

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) 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 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 published forms at CTR Forms: <https://www.mass.gov/lists/osd-forms>. Forms are also posted at OSD Forms: <https://www.mass.gov/lists/osd-forms>.

CONTRACTOR LEGAL NAME: Tufts Health Public Plans, Inc. (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Health and Human Services MMARS Department Code: EHS	
Legal Address: (W-9, W-4): 705 Mount Auburn St., Watertown, MA, 02472		Business Mailing Address: One Ashburton Place, 11th Fl., Boston, MA 02108	
Contract Manager: Ashley Hague	Phone: 617-972-9400 x87089	Billing Address (if different):	
E-Mail: Ashley_Hague@tufts-health.com	Fax:	Contract Manager: Aditya Mahalingam-Dhingra	Phone: 617-573-1812
Contractor Vendor Code: VC0000577707		E-Mail: Aditya.Mahalingam-Dhingra@mass.gov	
Vendor Code Address ID (e.g., "AD001"): AD002 (Note: The Address ID must be set up for EFT payments.)		MMARS Doc ID(s): N/A	
<input type="checkbox"/> NEW CONTRACT		<input checked="" type="checkbox"/> CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only) <input type="checkbox"/> Statewide Contract (OSD or an OSD-designated Department) <input type="checkbox"/> Collective Purchase (Attach OSD approval, scope, budget) <input type="checkbox"/> Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) <input type="checkbox"/> Emergency Contract (Attach justification for emergency, scope, budget) <input type="checkbox"/> Contract Employee (Attach Employment Status Form, scope, budget) <input type="checkbox"/> Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		Enter Current Contract End Date Prior to Amendment: December 31, 2022 Enter Amendment Amount: \$ no change , (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) <input checked="" type="checkbox"/> Amendment to Date, Scope or Budget (Attach updated scope and budget) <input type="checkbox"/> Interim Contract (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> Contract Employee (Attach any updates to scope or budget) <input type="checkbox"/> Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): <input checked="" type="checkbox"/> Commonwealth Terms and Conditions <input type="checkbox"/> Commonwealth Terms and Conditions For Human and Social Services <input type="checkbox"/> 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 . <input checked="" type="checkbox"/> 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.) <input type="checkbox"/> Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$ _____			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days _____ % PPD; Payment issued within 15 days _____ % PPD; Payment issued within 20 days _____ % PPD; Payment issued within 30 days _____ % PPD. If PPD percentages are left blank, identify reason: <input checked="" type="checkbox"/> agree to standard 45 day cycle <input type="checkbox"/> statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); <input type="checkbox"/> only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
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.) This Amendment 1 to the Fourth Amended and Restated ACP Contract with Boston Children's Health Accountable Care Organization in partnership with Tufts Health Public Plans updates payment and other provisions in the Contract effective January 1, 2022.			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <input type="checkbox"/> 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. <input checked="" type="checkbox"/> 2. may be incurred as of January 1, 2022 , a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. <input type="checkbox"/> 3. were incurred as of _____, 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, 2022 , 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: X: _____ Date: 12-15-21 (Signature and Date Must Be Captured At Time of Signature) Print Name: Jean Yang Print Title: President, THPP		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: _____ Date: _____ (Signature and Date Must Be Captured At Time of Signature) Print Name: Amanda Cassel Kraft Print Title: Assistant Secretary for MassHealth	

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CONTRACTOR LEGAL NAME: Tufts Health Public Plans, Inc. (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Health and Human Services MMARS Department Code: EHS	
Legal Address: (W-9, W-4): 705 Mount Auburn St., Watertown, MA, 02472		Business Mailing Address: One Ashburton Place, 11th Fl., Boston, MA 02108	
Contract Manager: Ashley Hague	Phone: 617-972-9400 x87089	Billing Address (if different):	
E-Mail: Ashley_Hague@tufts-health.com	Fax:	Contract Manager: Aditya Mahalingam-Dhingra	Phone: 617-573-1812
Contractor Vendor Code: VC0000577707		E-Mail: Aditya.Mahalingam-Dhingra@mass.gov	Fax:
Vendor Code Address ID (e.g., "AD001"): AD002 (Note: The Address ID must be set up for EFT payments.)		MMARS Doc ID(s): N/A	
RFR/Procurement or Other ID Number: BD-17-1039-EHS01-EHS01-00000009207			
<input type="checkbox"/> NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) <input type="checkbox"/> Statewide Contract (OSD or an OSD-designated Department) <input type="checkbox"/> Collective Purchase (Attach OSD approval, scope, budget) <input type="checkbox"/> Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) <input type="checkbox"/> Emergency Contract (Attach justification for emergency, scope, budget) <input type="checkbox"/> Contract Employee (Attach Employment Status Form, scope, budget) <input type="checkbox"/> Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		<input checked="" type="checkbox"/> CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment: <u>December 31, 2022</u> . Enter Amendment Amount: \$ <u>no change</u> . (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) <input checked="" type="checkbox"/> Amendment to Date, Scope or Budget (Attach updated scope and budget) <input type="checkbox"/> Interim Contract (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> Contract Employee (Attach any updates to scope or budget) <input type="checkbox"/> Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
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CONTRACT END DATE: Contract performance shall terminate as of <u>December 31, 2022</u> , 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: X: _____ Date: _____ (Signature and Date Must Be Captured At Time of Signature) Print Name: _____ Print Title: _____		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: Date: <u>12/22/21</u> (Signature and Date Must Be Captured At Time of Signature) Print Name: <u>Amanda Cassel Kraft</u> Print Title: <u>Assistant Secretary for MassHealth</u>	

AMENDMENT #1
TO THE
FOURTH 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 X** (“Contractor”) entered into the Contract effective August 25, 2017, and with an Operational Start Date of March 1, 2018, to improve the MassHealth Member experience of care, health of the population, and efficiency of the MassHealth program by substantially shifting towards accountable and integrated models of care and to provide comprehensive health care coverage to MassHealth Members; and

WHEREAS, EOHHS and the Contractor last amended and restated the Contract effective January 1, 2022, (the Fourth Amended and Restated Accountable Care Partnership Plan Contract);

WHEREAS, in accordance with **Section 6.8** of the Contract, EOHHS and the Contractor desire to amend the Contract effective January 1, 2022; 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 2, Contractor Responsibilities**, is hereby amended by adding a new **Section 2.6.A.16** as follows:

- “16. The Contractor shall make best efforts to maximize vaccinations of their Enrollees ages 5-17 in accordance with the Department of Public Health guidelines. For Contract Year 2022, the Contractor shall receive a COVID-19 Vaccination Incentive Payment as set forth in **Section 4.3.J**, if by April 15, 2022, either:
 - a. The Contractor has a minimum of eighty percent (80%) of Enrollees ages 5-17 residing in certain Massachusetts cities and towns, as further specified by EOHHS, who are fully vaccinated against COVID-19; or

- b. Both:
 - 1) The Contractor has a minimum of fifty percent (50%) of Enrollees ages 5-17 residing in such cities and towns who are fully vaccinated against COVID-19; and
 - 2) The Contractor has one of the top four highest percentages of Enrollees fully vaccinated among all MassHealth Accountable Care Partnership Plans (“ACPP”), Managed Care Organizations (“MCO”), and Primary Care Accountable Care Organizations (“PCACO”).
 - c. For purposes of this section, an Enrollee ages 5-17 shall be considered an Enrollee who is in the Contractor’s plan as of March 15, 2022. An Enrollee who turns age 18 between January 1, 2022 and March 15, 2022 shall still be considered age 17.
 - d. For purposes of this section, an Enrollee is considered fully vaccinated if the Enrollee has received all recommended doses of the COVID-19 vaccine regimen for the vaccine administered.”
- 2. **Section 2, Contractor Responsibilities**, is hereby amended by deleting **Section 2.7.D.7.b.3** in its entirety.
- 3. **Section 4, Payment and Financial Provisions**, is hereby amended by deleting **Section 4.3.C.** in its entirety and replacing it with the following **Section 4.3.C**:
 - “C. [Reserved]”
- 4. **Section 4, Payment and Financial Provisions**, is hereby amended by adding a new **Section 4.3.J** as follows:
 - “J. COVID-19 Vaccination Incentive Payment for Enrollees Ages 5-17
 - 1. For Contract Year 2022, if the Contractor achieves the vaccination target set forth in **Section 2.6.A.16**, EOHHS shall pay the Contractor a vaccination incentive payment of \$500,000.
 - 2. The COVID-19 Vaccination Incentive Payment shall be consistent with **Section 4.6.A.**
 - 3. The COVID-19 Vaccination Incentive Payment shall not be included in the risk sharing arrangement calculations set forth in **Section 4.5.**”
- 5. **Section 4, Payment and Financial Provisions**, is hereby amended by deleting the following in **Section 4.5.C**:

