MH and SA OP Services	90837	AH - Doctoral Level (PhD, PsyD, EdD)	Psychotherapy, 60 minutes	Effective 1/1/25 through 4/24/25: \$127.53 Effective 4/25/25: 101 CMR 329
MH and SA OP Services	90837	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 60 minutes	\$ 125.69
MH and SA OP Services	90837	HO - Master's Level	Psychotherapy, 60 minutes	Effective 1/1/25 through 4/24/25: \$125.69 Effective 4/25/25: 101 CMR 329
MH and SA OP Services	90837	U3 - Intern (PhD, PsyD, EdD)	Psychotherapy, 60 minutes	\$ 68.87
MH and SA OP Services	90837	U4 - Intern (Master's)	Psychotherapy, 60 minutes	\$ 60.77
MH and SA OP Services	90838	U6 - Doctoral Level (MD / DO)	Add-On Code; Psychotherapy, 60 minutes, when Performed with an Evaluation and Management Service	\$ 106.08
MH and SA OP Services	90838	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Add-On Code; Psychotherapy, 60 minutes, when Performed with an Evaluation and Management Service	\$ 91.42
MH and SA OP Services	90846	UG - Doctoral Level (Child Psychiatrist)	Family Psychotherapy (without patient present)	\$ 141.42
MH and SA OP Services	90846	U6 - Doctoral Level (MD / DO)	Family Psychotherapy (without patient present)	\$ 107.62
MH and SA OP Services	90846	AH - Doctoral Level (PhD, PsyD, EdD)	Family Psychotherapy (without patient present)	Effective 1/1/25 through 4/24/25: \$100.47 Effective 4/25/25: 101 CMR 329
MH and SA OP Services	90846	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Family Psychotherapy (without patient present)	\$ 97.55

Second Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

Updated as of Amendment 1

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	90846	HO - Master's Level	Family Psychotherapy (without patient present)	Effective 1/1/25 through 4/24/25: \$101.43 Effective 4/25/25: 101 CMR 329
MH and SA OP Services	90846	U3 - Intern (PhD, PsyD, EdD)	Family Psychotherapy (without patient present)	\$ 50.23
MH and SA OP Services	90846	U4 - Intern (Master's)	Family Psychotherapy (without patient present)	\$ 48.77
MH and SA OP Services	90847	UG - Doctoral Level (Child Psychiatrist)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 141.42
MH and SA OP Services	90847	U6 - Doctoral Level (MD / DO)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 107.62
MH and SA OP Services	90847	AH - Doctoral Level (PhD, PsyD, EdD)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	Effective 1/1/25 through 4/24/25: \$101.43 Effective 4/25/25: 101 CMR 329
MH and SA OP Services	90847	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 101.43
MH and SA OP Services	90847	HO - Master's Level	Family Psychotherapy (conjoint psychotherapy) (with patient present)	Effective 1/1/25 through 4/24/25: \$101.43 Effective 4/25/25: 101 CMR 329
MH and SA OP Services	90847	U3 - Intern (PhD, PsyD, EdD)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 50.23
MH and SA OP Services	90847	U4 - Intern (Master's)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 48.77
MH and SA OP Services	90849	UG - Doctoral Level (Child Psychiatrist)	Multi-family group psychotherapy	\$ 46.29
MH and SA OP Services	90849	U6 - Doctoral Level (MD / DO)	Multi-family group psychotherapy	\$ 38.84
MH and SA OP Services	90849	AH - Doctoral Level (PhD, PsyD, EdD)	Multi-family group psychotherapy	Effective 1/1/25 through 4/24/25: \$35.86 Effective 4/25/25: 101 CMR 329
MH and SA OP Services	90849	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Multi-family group psychotherapy	\$ 33.00
MH and SA OP Services	90849	HO - Master's Level	Multi-family group psychotherapy	Effective 1/1/25 through 4/24/25: \$27.69 Effective 4/25/25: 101 CMR 329
MH and SA OP Services	90849	U3 - Intern (PhD, PsyD, EdD)	Multi-family group psychotherapy	\$ 17.96
MH and SA OP Services	90849	U4 - Intern (Master's)	Multi-family group psychotherapy	\$ 16.50

Second Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

Updated as of Amendment 1

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	90853	UG - Doctoral Level (Child Psychiatrist)	Group psychotherapy (other than of a multiple-family group)	\$ 46.29
MH and SA OP Services	90853	U6 - Doctoral Level (MD / DO)	Group psychotherapy (other than of a multiple-family group)	\$ 38.84
MH and SA OP Services	90853	AH - Doctoral Level (PhD, PsyD, EdD)	Group psychotherapy (other than of a multiple-family group)	Effective 1/1/25 through 4/24/25: \$35.86 Effective 4/25/25: 101 CMR 329
MH and SA OP Services	90853	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Group psychotherapy (other than of a multiple-family group)	\$ 33.12
MH and SA OP Services	90853	HO - Master's Level	Group psychotherapy (other than of a multiple-family group)	Effective 1/1/25 through 4/24/25: \$33.12 Effective 4/25/25: 101 CMR 329
MH and SA OP Services	90853	U3 - Intern (PhD, PsyD, EdD)	Group psychotherapy (other than of a multiple-family group)	\$ 17.96
MH and SA OP Services	90853	U4 - Intern (Master's)	Group psychotherapy (other than of a multiple-family group)	\$ 16.50
MH and SA OP Services	90882	UG - Doctoral Level (Child Psychiatrist)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 51.11
MH and SA OP Services	90882	U6 - Doctoral Level (MD / DO)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 44.33
MH and SA OP Services	90882	AH - Doctoral Level (PhD, PsyD, EdD)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 23.97
MH and SA OP Services	90882	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 38.36
MH and SA OP Services	90882	HO - Master's Level	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 23.63
MH and SA OP Services	90882	U3 - Intern (PhD, PsyD, EdD)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 12.00
MH and SA OP Services	90882	U4 - Intern (Master's)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 11.81
MH and SA OP Services	90887	UG - Doctoral Level (Child Psychiatrist)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$ 79.19
MH and SA OP Services	90887	U6 - Doctoral Level (MD / DO)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$ 79.19

Second Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

Updated as of Amendment 1

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	90887	AH - Doctoral Level (PhD, PsyD, EdD)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	Effective 1/1/25 through 4/24/25: \$67.32 Effective 4/25/25: 101 CMR 329
MH and SA OP Services	90887	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$ 67.32
MH and SA OP Services	90887	HO - Master's Level	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	Effective 1/1/25 through 4/24/25: \$59.40 Effective 4/25/25: 101 CMR 329
MH and SA OP Services	90887	U3 - Intern (PhD, PsyD, EdD)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$ 40.39
MH and SA OP Services	90887	U4 - Intern (Master's)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$ 35.64
MH and SA OP Services	96372	U6 - Doctoral Level (MD / DO)	Therapeutic, Prophylactic or Diagnostic Injection; subcutaneous or intramuscular	\$ 31.25
MH and SA OP Services	96372	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Therapeutic, Prophylactic or Diagnostic Injection; subcutaneous or intramuscular	\$ 23.22
MH and SA OP Services	97810	N/A	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-to-one contact	\$ 19.84
MH and SA OP Services	97811	N/A	Add-On Code; Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-to-one contact with re-insertion of needle(s).	\$ 19.84
MH and SA OP Services	99202	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 15-29 minutes	\$ 75.25
MH and SA OP Services	99202	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 15-29 minutes	\$ 67.91
MH and SA OP Services	99202	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 15-29 minutes	\$ 60.78
MH and SA OP Services	99203	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 30-44 minutes	\$ 108.55
MH and SA OP Services	99203	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 30-44 minutes	\$ 103.65
MH and SA OP Services	99203	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 30-44 minutes	\$ 88.11
MH and SA OP Services	99204	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 45-59 minutes	\$ 164.00
MH and SA OP Services	99204	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 45-59 minutes	\$ 153.89

Second Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

Updated as of Amendment 1

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	99204	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 45-59 minutes	\$ 133.25
MH and SA OP Services	99205	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 60-74 minutes	\$ 203.69
MH and SA OP Services	99205	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 60-74 minutes	\$ 203.31
MH and SA OP Services	99205	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 60-74 minutes	\$ 172.81
MH and SA OP Services	99211	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 5 minutes	\$ 22.06
MH and SA OP Services	99211	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 5 minutes	\$ 22.06
MH and SA OP Services	99211	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 5 minutes	\$ 18.75
MH and SA OP Services	99212	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 10-19 minutes	\$ 52.73
MH and SA OP Services	99212	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 10-19 minutes	\$ 52.73
MH and SA OP Services	99212	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 10-19 minutes	\$ 44.82
MH and SA OP Services	99213	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 20-29 minutes	\$ 84.11
MH and SA OP Services	99213	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 20-29 minutes	\$ 84.11
MH and SA OP Services	99213	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 20-29 minutes	\$ 71.49
MH and SA OP Services	99214	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 30-39 minutes	\$ 143.98
MH and SA OP Services	99214	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 30-39 minutes	\$ 118.51
MH and SA OP Services	99214	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 30-39 minutes	\$ 100.73
MH and SA OP Services	99215	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 40-54 minutes	\$ 166.57
MH and SA OP Services	99215	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 40-54 minutes	\$ 166.57
MH and SA OP Services	99215	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 40-54 minutes	\$ 141.58
MH and SA OP Services	99231	UG - Doctoral Level (Child Psychiatrist)	Subsequent Hospital Care for Eval and Management, 15 minutes	\$ 78.07
MH and SA OP Services	99231	U6 - Doctoral Level (MD / DO)	Subsequent Hospital Care for Eval and Management, 15 minutes	\$ 59.27
MH and SA OP Services	99231	AH - Doctoral Level (PhD, PsyD, EdD)	Subsequent Hospital Care for Eval and Management, 15 minutes	\$ 56.89
MH and SA OP Services	99231	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Subsequent Hospital Care for Eval and Management, 15 minutes	\$ 47.47
MH and SA OP Services	99232	UG - Doctoral Level (Child Psychiatrist)	Subsequent Hospital Care for Eval and Management, 25 minutes	\$ 117.11

Second Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

Updated as of Amendment 1

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	99232	U6 - Doctoral Level (MD / DO)	Subsequent Hospital Care for Eval and Management, 25 minutes	\$ 88.19
MH and SA OP Services	99232	AH - Doctoral Level (PhD, PsyD, EdD)	Subsequent Hospital Care for Eval and Management, 25 minutes	\$ 84.66
MH and SA OP Services	99232	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Subsequent Hospital Care for Eval and Management, 25 minutes	\$ 70.63
MH and SA OP Services	99233	UG - Doctoral Level (Child Psychiatrist)	Subsequent Hospital Care for Eval and Management, 35 minutes	\$ 156.16
MH and SA OP Services	99233	U6 - Doctoral Level (MD / DO)	Subsequent Hospital Care for Eval and Management, 35 minutes	\$ 117.59
MH and SA OP Services	99233	AH - Doctoral Level (PhD, PsyD, EdD)	Subsequent Hospital Care for Eval and Management, 35 minutes	\$ 112.88
MH and SA OP Services	99233	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Subsequent Hospital Care for Eval and Management, 35 minutes	\$ 94.18
MH and SA OP Services	99251	UG - Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation, 20 minutes	\$ 104.74
MH and SA OP Services	99251	U6 - Doctoral Level (MD / DO)	Initial Inpatient Consultation, 20 minutes	\$ 79.50
MH and SA OP Services	99251	AH - Doctoral Level (PhD, PsyD, EdD)	Initial Inpatient Consultation, 20 minutes	\$ 76.32
MH and SA OP Services	99251	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation, 40 minutes	\$ 63.67
MH and SA OP Services	99252	UG - Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation, 40 minutes	\$ 157.11
MH and SA OP Services	99252	U6 - Doctoral Level (MD / DO)	Initial Inpatient Consultation, 40 minutes	\$ 118.32
MH and SA OP Services	99252	AH - Doctoral Level (PhD, PsyD, EdD)	Initial Inpatient Consultation, 40 minutes	\$ 113.58
MH and SA OP Services	99252	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation, 40 minutes	\$ 94.77
MH and SA OP Services	99253	UG - Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation, 55 minutes	\$ 209.47
MH and SA OP Services	99253	U6 - Doctoral Level (MD / DO)	Initial Inpatient Consultation, 55 minutes	\$ 157.74
MH and SA OP Services	99253	AH - Doctoral Level (PhD, PsyD, EdD)	Initial Inpatient Consultation, 55 minutes	\$ 151.44
MH and SA OP Services	99253	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation, 55 minutes	\$ 126.35
MH and SA OP Services	99254	UG - Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation, 80 minutes	\$ 280.95
MH and SA OP Services	99254	U6 - Doctoral Level (MD / DO)	Initial Inpatient Consultation, 80 minutes	\$ 210.98
MH and SA OP Services	99254	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation, 80 minutes	\$ 169.00
MH and SA OP Services	99255	UG - Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation - Comprehensive, 110 minutes	\$ 370.12
MH and SA OP Services	99255	U6 - Doctoral Level (MD / DO)	Initial Inpatient Consultation - Comprehensive, 110 minutes	\$ 277.57

Second Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

Updated as of Amendment 1

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	99255	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation - Comprehensive, 110 minutes	\$ 222.33
MH and SA OP Services	99281	U6 - Doctoral Level (MD / DO)	Emergency Department visit for the evaluation and management of a patient, which requires 3 key components: A problem-focused history; A problem-focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.	\$ 20.14
MH and SA OP Services	99282	UG - Doctoral Level (Child Psychiatrist)	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem-focused history; An expanded problem-focused examination; and Medical decision-making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.	\$ 35.37
MH and SA OP Services	99282	U6 - Doctoral Level (MD / DO)	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.	\$ 33.68
MH and SA OP Services	99282	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.	\$ 32.70
MH and SA OP Services	99283	UG - Doctoral Level (Child Psychiatrist)	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.	\$ 53.52

