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.macomptroller.org/forms. Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.

CONTRACTOR LEGAL NAME: Massachusetts Behavioral Health Partnership (and d/b/a):		**COMMONWEALTH DEPARTMENT NAME:** Executive Office of Health and Human Services **MMARS Department Code:** EHS	
Legal Address: (W-9, W-4): 1000 Washington St., Ste. 310, Boston, MA 02118-5002		**Business Mailing Address:** One Ashburton Place, 11th Floor, Boston, MA, 02108	
Contract Manager: Carol Kress	**Phone:** 617-790-4144	**Billing Address (if different):** 600 Washington Street, Boston, MA 02111	
E-Mail: Carol.kress@beaconhealthoptions.com	**Fax:**	**Contract Manager:** Kevin Wicker	**Phone:** 617-573-1654
Contractor Vendor Code: VC6000182737		**E-Mail:** Kevin.Wicker@mass.gov	**Fax:**
Vendor Code Address ID (e.g. "AD001"): AD001. **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s):** N/A **RFR/Procurement or Other ID Number:** 11LCEHSPCCPLANBHPMSSRFR	

☐ **NEW CONTRACT**

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

- ☐ **Statewide Contract** (OSD or an OSD-designated Department)
- ☐ **Collective Purchase** (Attach OSD approval, scope, budget)
- ☐ **Department Procurement** (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)
- ☐ **Emergency Contract** (Attach justification for emergency, scope, budget)
- ☐ **Contract Employee** (Attach Employment Status Form, scope, budget)
- ☐ **Other Procurement Exception** (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)

☒ **CONTRACT AMENDMENT**

Enter **Current Contract End Date** *Prior* to Amendment: December 31, 2020.

Enter **Amendment Amount:** $ _____. (or "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** (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 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): ☒ 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.** 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: ☒ agree to standard 45 day cycle ☐ statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); ☐ 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.)

Amendment #11 to the Contract extends the contract through December 31, 2021, and includes changes to CSP-CHI requirements; provides specialized services for Covered Individuals under the age of 21 with Autism Spectrum Disorder or Intellectual or Developmental Disability in inpatient treatment setting; updates PCC Reporting; and replaces Appendices E-1, G, H-1 and L.

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 _____, 20_____, 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:	AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:
X: _____. Date: _____	X: _____. Date: 12/24/20
(Signature and Date Must Be Handwritten At Time of Signature)	(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: Carol Kress.	Print Name: Daniel Tsai.
Print Title: Vice President, Client Partnerships, MBHP.	Print Title: Assistant Secretary for MassHealth.

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.macomptroller.org/forms. Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.

CONTRACTOR LEGAL NAME: Massachusetts Behavioral Health Partnership (and d/b/a):		**COMMONWEALTH DEPARTMENT NAME:** Executive Office of Health and Human Services **MMARS Department Code:** EHS	
Legal Address: (W-9, W-4): 1000 Washington St., Ste. 310, Boston, MA 02118-5002		**Business Mailing Address:** One Ashburton Place, 11th Floor, Boston, MA, 02108	
Contract Manager: Carol Kress	**Phone:** 617-790-4144	**Billing Address (if different):** 600 Washington Street, Boston, MA 02111	
E-Mail: Carol.kress@beaconhealthoptions.com	**Fax:**	**Contract Manager:** Kevin Wicker	**Phone:** 617-573-1654
Contractor Vendor Code: VC6000182737		**E-Mail:** Kevin.Wicker@mass.gov	**Fax:**
Vendor Code Address ID (e.g. "AD001"): AD001. **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s):** N/A **RFR/Procurement or Other ID Number:** 11LCEHSPCCPLANBHPMSSRFR	

☐ **NEW CONTRACT**

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

☐ **Statewide Contract** (OSD or an OSD-designated Department)
☐ **Collective Purchase** (Attach OSD approval, scope, budget)
☐ **Department Procurement** (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)
☐ **Emergency Contract** (Attach justification for emergency, scope, budget)
☐ **Contract Employee** (Attach Employment Status Form, scope, budget)
☐ **Other Procurement Exception** (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)

☒ **CONTRACT AMENDMENT**

Enter **Current Contract End Date *Prior*** to Amendment: **December 31, 2020.**
Enter **Amendment Amount**: $ _____. (or "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** (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 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): ☒ 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.** 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: ☒ agree to standard 45 day cycle ☐ statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); ☐ 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.)