- a. In the first paragraph of **Section 4.5.C**, “and Supplemental Specialized Inpatient Psychiatric Services Payment set forth in **Section 4.3.C**”;
 - b. In **Section 4.5.C.2**, “, plus any Supplemental Specialized Inpatient Psychiatric Services Payment and benchmark adjustment, as applicable, for each plan,”; and
 - c. In **Section 4.5.C.3**, “including those services related to the Supplemental Specialized Inpatient Psychiatric Services Payment and benchmark adjustment, as applicable,”.
- 6. **Section 4, Payment and Financial Provisions**, is hereby amended deleting the first sentence in **Section 4.5.D** and inserting a new first sentence to **Section 4.5.D** as follows:

“For all Regions and Rating Categories, the Contractor and EOHHS shall share risk for the Non-High-Cost Drug /Non-HCV Medical (“Core Medical”) Component of the Base Capitation Rate and any Market Corridor adjustment as described in **Section 4.5.C** in accordance with the following provisions.”
- 7. **Section 4, Payment and Financial Provisions**, is hereby amended by deleting in **Section 4.5.D** the following:
 - a. In **Section 4.5.D.2**, “and plus any Supplemental Specialized Inpatient Psychiatric Services Payment”; and
 - b. In **Section 4.5.D.3**, “including those services related to the any Supplemental Specialized Inpatient Psychiatric Services Payment and benchmark adjustment, as applicable,”.
- 8. **Appendix D, Payment**, is hereby deleted in its entirety and replaced with a new **Appendix D** attached hereto.
- 9. **Appendix T, Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule**, is hereby deleted in its entirety and replaced with a new **Appendix T** attached hereto.

**APPENDIX D
PAYMENT**

**EXHIBIT 1
BASE CAPITATION RATES AND ADD-ONS
Contract Year 5**

Listed below are the Per Member Per Month (PMPM) Base Capitation Rates for Contract Year 5 (January 1, 2022 through December 31, 2022) (also referred to as Rate Year 2022 or RY22), subject to state appropriation and all necessary federal approvals;

Base Capitation Rates do not include EOHHS adjustments described in **Sections 4.2.C** and **4.2.E.** of the Contract.

In addition to the Base Capitation Rates tables below, additional tables include the add-ons for the Contract Year for CBHI Services as described in **Section 4.5.D**, for ABA Services as described in **Section 4.5.E**, and for SUD Risk Sharing Services as described in **Section 4.5.I**. The add-ons for CBHI Services, ABA Services and SUD Risk Sharing Services are the same for all Regions and will be added to the Risk Adjusted Capitation Rates as defined in **Section 4.2.E**.

<u>ACO Base Capitation Rates / RC I Adult</u>					
<u>Effective January 1, 2022 – June 30, 2022</u>					
<u>REGION</u>	<u>NON-HIGH COST DRUG / NON-HCV MEDICAL COMPONENT</u>	<u>HCV COMPONENT</u>	<u>NON-HCV HIGH COST DRUG COMPONENT</u>	<u>ADMINISTRATIVE COMPONENT</u>	<u>TOTAL BASE CAPITATION RATE</u>
	<u>(per member per month)</u>	<u>(per member per month)</u>	<u>(per member per month)</u>	<u>(per member per month)</u>	<u>(per member per month)</u>
Northern	\$537.04	\$3.26	\$2.03	\$38.75	\$581.08
Greater Boston	\$549.24	\$2.93	\$2.06	\$35.80	\$590.03
Southern	\$582.81	\$4.75	\$4.14	\$36.79	\$628.49
Central	\$493.94	\$3.13	\$3.40	\$34.31	\$534.78
Western	\$481.09	\$2.79	\$1.13	\$33.77	\$518.78

<u>ACO Base Capitation Rates / RC I Child</u>					
<u>Effective January 1, 2022 – June 30, 2022</u>					
<u>REGION</u>	<u>NON-HIGH COST DRUG / NON-HCV MEDICAL COMPONENT</u> <u>(per member per month)</u>	<u>HCV COMPONENT</u> <u>(per member per month)</u>	<u>NON-HCV HIGH COST DRUG COMPONENT</u> <u>(per member per month)</u>	<u>ADMINISTRATIVE COMPONENT</u> <u>(per member per month)</u>	<u>TOTAL BASE CAPITATION RATE</u> <u>(per member per month)</u>
Northern	\$209.81	\$0.02	\$4.95	\$32.67	\$247.45
Greater Boston	\$207.70	\$0.02	\$6.66	\$30.78	\$245.16
Southern	\$204.35	\$0.03	\$4.07	\$29.60	\$238.05
Central	\$199.82	\$0.02	\$6.85	\$29.04	\$235.73
Western	\$197.22	\$0.02	\$1.94	\$28.92	\$228.10

<u>ACO Base Capitation Rates / RC II Adult</u>					
<u>Effective January 1, 2022 – June 30, 2022</u>					
<u>REGION</u>	<u>NON-HIGH COST DRUG / NON-HCV MEDICAL COMPONENT</u> <u>(per member per month)</u>	<u>HCV COMPONENT</u> <u>(per member per month)</u>	<u>NON-HCV HIGH COST DRUG COMPONENT</u> <u>(per member per month)</u>	<u>ADMINISTRATIVE COMPONENT</u> <u>(per member per month)</u>	<u>TOTAL BASE CAPITATION RATE</u> <u>(per member per month)</u>
Northern	\$1,893.06	\$15.07	\$27.23	\$101.44	\$2,036.80
Greater Boston	\$2,026.44	\$17.94	\$27.02	\$95.81	\$2,167.21
Southern	\$2,065.65	\$19.67	\$17.24	\$93.61	\$2,196.17
Central	\$1,846.74	\$13.96	\$24.70	\$87.23	\$1,972.63
Western	\$1,619.34	\$11.78	\$19.64	\$77.46	\$1,728.22

<u>ACO Base Capitation Rates / RC II Child</u>					
<u>Effective January 1, 2022 – June 30, 2022</u>					
<u>REGION</u>	<u>NON-HIGH COST DRUG / NON-HCV MEDICAL COMPONENT</u> <u>(per member per month)</u>	<u>HCV COMPONENT</u> <u>(per member per month)</u>	<u>NON-HCV HIGH COST DRUG COMPONENT</u> <u>(per member per month)</u>	<u>ADMINISTRATIVE COMPONENT</u> <u>(per member per month)</u>	<u>TOTAL BASE CAPITATION RATE</u> <u>(per member per month)</u>
Northern	\$1,005.25	\$0.13	\$105.65	\$83.79	\$1,194.82
Greater Boston	\$1,029.83	\$0.18	\$190.24	\$83.87	\$1,304.12
Southern	\$931.40	\$0.18	\$38.91	\$71.99	\$1,042.48
Central	\$982.18	\$0.11	\$111.24	\$74.26	\$1,167.79
Western	\$708.87	\$0.08	\$37.78	\$57.13	\$803.86

<u>ACO Base Capitation Rates / RC IX</u>					
<u>Effective January 1, 2022 – June 30, 2022</u>					
<u>REGION</u>	<u>NON-HIGH COST DRUG / NON-HCV MEDICAL COMPONENT</u> <u>(per member per month)</u>	<u>HCV COMPONENT</u> <u>(per member per month)</u>	<u>NON-HCV HIGH COST DRUG COMPONENT</u> <u>(per member per month)</u>	<u>ADMINISTRATIVE COMPONENT</u> <u>(per member per month)</u>	<u>TOTAL BASE CAPITATION RATE</u> <u>(per member per month)</u>
Northern	\$638.68	\$7.91	\$6.50	\$44.21	\$697.30
Greater Boston	\$617.69	\$7.89	\$8.41	\$39.54	\$673.53
Southern	\$700.69	\$10.97	\$8.51	\$42.69	\$762.86
Central	\$637.57	\$7.52	\$11.13	\$40.00	\$696.22
Western	\$579.47	\$7.64	\$2.24	\$38.13	\$627.48