Second Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

Updated as of Amendment 1

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	99283	U6 - Doctoral Level (MD / DO)	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.	\$ 50.97
MH and SA OP Services	99283	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.	\$ 49.49
MH and SA OP Services	99284	UG - Doctoral Level (Child Psychiatrist)	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.	\$ 100.58
MH and SA OP Services	99284	U6 - Doctoral Level (MD / DO)	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.	\$ 95.80
MH and SA OP Services	99284	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.	\$ 93.01

Second Amended and Restated ACPD Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

Updated as of Amendment 1

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	99285	UG - Doctoral Level (Child Psychiatrist)	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.	\$ 148.78
MH and SA OP Services	99285	U6 - Doctoral Level (MD / DO)	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.	\$ 141.69
MH and SA OP Services	99285	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.	\$ 136.30
MH and SA OP Services	99402	AH - Doctoral Level (PhD, PsyD, EdD)	Preventative Medicine Counseling , 30 minutes (Psychological Testing)	\$ 40.98
MH and SA OP Services	99402	U3 - Intern (PhD, PsyD, EdD)	Preventative Medicine Counseling, 30 minutes (Psychological Testing)	\$ 20.50
MH and SA OP Services	99404	U6 - Doctoral Level (MD / DO)	Preventative Medicine Counseling, 60 minutes (Counseling and/or Risk Factor Reduction Intervention)	\$ 194.82
MH and SA OP Services	99404	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Preventative Medicine Counseling, 60 minutes (Counseling and/or Risk Factor Reduction Intervention)	\$ 168.60
MH and SA OP Services	99417	U6 - Doctoral Level (MD / DO)	Add-On Code; Prolonged office or other outpatient evaluation and management service, requiring total time with or without direct patient contact beyond usual service, on the date of the primary service (e.g., 99205 or 99215), each 15 minutes	\$ 26.08

Second Amended and Restated ACPD Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

Updated as of Amendment 1

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	99417	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Add-On Code; Prolonged office or other outpatient evaluation and management service, requiring total time with or without direct patient contact beyond usual service, on the date of the primary service (e.g., 99205 or 99215), each 15 minutes	\$ 26.08
Diversionary Services	H0010		Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient) (Clinically Managed Detoxification Services)	101 CMR 346
Diversionary Services	H0011		Alcohol and/or drug services; acute detoxification (residential addiction program inpatient) (medically monitored inpatient detoxification services)	101 CMR 346
Diversionary Services	H0015	TF	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan) including assessment, counseling; crisis intervention, and activity therapies or education. (Enhanced Structured Outpatient Addiction Program - E-SOAP)	Effective 1/1/25 through 3/27/25: 101 CMR 306 Effective 3/28/25: 101 CMR 444
Diversionary Services	H0015	N/A	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan) including assessment, counseling; crisis intervention, and activity therapies or education. (Structured Outpatient Addiction Program - SOAP)	Effective 1/1/25 through 3/27/25: \$78.75 Effective 3/28/25: 101 CMR 444
Diversionary Services	H0037	N/A	Community Psychiatric Supportive Treatment Program, per diem (Community Based Acute Treatment - CBAT)	\$ 847.46
Diversionary Services	H0037	U2-Autism Diagnosis	Community Psychiatric Supportive Treatment Program, per diem (CBAT Autism Speciality)	\$ 1,291.59
Diversionary Services	H2012	+	Behavioral Health Day Treatment, per hour (Psychiatric Day Treatment)	101 CMR 307
Diversionary Services	H2012	U1	Behavioral Health Day Treatment, per hour (Psychiatric Day Treatment, preadmission evaluation visit)	101 CMR 307
Diversionary Services	H2015	HF - Substance Abuse Program	Recovery Support Navigator, per 15-minute units, including when provided in an Emergency Department or on a medical or surgical inpatient setting	101 CMR 444
Diversionary Services	H2015	HF-Substance Abuse Program Pregnant/Postpartum	HD-Recovery Support Navigator , per 15-minute units, serving pregnant members or members who have been pregnant in the previous 12 months	Effective 9/1/25: \$25.35
Diversionary Services	H2015	N/A	Comprehensive community support services, per 15 minutes (Community Support Program)	101 CMR 362
Diversionary Services	H2016	HH - Integrated Mental Health/Substance Abuse Program	Comprehensive community support program, per diem (Enrolled Client Day) (behavioral health service by a navigator trained to support members with justice involvement) (CSP-JI)	101 CMR 362
Diversionary Services	H2016	HK - Specialized mental health programs for high-risk populations	Comprehensive community support program, per diem, for members who are 1) experiencing Homelessness and are frequent users of acute health MassHealth services, or 2) are experiencing chronic homelessness	101 CMR 362

Second Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

Updated as of Amendment 1

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
Diversiory Services	H2016	HE - Mental Health Program	Comprehensive community support program, per diem, for members who are At Risk of Homelessness and facing Eviction as a result of behavior related to a disability	101 CMR 362
Diversiory Services	H2016	HM - Less than bachelor degree level	Comprehensive community support program, per diem (Enrolled Client Day) (recovery support service by a recovery advocate trained in Recovery Coaching)	101 CMR 346
Diversiory Services	H2016	HM - Less than bachelor degree level; HD Pregnant/Postpartum	Comprehensive community support program, per diem (Enrolled Client Day) (recovery support service by a recovery advocate trained in Recovery Coaching for pregnant member or members who have been pregnant in the previous 12 months)	Effective 9/1/25: \$33.16
Diversiory Services	H2020	N/A	Therapeutic behavioral services, per diem (Dialectical Behavior Therapy)	\$ 26.50
Diversiory Services	H2022	HE-Mental Health Program	Intensive Hospital Diversion Services for Children, per diem	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$175.19
Diversiory Services	S9484	N/A	Crisis intervention mental health services, per hour (Urgent Outpatient Services)	\$ 147.57
MH and SA OP Services	H0014	N/A	Alcohol and/or drug services; ambulatory detoxification (Adult or Adolescent)	\$ 227.65
Crisis Intervention Services	S9485	ET - Emergency Services	Crisis intervention mental health services, per diem. (Adult Community Crisis Stabilization per day rate)	101 CMR 305
Crisis Intervention Services	S9485	ET - Emergency Services; HA - Child/Adolescent Program	Crisis intervention mental health services, per diem. (Youth Community Crisis Stabilization Per day rate)	101 CMR 305
Crisis Intervention Services	S9485	HE - Mental Health Program	Crisis intervention mental health services, per diem. (Adult Mobile Crisis Intervention provided at CBHC site. Inclusive of initial evaluation and first day crisis interventions.)	101 CMR 305
Crisis Intervention Services	S9485	HA-Child/Adolescent Program; HE-Mental Health Program	Crisis intervention mental health services, per diem. (Youth Mobile Crisis Intervention provided at CBHC site. Inclusive of initial evaluation and first day crisis interventions.)	101 CMR 305
Crisis Intervention Services	S9485	U1-MCI - Mobile Non-Emergency Department	Crisis intervention mental health services, per diem. (Adult Mobile Crisis Intervention provided at community-based sites of service outside of the CBHC site. Inclusive of initial evaluation and first day crisis interventions. Use Place of Service 15.)	101 CMR 305
Crisis Intervention Services	S9485	HA - Child/Adolescent Program; U1 - MCI - Mobile Non-Emergency Department	Crisis intervention mental health services, per diem. (Youth Mobile Crisis Intervention provided at community-based sites of service outside of the CBHC site. Inclusive of initial evaluation and first day crisis interventions Use Place of Service code 15.)	101 CMR 305
Other Outpatient	90870	N/A	Electroconvulsive therapy (includes necessary monitoring)	\$ 630.95

Second Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

Updated as of Amendment 1

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
Other Outpatient	96112	AH - Doctoral Level (PhD, PsyD, EdD)	Developmental Testing administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour (Learning Disorders)	Effective 1/1/25 through 4/24/25: \$180.72 Effective 4/25/25: 101 CMR 329
Other Outpatient	96113	AH - Doctoral Level (PhD, PsyD, EdD)	Add-On Code; Each additional 30 minutes (List separately in addition to code for primary procedure) (Developmental/Behavioral Screening and Testing)	Effective 1/1/25 through 4/24/25: \$90.36 Effective 4/25/25: 101 CMR 329
Other Outpatient	96116	AH - Doctoral Level (PhD, PsyD, EdD)	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	Effective 1/1/25 through 4/24/25: \$120.46 Effective 4/25/25: 101 CMR 329
Other Outpatient	96121	AH - Doctoral Level (PhD, PsyD, EdD)	Add-On Code; Each additional hour (List separately in addition to code for primary procedure)	Effective 1/1/25 through 4/24/25: \$120.46 Effective 4/25/25: 101 CMR 329
Other Outpatient	96130	AH - Doctoral Level (PhD, PsyD, EdD)	Psychological testing evaluation services by physician or other qualified health care professional, including integrating of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	Effective 1/1/25 through 4/24/25: \$107.49 Effective 4/25/25: 101 CMR 329
Other Outpatient	96131	AH - Doctoral Level (PhD, PsyD, EdD)	Add-On Code; Each additional hour (List separately in addition to code for primary procedure)	Effective 1/1/25 through 4/24/25: \$91.39 Effective 4/25/25: 101 CMR 329
Other Outpatient	96132	AH - Doctoral Level (PhD, PsyD, EdD)	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	Effective 1/1/25 through 4/24/25: \$121.84 Effective 4/25/25: 101 CMR 329
Other Outpatient	96133	AH - Doctoral Level (PhD, PsyD, EdD)	Add-On Code; Each additional hour (List separately in addition to code for primary procedure)	Effective 1/1/25 through 4/24/25: \$100.53 Effective 4/25/25: 101 CMR 329
Other Outpatient	96136	AH - Doctoral Level (PhD, PsyD, EdD)	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes (Test administration and scoring by professional)	Effective 1/1/25 through 4/24/25: \$50.27 Effective 4/25/25: 101 CMR 329

Second Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

Updated as of Amendment 1

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
Other Outpatient	96137	AH - Doctoral Level (PhD, PsyD, EdD)	Add-On Code; Each additional 30 minutes (List separately in addition to code for primary procedure) (Test administration and scoring by professional)	Effective 1/1/25 through 4/24/25: \$45.70 Effective 4/25/25: 101 CMR 329
Other Outpatient	96138	N/A	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	Effective 1/1/25 through 4/24/25: \$37.75 Effective 4/25/25: 101 CMR 329
Other Outpatient	96139	N/A	Add-On Code; Each additional 30 minutes (List separately in addition to code for primary procedure) (Test administration and scoring by technician)	Effective 1/1/25 through 4/24/25: \$37.75 Effective 4/25/25: 101 CMR 329
Other Outpatient	H0032	HO - Master's Level	Mental health service plan development by a nonphysician (Bridge consultation inpatient/outpatient)	\$ 166.67
Other Outpatient	H0046	UG - Doctoral Level (Child Psychiatrist)	Mental health services, not otherwise specified (Collateral Contact)	\$ 46.46
Other Outpatient	H0046	U6 - Doctoral Level (MD/DO)	Mental health services, not otherwise specified (Collateral Contact)	\$ 40.30
Other Outpatient	H0046	AH - Doctoral Level (PhD, PsyD, EdD)	Mental health services, not otherwise specified (Collateral Contact)	\$ 21.79
Other Outpatient	H0046	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Mental health services, not otherwise specified (Collateral Contact)	\$ 34.87
Other Outpatient	H0046	HO - Master's Level	Mental health services, not otherwise specified (Collateral Contact)	\$ 21.48
Other Outpatient	H0046	U7 - Certified Addiction Counselor / Certified Alcohol & Drug Abuse Counselor	Mental health services, not otherwise specified (Collateral Contact)	\$ 21.48
Other Outpatient	H0046	U3 - Intern (PhD, PsyD, EdD)	Mental health services, not otherwise specified (Collateral Contact)	\$ 10.91
Other Outpatient	H0046	U4 - Intern (Master's)	Mental health services, not otherwise specified (Collateral Contact)	\$ 10.74
Other Outpatient	H0046	HE-Mental Health Program	Mental health services, not otherwise specified (Certified Peer Specialist) (Enrolled client day)	101 CMR 306
Other Outpatient	H2028	N/A	Sexual offender treatment service, per 15 minutes (ASAP - Assessment for Safe and Appropriate Placement)	\$ 22.79
MH and SA OP Services	H0001	U1 - or MAT	MAT - Alcohol and/or drug assessment (buprenorphine and naltrexone medication evaluation by physician and/or midlevel practitioner)	\$ 146.93
MH and SA OP Services	H0004		Behavioral health counseling and therapy, per 15 minutes (individual counseling)	101 CMR 346
MH and SA OP Services	H0005		Alcohol and/or drug services; group counseling by a clinician (per 45 minutes, group counseling, one unit maximum per day)	101 CMR 346
MH and SA OP Services	H0005	HG	Alcohol and/or drug services group counseling by a clinician (per 90-minute unit) (one unit maximum per day)	101 CMR 346
MH and SA OP Services	T1006		Alcohol and/or substance abuse services; family/couple counseling (per 30 minutes, one unit maximum per day)	101 CMR 346

Second Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

Updated as of Amendment 1

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	T1006	HF	Alcohol and/or substance abuse services; family/couple counseling (per 60 minutes, one unit maximum per day)	101 CMR 346
Diversionary Services	S9480	N/A	Intensive outpatient psychiatric services, per diem	101 CMR 306

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

Exhibit 2: Behavioral Health Outpatient Services Provided by a Mental Health Center Minimum Fee Schedule			
Procedure Code	Modifier Group	Procedure Description	Unit Cost
90791	UG - Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$229.10 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90791	U6 - Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$183.87 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
90791	AH - Doctoral Level (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$157.83 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90791	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation	\$159.13
90791	HO - Master's Level	Psychiatric Diagnostic Evaluation	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$143.53 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90791	U3 - Intern (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$90.01 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-HL
90791	U4 - Intern (Master's)	Psychiatric Diagnostic Evaluation	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$79.42 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-HL
90791	HA - CANS; UG-Doctoral Level (Child Psychiatrist)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$245.60 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90791	HA - CANS; U6-Doctoral Level (MD / DO)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$200.37 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-HA, AF
90791	HA - CANS; AH-Doctoral Level (PhD, PsyD, EdD)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$174.33 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90791	HA - CANS; SA, UF -Nurse Practitioner/Board Certified RNCS and APRN-BC	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$175.63
90791	HA - CANS; HO-Master's Level	CANS - Psychiatric Diagnostic Evaluation, Members under 21	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$160.03 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90791	HA - CANS; U3-Intern (PhD, PsyD, EdD)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$106.51 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-HA, HL