Amendment #11 to the Contract extends the contract through December 31, 2021, and includes changes to CSP-CHI requirements; provides specialized services for Covered Individuals under the age of 21 with Autism Spectrum Disorder or Intellectual or Developmental Disability in inpatient treatment setting; updates PCC Reporting; and replaces Appendices E-1, G, H-1 and L.

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 _____, 20_____, 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:

X: IN COUNTERPARTS, Date: _____.
(Signature and Date Must Be Handwritten At Time of Signature)

Print Name: Carol Kress.

Print Title: Vice President, Client Partnerships, MBHP.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: _____, Date: 12/29/20
(Signature and Date Must Be Handwritten At Time of Signature)

Print Name: Daniel Tsai.

Print Title: Assistant Secretary for MassHealth.

AMENDMENT 11

to the

FIRST AMENDED AND RESTATED CONTRACT FOR

THE MASSHEALTH PCC PLAN'S COMPREHENSIVE BEHAVIORAL HEALTH PROGRAM AND MANAGEMENT SUPPORT SERVICES, AND BEHAVIORAL HEALTH SPECIALTY PROGRAMS CONTRACT

between

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
OFFICE OF MEDICAID
1 ASHBURTON PLACE
BOSTON, MA 02108
and

THE MASSACHUSETTS BEHAVIORAL HEALTH PARTNERSHIP
1000 WASHINGTON STREET
BOSTON, MA 02118

WHEREAS, The Massachusetts Executive Office of Health and Human Services (referred throughout the Contract as either "EOHHS" or "MassHealth") and the Massachusetts Behavioral Health Partnership ("Contractor") entered into a First Amended and Restated Contract, effective September 1, 2017, to provide innovative, cost-effective, high quality care management services, network management services, quality management activities and comprehensive Behavioral Health services for certain MassHealth Covered Individuals, including but not limited to Care Management Program for individual Enrollees with complex medical and/or behavioral health conditions, through a program known as the MassHealth PCC Plan's Comprehensive Behavioral Health Program or Management Support Services, and Behavioral Health Specialty Programs ("BHP MSS Contract" or "Contract"); and

WHEREAS, in accordance with **Section 13.3** of the Contract, EOHHS and the Contractor desire to further amend their agreement effective January 1, 2021, in accordance with the rates, terms and conditions set forth herein; and

WHEREAS, EOHHS and the Contractor amended the First Amended and Restated Contract on December 29, 2017 (Amendment #1); January 31, 2018 (Amendment #2); October 3, 2018 (Amendment #3); December 21, 2018 (Amendment #4); January 10, 2019 (Amendment 5), June 5, 2019 (Amendment #6); October 7, 2019 (Amendment #7); December 31, 2019 (Amendment #8); June 8, 2020 (Amendment #9); December 2, 2020 (Amendment #10); and

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

NOW, THEREFORE, in consideration of the mutual undertakings, EOHHS and the Contractor agree to amend the BHP MSS Contract as follows:

SECTION 1. DEFINITIONS AND ACRONYMS

1. **Section 1.1** is hereby amended by alphabetically inserting the following definitions:

   "Chronic Homelessness: a definition established by the U.S. Department of Housing and Urban Development (HUD) of a disabled individual who has been continuously homeless on the streets or in an emergency shelter or safe haven for 12 months or longer, or has had four or more episodes of homelessness (on the streets, or in an emergency shelter, or safe haven) over a three-year period where the combined occasions must total at least 12 months (occasions must be separated by a break of at least seven nights; stays in institution of fewer than 90 days do not constitute a break). To meet the disabled part of the definition, the individual must have a diagnosable substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairment resulting from a brain injury, or chronic physical illness, or disability, including the co-occurrence of two or more of those conditions."

   "Community Support Programs for Chronically Homeless Individuals (CSP-CHI): a program subject to the Medical Necessity requirements under 130 CMR 450.204, other Contract requirements, and applicable statutory and regulatory requirements, the Contractor shall provide CSP services as set forth in **Appendix A-1** to chronically homeless individuals as described in **Section 4.19."**

   "Early Intensive Behavioral Intervention (EIBI): a service that provides for the performance of behavioral assessments; interpretation of behavioral 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 the youth's successful functioning EIBI includes services provided by two different set credentials Licensed Applied Behavior Analyst and behavior technician/paraprofessional. It is delivered by one or more members of a team of qualified providers consisting of professional and paraprofessional staff."