<u>ACO Base Capitation Rates / RC X</u>					
<u>Effective January 1, 2022 – June 30, 2022</u>					
<u>REGION</u>	<u>NON-HIGH COST DRUG / NON-HCV MEDICAL COMPONENT</u> <u>(per member per month)</u>	<u>HCV COMPONENT</u> <u>(per member per month)</u>	<u>NON-HCV HIGH COST DRUG COMPONENT</u> <u>(per member per month)</u>	<u>ADMINISTRATIVE COMPONENT</u> <u>(per member per month)</u>	<u>TOTAL BASE CAPITATION RATE</u> <u>(per member per month)</u>
Northern	\$1,943.11	\$32.27	\$4.36	\$105.42	\$2,085.16
Greater Boston	\$1,847.01	\$40.39	\$44.52	\$90.31	\$2,022.23
Southern	\$1,927.44	\$61.17	\$2.70	\$89.36	\$2,080.67
Central	\$1,848.80	\$45.89	\$1.67	\$90.29	\$1,986.65
Western	\$1,642.55	\$35.19	\$3.62	\$81.07	\$1,762.43

<u>ACO Base Capitation Rates / RC I Adult</u>					
<u>Effective July 1, 2022 – December 31, 2022</u>					
<u>REGION</u>	<u>NON-HIGH COST DRUG / NON-HCV MEDICAL COMPONENT</u> <u>(per member per month)</u>	<u>HCV COMPONENT</u> <u>(per member per month)</u>	<u>NON-HCV HIGH COST DRUG COMPONENT</u> <u>(per member per month)</u>	<u>ADMINISTRATIVE COMPONENT</u> <u>(per member per month)</u>	<u>TOTAL BASE CAPITATION RATE</u> <u>(per member per month)</u>
Northern	\$530.93	\$3.26	\$2.03	\$38.75	\$574.97
Greater Boston	\$544.29	\$2.93	\$2.06	\$35.80	\$585.08
Southern	\$575.82	\$4.75	\$4.14	\$36.79	\$621.50
Central	\$488.42	\$3.13	\$3.40	\$34.31	\$529.26
Western	\$475.09	\$2.79	\$1.13	\$33.77	\$512.78

<u>ACO Base Capitation Rates / RC I Child</u>					
<u>Effective July 1, 2022 – December 31, 2022</u>					
<u>REGION</u>	<u>NON-HIGH COST DRUG / NON-HCV MEDICAL COMPONENT</u> <u>(per member per month)</u>	<u>HCV COMPONENT</u> <u>(per member per month)</u>	<u>NON-HCV HIGH COST DRUG COMPONENT</u> <u>(per member per month)</u>	<u>ADMINISTRATIVE COMPONENT</u> <u>(per member per month)</u>	<u>TOTAL BASE CAPITATION RATE</u> <u>(per member per month)</u>
Northern	\$205.72	\$0.02	\$4.95	\$32.67	\$243.36
Greater Boston	\$204.67	\$0.02	\$6.66	\$30.78	\$242.13
Southern	\$200.50	\$0.03	\$4.07	\$29.60	\$234.20
Central	\$196.31	\$0.02	\$6.85	\$29.04	\$232.22
Western	\$193.29	\$0.02	\$1.94	\$28.92	\$224.17

<u>ACO Base Capitation Rates / RC II Adult</u>					
<u>Effective July 1, 2022 – December 31, 2022</u>					
<u>REGION</u>	<u>NON-HIGH COST DRUG / NON-HCV MEDICAL COMPONENT</u> <u>(per member per month)</u>	<u>HCV COMPONENT</u> <u>(per member per month)</u>	<u>NON-HCV HIGH COST DRUG COMPONENT</u> <u>(per member per month)</u>	<u>ADMINISTRATIVE COMPONENT</u> <u>(per member per month)</u>	<u>TOTAL BASE CAPITATION RATE</u> <u>(per member per month)</u>
Northern	\$1,864.03	\$15.07	\$27.23	\$101.44	\$2,007.77
Greater Boston	\$2,001.50	\$17.94	\$27.02	\$95.81	\$2,142.27
Southern	\$2,038.15	\$19.67	\$17.24	\$93.61	\$2,168.67
Central	\$1,821.70	\$13.96	\$24.70	\$87.23	\$1,947.59
Western	\$1,596.64	\$11.78	\$19.64	\$77.46	\$1,705.52

<u>ACO Base Capitation Rates / RC II Child</u>					
<u>Effective July 1, 2022 – December 31, 2022</u>					
<u>REGION</u>	<u>NON-HIGH COST DRUG / NON-HCV MEDICAL COMPONENT</u> <u>(per member per month)</u>	<u>HCV COMPONENT</u> <u>(per member per month)</u>	<u>NON-HCV HIGH COST DRUG COMPONENT</u> <u>(per member per month)</u>	<u>ADMINISTRATIVE COMPONENT</u> <u>(per member per month)</u>	<u>TOTAL BASE CAPITATION RATE</u> <u>(per member per month)</u>
Northern	\$987.91	\$0.13	\$105.65	\$83.79	\$1,177.48
Greater Boston	\$1,015.39	\$0.18	\$190.24	\$83.87	\$1,289.68
Southern	\$915.65	\$0.18	\$38.91	\$71.99	\$1,026.73
Central	\$966.86	\$0.11	\$111.24	\$74.26	\$1,152.47
Western	\$695.94	\$0.08	\$37.78	\$57.13	\$790.93

<u>ACO Base Capitation Rates / RC IX</u>					
<u>Effective July 1, 2022 – December 31, 2022</u>					
<u>REGION</u>	<u>NON-HIGH COST DRUG / NON-HCV MEDICAL COMPONENT</u> <u>(per member per month)</u>	<u>HCV COMPONENT</u> <u>(per member per month)</u>	<u>NON-HCV HIGH COST DRUG COMPONENT</u> <u>(per member per month)</u>	<u>ADMINISTRATIVE COMPONENT</u> <u>(per member per month)</u>	<u>TOTAL BASE CAPITATION RATE</u> <u>(per member per month)</u>
Northern	\$629.52	\$7.91	\$6.50	\$44.21	\$688.14
Greater Boston	\$608.38	\$7.89	\$8.41	\$39.54	\$664.22
Southern	\$689.82	\$10.97	\$8.51	\$42.69	\$751.99
Central	\$627.93	\$7.52	\$11.13	\$40.00	\$686.58
Western	\$569.06	\$7.64	\$2.24	\$38.13	\$617.07

<u>ACO Base Capitation Rates / RC X</u>					
<u>Effective July 1, 2022 – December 31, 2022</u>					
<u>REGION</u>	<u>NON-HIGH COST DRUG / NON-HCV MEDICAL COMPONENT</u> <u>(per member per month)</u>	<u>HCV COMPONENT</u> <u>(per member per month)</u>	<u>NON-HCV HIGH COST DRUG COMPONENT</u> <u>(per member per month)</u>	<u>ADMINISTRATIVE COMPONENT</u> <u>(per member per month)</u>	<u>TOTAL BASE CAPITATION RATE</u> <u>(per member per month)</u>
Northern	\$1,911.86	\$32.27	\$4.36	\$105.42	\$2,053.91
Greater Boston	\$1,814.31	\$40.39	\$44.52	\$90.31	\$1,989.53
Southern	\$1,889.59	\$61.17	\$2.70	\$89.36	\$2,042.82
Central	\$1,816.93	\$45.89	\$1.67	\$90.29	\$1,954.78
Western	\$1,608.60	\$35.19	\$3.62	\$81.07	\$1,728.48