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

90791	HA - CANS; U4-Intern (Master's)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$95.92 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-HA, HL
90792	UG - Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation with Medical Services	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$144.98 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90792	U6-Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation with Medical Services	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$125.74 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
90792	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation with Medical Services	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$115.03 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90832	UG - Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 20-30 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$76.56 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90832	U6 - Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 20-30 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$76.56 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
90832	AH - Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 20-30 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$65.08 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90832	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Individual Psychotherapy, approximately 20-30 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$65.08 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90832	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Individual Psychotherapy, approximately 20-30 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$57.42 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90832	U7 - Certified Addiction Counselor / Certified Alcohol & Drug Abuse Counselor	Individual Psychotherapy, approximately 20-30 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$57.42 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-HO
90832	U3 - Intern (PhD, PsyD, EdD) / or MAT	Individual Psychotherapy, approximately 20-30 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$39.04 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-HL
90832	U4 - Intern (Master's)	Individual Psychotherapy, approximately 20-30 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$34.45 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-HL

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

90833	U6 - Doctoral Level (MD / DO)	Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$70.21 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
90833	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$59.68 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90834	UG - Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 45 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$127.27 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90834	U6 - Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 45 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$111.83 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
90834	AH - Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 45 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$105.48 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90834	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Individual Psychotherapy, approximately 45 minutes	\$105.01
90834	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Individual Psychotherapy, approximately 45 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$105.01 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90834	U3 - Intern (PhD, PsyD, EdD) / or MAT	Individual Psychotherapy, approximately 45 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$52.78 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-HL
90834	U4 - Intern (Master's)	Individual Psychotherapy, approximately 45 minutes	Effective 1/1/25 through 8/31/25: \$51.99 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-HL
90836	U6 - Doctoral Level (MD / DO)	Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$91.19 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
90836	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service	\$91.19
90837	UG - Doctoral Level (Child Psychiatrist)	Psychotherapy, 60 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$148.54 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90837	U6 - Doctoral Level (MD / DO)	Psychotherapy, 60 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$148.54 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

90837	AH - Doctoral Level (PhD, PsyD, EdD)	Psychotherapy, 60 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$140.28 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90837	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 60 minutes	\$138.26
90837	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Psychotherapy, 60 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$138.26 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90837	U3 - Intern (PhD, PsyD, EdD) / or MAT	Psychotherapy, 60 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$75.76 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-HL
90837	U4 - Intern (Master's)	Psychotherapy, 60 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$66.85 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-HL
90846	UG - Doctoral Level (Child Psychiatrist)	Family Psychotherapy (without patient present)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$155.56 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90846	U6 - Doctoral Level (MD / DO)	Family Psychotherapy (without patient present)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$118.38 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
90846	AH - Doctoral Level (PhD, PsyD, EdD)	Family Psychotherapy (without patient present)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$110.52 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90846	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Family Psychotherapy (without patient present)	\$107.31
90846	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Family Psychotherapy (without patient present)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$111.57 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90846	U3 - Intern (PhD, PsyD, EdD) / or MAT	Family Psychotherapy (without patient present)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$55.25 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-HL
90846	U4 - Intern (Master's)	Family Psychotherapy (without patient present)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$53.65 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-HL
90847	UG - Doctoral Level (Child Psychiatrist)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$155.56 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

90847	U6 - Doctoral Level (MD / DO)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$118.38 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
90847	AH - Doctoral Level (PhD, PsyD, EdD)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$111.57 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90847	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$111.57
90847	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$111.57 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90847	U3 - Intern (PhD, PsyD, EdD) / or MAT	Family Psychotherapy (conjoint psychotherapy) (with patient present)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$55.25 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-HL
90847	U4 - Intern (Master's)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$53.65 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-HL
90849	UG - Doctoral Level (Child Psychiatrist)	Multi-family group psychotherapy	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$50.92 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90849	U6 - Doctoral Level (MD / DO)	Multi-family group psychotherapy	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$42.72 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
90849	AH - Doctoral Level (PhD, PsyD, EdD)	Multi-family group psychotherapy	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$39.45 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90849	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Multi-family group psychotherapy	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$36.30 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90849	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Multi-family group psychotherapy	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$30.46 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90849	U3 - Intern (PhD, PsyD, EdD) / or MAT	Multi-family group psychotherapy	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$19.76 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-HL
90849	U4 - Intern (Master's)	Multi-family group psychotherapy	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$18.15 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-HL

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

90853	UG - Doctoral Level (Child Psychiatrist)	Group psychotherapy (other than of a multiple-family group)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$50.92 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90853	U6 - Doctoral Level (MD / DO)	Group psychotherapy (other than of a multiple-family group)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$42.72 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
90853	AH - Doctoral Level (PhD, PsyD, EdD)	Group psychotherapy (other than of a multiple-family group)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$39.45 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90853	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Group psychotherapy (other than of a multiple-family group)	\$36.43
90853	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Group psychotherapy (other than of a multiple-family group)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$36.43 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
90853	U3 - Intern (PhD, PsyD, EdD) / or MAT	Group psychotherapy (other than of a multiple-family group)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$19.76 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-HL
90853	U4 - Intern (Master's)	Group psychotherapy (other than of a multiple-family group)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$18.15 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-HL
90882	UG - Doctoral Level (Child Psychiatrist)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	\$56.22
90882	U6 - Doctoral Level (MD / DO)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	\$48.76
90882	AH - Doctoral Level (PhD, PsyD, EdD)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	\$26.37
90882	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	\$42.20
90882	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	\$25.99
90882	U3 - Intern (PhD, PsyD, EdD) / or MAT	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	\$13.20
90882	U4 - Intern (Master's)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	\$12.99
90887	UG - Doctoral Level (Child Psychiatrist)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$87.11
90887	U6 - Doctoral Level (MD / DO)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$87.11
90887	AH - Doctoral Level (PhD, PsyD, EdD)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$74.05
90887	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$74.05

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

90887	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$65.34
90887	U3 - Intern (PhD, PsyD, EdD) / or MAT	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$44.43
90887	U4 - Intern (Master's)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$39.20
99202	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 15-29 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$82.78 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
99202	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 15-29 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$74.70 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
99202	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 15-29 minutes	\$66.86
99203	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 30-44 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$119.41 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
99203	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 30-44 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$114.02 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
99203	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 30-44 minutes	\$96.92
99204	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 45-59 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$180.40 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
99204	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 45-59 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$169.28 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
99204	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 45-59 minutes	\$146.58
99205	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 60-74 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$224.06 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
99205	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 60-74 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$223.64 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
99205	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 60-74 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$190.09 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

99211	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 5 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$24.27 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
99211	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 5 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$24.27 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
99211	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 5 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$20.63 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
99212	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 10-19 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$58.00 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
99212	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 10-19 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$58.00 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
99212	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 10-19 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$49.30 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
99213	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 20-29 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$92.52 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
99213	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 20-29 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$92.52 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
99213	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 20-29 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$78.64 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
99214	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 30-39 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$158.38 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
99214	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 30-39 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$130.36 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
99214	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 30-39 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$110.80 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

99215	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 40-54 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$183.23 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
99215	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 40-54 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$183.23 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
99215	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 40-54 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$155.74 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
99417	U6 - Doctoral Level (MD / DO)	Prolonged office or other outpatient evaluation and management service, requiring total time with or without direct patient contact beyond usual service, on the date of the primary service (e.g., 99205 or 99215), each 15 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$28.69 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306 Modifier-AF
99417	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Prolonged office or other outpatient evaluation and management service, requiring total time with or without direct patient contact beyond usual service, on the date of the primary service (e.g., 99205 or 99215), each 15 minutes	\$28.69
96116	AH - Doctoral Level (PhD, PsyD, EdD)	Neurobehavioral status exam (clinical assessment of thinking, reasoning, and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$132.51 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
96121	AH - Doctoral Level (PhD, PsyD, EdD)	Each additional hour (List separately in addition to code for primary procedure)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$132.51 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
96130	AH - Doctoral Level (PhD, PsyD, EdD)	Psychological testing evaluation services by physician or other qualified health care professional, including integrating of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$118.24 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
96131	AH - Doctoral Level (PhD, PsyD, EdD)	Each additional hour (List separately in addition to code for primary procedure)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$100.53 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
96132	AH - Doctoral Level (PhD, PsyD, EdD)	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$134.02 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
96133	AH - Doctoral Level (PhD, PsyD, EdD)	Each additional hour (List separately in addition to code for primary procedure)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$110.58 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
96136	AH - Doctoral Level (PhD, PsyD, EdD)	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes (Test administration and scoring by professional)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$55.30 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
96137	AH - Doctoral Level (PhD, PsyD, EdD)	Each additional 30 minutes (List separately in addition to code for primary procedure) (Test administration and scoring by professional)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$50.27 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

96138	Technician	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$41.53 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
96139	Technician	Each additional 30 minutes (List separately in addition to code for primary procedure) (Test administration and scoring by technician)	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHHS): \$41.53 Effective 9/1/25 (or as otherwise directed by EOHHS): 101 CMR 306
99402	AH - Doctoral Level (PhD, PsyD, EdD)	Preventative Medicine Counseling, 30 minutes (Psychological Testing)	\$45.08
99402	U3 - Intern (PhD, PsyD, EdD) / or MAT	Preventative Medicine Counseling, 30 minutes (Psychological Testing)	\$22.55
99404	U6 - Doctoral Level (MD / DO)	Preventative Medicine Counseling, 60 minutes (Counseling and/or Risk Factor Reduction Intervention)	\$214.30
99404	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Preventative Medicine Counseling, 60 minutes (Counseling and/or Risk Factor Reduction Intervention)	\$185.46
H2020	+	Therapeutic behavioral services, per diem (Dialectical Behavior Therapy)	\$29.15
S9484	+	Crisis intervention mental health services, per hour (Urgent Outpatient Services)	\$162.33
90870	+	Electroconvulsive therapy (includes necessary monitoring)	\$694.05
H0032	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Mental health service plan development by a nonphysician (Bridge consultation inpatient/outpatient)	\$183.34
H0046	UG - Doctoral Level (Child Psychiatrist)	Mental health services, not otherwise specified (Collateral Contact)	\$51.11
H0046	U6 - Doctoral Level (MD/DO)	Mental health services, not otherwise specified (Collateral Contact)	\$44.33
H0046	AH - Doctoral Level (PhD, PsyD, EdD)	Mental health services, not otherwise specified (Collateral Contact)	\$23.97
H0046	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Mental health services, not otherwise specified (Collateral Contact)	\$38.36
H0046	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Mental health services, not otherwise specified (Collateral Contact)	\$23.63
H0046	U7 - Certified Addiction Counselor / Certified Alcohol & Drug Abuse Counselor	Mental health services, not otherwise specified (Collateral Contact)	\$23.63
H0046	U3 - Intern (PhD, PsyD, EdD) / or MAT	Mental health services, not otherwise specified (Collateral Contact)	\$12.00
H0046	U4 - Intern (Master's)	Mental health services, not otherwise specified (Collateral Contact)	\$11.81
H0015	N/A	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan) including assessment, counseling; crisis intervention, and activity therapies or education. (Structured Outpatient Addiction Program - SOAP)	Effective 1/1/25 through 3/27/25: \$78.75 Effective 3/28/25: 101 CMR 444
H0015	TF	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan) including assessment, counseling; crisis intervention, and activity therapies or education. (Enhanced Structured Outpatient Addiction Program - E-SOAP)	Effective 1/1/25 through 3/27/25: 101 CMR 306 Effective 3/28/25: 101 CMR 444
H2015	HF - Substance Abuse Program	Recovery Support Navigator, per 15-minute units	101 CMR 444
H2015	HF - Substance Abuse Program; HD-Pregnant/Postpartum	Recovery Support Navigator , per 15-minute units, serving pregnant members or members who have been pregnant in the previous 12 months	Effective 9/1/25: \$25.35
H2016	HM - Less than bachelor's degree level	Comprehensive community support program, per diem (Enrolled Client Day) (recovery support service by a recovery advocate trained in Recovery Coaching)	101 CMR 346
H2016	HM - Less than bachelor degree level; HD Pregnant/Postpartum	Comprehensive community support program, per diem (Enrolled Client Day) (recovery support service by a recovery advocate trained in Recovery Coaching for pregnant member or members who have been pregnant in the previous 12 months)	Effective 9/1/25: \$33.16
H0046	HE-Mental Health Program	Mental health services, not otherwise specified (Certified Peer Specialist) (Enrolled client day)	101 CMR 306
S9480	N/A	Intensive outpatient psychiatric services, per diem	101 CMR 306

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

Exhibit 3: Behavioral Health Outpatient Services Subject to 15% Uniform Dollar Increase

For services provided by Mental Health Centers designated as Behavioral Health Urgent Care Provider sites, in accordance with **Section 2.8.D.7.m**, when billed with modifier GJ. **Effective 1/1/25 through 8/31/25, or as otherwise directed by EOHHS.**