   "Permanent Supportive Housing (PSH): a model of housing that combines ongoing subsidized housing matched with flexible health behavioral health, social, and other support services."

2. **Section 1.1** is hereby further amended by deleting the definition of **"PCC Hotline"** and **"PCC Performance Dashboard"**.

3. **Section 1.2.** is hereby amended by alphabetically inserting the following acronyms:

   "CSP-CHI – Community Support Program for Chronically Homeless Individuals"

   "PSH – Permanent Supportive Housing"

4. **Section 1.2.** is hereby further amended by deleting the acronyms **"CSMP-Controlled Substance Management Program"** and **"PBHMI-Pediatric Behavioral Health Medication Initiative"**.

SECTION 2. GENERAL ADMINISTRATIVE REQUIREMENTS

5. **Section 2.3.I.3** is hereby amended by adding at the end therein the following language:

   "m. For Covered Individuals actively receiving Early Intensive Behavioral Intervention services through Early Intervention Services, developing protocols to ensure continuity of these services for a minimum of 90 days after such service becomes effective with the Contractor. Such protocol shall include the use of single-case agreements, full acceptance and implementation of existing prior authorizations for EI services, and individual transition plans."

SECTION 3. BEHAVIORAL HEALTH NETWORK RESPONSIBILITIES

6. **Section 3.1.A.6.** is hereby amended by deleting it in its entirety and replacing it with the following.

   "6. Propose by the Service Start Date, and implement subject to EOHHS approval, a Network management strategy to engage with PCCs, specialty Providers, high-volume prescribers, and hospital Emergency departments to improve access for Covered Individuals who may be under- or over-utilizing Behavioral Health services. The proposal shall include but is not limited to methods for the Contractor's staff and its Behavioral Health Network Providers to use to identify Enrollees who may benefit from participation in the Care Management Program described in **Section 6.2.**"

7. **Section 3.5.C.1.** is hereby amended by striking the words "rate floor set by EOHHS" inserting in place therefore the following language:

   "rates specified in 101 CMR 352.00, unless otherwise directed by EOHHS,"

8. **Section 3.5.C.2.** is hereby amended by striking the words "rate floor set by EOHHS" inserting in place therefore the following language:

   "rates specified in 101 CMR 352.00, unless otherwise directed by EOHHS,"

SECTION 4. CLINICAL SERVICE AND UTILIZATION MANAGEMENT

9. **Section 4.10** is hereby amended by adding at the end therein the following language:

   "3. The Contractor shall, as further directed by EOHHS, including but not limited to in Managed Care Entity Bulletins, with respect to CSP-CHI:

      a. Actively communicate with CSP-CHI providers regarding the provision of CSP-CHI services to Covered Individuals, including coordinating care to ensure that Covered Individuals' needs are met;

      b. Require that Network Providers of CSP-CHI have demonstrated experience and employed staff as further specified by EOHHS;

c. Develop performance specifications for the delivery of CSP-CHI as specified by EOHHS and submit such performance specifications to EOHHS as well as any updates to the specifications as they occur;

d. Ensure that rates paid for CSP-CHI services are reflective of the current market rate and are sufficient to ensure network adequacy. The Contractor shall ensure providers comply with billing requirements specified by EOHHS, including but not limited to using codes specified by EOHHS;

e. Report to EOHHS about its network providers of CSP-CHI in accordance with **Appendix E-1**;

f. Designate a single point of contact for CSP-CHI to provide information to CSP-CHI providers and EOHHS as further specified by EOHHS; and

g. Collect and maintain written documentation that the Covered Individuals receiving CSP-CHI are chronically homeless as further specified by EOHHS."

10. **Section 4.12.A** is hereby amended by deleting it in its entirety and inserting in lieu thereof the following language:

"A. The Contractor shall provide specialized Inpatient Services for Covered Individuals under the age of 21 with Autism Spectrum Disorder or Intellectual or Developmental Disability (ASD/IDD) in specialized ASD/IDD inpatient treatment setting as directed and at a rate specified by EOHHS."

11. **Section 4.13.B** is hereby amended by striking the words "rate specified by EOHHS" and replacing it with the following:

"rate specified in 101 CMR 358.00"

12. **Section 4.13.F** is hereby amended by deleting it in its entirety.

13. **Section 4.13.G** is hereby amended by deleting it in its entirety.

14. **Section 4.17.B.1.d** is hereby amended by striking "**4.17.A.2**" and inserting in lieu thereof the following "**4.17.B.2**".