CBHI Add-On to Risk Adjusted Capitation Rates
Effective January 1, 2022 – June 30, 2022

CBHI Add-On to Risk Adjusted Capitation Rates PMPM	
RC-I Child	\$28.63
RC-II Child	\$166.85

CBHI Add-On to Risk Adjusted Capitation Rates
Effective July 1, 2022 – December 31, 2022

CBHI Add-On to Risk Adjusted Capitation Rates PMPM	
RC-I Child	\$26.09
RC-II Child	\$152.39

ABA Add-On to Risk Adjusted Capitation Rates
Effective January 1, 2022 – June 30, 2022

ABA Add-On to Risk Adjusted Capitation Rates PMPM	
RC-I Child	\$8.83
RC-II Child	\$206.99

ABA Add-On to Risk Adjusted Capitation Rates
Effective July 1, 2022 – December 31, 2022

ABA Add-On to Risk Adjusted Capitation Rates PMPM	
RC-I Child	\$7.98
RC-II Child	\$187.78

SUD Risk Sharing Services Add-On to Risk Adjusted Capitation Rates
Effective January 1, 2022 – June 30, 2022

SUD Risk Sharing Services Add-On to Risk Adjusted Capitation Rates PMPM	
RC-I Adult	\$6.77
RC-I Child	\$0.27
RC-II Adult	\$17.11
RC-II Child	\$0.76
RC-IX	\$21.22
RC-X	\$188.38

SUD Risk Sharing Services Add-On to Risk Adjusted Capitation Rates
Effective July 1, 2022 – December 31, 2022

SUD Risk Sharing Services Add-On to Risk Adjusted Capitation Rates PMPM	
RC-I Adult	\$6.12
RC-I Child	\$0.24
RC-II Adult	\$15.63
RC-II Child	\$0.69
RC-IX	\$19.19
RC-X	\$172.25

EXHIBIT 2
ADJUSTMENTS OR ADDITIONS TO PAYMENTS
Contract Year 5

The tables below include the Supplemental Maternity Payment per Delivery Event for the Contract Year as described in **Section 4.3.B**, the Supplemental Specialized Inpatient Psychiatric Services Payment for the Contract Year as described in **Sections 2.7.D.7** and **4.3.C**, and the admission-level stop-loss attachment point for the Contract Year as described in **Section 4.3.C**.

<u>Supplemental Maternity Payment</u> <u>All Rating Categories</u>	
<u>Effective January 1, 2022- December 31, 2022</u>	
Region	Supplemental Payment per Delivery Event
Northern	\$8,750.84
Greater Boston	\$9,232.41
Southern	\$8,866.44
Central	\$8,657.22
Western	\$8,368.77

<u>Admission Level Stop-Loss Attachment Point</u>
\$150,000

EXHIBIT 3
RISK SHARING ARRANGEMENTS
Contract Year 5

Market-Wide Risk Sharing Arrangement (Market Corridor) (Section 4.5.)

1. Gain on the Market Corridor

The amount of the Gain on the Market Corridor shall be defined as the difference between the Market Corridor Revenue (as defined in **Section 4.5.D**) for the Contract Year and the Market Corridor Expenditures (as defined in **Section 4.5.D**) for the Contract Year, if such Market Corridor Expenditures are less than such Market Corridor Revenue. The MassHealth Share of the Gain and the Market Share of the Gain shall be calculated in accordance with the table below. The Contractor’s share of the Market Share of the Gain shall be directly proportional to the Contractor’s share of the Market Corridor Revenue.

<u>Gain</u>	<u>MassHealth Share</u>	<u>Market Share</u>
<u>Absolute value of the Gain less than or equal to 0.75% of the Market Corridor Revenue</u>	<u>0%</u>	<u>100%</u>
<u>Absolute value of the Gain greater than 0.75% of the Market Corridor Revenue</u>	<u>95%</u>	<u>5%</u>

2. Loss on the Market Corridor

The amount of the Loss on the Market Corridor shall be defined as the difference between the Market Corridor Revenue (as defined in **Section 4.5.D**) for the Contract Year and the Market Corridor Expenditures (as defined in **Section 4.5.D**) for the Contract Year, if such Market Corridor Expenditures are greater than such Market Corridor Revenue. The MassHealth Share and the Market Share of the Loss shall be calculated in accordance with the table below. The Contractor’s share of the Market Share of the Loss shall be directly proportional to the Contractor’s share of the Market Corridor Revenue.

<u>Loss</u>	<u>MassHealth Share</u>	<u>Market Share</u>
<u>Absolute value of the Loss less than or equal to 0.75% of the Market Revenue</u>	<u>0%</u>	<u>100%</u>
<u>Absolute value of the Gain greater than 0.75% of the Market Revenue</u>	<u>95%</u>	<u>5%</u>

Contract-Wide Risk Sharing Arrangement (“Plan Corridor”) (Section 4.5)

1. Gain on the Plan Corridor

The amount of Gain on the Plan Corridor for the Contract Year shall be defined as the difference between the Plan Corridor Revenue for the Contract Year and the Contractor's Plan Corridor Expenditures for ACO Covered Services for the Contract Year, if such actual expenditures are less than such Plan Corridor Revenue. EOHHS and the Contractor shall share such Gain in accordance with the table below:

<u>Gain</u>	<u>MassHealth Share</u>	<u>Contractor Share</u>
<u>Absolute value of the Gain less than or equal to 5% of Plan Corridor Revenue</u>	<u>0%</u>	<u>100%</u>
<u>Absolute value of the Gain greater than 5% of the Plan Corridor Revenue</u>	<u>95%</u>	<u>5%</u>

2. Loss on the Plan Corridor

The amount of the Loss on the Plan Corridor shall be defined as the Plan Corridor Revenue for the Contract Year and the Contractor's Plan Corridor Expenditures for ACO Covered Services for the Contract Year, if such actual expenditures are greater than the Plan Corridor revenue for the Contract Year. EOHHS and the Contractor shall share such Loss in accordance with the table below:

<u>Loss</u>	<u>MassHealth Share</u>	<u>Contractor Share</u>
<u>Absolute value of the Loss less than or equal to 5% of Plan Corridor Revenue</u>	<u>0%</u>	<u>100%</u>
<u>Absolute value of the Loss greater than 5% of the Plan Corridor Revenue</u>	<u>95%</u>	<u>5%</u>

CBHI Services Risk sharing arrangement (Section 4.5.D)

1. Gain on the CBHI Add-On to the Risk Adjusted Capitation Rate

If the amount paid to the Contractor, as determined by the calculation described in **Section 4.5.D.1.a** is greater than the Contractor's adjusted expenditures, as determined by the calculation described in **Section 4.5.D.1.b** then the Contractor shall be considered to have experienced a gain with respect to CBHI Services for the Contract Year. EOHHS and the Contractor shall share such gain in accordance with the table below:

Gain	MassHealth Share	Contractor Share
Gain up to \$100,000	99%	1%
Gain of more than \$100,000	100%	0%

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2. Loss on the CBHI Add-On to the Risk Adjusted Capitation Rate

If the amount paid to the Contractor, as determined by the calculation described in **Section 4.5.D.1.a**, is less than the Contractor's adjusted expenditures, as determined by the calculation described in **Section 4.5.D.1.b**, then the Contractor shall be considered to have experienced a loss with respect to CBHI Services for the Contract Year. EOHHS and the Contractor shall share such loss in accordance with the table below:

Loss	MassHealth Share	Contractor Share
Loss up to \$100,000	99%	1%
Loss of more than \$100,000	100%	0%

ABA Services Risk Sharing Arrangement (Section 4.5.E)

1. Gain on the ABA Add-On to the Risk Adjusted Capitation Rate

If the amount paid to the Contractor, as determined by the calculation described in **Section 4.5.E.1.a** above, is greater than the Contractor's adjusted expenditures, as determined by the calculation described in **Section 4.5.E.1.b** above, then the Contractor shall be considered to have experienced a gain with respect to ABA Services for the Contract Year. EOHHS and the Contractor shall share such gain in accordance with the table below:

Gain	MassHealth Share	Contractor Share
Gain up to \$100,000	99%	1%
Gain of more than \$100,000	100%	0%