Procedure Code	Modifier Group	Procedure Description
90791	UG - Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation
90791	U6 - Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation
90791	AH - Doctoral Level (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation
90791	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation
90791	HO - Master's Level	Psychiatric Diagnostic Evaluation
90791	U3 - Intern (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation
90791	U4 - Intern (Master's)	Psychiatric Diagnostic Evaluation
90791	HA - CANS; UG-Doctoral Level (Child Psychiatrist)	CANS - Psychiatric Diagnostic Evaluation, Members under 21
90791	HA - CANS; U6-Doctoral Level (MD / DO)	CANS - Psychiatric Diagnostic Evaluation, Members under 21
90791	HA - CANS; AH-Doctoral Level (PhD, PsyD, EdD)	CANS - Psychiatric Diagnostic Evaluation, Members under 21
90791	HA - CANS; SA, UF -Nurse Practitioner/Board Certified RNCS and APRN-BC	CANS - Psychiatric Diagnostic Evaluation, Members under 21
90791	HA - CANS; HO-Master's Level	CANS - Psychiatric Diagnostic Evaluation, Members under 21
90791	HA - CANS; U3-Intern (PhD, PsyD, EdD)	CANS - Psychiatric Diagnostic Evaluation, Members under 21
90791	HA - CANS; U4-Intern (Master's)	CANS - Psychiatric Diagnostic Evaluation, Members under 21
90792	UG - Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation with Medical Services
90792	U6-Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation with Medical Services
90792	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation with Medical Services
90832	UG - Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 20-30 minutes
90832	U6 - Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 20-30 minutes
90832	AH - Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 20-30 minutes
90832	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Individual Psychotherapy, approximately 20-30 minutes
90832	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Individual Psychotherapy, approximately 20-30 minutes
90832	U7 - Certified Addiction Counselor / Certified Alcohol & Drug Abuse Counselor	Individual Psychotherapy, approximately 20-30 minutes
90832	U3 - Intern (PhD, PsyD, EdD) / or MAT	Individual Psychotherapy, approximately 20-30 minutes
90832	U4 - Intern (Master's)	Individual Psychotherapy, approximately 20-30 minutes
90833	U6 - Doctoral Level (MD / DO)	Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service
90833	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service
90834	UG - Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 45 minutes
90834	U6 - Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 45 minutes
90834	AH - Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 45 minutes
90834	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Individual Psychotherapy, approximately 45 minutes
90834	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Individual Psychotherapy, approximately 45 minutes
90834	U3 - Intern (PhD, PsyD, EdD) / or MAT	Individual Psychotherapy, approximately 45 minutes
90834	U4 - Intern (Master's)	Individual Psychotherapy, approximately 45 minutes
90836	U6 - Doctoral Level (MD / DO)	Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service
90836	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service
90837	UG - Doctoral Level (Child Psychiatrist)	Psychotherapy, 60 minutes
90837	U6 - Doctoral Level (MD / DO)	Psychotherapy, 60 minutes
90837	AH - Doctoral Level (PhD, PsyD, EdD)	Psychotherapy, 60 minutes
90837	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 60 minutes

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

90837	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Psychotherapy, 60 minutes
90837	U3 - Intern (PhD, PsyD, EdD) / or MAT	Psychotherapy, 60 minutes
90837	U4 - Intern (Master's)	Psychotherapy, 60 minutes
90846	UG - Doctoral Level (Child Psychiatrist)	Family Psychotherapy (without patient present)
90846	U6 - Doctoral Level (MD / DO)	Family Psychotherapy (without patient present)
90846	AH - Doctoral Level (PhD, PsyD, EdD)	Family Psychotherapy (without patient present)
90846	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Family Psychotherapy (without patient present)
90846	HO - Master's Level	Family Psychotherapy (without patient present)
90846	U3 - Intern (PhD, PsyD, EdD)	Family Psychotherapy (without patient present)
90846	U4 - Intern (Master's)	Family Psychotherapy (without patient present)
90847	UG - Doctoral Level (Child Psychiatrist)	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90847	U6 - Doctoral Level (MD / DO)	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90847	AH - Doctoral Level (PhD, PsyD, EdD)	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90847	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90847	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90847	U3 - Intern (PhD, PsyD, EdD) / or MAT	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90847	U4 - Intern (Master's)	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90849	UG - Doctoral Level (Child Psychiatrist)	Multi-family group psychotherapy
90849	U6 - Doctoral Level (MD / DO)	Multi-family group psychotherapy
90849	AH - Doctoral Level (PhD, PsyD, EdD)	Multi-family group psychotherapy
90849	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Multi-family group psychotherapy
90849	HO - Master's Level	Multi-family group psychotherapy
90849	U3 - Intern (PhD, PsyD, EdD)	Multi-family group psychotherapy
90849	U4 - Intern (Master's)	Multi-family group psychotherapy
90853	UG - Doctoral Level (Child Psychiatrist)	Group psychotherapy (other than of a multiple-family group)
90853	U6 - Doctoral Level (MD / DO)	Group psychotherapy (other than of a multiple-family group)
90853	AH - Doctoral Level (PhD, PsyD, EdD)	Group psychotherapy (other than of a multiple-family group)
90853	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Group psychotherapy (other than of a multiple-family group)
90853	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Group psychotherapy (other than of a multiple-family group)
90853	U3 - Intern (PhD, PsyD, EdD) / or MAT	Group psychotherapy (other than of a multiple-family group)
90853	U4 - Intern (Master's)	Group psychotherapy (other than of a multiple-family group)
90882	UG - Doctoral Level (Child Psychiatrist)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.
90882	U6 - Doctoral Level (MD / DO)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.
90882	AH - Doctoral Level (PhD, PsyD, EdD)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.
90882	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.
90882	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.

Second Amended and Restated ACPP Contract

Appendix O, Exhibit 3.A -- Behavioral Health and Certain Other Services Minimum Fee Schedule

Updated as of Amendment 1

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

90882	U3 - Intern (PhD, PsyD, EdD) / or MAT	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.
90882	U4 - Intern (Master's)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.
90887	UG - Doctoral Level (Child Psychiatrist)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
90887	U6 - Doctoral Level (MD / DO)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
90887	AH - Doctoral Level (PhD, PsyD, EdD)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
90887	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
90887	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
90887	U3 - Intern (PhD, PsyD, EdD) / or MAT	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
90887	U4 - Intern (Master's)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
99202	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 15-29 minutes
99202	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 15-29 minutes
99202	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 15-29 minutes
99203	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 30-44 minutes
99203	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 30-44 minutes
99203	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 30-44 minutes
99204	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 45-59 minutes
99204	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 45-59 minutes
99204	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 45-59 minutes
99205	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 60-74 minutes
99205	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 60-74 minutes
99205	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 60-74 minutes
99211	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 5 minutes
99211	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 5 minutes
99211	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 5 minutes
99212	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 10-19 minutes
99212	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 10-19 minutes
99212	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 10-19 minutes
99213	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 20-29 minutes

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

99213	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 20-29 minutes
99213	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 20-29 minutes
99214	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 30-39 minutes
99214	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 30-39 minutes
99214	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 30-39 minutes
99215	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 40-54 minutes
99215	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 40-54 minutes
99215	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 40-54 minutes
S9484	+	Crisis intervention mental health services, per hour (Urgent Outpatient Services)
H0046	UG - Doctoral Level (Child Psychiatrist)	Mental health services, not otherwise specified (Collateral Contact)
H0046	U6 - Doctoral Level (MD/DO)	Mental health services, not otherwise specified (Collateral Contact)
H0046	AH - Doctoral Level (PhD, PsyD, EdD)	Mental health services, not otherwise specified (Collateral Contact)
H0046	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Mental health services, not otherwise specified (Collateral Contact)
H0046	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Mental health services, not otherwise specified (Collateral Contact)
H0046	U7 - Certified Addiction Counselor / Certified Alcohol & Drug Abuse Counselor	Mental health services, not otherwise specified (Collateral Contact)
H0046	U3 - Intern (PhD, PsyD, EdD) / or MAT	Mental health services, not otherwise specified (Collateral Contact)
H0046	U4 - Intern (Master's)	Mental health services, not otherwise specified (Collateral Contact)

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

Exhibit 3: Behavioral Health Outpatient Services Provided by Behavioral Health Urgent Care Provider sites Minimum Fee Schedule (effective 9/1/2025, or as otherwise directed by EOHHS)			
Encounter Bundle Rates			
For services provided by Mental Health Centers designated as Behavioral Health Urgent Care Provider sites, providers must bill one H2013 flat rate encounter bundle code for the provision of any of the set designated services, regardless of the number of services provided to the individual on that date. The encounter bundle rate procedure codes are as follows:			
Procedure Code	Modifier Group	Procedure Description	Unit Cost
H2013	HB	Psychiatric health facility service, per diem (Adult Services)	101 CMR 306
H2013	HA	Psychiatric health facility service, per diem (Child/Adolescent Services)	101 CMR 306
The designated services provided below, inclusive of all licensure levels, must be billed in conjunction with the encounter bundle code. The designated service codes for all services provided on the same date must be billed under one encounter bundle code, regardless of the number of services provided to the individual on that date. The bundled encounter rates incorporate the designated services codes below.			
Procedure Code	Procedure Description		
90791	Psychiatric Diagnostic Evaluation		
90791-HA	Psychiatric diagnostic evaluation performed with a CANS (Children and Adolescent Needs and Strengths)		
90792	Psychiatric Diagnostic Evaluation with Medical Services		
90832	Psychotherapy, 30 minutes with patient		
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service		
90834	Psychotherapy, 45 minutes with patient		
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service		
90837	Psychotherapy, 60 minutes with patient		
90846	Family psychotherapy (without the patient present), 50 minutes		
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes		
90849	Multiple-family group psychotherapy (per person per session not to exceed 10 clients)		
90853	Group psychotherapy (other than of a multiple-family group) (per person per session not to exceed 12 clients)		
90853-EP	Group psychotherapy (other than of a multiple-family group) (per person not to exceed 12 clients)		
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with		
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or		
S9480	Intensive outpatient psychiatric services, per diem		
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a		
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a		
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a		
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a		
99211	Office or other outpatient visit for the evaluation and management of an established patient that may		
99212	Office or other outpatient visit for the evaluation and management of an established patient, which		
99213	Office or other outpatient visit for the evaluation and management of an established patient, which		
99214	Office or other outpatient visit for the evaluation and management of an established patient, which		
99215	Office or other outpatient visit for the evaluation and management of an established patient, which		
99417	Prolonged outpatient evaluation and management service(s) time with or without direct patient contact		
H0046 (excluding H0046-HE)	Mental health services, not otherwise specified (Collateral Contact)		
H0032	Mental health service plan development by a nonphysician (Bridge consultation inpatient/outpatient)		
H2020	Therapeutic behavioral services, per diem (Dialectical Behavior Therapy)		
99402	Preventative Medicine Counseling, 30 minutes (Psychological Testing)		
99404	Preventative Medicine Counseling, 60 minutes (Counseling and/or Risk Factor Reduction Intervention)		

Second Amended and Restated ACPP Contract

Appendix O, Exhibit 3.B -- Behavioral Health and Certain Other Services Minimum Fee Schedule

Updated as of Amendment 1

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

Exhibit 4: Behavioral Health Outpatient Services Subject to 15% Uniform Dollar Increase

For services provided by Mental Health Centers that have not been designated as a Behavioral Health Urgent Care Provider site, in accordance with **Section 2.8.D.7.u**, when billed with modifier GJ. **Effective 1/1/25 through 8/31/25, or as otherwise directed by EOHHS.**

Procedure Code	Modifier Group	Procedure Description
90791	UG - Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation
90791	U6 - Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation
90791	AH - Doctoral Level (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation
90791	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation
90791	HO - Master's Level	Psychiatric Diagnostic Evaluation
90791	U3 - Intern (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation
90791	U4 - Intern (Master's)	Psychiatric Diagnostic Evaluation
90792	UG - Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation with Medical Services
90792	U6-Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation with Medical Services
90792	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation with Medical Services
90832	UG - Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 20-30 minutes
90832	U6 - Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 20-30 minutes
90832	AH - Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 20-30 minutes
90832	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Individual Psychotherapy, approximately 20-30 minutes
90832	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Individual Psychotherapy, approximately 20-30 minutes
90832	U7 - Certified Addiction Counselor / Certified Alcohol & Drug Abuse Counselor	Individual Psychotherapy, approximately 20-30 minutes
90832	U3 - Intern (PhD, PsyD, EdD) / or MAT	Individual Psychotherapy, approximately 20-30 minutes
90832	U4 - Intern (Master's)	Individual Psychotherapy, approximately 20-30 minutes
90833	U6 - Doctoral Level (MD / DO)	Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service
90833	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service
90834	UG - Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 45 minutes
90834	U6 - Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 45 minutes
90834	AH - Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 45 minutes
90834	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Individual Psychotherapy, approximately 45 minutes
90834	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Individual Psychotherapy, approximately 45 minutes
90834	U3 - Intern (PhD, PsyD, EdD) / or MAT	Individual Psychotherapy, approximately 45 minutes
90834	U4 - Intern (Master's)	Individual Psychotherapy, approximately 45 minutes
90836	U6 - Doctoral Level (MD / DO)	Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service
90836	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service
90837	UG - Doctoral Level (Child Psychiatrist)	Psychotherapy, 60 minutes
90837	U6 - Doctoral Level (MD / DO)	Psychotherapy, 60 minutes
90837	AH - Doctoral Level (PhD, PsyD, EdD)	Psychotherapy, 60 minutes
90837	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 60 minutes
90837	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Psychotherapy, 60 minutes
90837	U3 - Intern (PhD, PsyD, EdD) / or MAT	Psychotherapy, 60 minutes
90837	U4 - Intern (Master's)	Psychotherapy, 60 minutes
90847	UG - Doctoral Level (Child Psychiatrist)	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90847	U6 - Doctoral Level (MD / DO)	Family Psychotherapy (conjoint psychotherapy) (with patient present)

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

90847	AH - Doctoral Level (PhD, PsyD, EdD)	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90847	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90847	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90847	U3 - Intern (PhD, PsyD, EdD) / or MAT	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90847	U4 - Intern (Master's)	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90853	UG - Doctoral Level (Child Psychiatrist)	Group psychotherapy (other than of a multiple-family group)
90853	U6 - Doctoral Level (MD / DO)	Group psychotherapy (other than of a multiple-family group)
90853	AH - Doctoral Level (PhD, PsyD, EdD)	Group psychotherapy (other than of a multiple-family group)
90853	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Group psychotherapy (other than of a multiple-family group)
90853	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Group psychotherapy (other than of a multiple-family group)
90853	U3 - Intern (PhD, PsyD, EdD) / or MAT	Group psychotherapy (other than of a multiple-family group)
90853	U4 - Intern (Master's)	Group psychotherapy (other than of a multiple-family group)
99202	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 15-29 minutes
99202	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 15-29 minutes
99202	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 15-29 minutes
99203	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 30-44 minutes
99203	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 30-44 minutes
99203	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 30-44 minutes
99204	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 45-59 minutes
99204	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 45-59 minutes
99204	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 45-59 minutes
99205	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 60-74 minutes
99205	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 60-74 minutes
99205	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 60-74 minutes
99211	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 5 minutes
99211	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 5 minutes
99211	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 5 minutes
99212	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 10-19 minutes
99212	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 10-19 minutes
99212	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 10-19 minutes
99213	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 20-29 minutes
99213	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 20-29 minutes
99213	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 20-29 minutes
99214	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 30-39 minutes
99214	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 30-39 minutes
99214	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 30-39 minutes
99215	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 40-54 minutes

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

99215	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 40-54 minutes
99215	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 40-54 minutes

APPENDIX Q

EOHHS Accountable Care Organization Quality and Health Equity Appendix

This Appendix details how EOHHS will determine the Contractor's Quality and Health Equity Performance as described in the Contract. EOHHS may modify the methodology set forth herein after the execution of the Contract by written amendment. The following information is included. For the purposes of this document, "Performance Year" or "PY" shall mean "Contract Year" as defined in Section 1 of the Contract, unless otherwise specified by EOHHS.