SECTION 5. PCC PLAN MANAGEMENT SUPPORT SERVICES

15. **Section 5.2.D** is hereby amended by deleting it in its entirety and replacing it with the following language:

"**D. PCC Reporting Activities**

1. Reports for PCCs

The Contractor shall:

a. Develop and distribute reports to the PCCs at a frequency approved by EOHHS in content areas, including but not limited to the following Covered Individuals identified as High Risk as defined by EOHHS and their:

1) Enrollment in the Case Management Programs;

2) Emergency department utilizations; and

3) The Top Five Outpatient Behavioral Report that identifies the top five behavioral health providers of outpatient services used by PCC Plan Covered Individuals in a PCC panel.

4) Other reports at the direction of EOHHS.

b. Maintain a secure transmittal process for such reports to each PCC and PCC Service Locations.

2. Additional Reports and Reporting Activities

a. The Contractor shall propose to EOHHS additional reports to support the PMSS program as appropriate.

b. The Contractor shall produce additional PMSS reports, including but not limited to analysis of trends identified from PMSS data, data and analytics on population health management, and other supplemental and management reports that support quality and integration activities as negotiated by the parties.

c. Upon the request of EOHHS, the Contractor shall participate in activities to enhance and align with any existing reports designed by EOHHS. EOHHS and the Contractor may negotiate report formats, methods and timeframe for these activities including design and propose for EOHHS approval additional clinical indicators that address medical and behavioral health integration.

d. EOHHS may at its discretion instruct the Contractor to replace the production of certain existing reports with reports generated for PCCs and PCC Service Locations as part of other EOHHS programs and/or initiatives (e.g., ACO)."

16. **Section 5.2.F.** is hereby amended by adding "webinars," after "regional learning sessions,".

SECTION 6. INTEGRATION OF CARE

17. **Section 6.1.B** is hereby amended by adding at the end therein the following language:

"18. Educate Primary Care Clinician on the availability of MCSTAP."

18. **Section 6.2.D** is hereby amended by adding at the end therein the following language:

"11. On a quarterly basis the Contractor shall provide monthly rosters to EOHHS of all members enrolled and engaged in ICMP or PBCM."

19. **Section 6.2.I.2** is hereby amended by deleting it in its entirety and replacing it with:

"2. The Contractor shall:

a. Not provide PBCM or ICMP services to Covered Individuals who are enrolled in a Community Partner program;

b. Establish processes and procedures to meet the requirements of **Section 6.2.I.2.a**; and

c. At the direction of EOHHS, co-ordinate with the CP team to ensure that duplication of care management does not occur among the PCC Plan members who are enrolled in a CP program."

SECTION 7. MEMBER AND PROVIDER SERVICES

20. **Section 7.1.G.4.j** is hereby amended by striking "and".

21. **Section 7.1.G.4.k** is hereby amended by striking "." and inserting ";"

22. **Section 7.1.G.4.l** is hereby amended by striking "." and inserting "; and".

23. **Section 7.1.G.4** is hereby amended by adding at the end therein the following language:

"m. Covered Services Lists."

SECTION 9. INFORMATION SYSTEMS AND TECHNICAL SPECIFICATION

24. **Section 9.7.A.4.a.2** is hereby deleted in its entirety and replaced with the following language:

"Member Services and Provider Relations; and"

25. **Section 9.7.B.4.a** is hereby amended by adding at the end therein the following language: "and".

26. **Section 9.7.B.4.b** is hereby amended by deleting "; and" and adding at the end therein the following: "."

27. **Section 9.7.B.4.c** is hereby amended by deleting it in its entirety.

SECTION 13. ADDITIONAL TERMS AND CONDITIONS

28. **Section 13.15** is hereby amended by deleting it in its entirety and replacing it with the following:

"A. The Contract is effective upon execution, through December 31, 2021, unless otherwise terminated or extended in accordance with this section or at such other time that EOHHS may implement changes that render the performance of the Contract unnecessary. At EOHHS's option, the Contract may be extended for up to five additional years from June 30, 2017, at the discretion of EOHHS, and in increments and upon terms to be negotiated by the parties.

B. EOHHS reserves the right to further extend the Contract for any reasonable increments it deems necessary to complete a subsequent procurement upon terms to be negotiated by the parties."