2. Loss on the ABA Add-On to the Risk Adjusted Capitation Rate

If the amount paid to the Contractor, as determined by the calculation described in **Section 4.5.E.1.a** above, is less than the Contractor's adjusted expenditures, as determined by the calculation described in **Section 4.5.E.1.b** above, then the Contractor shall be considered to have experienced a loss with respect to ABA Services for the Contract Year. EOHHS and the Contractor shall share such loss in accordance with the table below:

Loss	MassHealth Share	Contractor Share
Loss up to \$100,000	99%	1%
Loss of more than \$100,000	100%	0%

HCV Risk Sharing Arrangement (Section 4.5.F)

1. Gain on the HCV Medical Component of the Risk Adjusted Capitation Rate Payment

The amount of the Gain on the HCV Medical Component of the Risk Adjusted Capitation Rate Payment for the Contract Year shall be defined as the difference between the HCV Medical Component of the Risk Adjusted Capitation Rate Payment for the Contract Year and the Contractor's actual HCV medical expenditures for ACO Covered Services for the Contract Year, if such actual expenditures are less than the HCV Medical Component of the Risk Adjusted Capitation Rate Payment for the Contract Year. The Gain shall be calculated in aggregate across all Regions by Rating Category groups set forth in Appendix D, Exhibit 3.

Gain	MassHealth Share	Contractor Share
Gain up to \$100,000	99%	1%
Gain of more than \$100,000	100%	0%

2. Loss on the HCV Medical Component of the Risk Adjusted Capitation Rate Payment

The amount of the Loss on the HCV Medical Component of the Risk Adjusted Capitation Rate Payment for the Contract Year shall be defined as the difference between the HCV Medical Component of the Risk Adjusted Capitation Rate Payment for the Contract Year and the Contractor's actual HCV medical expenditures for ACO Covered Services for the Contract Year, if such actual expenditures are greater than the HCV Medical Component of the Risk Adjusted Capitation Rate Payment for the Contract Year. The Loss shall be calculated in aggregate across all Regions by Rating Category groups set forth in Appendix D, Exhibit 3.

Loss	MassHealth Share	Contractor Share
Loss up to \$100,000	99%	1%
Loss of more than \$100,000	100%	0%

Non-HCV High Cost Drug Risk Sharing Arrangement (Section 4.5.G)

1. Gain on the Non-HCV High Cost Drug Component of the Risk Adjusted Capitation Rate Payment

The amount of the Gain on the Non-HCV High Cost Drug Component of the Risk Adjusted Capitation Rate Payment for the Contract Year shall be defined as the difference between the Non-HCV High Cost Drug Component of the Risk Adjusted Capitation Rate Payment for the Contract Year and the Contractor's actual Non-HCV High Cost Drug expenditures for ACO Covered Services for the Contract Year, if such actual expenditures are less than the Non-HCV High Cost Drug Component of the Risk Adjusted Capitation Rate Payment for the Contract Year. The Gain shall be calculated in aggregate across all Regions by Rating Category groups set forth in Appendix D, Exhibit 3.

Gain	MassHealth Share	Contractor Share
Gain less than or equal to 2% of the Non-HCV High Cost Drug Component of the Risk Adjusted Capitation Rate payment	0%	100%
Gain of more than 2% of the Non-HCV High Cost Drug Component of the Risk Adjusted Capitation Rate payment	100%	0%

2. Loss on the Non-HCV High Cost Drug Component of the Risk Adjusted Capitation Rate Payment

The amount of the Loss on the Non-HCV High Cost Drug Component of the Risk Adjusted Capitation Rate Payment for the Contract Year shall be defined as the difference between the Non-HCV High Cost Drug Component of the Risk Adjusted Capitation Rate Payment for the Contract Year and the Contractor's actual Non-HCV High Cost Drug expenditures for ACO Covered Services for the Contract Year, if such actual expenditures are greater than the Non-HCV High Cost Drug Component of the Risk Adjusted Capitation Rate Payment for the Contract Year. The Loss shall be calculated in aggregate across all Regions by Rating Category groups set forth in Appendix D, Exhibit 3.

Loss	MassHealth Share	Contractor Share

Loss	MassHealth Share	Contractor Share
Loss less than or equal to 2% of the Non-HCV High Cost Drug Component of the Risk Adjusted Capitation Rate payment	0%	100%
Loss of more than 2% of the Non-HCV High Cost Drug Component of the Risk Adjusted Capitation Rate payment	100%	0%

SUD Services Risk Sharing Arrangement (Section 4.5.I)

1. Gain on the SUD Risk Sharing Services Add-On to the Risk Adjusted Capitation Rate

If the amount paid to the Contractor, as determined by the calculation described in **Section 4.5.I.2**, is greater than the Contractor's expenditures, as determined by the calculation described in **Section 4.5.I.3**, then the Contractor shall be considered to have experienced a gain with respect to SUD Risk Sharing Services for the Contract Year. EOHHS and the Contractor shall share such gain in accordance with the table below:

Gain	MassHealth Share	Contractor Share
Gain up to \$100,000	99%	1%
Gain of more than \$100,000	100%	0%

2. Loss on the SUD Risk Sharing Services Add-On to the Risk Adjusted Capitation Rate

If the amount paid to the Contractor, as determined by the calculation described in **Section 4.5.I.2**, is less than the Contractor's expenditures, as determined by the calculation described in **Section 4.5.I.3**, then the Contractor shall be considered to have experienced a loss with respect to SUD Risk Sharing Services for the Contract Year. EOHHS and the Contractor shall share such loss in accordance with the table below:

Loss	MassHealth Share	Contractor Share
Loss up to \$100,000	99%	1%
Loss of more than \$100,000	100%	0%

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

Commonwealth of Massachusetts 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	\$ 189.34
MH and SA OP Services	90791*	U6 - Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation	\$ 151.95
MH and SA OP Services	90791*	AH - Doctoral Level (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation	\$ 130.44
MH and SA OP Services	90791*	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation	\$ 131.51
MH and SA OP Services	90791*	HO - Master's Level	Psychiatric Diagnostic Evaluation	\$ 117.41
MH and SA OP Services	90791*	U3 - Intern (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation	\$ 65.22
MH and SA OP Services	90791*	U4 - Intern (Master's)	Psychiatric Diagnostic Evaluation	\$ 58.71
MH and SA OP Services	90792	Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation with Medical Services	\$ 119.82
MH and SA OP Services	90792	Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation with Medical Services	\$ 103.92
MH and SA OP Services	90792	Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation with Medical Services	\$ 95.06
MH and SA OP Services	90832	Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 20-30 minutes	\$ 52.60
MH and SA OP Services	90832	Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 20-30 minutes	\$ 45.54
MH and SA OP Services	90832	Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 20-30 minutes	\$ 44.22
MH and SA OP Services	90832	Nurse Practitioner/Board Certified RNCS and APRN-BC	Individual Psychotherapy, approximately 20-30 minutes	\$ 42.96
MH and SA OP Services	90832	Master's Level (Independently Licensed Clinicians and Supervised Master's Level Clinicians)	Individual Psychotherapy, approximately 20-30 minutes	\$ 42.96
MH and SA OP Services	90832	Master's Level (Licensed Alcohol and Drug Counselor 1 and Supervised Master's Level Clinicians)	Individual Psychotherapy, approximately 20-30 minutes	\$ 29.94
MH and SA OP Services	90832	Intern (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 20-30 minutes	\$ 22.11
MH and SA OP Services	90832	Intern (Master's)	Individual Psychotherapy, approximately 20-30 minutes	\$ 21.44
MH and SA OP Services	90833	Doctoral Level (MD / DO)	Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service	\$ 31.77
MH and SA OP Services	90833	Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service	\$ 31.77
MH and SA OP Services	90834	Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 45 minutes	\$ 105.18
MH and SA OP Services	90834	Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 45 minutes	\$ 92.42
MH and SA OP Services	90834	Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 45 minutes	\$ 87.17
MH and SA OP Services	90834	Nurse Practitioner/Board Certified RNCS and APRN-BC	Individual Psychotherapy, approximately 45 minutes	\$ 85.91