Section 1.1. OVERVIEW OF QUALITY AND HEALTH EQUITY PERFORMANCE AND SCORING

Section 1.2 SCORING METHODOLOGY FOR ACO QUALITY SCORE

- A. List of Quality Measures for ACO Quality Score**
- B. Measure Level Scoring Methodology (Achievement and Improvement Points)**
- C. Domain Level Scoring Methodology**

Section 1.3 SCORING METHODOLOGY FOR ACO QUALITY AND EQUITY INCENTIVE PROGRAM (QEIP) HEALTH EQUITY SCORE

Section 1.4 SCORING METHODOLOGY FOR COMMUNITY PARTNERS QUALITY SCORE

- A. List of Quality Measures for CP Quality Score**

Section 1.5 METHODOLOGY FOR ESTABLISHING PERFORMANCE BENCHMARKS FOR QUALITY MEASURES

Section 1.6 QUALITY AND HEALTH EQUITY PERFORMANCE FINANCIAL APPLICATION

Section 1.1 Overview of Quality Performance and Scoring and Health Equity Performance and Scoring

The Contractor shall receive, for each Performance Year, an ACO Quality Score that shall determine the Quality Incentive payment amount available to the Contractor as prescribed in **Sections 2.14** and **4.6.B** of the Contract. The Contractor shall also receive, for each Performance Year, an ACO Health Equity Score that shall determine the Quality and Equity incentive payment amount available to the Contractor as prescribed in **Sections 2.21** and **4.6.C** of the Contract. The Contractor shall also receive, for each Performance Year, a CP Quality Score (calculated by EOHHS) for each Community Partner subcontractor as described in **Section 2.6.E** of the Contract. The CP Quality Score shall be used in the determination of incentive payments made by the Contractor to each of its subcontracted CPs.

This Section of the Appendix describes the individual measures, and general methodology EOHHS will use to calculate the Contractor's scores (i.e., ACO Quality Score, ACO Health Equity Score, and CP Quality Score), as further specified by EOHHS.

Section 1.2 Scoring Methodology for ACO Quality Score

The Contractor's Quality Score is based on the Contractor's performance across a set of benchmarks and improvement targets for individual quality measures that are grouped into three domains. An additional bonus element is also included for PY2024-2025 based on an assessment of Electronic Quality Measurements/Electronic Clinical Data System readiness and/or performance, as specified by EOHHS. EOHHS will weight and sum the Contractor's performance across all domains and then apply results of the bonus element to calculate one overall ACO Quality Score per performance year. For any measure where the Contractor does not meet minimum denominator requirements, as determined by EOHHS, then the measure's weight will be equally distributed to other measures within the same domain.

For ACOs serving primarily pediatric members (e.g., $\geq 75\%$ of the ACO's Enrollees are ages 0-17 years), EOHHS shall replace adult focused measures (i.e., measures applicable to 18+ populations only) with measure(s) applicable to pediatric populations only ("pediatric replacement measures") as further specified by EOHHS. Quality Performance on these pediatric replacement measures will be scored as described above.

A. List of Quality Measures for ACO Quality Score

Quality Measures include claims-based measures, clinical quality measures, and member experience surveys across the following three domains:

- Preventive and Pediatric Care
- Care Coordination / Care for Chronic & Acute Conditions
- Member Experience

See Exhibit 2 for the list of Quality Measures.

EXHIBIT 2 – ACO Quality Measures

Domain 1	Measure Name	Measure Description	Data Source	Measure Steward	NQF No.	P4P Transition Year
Preventive and Pediatric Care	Developmental Screening in the First 3 Years of Life	The percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.	Claims/ Hybrid	OHSU	1448	2025
	Immunizations for Adolescents	Percentage of members 13 years of age who received all recommended vaccines, including the HPV series	Hybrid	NCQA	1407	2024
	Childhood Immunization Status	Percentage of members 2 years of age who received all recommended vaccines by their second birthday	Hybrid	NCQA	0038	2024
	Prenatal and Postpartum Care	Percentage of deliveries in which the member received a prenatal care visit in the first trimester or within 42 days of enrollment	Hybrid	NCQA	N/A	2023

Domain 1	Measure Name	Measure Description	Data Source	Measure Steward	NQF No.	P4P Transition Year
		Percentage of deliveries in which women had a postpartum visit on or between 7 and 84 days after delivery				
	Topical Fluoride for Children, Dental or Oral Health Services	Percentage of children aged 1–20 years who received at least 2 topical fluoride applications as dental or oral health services within the reporting year	Claims	ADA DQA	3700	2024 ¹
	Screening for Depression and Follow Up Plan	Percentage of members 12 to 64 years of age screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen	Hybrid	CMS	0418	2023

¹ EOHHS will calculate pay for performance metrics for ages 1 through 5 only. For ages 6 – 20, this subpopulation will be for monitoring purposes only.

Domain	Measure Name	Measure Description	Data Source	Measure Steward	NQF No.	P4P Transition Year
Care Coordination/ Care for Acute and Chronic Conditions	Follow-Up After Emergency Department Visit for Mental Illness (7 days)	Percentage of emergency department (ED) visits for adults and children 6 years of age and older with a diagnosis of mental illness or intentional self-harm and who received a follow-up visit for mental illness within 7 days	Claims	NCQA	3489	2023
	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days)	Percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of AOD abuse or dependence, who has a follow up visit for AOD	Claims	NCQA	3488	2023
	Follow-Up After Hospitalization for Mental Illness (7 days)	Percentage of discharges for members 6 to 64 years of age, hospitalized for mental illness, where the member received follow-up with a mental health practitioner within 7 days of discharge	Claims	NCQA	0576	2023

Domain	Measure Name	Measure Description	Data Source	Measure Steward	NQF No.	P4P Transition Year
	Controlling High Blood Pressure	Percentage of members 18 to 64 years of age with hypertension and whose blood pressure was adequately controlled	Hybrid	NCQA	0018	2024
	Glycemic Status Assessment for Patients with Diabetes (Glycemic Status >9%)	Percentage of members 18 to 64 years of age with diabetes whose most recent HbA1c level demonstrated poor control (> 9.0%)	Hybrid	NCQA	0059	2024
	Asthma Medication Ratio	Percentage of members 5 to 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater	Claims	NCQA	1800	2024
	Initiation and Engagement of Alcohol, or Other Drug Abuse or Dependence Treatment	Percentage of members 13 to 64 years of age who are diagnosed with a new episode of alcohol, opioid, or other drug abuse or dependency who initiate treatment within 14 days of diagnosis and	Claims	NCQA	0004	2024

Domain	Measure Name	Measure Description	Data Source	Measure Steward	NQF No.	P4P Transition Year
		who receive at ≥2 additional services within 34 days of the initiation visit				
Member Experience	Overall Care Delivery	Composites related to overall experience (e.g., Willingness to Recommend, Communications)	Survey	AHRQ	N/A	2023
	Person-Centered Coordination/Integration of Care	Composites related to coordination of care (e.g., referrals, services etc.) and knowledge of the patient	Survey	AHRQ	N/A	2023
N/A	Bonus Element: Electronic Clinical Quality Measure Readiness	Assessment and/or reporting of ACO readiness and/or performance in meeting electronic-based clinical quality measure results on Enrollees	Survey/Electronic Data	EOHHS	N/A	2024

EXHIBIT 2.A – ACO Quality Measures: Pediatric Replacement Measures

Domain	Measure Name	Description	Data Source	Measure Steward	NQF No.	P4P Transition Year
--------	--------------	-------------	-------------	-----------------	---------	---------------------

Care Coordination/Care for Acute and Chronic Conditions	Metabolic Monitoring for Children and Adolescents on Antipsychotics <i>Replacing: Controlling High Blood Pressure and Glycemic Status Assessment for Patients with Diabetes (Glycemic Status >9%)</i>	Percentage of members 1 to 17 years of age who had two or more antipsychotic prescriptions and received metabolic testing	Claims	NCQA	2800	2024
--	---	--	--------	------	------	------

B. Measure Level Scoring Methodology (Achievement and Improvement Points)

1. Achievement Points

The Contractor may receive up to a maximum of ten (10) achievement points for each Quality Measure, as follows:

- a. EOHHS will establish an “attainment threshold” and a “goal benchmark” for each Quality Measure
 - (i) “Attainment threshold” sets the minimum level of performance at which the contractor can earn achievement points
 - (ii) “Goal benchmark” is a high performance standard above which the Contractor earns the maximum number of achievement points (i.e., 10 points)
- b. EOHHS will calculate the Contractor’s performance score on the Quality Measure based on the measure specifications
- c. EOHHS will award the Contractor between zero (0) and ten (10) achievement points as follows:
 - (i) If the Contractor’s performance score is less than the attainment threshold: 0 achievement points
 - (ii) If the Contractor’s performance score is greater than or equal to the goal benchmark: 10 achievement points
 - (iii) If the performance score is between the attainment threshold and goal benchmark: achievement points earned are determined by the formula:
 - (a) $10 * ((\text{Performance Score} - \text{Attainment Threshold}) / (\text{Goal Benchmark} - \text{Attainment Threshold}))$

EXHIBIT 3 – Example Calculation of Achievement Points for Measure A

Measure A attainment threshold = 45% (e.g., corresponding to 25 th percentile of HEDIS benchmarks)	
Measure A goal benchmark = 80% (e.g., corresponding to 90 th percentile of HEDIS benchmarks)	
Scenario 1:	
	• Measure A performance score = 25%
	• Achievement points earned = 0 points
Scenario 2:	
	• Measure A performance score = 90%
	• Achievement points earned = 10 points
Scenario 3:	
	• Measure A performance score = 60%
	• Achievement points earned = $10 * ((60\% - 45\%) / (80\% - 45\%)) = 4.29$ points

2. Improvement Points

In addition to receiving achievement points based on performance (on a 0 to 10 scale), the Contractor may earn improvement points for reaching established improvement targets for each Quality Measure. Improvement points will be calculated as follows:

- a. The Contractor's performance score will be calculated on each Quality Measure based on the measure specifications. Each Quality Measure's specifications will describe the detailed methodology by which this performance score is calculated.
- b. Beginning PY2, EOHHS will compare the Contractor's performance score on each Quality Measure to the Contractor's performance score on that same Quality Measure from the highest scoring previous Performance Year.
- c. EOHHS will calculate an Improvement Target for each applicable Quality Measure using the following formula (unless otherwise communicated by EOHHS). The Improvement Target is based on at least a 20% improvement each year in the gap between Goal Benchmark and the Attainment Threshold of each ACO measure.

- (i) Improvement Target formula = $[(\text{Goal Benchmark} - \text{Attainment Threshold}) / 5]$

For example, for Measure A, if the Attainment Threshold is 50% and the Goal Benchmark is 60%, the Improvement Target is 2% $[(60 - 50)/5]$

- (ii) For the purposes of calculating the Improvement Target, the result is rounded to the nearest tenth (i.e., one decimal point).

For example, for Measure B, if the Attainment Threshold is 80% and the Goal Benchmark is 90.2%, the Improvement Target is calculated to 2.04% $[(90.2 - 80)/5]$ which rounds to 2.0%.

- (iii) The Contractor may earn up to five (5) improvement points for increases in measure score which meet or exceed the improvement target.

For example, for Measure B, the Improvement Target is 2.0%. If Contractor performance in PY4 is 54.0% and if Contractor performance in PY5 is 60.0%, the Contractor improvement from PY4 to PY5 is 6.0% $[(60.0 - 54.0)]$ and the Contractor is awarded 5 improvement points. No points above 5 are awarded for increases in excess of the improvement target.

- (iv) For the purposes of calculating the difference in Contractor quality performance over a previous year, the results are rounded to the nearest tenth (i.e., one decimal point). Rounding takes place after the calculation.

For example, for Measure B, if Contractor performance in PY4 is 54.54% and if Contractor performance in PY5 is 60.17%, the Contractor improvement from PY4 to PY5 is 5.63% $[(60.17-54.54)]$, and the Contractor improvement will be rounded to the nearest tenth (i.e., one decimal point) to 5.6%.

- (v) The Improvement Target is based on the higher of the original baseline or any year's performance prior to the current PY. This is intended to avoid rewarding regression in performance.

For example, for Measure B, assume Contractor performance in PY1 is 90.0% and the Improvement Target is 2.0%. If in PY4 the performance for the Contractor decreases to 89.0%, in PY5 the Contractor would need to reach 92.0% to reach the Improvement Target.