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

Commonwealth of Massachusetts 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	Master's Level (Independently Licensed Clinicians and Supervised Master's Level Clinicians)	Individual Psychotherapy, approximately 45 minutes	\$ 85.91
MH and SA OP Services	90834	Master's Level (Licensed Alcohol and Drug Counselor 1 and Supervised Master's Level Clinicians)	Individual Psychotherapy, approximately 45 minutes	\$ 85.91
MH and SA OP Services	90834	Intern (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 45 minutes	\$ 43.62
MH and SA OP Services	90834	Intern (Master's)	Individual Psychotherapy, approximately 45 minutes	\$ 42.96
MH and SA OP Services	90836	Doctoral Level (MD / DO)	Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service	\$ 51.58
MH and SA OP Services	90836	Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service	\$ 51.58
MH and SA OP Services	90837	Doctoral Level (Child Psychiatrist)	Psychotherapy, 60 minutes	\$ 105.18
MH and SA OP Services	90837	Doctoral Level (MD / DO)	Psychotherapy, 60 minutes	\$ 92.42
MH and SA OP Services	90837	Doctoral Level (PhD, PsyD, EdD)	Psychotherapy, 60 minutes	\$115.94
MH and SA OP Services	90837	Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 60 minutes	\$114.26
MH and SA OP Services	90837	Master's Level (Independently Licensed Clinicians and Supervised Master's Level Clinicians)	Psychotherapy, 60 minutes	\$114.26
	90837	Master's Level (Licensed Alcohol and Drug Counselor 1 and Supervised Master's Level Clinicians)	Psychotherapy, 60 minutes	\$114.26
MH and SA OP Services	90837	Intern (PhD, PsyD, EdD)	Psychotherapy, 60 minutes	\$ 43.62
MH and SA OP Services	90837	Intern (Master's)	Psychotherapy, 60 minutes	\$ 42.96
MH and SA OP Services	90838	Doctoral Level (MD / DO)	Psychotherapy, 60 minutes, when Performed with an Evaluation and Management Service	\$ 83.11
MH and SA OP Services	90838	Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 60 minutes, when Performed with an Evaluation and Management Service	\$ 83.11
MH and SA OP Services	90846	Doctor Level (Child Psychiatrist)	Family Psychotherapy (without patient present)	\$ 128.56
MH and SA OP Services	90846	Doctor Level (MD/DO)	Family Psychotherapy (without patient present)	\$ 97.84
MH and SA OP Services	90846	Doctoral Level (PhD, PsyD, EdD)	Family Psychotherapy (without patient present)	\$ 91.34
MH and SA OP Services	90846	Nurse Practitioner/Board Certified RNCS and APRN-BC	Family Psychotherapy (without patient present)	\$ 88.68

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

Commonwealth of Massachusetts 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	Master's Level (Independently Licensed Clinicians and Supervised Master's Level Clinicians)	Family Psychotherapy (without patient present)	\$ 88.68
MH and SA OP Services	90846	Master's Level (Licensed Alcohol and Drug Counselor 1 and Supervised Master's Level Clinicians)	Family Psychotherapy (without patient present)	\$ 88.68
MH and SA OP Services	90846	Intern (PhD, PsyD, EdD)	Family Psychotherapy (without patient present)	\$ 45.66
MH and SA OP Services	90846	Intern (Master's)	Family Psychotherapy (without patient present)	\$ 44.34
MH and SA OP Services	90847	Doctoral Level (Child Psychiatrist)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 128.56
MH and SA OP Services	90847	Doctoral Level (MD / DO)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 97.84
MH and SA OP Services	90847	Doctoral Level (PhD, PsyD, EdD)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 91.34
MH and SA OP Services	90847	Nurse Practitioner/Board Certified RNCS and APRN-BC	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 88.68
MH and SA OP Services	90847	Master's Level (Independently Licensed Clinicians and Supervised Master's Level Clinicians)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 88.68
MH and SA OP Services	90847	Master's Level (Licensed Alcohol and Drug Counselor 1 and Supervised Master's Level Clinicians)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 88.68
MH and SA OP Services	90847	Intern (PhD, PsyD, EdD)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 45.66
MH and SA OP Services	90847	Intern (Master's)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 44.34
MH and SA OP Services	90849	Doctor Level (Child Psychiatrist)	Multi-family group psychotherapy	42.08
MH and SA OP Services	90849	Doctor Level (MD/DO)	Multi-family group psychotherapy	35.31
MH and SA OP Services	90849	Doctoral Level (PhD, PsyD, EdD)	Multi-family group psychotherapy	32.60
MH and SA OP Services	90849	Nurse Practitioner/Board Certified RNCS and APRN-BC	Multi-family group psychotherapy	30.00
MH and SA OP Services	90849	Master's Level (Independently Licensed Clinicians and Supervised Master's Level Clinicians)	Multi-family group psychotherapy	22.17
MH and SA OP Services	90849	Master's Level (Licensed Alcohol and Drug Counselor 1 and Supervised Master's Level Clinicians)	Multi-family group psychotherapy	22.17
MH and SA OP Services	90849	Intern (PhD, PsyD, EdD)	Multi-family group psychotherapy	16.33
MH and SA OP Services	90849	Intern (Master's)	Multi-family group psychotherapy	15.00
MH and SA OP Services	90853	Doctoral Level (Child Psychiatrist)	Group psychotherapy (other than of a multiple-family group)	\$ 42.08
MH and SA OP Services	90853	Doctoral Level (MD / DO)	Group psychotherapy (other than of a multiple-family group)	\$ 35.31

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* See Section 2.7.C.2.e.1 for adjustment to unit cost if using CANS Tool.

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

Commonwealth of Massachusetts 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	Doctoral Level (PhD, PsyD, EdD)	Group psychotherapy (other than of a multiple-family group)	\$ 32.60
MH and SA OP Services	90853	Nurse Practitioner/Board Certified RNCS and APRN-BC	Group psychotherapy (other than of a multiple-family group)	\$ 30.00
MH and SA OP Services	90853	Master's Level (Independently Licensed Clinicians and Supervised Master's Level Clinicians)	Group psychotherapy (other than of a multiple-family group)	\$ 30.00
MH and SA OP Services	90853	Master's Level (Licensed Alcohol and Drug Counselor 1 and Supervised Master's Level Clinicians)	Group psychotherapy (other than of a multiple-family group)	\$ 30.00
MH and SA OP Services	90853	Intern (PhD, PsyD, EdD)	Group psychotherapy (other than of a multiple-family group)	\$ 16.33
MH and SA OP Services	90853	Intern (Master's)	Group psychotherapy (other than of a multiple-family group)	\$ 15.00
MH and SA OP Services	90882	Doctoral Level (Child Psychiatrist)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 46.46
MH and SA OP Services	90882	Doctoral Level (MD / DO)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 40.30
MH and SA OP Services	90882	Doctoral Level (PhD, PsyD, EdD)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 21.79
MH and SA OP Services	90882	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.	\$ 34.87
MH and SA OP Services	90882	Master's Level (Independently Licensed Clinicians and Supervised Master's Level Clinicians)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 21.48
MH and SA OP Services	90882	Master's Level (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.	\$ 21.48
MH and SA OP Services	90882	Intern (PhD, PsyD, EdD)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 10.91
MH and SA OP Services	90882	Intern (Master's)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 10.74
MH and SA OP Services	90887	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	\$ 46.46
MH and SA OP Services	90887	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	\$ 40.30

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Commonwealth of Massachusetts 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	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	\$ 21.79
MH and SA OP Services	90887	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	\$ 34.87
MH and SA OP Services	90887	Master's Level (Independently Licensed Clinicians 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	\$ 21.48
MH and SA OP Services	90887	Master's Level (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	\$ 21.48
MH and SA OP Services	90887	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	\$ 10.91
MH and SA OP Services	90887	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	\$ 10.74
MH and SA OP Services	96372	Doctoral Level (MD/DO), Nurse Practitioner/Board Certified RNCS and APRN-BC	Therapeutic, Prophylactic or Diagnostic Injection; subcutaneous or intramuscular	\$ 20.45
MH and SA OP Services	96372	Registered Nurse	Therapeutic, Prophylactic or Diagnostic Injection; subcutaneous or intramuscular	\$ 17.38
MH and SA OP Services	97810		Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-to-one contact	\$ 28.41
MH and SA OP Services	97811		Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-to-one contact with re-insertion of needle(s).	\$ 21.11
MH and SA OP Services	99202	Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 15-29 minutes	\$ 68.41
MH and SA OP Services	99202	Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 15-29 minutes	\$ 59.33
MH and SA OP Services	99202	Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 15-29 minutes	\$ 55.25
MH and SA OP Services	99203	Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 30-44 minutes	\$ 98.68
MH and SA OP Services	99203	Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 30-44 minutes	\$ 85.58
MH and SA OP Services	99203	Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 30-44 minutes	\$ 79.46
MH and SA OP Services	99204	Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 45-59 minutes	\$ 149.09
MH and SA OP Services	99204	Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 45-59 minutes	\$ 129.30

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

Commonwealth of Massachusetts 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	Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 45-59 minutes	\$ 121.14
MH and SA OP Services	99205	Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 60-74 minutes	\$ 185.17
MH and SA OP Services	99205	Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 60-74 minutes	\$ 160.59
MH and SA OP Services	99205	Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 60-74 minutes	\$ 150.39
MH and SA OP Services	99211	Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 5 minutes	\$ 19.88
MH and SA OP Services	99211	Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 5 minutes	\$ 17.24
MH and SA OP Services	99211	Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 5 minutes	\$ 15.71
MH and SA OP Services	99212	Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 10-19 minutes	\$ 40.99
MH and SA OP Services	99212	Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 10-19 minutes	\$ 35.55
MH and SA OP Services	99212	Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 10-19 minutes	\$ 32.49
MH and SA OP Services	99213	Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 20-29 minutes	\$ 73.98
MH and SA OP Services	99213	Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 20-29 minutes	\$ 63.15
MH and SA OP Services	99213	Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 20-29 minutes	\$ 54.84
MH and SA OP Services	99214	Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 30-39 minutes	\$ 130.89
MH and SA OP Services	99214	Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 30-39 minutes	\$ 86.37
MH and SA OP Services	99214	Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 30-39 minutes	\$ 77.46
MH and SA OP Services	99215	Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 40-54 minutes	\$ 130.89
MH and SA OP Services	99215	Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 40-54 minutes	\$ 113.52
MH and SA OP Services	99215	Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 40-54 minutes	\$ 103.84
MH and SA OP Services	99231	Doctoral Level (Child Psychiatrist)	Subsequent Hospital Care for Eval and Management, 15 minutes	\$ 70.97
MH and SA OP Services	99231	Doctoral Level (MD / DO)	Subsequent Hospital Care for Eval and Management, 15 minutes	\$ 53.88
MH and SA OP Services	99231	Doctoral Level (PhD, PsyD, EdD)	Subsequent Hospital Care for Eval and Management, 15 minutes	\$ 51.72
MH and SA OP Services	99231	Nurse Practitioner/Board Certified RNCS and APRN-BC	Subsequent Hospital Care for Eval and Management, 15 minutes	\$ 43.15
MH and SA OP Services	99232	Doctoral Level (Child Psychiatrist)	Subsequent Hospital Care for Eval and Management, 25 minutes	\$ 106.46
MH and SA OP Services	99232	Doctoral Level (MD / DO)	Subsequent Hospital Care for Eval and Management, 25 minutes	\$ 80.17
MH and SA OP Services	99232	Doctoral Level (PhD, PsyD, EdD)	Subsequent Hospital Care for Eval and Management, 25 minutes	\$ 76.96
MH and SA OP Services	99232	Nurse Practitioner/Board Certified RNCS and APRN-BC	Subsequent Hospital Care for Eval and Management, 25 minutes	\$ 64.21
MH and SA OP Services	99233	Doctoral Level (Child Psychiatrist)	Subsequent Hospital Care for Eval and Management, 35 minutes	\$ 141.96
MH and SA OP Services	99233	Doctoral Level (MD / DO)	Subsequent Hospital Care for Eval and Management, 35 minutes	\$ 106.90
MH and SA OP Services	99233	Doctoral Level (PhD, PsyD, EdD)	Subsequent Hospital Care for Eval and Management, 35 minutes	\$ 102.62

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

Commonwealth of Massachusetts 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	99233	Nurse Practitioner/Board Certified RNCS and APRN-BC	Subsequent Hospital Care for Eval and Management, 35 minutes	\$ 85.62
MH and SA OP Services	99251	Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation, 20 minutes	\$ 95.22
MH and SA OP Services	99251	Doctoral Level (MD / DO)	Initial Inpatient Consultation, 20 minutes	\$ 72.27
MH and SA OP Services	99251	Doctoral Level (PhD, PsyD, EdD)	Initial Inpatient Consultation, 20 minutes	\$ 69.38
MH and SA OP Services	99251	Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation, 40 minutes	\$ 57.88
MH and SA OP Services	99252	Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation, 40 minutes	\$ 142.83
MH and SA OP Services	99252	Doctoral Level (MD / DO)	Initial Inpatient Consultation, 40 minutes	\$ 107.56
MH and SA OP Services	99252	Doctoral Level (PhD, PsyD, EdD)	Initial Inpatient Consultation, 40 minutes	\$ 103.25
MH and SA OP Services	99252	Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation, 40 minutes	\$ 86.15
MH and SA OP Services	99253	Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation, 55 minutes	\$ 190.43
MH and SA OP Services	99253	Doctoral Level (MD / DO)	Initial Inpatient Consultation, 55 minutes	\$ 143.40
MH and SA OP Services	99253	Doctoral Level (PhD, PsyD, EdD)	Initial Inpatient Consultation, 55 minutes	\$ 137.67
MH and SA OP Services	99253	Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation, 55 minutes	\$ 114.86
MH and SA OP Services	99254	Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation, 80 minutes	\$ 255.41
MH and SA OP Services	99254	Doctoral Level (MD / DO)	Initial Inpatient Consultation, 80 minutes	\$ 191.80
MH and SA OP Services	99254	Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation, 80 minutes	\$ 153.64
MH and SA OP Services	99255	Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation - Comprehensive, 110 minutes	\$ 336.47
MH and SA OP Services	99255	Doctoral Level (MD / DO)	Initial Inpatient Consultation - Comprehensive, 110 minutes	\$ 252.34
MH and SA OP Services	99255	Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation - Comprehensive, 110 minutes	\$ 202.12
MH and SA OP Services	99281	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.	\$ 18.31
MH and SA OP Services	99282	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.	\$ 32.15

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

Commonwealth of Massachusetts 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	99282	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.	\$ 30.62
MH and SA OP Services	99282	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.	\$ 29.73
MH and SA OP Services	99283	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.	\$ 48.65
MH and SA OP Services	99283	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.	\$ 46.34
MH and SA OP Services	99283	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.	\$ 44.99

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

Commonwealth of Massachusetts 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	99284	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.	\$ 91.44
MH and SA OP Services	99284	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.	\$ 87.09
MH and SA OP Services	99284	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.	\$ 84.55
MH and SA OP Services	99285	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.	\$ 135.25

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Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	99285	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.	\$ 128.81
MH and SA OP Services	99285	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.	\$ 123.91
MH and SA OP Services	99404	Doctor (Child / Adolescent MD / DO)	Preventative Medicine Counseling, 60 minutes (Counseling and/or Risk Factor Reduction Intervention)	\$ 153.27
MH and SA OP Services	99404	Doctoral Level (MD / DO)	Preventative Medicine Counseling, 60 minutes (Counseling and/or Risk Factor Reduction Intervention)	\$ 177.11
MH and SA OP Services	99404	Nurse Practitioner/Board Certified RNCS and APRN-BC	Preventative Medicine Counseling, 60 minutes (Counseling and/or Risk Factor Reduction Intervention)	\$ 153.27
MH and SA OP Services	99417	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	\$ 26.08
MH and SA OP Services	99417	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	\$ 26.08
Diversiory Services	H0015		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 - SOAP with Motivational Interviewing Counseling)	\$ 80.30