- (vi) There are several special circumstances:
- (a) *At or Above Goal:* If the Contractor has prior PY performance scores equal to or greater than the Goal Benchmark then the Contractor may still earn up to five (5) improvement points in each PY if improvement from the highest prior PY is greater than or equal to the Improvement Target.
 - (b) *At or Below Attainment:* If the Contractor has prior PY performance scores less than the Attainment Threshold then the Contractor may still earn up to five (5) improvement points each PY if improvement from the highest prior PY is greater than or equal to the Improvement Target, and performance in the current PY does not equal or exceed the Attainment Threshold. Additionally, if the Contractor has prior PY performance scores less than the Attainment Threshold and current PY performance scores are equal to or above the Attainment Threshold then the Contractor may still earn up to five (5) improvement points if the improvement is greater than or equal to the Improvement Target.

EXHIBIT 4 – Example Calculation of Improvement Points for Measure B

Measure B Attainment = 48.9% | Goal = 59.4% | Improvement Target = 2.1%

	PY4 Score	PY5 Score	Improvement	Improvement Target Met	Improvement Points Earned
Scenario 1:	50.0%	52.1%	2.1%	Yes	5
Scenario 2:	50.0%	56.7%	6.7%	Yes	5
Scenario 3:	59.5%	63.0%	3.5%	Yes; above Goal Benchmark	5
Scenario 4	45.0%	48.0%	3.0%	Yes; below Attainment Threshold	5

Scenario 5:	46.0%	49.0%	3.0 %	Yes; crossing Attainment	5
Scenario 6:	45.0%	46.0%	1.0%	No	0

C. Domain Level Scoring Methodology

EOHHS will sum the Contractor's achievement and improvement points for all Quality Measures within each Quality Domain. Improvement points earned in one Quality Domain may only be summed with achievement points from the same Quality Domain. The total number of points earned by the Contractor in each domain cannot exceed the maximum number of achievement points available in the domain. The maximum number of achievement points in the domain is calculated by multiplying the number of Pay-for-Performance (P4P) measures in the domain, in the given PY, by the number of available achievement points per measure.

For example, if in PY4, there are ten (10) clinical quality measures in Domain X in Pay-for-Performance, and each measure is worth ten (10) achievement points, the maximum number of achievement points in Domain X would be 100. Assume that in PY5 there are now twelve (12) clinical quality measures in Domain X in Pay-for-Performance, and that each measure is worth ten (10) achievement points, the maximum number of achievement points in Domain X would be 120.

Cumulative Example:

Total number of measures in domain: 2

Maximum number of achievement points in the domain = 20

Measure Attainment = 48.9% | Goal = 59.4%

Improvement Target = [(Goal Benchmark – Attainment Level) / 5] = [59.4-48.9]/5 = 2.1

For example, for Measure A, if Contractor performance in PY4 is 54.54% and if Contractor performance in PY5 is 58.17% the Contractor will earn 8.8 Achievement Points $[10 * (58.17 - 48.9)/(59.4 - 48.9)]$. The Contractor has improved from PY4 to PY5 by 3.63% $[(58.17 - 54.54)]$ which will be rounded to the nearest tenth (e.g., one decimal point) to 3.6% which exceeds the Improvement Target of 2.1%. Thus, the Contractor will earn five (5) improvement points. No points above 5 are awarded for increases in excess of the improvement target.

In this scenario the Contractor would earn 13.8 points.

If there is only one (1) additional measure in the Domain and the Contractor earned 9 total points for this measure; the total score for the Contractor would be 20.0 (out of 20) given that domain scores are capped at the maximum number of achievement points (20) in the domain.

Once the total number of points has been calculated, EOHHS will divide the resulting sum by the maximum number of achievement points that the Contractor is eligible for in the domain to produce the Contractor's Domain Score. Domain Scores are a value between zero (0) and one (1) expressed as a percentage (i.e., 0% to 100%). EOHHS will score the Contractor on each P4P Quality Measure unless the Contractor does not meet eligibility requirements for a specific measure (e.g., it does not meet the minimum denominator requirement). In cases like this, the measure is not factored into the denominator. Reporting measures do not factor into the Domain Score.

Additionally, improvement points do not count towards the denominator; they are therefore “bonus” points. Domain Scores are each capped at a maximum value of 100%.

EXHIBIT 5 – Example Calculation of an Unweighted Domain Score

Example Calculations of Unweighted Domain Score		
Example 1	Domain only has two Quality Measures (Measure A and Measure B)	
	Therefore, maximum number of achievement points is 2x10 = 20 points	
	Measure A:	Achievement points: 1.5
		Improvement Points: 0
	Measure B:	Achievement points: 0
		Improvement Points: 5
	Total achievement points: 1.5 + 0 = 1.5 points	
	Total improvement points: 0 + 5 = 5 points	
	Sum of achievement and improvement points: 1.5 + 5 = 6.5 points	
	Unweighted domain score = 6.5/20 * 100 = 32.5%	
Example 2	Domain only has two Quality Measures (Measure A and Measure B)	
	Therefore, maximum number of achievement points is 2x10 = 20 points	
	Measure A:	Achievement points: 8
		Improvement Points: 5
	Measure B:	Achievement points: 9.3
		Improvement Points: 0
	Total achievement points: 8 + 9.3 = 17.3	
	Total improvement points: 5 points	
	Sum of achievement and improvement points: 17.3 + 5 = 22.3 points	
	However, total number of points cannot exceed maximum number of achievement points (20)	
	Therefore, total domain points = 20	
	Unweighted domain score = 20/20 * 100 = 100%	

An assessment of electronic-based quality measure readiness and/or performance (e.g., Electronic Clinical Quality Measures (eCQM), and Electronic Clinical Data Systems (ECDS)) shall be integrated into the overall ACO Quality Score as a bonus element for PY2024-2025. The assessment shall be scored on an all-or-nothing basis, with possible scores equaling zero or 100%. Any ACO achieving 100% on the bonus will earn a total of 5.0 points added to the sum of the weighted domain score, resulting in an overall quality score. Note: the sum of weighted domains and the 5.0 point bonus may not exceed the overall quality score maximum of 100%.

EXHIBIT 6 – Example Calculation of Weighted Domain Scores and Bonus

Example Calculations of Weighted Domain Scores and Bonus				
	Domain	Weight	Score	Weighted Domain Score
Example	Preventative and	45%	75.0	33.75

	Pediatric Care			
	Care Coordination / Care for Chronic & Acute Conditions	40%	70.0	28.00
	Member Experience	15%	72.0	10.8
	Total	100%	N/A	72.55
	Bonus	N/A	5.0 points	N/A
	Total of weighted domains = 72.55			
	Total bonus: 5.0 points			
	Sum of weighted domains and bonus points: 72.55 + 5.0 = 77.55 points			
	Overall Quality Score = 77.55%			

Section 1.3 Scoring Methodology for ACO Quality & Equity Incentive Program (QEIP) Health Equity Score

- A. Performance Year 1 (CY2023) requirements for the ACO QEIP can be found in Attachment 1 to this Appendix.
- B. Performance Years 2-5 (CY2024-2027) requirements for the ACO QEIP are forthcoming and will be provided in Attachment 2 to this Appendix.

Section 1.4 Scoring Methodology for Community Partners Quality Score

EOHHS shall calculate a Community Partner Quality Score for each of the Contractor's subcontracted CPs. Community Partner Quality Scores are based on the performance of each subcontracted CP's MassHealth enrollment, as determined by EOHHS, across a set of benchmarks or improvement targets for individual measures within the BH CP or LTSS CP measure slate as applicable as set forth in Exhibits 7 and 8 below. EOHHS will weight each CP's CP Quality Score by the volume of that CP's enrollment within the ACO relative to the volume of all other CP subcontractors within the same ACO. As further specified by EOHHS, EOHHS shall use the weighted CP Quality Score to determine the Contractor's payment to each CP based on the CP's quality performance. In addition to the above methodology, EOHHS may establish additional quality incentives designed to reward the Contractor's higher performing subcontracted CPs.

A. Quality Measures for CP Quality Score

EXHIBIT 7 – BH CP Quality Measures

Measure Name	Description	Data Source	Measure Steward	NQF No.
Follow-up with BH CP after acute or post-acute stay (x days)	Percentage of discharges from acute or post-acute stays for enrollees 18 to 64 years of age that were succeeded by a follow-up with a BH CP	Claims	EOHHS	NA

Measure Name	Description	Data Source	Measure Steward	NQF No.
	within x business days of discharge			
Follow-up with BH CP after ED visit (x days)	Percentage of ED visits for enrollees 18 to 64 years of age that had a follow-up visit within x days of the ED visit	Claims	EOHHS	NA
Annual Primary Care Visit	Percentage of enrollees 3 to 64 years of age who had at least one comprehensive well-care visit during the measurement year	Claims	EOHHS	NA
Initiation/Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment	Percentage of members 13 to 64 years of age who are diagnosed with a new episode of alcohol, opioid, or other drug abuse or dependency who initiate treatment within 14 days of diagnosis and who receive at ≥ 2 additional services within 34 days of the initiation visit	Claims	NCQA	0004
Follow-Up After Hospitalization for Mental Illness (7 days)	Percentage of discharges for enrollees 18 to 64 years of age, hospitalized for treatment of mental illness, where the member received follow-up with a mental health practitioner within 7 days of discharge	Claims	NCQA	0576
Diabetes Screening for Individuals With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication	Percentage of enrollees with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication, and had diabetes screening test	Claims	NCQA	1932

Measure Name	Description	Data Source	Measure Steward	NQF No.
	during the measurement year			
Antidepressant Medication Management	Percentage of members (18-64) treated with antidepressant and had diagnosis of major depression who remained on antidepressant medication treatment	Claims	NCQA	0105
Treatment Plan Completion	TBD	Claims	EOHHS	NA
Member Experience	TBD	Survey	EOHHS	NA

EXHIBIT 8 – LTSS CP Quality Measures

Measure Name	Description	Data Source	Measure Steward	NQF No.
Follow-up with LTSS CP after acute or post-acute stay (x days)	Percentage of discharges from acute or post-acute stays for enrollees 3 to 64 years of age that were succeeded by a follow-up with a LTSS CP within x business days of discharge	Claims	EOHHS	NA
Annual Primary Care Visit	Percentage of enrollees 3 to 64 years of age who had at least one comprehensive well-care visit during the measurement year	Claims	EOHHS	NA
Care Plan Completion	TBD	Claims	EOHHS	NA
Oral Health Evaluation	Percentage of enrollees 3 to 20 years of age who received a comprehensive or periodic oral evaluation within the measurement year	Claims	ADA	NA
All-Cause ED Visits	The rate of ED visits for enrollees 3 to 64 years of age	Admin	EOHHS	NA

Measure Name	Description	Data Source	Measure Steward	NQF No.
Member Experience	TBD	Survey	EOHHS	NA

Section 1.5 Methodology for Establishing Performance Benchmarks for Quality Measures

EOHHS will establish the attainment threshold, goal benchmark, improvement target (and/or any other applicable performance indicator) for each Quality Measure applicable to ACO Quality, ACO Health Equity, and CP Quality scoring methodologies. EOHHS anticipates establishing these performance indicators as follows:

- For Quality Measures based on NCQA HEDIS measures, EOHHS anticipates using NCQA Quality Compass percentiles, as well as MassHealth historical ACO and Community Partners' performance
- For non-HEDIS Quality Measures, EOHHS anticipates using MassHealth historical ACO and Community Partners' performance
- For other Quality Measures where EOHHS does not have access to applicable data, EOHHS anticipates using MassHealth benchmarks based on ACO/CP-attributed populations

Section 1.6 Quality Performance Financial Application

The Contractor's ACO Quality Score and ACO Health Equity Score will be applied to performance incentive payment as described in **Section 4.6**. Community Partner Quality Scores will be applied to incentive payments to CP subcontractors as described in **Section 2.6.E**.

ATTACHMENT 1
MassHealth “ACO Quality and Equity Incentive Program” Performance Year 1 Implementation Plan

Table of Contents

Section 1. Background and Overview of the Accountable Care Organization Quality and Equity Incentive Program (AQEIP)..... 19

 A. Overview..... 19

 B. Scope of this Implementation Plan..... 19

Section 2. AQEIP Domains and Goals..... 20

 A. Overview of Targeted Domains for Improvement in the AQEIP..... 20

 B. Goals for each Domain of the AQEIP..... 20

Section 3. AQEIP Performance Year 1 (CY 2023) Metrics..... 22

Section 4. AQEIP Payment for Performance Year 1..... 26

Section 5. AQEIP Accountability Framework for Performance Year 1 (CY 2023)..... 26

SECTION 1. BACKGROUND AND OVERVIEW OF THE ACCOUNTABLE CARE ORGANIZATION QUALITY AND EQUITY INCENTIVE PROGRAM

A. Overview

Massachusetts shifted the delivery system at scale to value-based care under the previous MassHealth section 1115 demonstration approval period, transitioning over 80 percent of eligible Medicaid members into accountable care organizations (ACOs) that are at risk to deliver better health outcomes, lower cost, and improved member experience through integrated, coordinated care.

A key goal of the Commonwealth's in this demonstration period is to improve quality of care and advance health equity, with a focus on initiatives addressing health-related social needs (HRSN) and health disparities demonstrated by variation in quality performance. To support achievement of this goal, Massachusetts is centering equity alongside quality as a pillar of value-based care and as a priority for the state's health care system.

To that end, MassHealth will implement aligned quality and equity initiatives across delivery system settings including but not limited to MassHealth's Managed Care Organizations (MCOs), Accountable Care Partnership Plans (ACPPs) and Primary Care ACOs (together "ACOs"), managed behavioral health vendor, and acute hospitals.

Together, this constellation of coordinated quality and equity initiatives will support Massachusetts in achieving its demonstration goal to improve quality of care and advance health equity.

B. Scope of this Implementation Plan

This Performance Year 1 Implementation Plan provides additional detail related to implementation of MassHealth's AQEIP for the first PY from April 1, 2023-December 31, 2023, of the Contract (April 1, 2023 – December 31, 2027.) Information pertaining to PYs 2-5, representing Calendar Years 2024-2027, will be forthcoming.

SECTION 2. ACCOUNTABLE CARE ORGANIZATION QUALITY AND EQUITY INCENTIVE PROGRAM (AQEIP) DOMAINS AND GOALS

A. Overview of Targeted Domains for Improvement in the AQEIP

For the AQEIP, the Contractor is incentivized to pursue performance improvements in the domains specified in Table 1.

Table 1. Overview of Targeted Domains for Improvement for the AQEIP

Domain 1: Demographic and Health-Related Social Needs Data	The Contractor will be assessed on the completeness of beneficiary-reported demographic and health-related social needs data submitted in accordance with the commonwealth's data requirements. Demographic and health-related social needs data will include at least the following categories: race, ethnicity, primary language, disability status, sexual orientation, gender identity, and health-related social needs. Data completeness will be assessed separately for each data element.
Domain 2: Equitable Quality and Access	The Contractor will be assessed on performance and demonstrated improvements on access and quality metrics, including associated reductions in disparities. Metrics will focus on overall access; access for individuals with disabilities and/or limited English proficiency; preventive, perinatal, and pediatric care services; care for chronic diseases and behavioral health; and care coordination.
Domain 3: Capacity and Collaboration	The Contractor will be assessed on improvements in metrics such as provider and workforce capacity and collaboration within health system providers (e.g. clinical partners) to improve quality and reduce health care disparities.

B. Goals for each Domain of the AQEIP

Goals for each AQEIP domain are summarized below:

1. Demographic and Health-Related Social Needs Data Collection Domain Goals
 - a. The Contractor is incentivized to achieve certain milestones to meet an interim goal of 80 percent data completeness for self-reported race and ethnicity data for attributed MassHealth members by the end of Performance Year 3 (CY 2025).
 - b. The Contractor is incentivized to achieve certain milestones to achieve at least 80 percent data completeness for beneficiary-reported other demographic data (including at least primary language, disability status, sexual orientation, and gender identity) for attributed MassHealth members by the end of Performance Year 5 (CY 2027).
 - c. The Contractor is incentivized to meaningfully improve rates of HRSN screenings from the baseline period (CY 2024 and/or CY 2025) by the end of Performance

Year 5 (CY 2027). To meet this goal, the Contractor must not only conduct screenings of beneficiaries, but also establish the capacity to track and report on screenings and referrals.

2. Equitable Quality and Access Domain Goals

- a. The Contractor is incentivized for performance on metrics such as those related to access to care (including for individuals with limited English proficiency and/or disability); preventive, perinatal, and pediatric care; care for chronic diseases; behavioral health; care coordination; and/or patient experience.
- b. For up to the first three Performance Years (PY 2023 through PY 2025), the Contractor's performance will be based on:
 - (i) Reporting on access and quality metric performance, including reports stratified by demographic factors (such as race, ethnicity, language, disability, sexual orientation, and gender identity); health related social needs; and/or defined by other individual- or community-level markers or indices of social risk;
 - (ii) Developing and implementing interventions aimed at improving quality and reducing observed disparities on metrics that account for clinical and social risk factors.
- c. For at least the last two Performance Years (PY2026 and PY2027), the Contractor's performance will be based on improving quality and/or closing disparities as measured through performance on a subset of access and quality metrics.

3. Capacity and Collaboration Domain Goals

The Contractor is incentivized to improve service capacity, workforce development, and health system collaboration to improve quality and reduce disparities. The metrics that assess improvement in this domain may relate to provider cultural competence and achievement of externally validated equity standards.

SECTION 3. AQEIP PERFORMANCE YEAR 1 METRICS

To establish a robust foundation for quality and equity improvement and to begin making progress towards five-year health equity goals, the first performance year of the AQEIP holds the Contractor accountable to metrics listed in Table 2 evaluating contributory health system level interventions in each performance domain.

Table 2. AQEIP Performance Year 1 Metrics

Subdomain	Metric (<i>Steward</i>)	Performance Year 1 status*
Domain 1. Demographic and Health-Related Social Needs Data		
Demographic Data Collection	Race, Ethnicity, Language, Disability, Sexual Orientation, & Gender Identity Data Completeness (<i>EOHHS</i>)	Pay for Reporting (P4R)
Health-Related Social Needs Screening	Screening for Social Drivers of Health (<i>CMS</i>): Preparing for Reporting Beginning in PY2	P4R
Domain 2. Equitable Access and Quality		
Equity Reporting	Stratified Reporting of Quality Data (<i>EOHHS</i>)	P4R
Equity Improvement	Performance Improvement Projects (<i>EOHHS</i>)	P4R
Access	Meaningful Access to Healthcare Services for Persons with Limited English Proficiency (<i>Oregon Health Authority</i>)	P4R
	Disability Competencies (<i>EOHHS</i>)	P4R
	Accommodation Needs Met (<i>EOHHS</i>)	P4R
Domain 3. Capacity and Collaboration		
Capacity	Achievement of External Standards for Health Equity (<i>EOHHS</i>)	P4R
	Patient Experience: Cultural Competency (<i>AHRQ</i>)	P4P

*Reporting/performance requirements for each measure described in relevant metric technical specifications

Recognizing that taking on accountability for equity is new for most ACOs, interim and annual goals for Performance Year 1 are designed to promote essential foundational capacity and readiness to assume progressive risk for health quality and equity performance in Performance Year 2-5. Summarized performance expectations are described in Table 3; detailed performance expectations are described in metric technical specifications.

Table 3. Summary of AQEIP Metric Performance Requirements Performance Year 1

Metric	Performance Expectations for Performance Year 1	Anticipated Deadline
Domain 1. Demographic and Health-Related Social Needs Data		
Race, Ethnicity, Language, Disability, Sexual Orientation, & Gender Identity Data Completeness (EOHHS)	• Race, Ethnicity, Language, Disability status (RELD) Sexual Orientation, Gender Identity (SOGI) Assessment – Timely and complete submission to EOHHS of an initial assessment of 1) beneficiary-reported demographic data adequacy and completeness, and 2) a plan for collecting demographic data including data sources and collection questions.	July 31, 2023
	• Complete and timely submission to the MassHealth Data Warehouse (DW) of monthly Member Files as specified (beginning no later than Q4 2023). The DW will reject monthly Member File submissions that are non-compliant with the specified format (e.g. previously compliant formats) after Q4 2023. • Data collected by ACPs will be submitted via the existing encounter submission process, using the enhanced Member File Specification. Data collected by PCACOs will be submitted via a process as further specified by EOHHS.	Beginning no later than Q4 2023
Screening for Social Drivers of Health (CMS): Preparing for Reporting Beginning in PY2	• Health-Related Social Needs (HRSN) Assessment – Timely and complete submission to EOHHS of an initial assessment of 1) beneficiary-reported HRSN data adequacy and completeness, and 2) strategies employed to provide information about referrals including to community resources and support services.	July 31, 2023
	• Complete and timely submission of a report to EOHHS describing: 1) One or more health-related social needs screening tool(s) selected by the Contractor for intended use in screening members beginning in PY2; the selected tool(s) must meet requirements for screening tools for	October 27, 2023

	the “Screening for Social Drivers of Health” metric and Section 2.5 of the ACPP and MCO Contracts and Section 2.3 of the PCACO Contract; and 2) An implementation plan to begin screening for health-related social needs in Q1 2024 in order to have capacity to report on the “Screening for Social Drivers of Health” metric beginning in Performance Year 2. 3) Develop strategies employed to provide information about community resources and support services available to members who screen positive for HRSNs. 4) An implementation plan describing how the Contractor will ensure members enrolled in the Community Partners (CP) program are screened for HRSNs, including how contracted CPs will document screenings, how the CPs will notify the Contractor when the screening is conducted, and how the CP will communicate results of the screening with the Contractor.	
Domain 2. Equitable Access and Quality		
Stratified Reporting of Quality Data (EOHHS)	Complete and timely submission to EOHHS of performance data, including member-level race and ethnicity for clinical measures selected by EOHHS for stratification from the Quality Incentive Arrangement measure slate.	No sooner than April 1, 2024
Performance Improvement Projects (EOHHS)	Complete and timely submission to EOHHS of quarterly deliverables for at least one Hospital-partnered Performance Improvement Project as follows: • Early Q3: ACO Key Personnel/Institutional Resources Document • Early Q3: Equity Improvement Intervention Partnership Form • Q3: Hospital Key Contact Form and the Mid-Year Planning Report • Q4: Equity Improvement Intervention Planning Report, a comprehensive plan that incorporates information about	Early Q3: July 21, 2023 Q3: September 30, 2023 Q4: December 31, 2023

	Performance Improvement Project (PIP) goals and objectives, baseline data, proposed interventions, and tracking measures. The PIP Planning/Baseline Report will serve as the blueprint for PIP Implementation in PY2.	
Meaningful Access to Healthcare Services for Persons with Limited English Proficiency (Oregon Health Authority)	Complete and timely reporting of an organizational self-assessment of capacity related to providing access to high quality language services to members.	December 31, 2023
Disability Competencies (EOHHS)	• Complete and timely submission to EOHHS of the Contractor's Disability-Competent Care (DCC) Team's completed RIC Disability-Competent Care Self-Assessment Tool (DCCAT) report • Disability Competency Self-Assessment – Timely and complete submission to EOHHS of a report on the results of the disability competencies self-assessment, including identified disability competencies targeted for improvement in PY 2.	December 1, 2023
Accommodation Needs Met (EOHHS)	Complete and timely submission to EOHHS of a report describing the Contractor's current practice and future plans for the following: • Screening members for accommodation needs* before or during an outpatient encounter, and how the results of this screening is documented. • Other methods, if any, for documenting accommodation needs. • Asking members to report, during or after an outpatient encounter, if their accommodation needs were met. • Analyses that are performed at the organizational level to understand whether accommodation needs have been met.	December 1, 2023

Domain 3. Capacity and Collaboration		
Achievement of External Standards for Health Equity (EOHHS)	Complete and timely submission to EOHHS of the NCQA Health Equity Accreditation Report.	December 31, 2023
Patient Experience: Cultural Competency (AHRQ)	Performance on a subset of items from CAHPS survey reflective of cultural competency during MY23 as selected by EOHHS.	N/A

SECTION 4. AQEIP PAYMENT FOR PERFORMANCE YEAR 1

EOHHS will pay the Contractor based on the Contractor's health equity score in accordance with **Section 4.6** of the ACPP Contract and **Section 4.2** of the PCACO Contract. EOHHS will make a one-time payment to the Contractor after the health equity score has been finalized.

SECTION 5. AQEIP ACCOUNTABILITY FRAMEWORK FOR PERFORMANCE YEAR 1

EOHHS will hold the Contractor accountable for its performance on the AQEIP performance measures. Total incentive amounts for Performance Year 1 will be distributed according to the weighting described in Table 4. Performance expectations for each metric are summarized in Table 3 above and detailed further in technical specifications.

The Performance Year 1 Health Equity Score will be determined by EOHHS's assessment of completeness and timely submission of deliverables associated with each performance measure. The total Health Equity Score will be calculated according to the weights outlined in Table 4 below, with performance on each metric measured by the degree to which the Contractor met performance requirements summarized in Table 3, as determined by EOHHS.

Table 4. Performance Year 1 AQEIP Metric Weights

Subdomain	ACO Quality and Equity Incentive Program Metric (Steward)	Performance Year 1 Weight (%)
Domain 1. Demographic and Health-Related Social Needs Data		25
Demographic Data Collection	Race, Ethnicity, Language, Disability, Sexual Orientation, & Gender Identity Data Completeness (EOHHS)	15
Health-Related Social Needs Screening	Screening for Social Drivers of Health (CMS)	10
Domain 2. Equitable Access and Quality		50
Equity Reporting	Stratified Reporting of Quality Data (EOHHS)	10

Equity Improvement	Equity Improvement Interventions (<i>EOHHS</i>)	10
Access	Meaningful Access to Healthcare Services for Persons with Limited English Proficiency (<i>Oregon Health Authority</i>)	10
	Disability Competencies (<i>EOHHS</i>)	10
	Accommodation Needs Met (<i>EOHHS</i>)	10
Domain 3. Capacity and Collaboration		25
Capacity	Achievement of External Standards for Health Equity (<i>EOHHS</i>)	10
	Patient Experience: Cultural Competency (<i>AHRQ</i>)	15

ATTACHMENT 2
PERFORMANCE YEARS 2024-2027
IMPLEMENTATION PLAN FOR MASSHEALTH ACCOUNTABLE CARE ORGANIZATION QUALITY AND
EQUITY INCENTIVE PROGRAM

Table of Contents

Section 1. Background and Overview of the Accountable Care Organization Quality and Equity Incentive Program	29
A. Overview of Statewide Approach to Advance Healthcare Quality and Equity	29
B. Scope of this PY2-5 Implementation Plan for the ACO Quality and Equity Incentive Program	29
Section 2. ACO Quality and Equity Incentive Program (AQEIP) Domains and Goals	30
A. Overview of Targeted Domains for Improvement in the AQEIP	30
<i>Table 1. Overview of Targeted Domains for Improvement for the AQEIP</i>	30
B. Goals for each Domain of the AQEIP	30
1. Demographic and Health-Related Social Needs Data Collection Domain Goals ..	30
2. Equitable Quality and Access Domain Goals	31
3. Capacity and Collaboration Domain Goals	31
Section 3. AQEIP Performance Year 2-5 Metrics	32
<i>Table 2. AQEIP PY 2-5 Metrics</i>	32
<i>Table 3. Anticipated Reporting Expectations for PY2</i>	33
Section 4. AQEIP Payment for Performance Years 2-5	32
Section 5. AQEIP Accountability Framework for Performance Year 2-5	34
A. ACO Accountability to MassHealth for the AQEIP	34
<i>Table 4. PY 2-5 AQEIP Metric Weights</i>	36

SECTION 1. BACKGROUND AND OVERVIEW OF THE ACCOUNTABLE CARE ORGANIZATION QUALITY AND EQUITY INCENTIVE PROGRAM

A. Overview of Statewide Approach to Advance Healthcare Quality and Equity

Massachusetts shifted the delivery system at scale to value-based care under the previous MassHealth section 1115 demonstration approval period, transitioning over 80 percent of eligible Medicaid members into accountable care organizations (ACOs) that are at risk to deliver better health outcomes, lower cost, and improved member experience through integrated, coordinated care.