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Commonwealth of Massachusetts 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	H0015		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) with Motivational Interviewing)	\$ 71.59
Diversiory Services	H0037		Community Psychiatric Supportive Treatment Program, per diem	\$ 654.13
Diversiory Services	H2012	+	Behavioral Health Day Treatment, per hour (Psychiatric Day Treatment)	101 CMR 307.00
Diversiory Services	H2012		Behavioral Health Day Treatment, per hour (Enhanced Psychiatric Day Treatment)	\$ 13.22
Diversiory Services	H2015	+	Comprehensive community support services, per 15 minutes (Community Support Program)	\$ 13.97
Diversiory Services	H2015		Comprehensive community support services, per 15 minutes (Community Support Program - Cultural Broker)	\$ 13.97
Diversiory Services	H2015	HF	Recovery Support Navigator , per 15-minute units	101 CMR 444.00
Diversiory Services	H2016	HM	Comprehensive community support program, per diem (Enrolled Client Day) (recovery support service by a recovery advocate trained in Recovery Coaching)	101 CMR 346.00
Diversiory Services	H2016	HE	When directed by EOHHS, Comprehensive community support services, per diem (Community Support Program (CSP) for members residing in DHCD-funded new temporary shelters)	\$ 17.30
Diversiory Services	H2016	HH	Effective on the later of October 1, 2021 or the date on which CMS approves these services, comprehensive community support program, per diem (Enrolled Client Day) (behavioral health service by a navigator trained to support members with justice involvement) (CSP-II)	\$17.23
Diversiory Services	H2020	+	Therapeutic behavioral services, per diem (Dialectical Behavior Therapy)	\$ 26.50
Diversiory Services	S9484	+	Crisis intervention mental health services, per hour (Urgent Outpatient Services)	\$ 147.57
MH and SA OP Services	H0014	+	Alcohol and/or drug services; ambulatory detoxification (Adult or Adolescent)	\$ 227.65
MH and SA OP Services	H0020	+	Alcohol and/or drug services; methadone administration and/or service (Dosing)	\$ 11.43
MH and SA OP Services	H0020/T1006		Alcohol and/or drug services; methadone administration and/or service (Family/couple counseling); 1 unit = 60 minutes	\$ 84.79
MH and SA OP Services	H0020/H0005		Alcohol and/or drug services; methadone administration and/or service (Group counseling); 1 unit = 60 to 90 minutes	\$ 28.68

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Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	H0020		Alcohol and/or drug services; methadone administration and/or service (Individual counseling); 1 unit = 30 minutes	\$ 41.16
MH and SA OP Services	H0004		Alcohol and/or drug services; methadone administration and/or service (Individual counseling); 1 unit = 15 minutes	\$ 20.58
Adult ESP Services	S9485	U1	Crisis intervention mental health services, per diem (Emergency Service Program Mobile Non-emergency Department)	\$ 819.64
Adult ESP Services	S9485	HE	Crisis intervention mental health services, per diem (Emergency Service Program Community Based)	\$ 744.23
Adult ESP Services	S9485	HB	Crisis intervention mental health services, per diem (Emergency Service Program Hospital Emergency Room)	\$ 505.85
Adult ESP Services	S9485	ET	Crisis intervention mental health services, per diem (Emergency Service Program's Adult Community Crisis Stabilization Day 1)	\$ 505.53
Adult ESP Services	S9485	TF	Crisis intervention mental health services, per diem (Emergency Service Program's Adult Community Crisis Stabilization Day 2-5)	\$ 505.53
Adult ESP Services	S9485	TG	Crisis intervention mental health services, per diem (Emergency Service Program's Adult Community Crisis Stabilization Day 6 and After)	\$ 505.53
Other Outpatient	T1004		Specializing - Interpretation - 15 minute units	\$ 6.08
Other Outpatient	90870	+	Electroconvulsive therapy (includes necessary monitoring)	\$ 630.95
Other Outpatient	96112	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)	\$ 180.72
Other Outpatient	96113	Doctoral Level (PhD, PsyD, EdD)	Each additional 30 minutes (List separately in addition to code for primary procedure) (Developmental/Behavioral Screening and Testing)	\$ 90.36
Other Outpatient	96116	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	\$ 120.46
Other Outpatient	96121	Doctoral Level (PhD, PsyD, EdD)	Each additional hour (List separately in addition to code for primary procedure)	\$ 120.46
Other Outpatient	96130	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	\$ 105.77
Other Outpatient	96131	Doctoral Level (PhD, PsyD, EdD)	Each additional hour (List separately in addition to code for primary procedure)	\$ 91.39

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Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
Other Outpatient	96132	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	\$ 119.89
Other Outpatient	96133	Doctoral Level (PhD, PsyD, EdD)	Each additional hour (List separately in addition to code for primary procedure)	\$ 91.39
Other Outpatient	96136	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)	\$ 45.70
Other Outpatient	96137	Doctoral Level (PhD, PsyD, EdD)	Each additional 30 minutes (List separately in addition to code for primary procedure) (Test administration and scoring by professional)	\$ 45.70
Other Outpatient	96138	Technician	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	\$ 37.14
Other Outpatient	96139	Technician	Each additional 30 minutes (List separately in addition to code for primary procedure) (Test administration and scoring by technician)	\$ 37.14
Other Outpatient	H0032	Master's Level	Mental health service plan development by a nonphysician (Bridge consultation inpatient/outpatient)	\$ 166.67
Other Outpatient	H0046	Doctoral Level (Child Psychiatrist)	Mental health services, not otherwise specified (Collateral Contact)	\$ 46.46
Other Outpatient	H0046	Doctoral Level (MD/DO)	Mental health services, not otherwise specified (Collateral Contact)	\$ 40.30
Other Outpatient	H0046	Doctoral Level (PhD, PsyD, EdD)	Mental health services, not otherwise specified (Collateral Contact)	\$ 21.79
Other Outpatient	H0046	Nurse Practitioner/Board Certified RNCS and APRN-BC	Mental health services, not otherwise specified (Collateral Contact)	\$ 34.87
Other Outpatient	H0046	Master's Level	Mental health services, not otherwise specified (Collateral Contact)	\$ 21.48
Other Outpatient	H0046	Addiction Counselor	Mental health services, not otherwise specified (Collateral Contact)	\$ 21.48
Other Outpatient	H0046	Intern (PhD, PsyD, EdD)	Mental health services, not otherwise specified (Collateral Contact)	\$ 10.91
Other Outpatient	H0046	Intern (Master's)	Mental health services, not otherwise specified (Collateral Contact)	\$ 10.74
Other Outpatient	H2028		Sexual offender treatment service, per 15 minutes (ASAP - Assessment for Safe and Appropriate Placement)	\$ 22.79
MH and SA OP Services	H0001-U1		Alcohol and/or drug assessment (buprenorphine and naltrexone medication evaluation by physician and/or midlevel practitioner)	101 CMR 444.00
MH and SA OP Services	H0033		Oral medication administration, with extended direct observation up to 2.5 hours (buprenorphine and associated drug screens, to be billed once during induction); may not be combined with H0033-U2	101 CMR 444.00
MH and SA OP Services	H0047		Alcohol and/or other drug abuse services, not otherwise specified; oral medication preparation and administration (buprenorphine and associated drug screens); may not be combined with H0033; may be billed once per each day a member receives	\$ 10.36
MH and SA OP Services	H0001-U2		Oral medication administration, direct observation (oral naltrexone dosing)	\$ 9.45
MH and SA OP Services	J0571		Buprenorphine, oral, 1 mg (maximum 32 mg per day) (prior authorization required)	101 CMR 444.00

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

Commonwealth of Massachusetts 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	J0572		Buprenorphine/naloxone, oral, less than or equal to 3 mg (maximum of one unit per day; may be combined with J0573 as medically necessary)	101 CMR 444.00
MH and SA OP Services	J0573		Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg; (may be billed in sufficient increments to achieve appropriate dose, may be combined with one unit of J0572 as medically necessary)	101 CMR 444.00
MH and SA OP Services	J2315		Injection, naltrexone, depot form, 1 mg (maximum of 380 mg. per month)	101 CMR 444.00
MH and SA OP Services	J3490		Unclassified drugs (Naltrexone, oral)	101 CMR 444.00