A key goal of the Commonwealth's in this demonstration period is to improve quality of care and advance health equity, with a focus on initiatives addressing health-related social needs (HRSN) and health disparities demonstrated by variation in quality performance. To support achievement of this goal, Massachusetts is centering equity alongside quality as a pillar of value-based care and as a priority for the state's health care system.

To that end, MassHealth will implement aligned quality and equity initiatives across delivery system settings including but not limited to MassHealth's Managed Care Organizations (MCOs), Accountable Care Partnership Plans (ACPPs) and Primary Care ACOs (together "ACOs"), managed behavioral health vendor, and acute hospitals.

Together, this constellation of coordinated quality and equity initiatives will support Massachusetts in achieving its demonstration goal to improve quality of care and advance health equity.

B. Scope of this PY2-5 Implementation Plan for the ACO Quality and Equity Incentive Program

This ACO Quality and Equity Incentive Program (AQEIP) Implementation Plan provides additional detail related to implementation of MassHealth's AQEIP for Performance Years (PYs) 2-5 from January 1, 2024 – December 31, 2027, of the Contract (April 1, 2023 – December 31, 2027.) Additional detail may be forthcoming for future program years.

SECTION 2. ACO QUALITY AND EQUITY INCENTIVE PROGRAM (AQEIP) DOMAINS AND GOALS

A. Overview of Targeted Domains for Improvement in the AQEIP

For the AQEIP, the Contractor is incentivized to pursue performance improvements in the domains specified in Table 1.

Table 1. Overview of Targeted Domains for Improvement for the AQEIP

Domain 1: Demographic and Health-Related Social Needs Data	The Contractor will be assessed on the completeness of beneficiary-reported demographic and health-related social needs data submitted in accordance with the Commonwealth's data requirements. Demographic and health-related social needs data will include at least the following categories: race, ethnicity, language, disability status, sexual orientation, gender identity, and health-related social needs. Data completeness will be assessed separately for each data element.
Domain 2: Equitable Quality and Access	The Contractor will be assessed on performance and demonstrated improvements on access and quality metrics, including associated reductions in disparities. Metrics will focus on overall access; access for individuals with disabilities and/or a preferred language other than English; preventive, perinatal, and pediatric care services; care for chronic diseases and behavioral health; and care coordination.
Domain 3: Capacity and Collaboration	The Contractor will be assessed on improvements in metrics such as provider and workforce capacity and collaboration within health system providers (e.g. clinical partners) to improve quality and reduce health care disparities.

B. Goals for each Domain of the AQEIP

Goals for each AQEIP domain are summarized below:

1. Demographic and Health-Related Social Needs Data Collection Domain Goals
 - a. The Contractor shall submit to MassHealth an assessment of beneficiary-reported demographic and HRSN data adequacy and completeness for purposes of the AQEIP by July 1, 2023.
 - b. The Contractor is incentivized to achieve certain milestones to meet an interim goal of 80 percent data completeness for self-reported race and ethnicity data for attributed MassHealth members by the end of Performance Year 3 (CY 2025).
 - c. The Contractor is incentivized to achieve certain milestones to achieve at least 80 percent data completeness for beneficiary-reported other demographic data (including at least language, disability status, sexual orientation, and gender identity) for attributed MassHealth members by the end of Performance Year 5 (CY 2027).

- d. The Contractor is incentivized to meaningfully improve rates of HRSN screenings from the baseline period by the end of Performance Year 5 (CY 2027). To meet this goal, the Contractor must not only conduct screenings of beneficiaries, but also establish the capacity to track and report on screenings and referrals.

2. Equitable Quality and Access Domain Goals

- a. The Contractor is incentivized for performance on metrics such as those related to access to care (including for individuals with a preferred language other than English and/or disability); preventive, perinatal, and pediatric care; care for chronic diseases; behavioral health; care coordination; and/or patient experience.
- b. Metric performance expectations shall include, at a minimum:
 - (i) Reporting on access and quality metric performance, including stratified by demographic factors (such as race, ethnicity, language, disability, sexual orientation, and gender identity); health-related social needs; and/or defined by other individual- or community-level markers or indices of social risk;
 - (ii) Developing and implementing interventions aimed at improving quality and reducing observed disparities on metrics that account for clinical and social risk factors found through analysis to be associated with lower performance on such metrics and/or other appropriate individual/community-level markers or indices of social vulnerability;
 - (iii) Improving quality and/or closing disparities as measured through performance on a subset of access and quality metrics.
- c. For up to the first three PYs, performance will be based on expectations described in 2(b)(i) and 2(b)(ii), above. For at least the last two PYs, performance will also be based on expectations described in 2(b)(iii), above.

3. Capacity and Collaboration Domain Goals

- a. The Contractor is incentivized to improve service capacity, workforce development, and health system collaboration to improve quality and reduce disparities. The metrics that assess improvement in this domain may relate to provider cultural competence and achievement of externally validated equity standards.

SECTION 3. AQEIP PERFORMANCE YEAR 2-5 METRICS

Performance years 2-5 of the AQEIP will hold the Contractor accountable to metrics evaluating performance in each AQEIP domain. These metrics were developed with input from health systems and providers through requests for information and comment, public meetings, and ongoing stakeholder engagement. Technical specifications for the AQEIP PY2-5 metrics, which may be updated annually or more frequently as necessary. A summary of the AQEIP metrics and anticipated payment status in PY2-5 are provided in Table 2.

Table 2. AQEIP PY 2-5 Metrics

Subdomain	Metric (<i>Steward</i>)	Anticipated payment status*			
		2024	2025	2026	2027
Domain 1. Demographic and Health-Related Social Needs Data					
Demographic Data Collection	Race, Ethnicity, Language, Disability, Sexual Orientation, & Gender Identity Data Completeness (<i>EOHHS</i>)	P4R	P4P	P4P	P4P
Health-Related Social Needs Screening	Health-Related Social Needs Screening (<i>EOHHS</i>)	P4R	P4P	P4P	P4P
Domain 2. Equitable Access and Quality					
Equity Reporting	Quality Performance Disparities Reduction (<i>EOHHS</i>)	P4R	P4R	P4P	P4P
Equity Improvement	Equity Improvement Interventions (<i>EOHHS</i>)	P4P	P4P	P4P	P4P
Access	Meaningful Access to Healthcare Services for Persons with a Preferred Language other than English (<i>EOHHS</i>)	P4R	P4P	P4P	P4P
	Disability Competent Care (<i>EOHHS</i>)	P4P	P4P	P4P	P4P
	Disability Accommodation Needs Screening (<i>EOHHS</i>)	P4R	P4P	P4P	P4P
Domain 3. Capacity and Collaboration					
Capacity	Achievement of External Standards for Health Equity (<i>EOHHS</i>)	P4R	P4P	P4R	P4R
	Member Experience: Communication, Courtesy, and Respect (<i>EOHHS/AHRQ</i>)	P4R	P4P	P4P	P4P

*P4R= Pay for Reporting, P4P= Pay for Performance. Specific performance trajectories are subject to change. Reporting/performance requirements for each measure described in forthcoming metric technical specifications.

The anticipated reporting expectations for PY2 are summarized in Table 3; detailed reporting and performance expectations for PY2 are included in metric technical specifications. Each report outlined in Table 3 shall be submitted by the Contractor in a form, format, and frequency to be further specified by EOHHS. Additional and/or revised reporting expectations for PY3-5 will be provided prior to the start of each performance year.

Table 3. Reporting Expectations for PY2

Measure Name	Reporting Expectations for PY2 (to be further specified by EOHHS)
<i>Domain 1: Demographic & HRSN Data</i>	
RELD SOGI Data Completeness	1. Submission of “Member Data and Member Enrollment” file 2. Submission of RELD SOGI Mapping Report inclusive of a plan to develop capacity to capture date stamps by PY5
Health-Related Social Needs Screening	1. Submission of administrative and/or supplemental HRSN data
<i>Domain 2: Equitable Access & Quality</i>	
Quality Performance Disparities Reduction	1. Submission of quality data stratified by race and ethnicity
Equity Improvement Interventions	1. Submission of PIP 2 Mid-Year Planning Report 2. Submission of PIP 1 and PIP 2 implementation reports
Meaningful Access to Healthcare Services for Persons with a Preferred Language other than English	1. Submission of Language Access Self-Assessment Survey 2. Submission of Provision of Interpreter Services Data
Disability Competent Care	1. Submission of Disability Competency Training Plan 2. Submission of Disability Competency Training Report
Disability Accommodation Needs Screening	1. Submission of Disability Accommodation Needs Assessment Report
<i>Domain 3: Capacity & Collaboration</i>	
Achievement of External Standards for Health Equity	1. Submission of External Standards for Health Equity Report
Member Experience: Communication, Courtesy, and Respect	1. Submission of Member Experience Assessment Report

Section 4. AQEIP Payment for Performance Years 2-5

MassHealth will pay each Contractor based on the Contractor's health equity score in accordance with **Section 4.6** of the ACPP Contract and **Section 4.2** of the PCACO Contract. EOHHS will make a one-time payment to the Contractor after the health equity score has been finalized.

Section 5. AQEIP Accountability Framework for Performance Year 2-5

A. ACO Accountability to MassHealth for the AQEIP

MassHealth will hold the Contractor accountable for its performance on the AQEIP performance measures. MassHealth's anticipated framework for the AQEIP PAM, which may be adjusted annually as needed (for example to transition measures from pay-for-reporting to pay-for-performance, accommodate new contextual inputs, address extenuating circumstances impacting performance, etc.), is described below. Measure-specific PAM, including benchmarks, improvement targets and measure score calculation approach, will be described in each forthcoming measure specification.

1. **Benchmarking:** MassHealth will establish performance targets or benchmarks no later than the start of the first pay-for-performance period for the metric.
 - a. Benchmarks for quantitative measures will include an attainment threshold and goal benchmark and will be set to apply to the full applicable performance period.
 - b. Establishment of benchmarks will be informed by inputs such as initial AQEIP performance data, historical data/performance, external data/trends, and/or predetermined performance targets determined by MassHealth.
2. **Improvement Targets:** MassHealth will establish performance improvement targets for performance metrics, as applicable, no later than the start of the first pay-for-performance period for the metric.
 - a. Specific improvement targets and the approach for each measure will be set to apply to the full applicable performance period.
 - b. The approach and actual improvement target may differ by measure based on factors such as performance trends or type of measure; approaches may include year-over-year self-improvement, gap-to-goal percentage point increase, absolute percentage point increases, set milestones and/or goals for improvement.
3. **Performance Measure Score Calculation:** The performance measure scoring approach will be consistent, as applicable, with other MassHealth incentive programs or other incentive program practices. MassHealth will establish a methodology for performance measure scoring for each measure, to be specified in technical specifications, no later than the first day of the performance period to which the methodology applies.

- a. **Pay-for reporting (P4R) measures.** P4R measures will be assessed on a pass/fail basis for which the Contractor will receive full points or credit for the metric if reporting is completed according to each measure's technical specifications.
- b. **Pay-for-performance (P4P) measures.** The performance measure scoring and approach will be consistent, as applicable, with other MassHealth incentive programs or other incentive program practices, described below.

- (i) Measure scoring will include the following components for each measure:
 - 1. Attainment points ranging from 0-10 points
 - 2. Improvement points ranging from 0-10 points
 - 3. Potential bonus points (with a cap) to ensure all participating ACOs have incentive to improve, including high-performing ACOs
- (ii) Performance measure scores for each measure will be defined as a ratio between 0-1. Scores will be calculated by the sum of the points earned for each measure divided by the maximum number of points allowable for the measure. The maximum number of points allowable for the measure is the sum of the attainment, improvement and potential bonus points with a determined cap. The score will be calculated as follows:

Performance Measure Score = Points earned for each measure / Maximum number of points allowable for the measure.

- (iii) Some performance measures may have identified sub-measures for which sub-measure performance scores will be calculated in the same manner, but then typically equally weighted to calculate a composite performance measure score. For sub-measures the score is calculated as follows:

Performance Measure Score = Sum of each (Sub-measure Score X Sub-measure Weighting).

- 4. **Domain Score Calculation:** The domain scoring and approach will, as applicable, be consistent with other MassHealth incentive programs or other incentive program practices. Domain scoring includes the following components:

- a. Using the predetermined weights specified in Table 3, a domain score will be calculated by taking each performance measure score in the domain and calculating the sum of each performance measure score multiplied by its respective performance measure weight:

Domain Score = Sum of each (Performance Measure Score Performance Measure Weight).*

- b. If the Contractor is not eligible for a measure (e.g., does not meet the denominator criteria or minimum volume), the weighting will be redistributed equally to the eligible performance measures in the domain.

5. **Health Equity Score Calculation:** The overall Health Equity Scoring approach will, as applicable, be consistent with other MassHealth incentive programs or other incentive program practices. The overall Health Equity Score includes the following components. Using the predetermined weights specified in Table 3, a health equity score will be calculated by taking each domain score and calculating the sum of each domain score multiplied by its respective domain weight:

*Health Equity Score = Sum of each (Domain Score * Domain Weight).*

The final Health Equity Score will be used to calculate the Contractor's earned incentive payment.

Table 4. PY 2-5 AQEIP Metric Weights

Domain*	Measure Name	Anticipated Measure Weight (%) by Performance Year				Domain Weight (%)
		2024	2025	2026	2027	
DHRSN	Race, Ethnicity, Language, Disability, Sexual Orientation, & Gender Identity Data Completeness	10	10	15	15	25
	Health-Related Social Needs (HRSN) Screening	15	15	10	10	
EAQ	Quality Performance Disparities Reduction	10	10	20	20	50
	Equity Improvement Interventions	10	10	5	5	
	Meaningful Access to Healthcare Services for Persons with a Preferred Language other than English	10	10	10	10	
	Disability Competent Care	10	10	5	5	
	Disability Accommodation Needs Screening	10	10	10	10	
CC	Achievement of External Standards for Health Equity	15	15	10	10	25
	Member Experience: Communication, Courtesy, and Respect	10	10	15	15	
TOTAL						100

*DHRSN=Demographic and Health-Related Social Needs Data; EAQ=Equitable Access and Quality; CC=Capacity and Collaboration