APPENDICES

Appendix E-1 is hereby amended by deleting it in its entirety and replacing it with the attached **Appendix E-1.**

Appendix G is hereby amended by deleting it in its entirety and replacing it with the attached **Appendix G.**

Appendix H-1 is hereby amended by deleting it in its entirety and replacing it with the attached **Appendix H-1.**

Appendix L is hereby amended by deleting it in its entirety and replacing it with the attached **Appendix L.**

APPENDIX E-1

PROGRAM REPORTING REQUIREMENTS

This Appendix summarizes the programmatic reporting requirements described in the Contract. In accordance with **Section 11.1.B** and **Section 11.2.B** of the Contract, the Contractor shall submit the report and corresponding Certification Checklist of all reports/submissions listed in **Appendix E** within the timelines specified herein.

For reports that have a performance target, the Contractor shall complete a narrative that includes the results, an explanation as to how the Contractor met the target or why it 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 specified 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 E**, unless otherwise noted. Such exhibits set forth the form and format the Contractor shall use for each report. These exhibits shall be provided to the Contractor and may be updated by EOHHS from time to time, without a Contract amendment. EOHHS shall notify the Contractor of any updates to the exhibits.

The Contractor shall prepare and submit to EOHHS the reports described in this Appendix, as well as ad hoc reports that may be requested by EOHHS. General requirements for report submissions, including instructions on formatting and data handling, are set forth in **Section 11** of the Contract. In the event of any inconsistency between the descriptions in this Appendix and the provisions in the Contract, the Contract controls.

Reporting Timetables

The Contractor shall provide reports to EOHHS according to the following timetable, unless otherwise specified or approved by EOHHS. All references to "annual" or "year-to-date" reports or data refer to the Contract Year, unless otherwise specified.

Reportable Adverse Incidents – Use secure e-mail system to send Reportable Adverse Incident reports to EOHHS by 5:00 p.m. (Eastern Time) on the same day that the Contractor receives Reportable Adverse Incident notification by 3:00 p.m. on a business day, in accordance with the established protocol. Submit Reportable Adverse Incident reports to EOHHS by the next business day if the Contractor receives Reportable Adverse Incident notification after 3:00 p.m. or on a non-business day, in accordance with the established protocol, unless otherwise approved by EOHHS.

Daily Reports – no later than 5:00 p.m. on the next business day following the day reported.

Weekly Reports – no later than 5:00 p.m. the next business day following the week reported.

Monthly Reports – no later than 5:00 p.m. on the 20th day of the month immediately following the month reported for non-Claims-based reports; Claims-based reports will allow for a 90-day Claims lag. If the 20th of the month falls on a non-business day, the reports will be due on the next business day. Monthly reports due October 20, January 20, April 20, and July 20 may be submitted with quarterly reports.

Quarterly Reports – no later than 5:00 p.m. on the 30th day of the month following the end of the quarter reported, for non-Claims-based reports, i.e., October 30, January 30, April 30, and July 30; or, if the 30th of the month falls on a non-business day, the next business day. Quarterly reports due January 30th will be submitted on February 15th and July 30th will be submitted August 15th. Claims-based reports shall allow for a 90-day Claims lag and report time, so that, for example, reports due on October 30th will present data for service dates for the quarter from April-June.

Semiannual Reports – no later than 5:00 p.m. on the 30th day following the end of the semiannual period reported, for non-Claims-based reports, i.e., January 30 and July 30; or, if the 30th of the month falls on a non-business day, the next business day. Semiannual reports are due August 30th for Jan – June. Reports due February 15th are for July - Dec. Claims-based reports shall allow for a 90-day Claims lag, so that, for example, the report due on January 30th will present data through September 30th.

Annual Reports – no later than 5:00 p.m. on February15th or, if February 15th falls on a non-business day, the next business day. Claims-based annual reports will allow for a 90-day Claims lag, so data due on February15th will be for Claims no later than September.

One-time, Periodic, and Ad Hoc Reports – no later than the time stated, or as directed by EOHHS.

Reportable Adverse Incidents

1. **BEHAVIORAL HEALTH REPORTABLE ADVERSE INCIDENTS AND ROSTER OF REPORTABLE ADVERSE INCIDENTS – DAILY INCIDENT DELIVERY REPORT – BH-01**

   Report of Reportable Adverse Incidents that comes to the attention of the Contractor.

One-time, Periodic and Ad Hoc Reports

2. **AUTHORIZATION REPORTS FOR CBHI SERVICES – BH-N/A**

   Summary report of authorizations units of services requested, approved and denied for CBHI Services.

3. **MCPAP PROGRAM UTILIZATION**

   Other program utilization data elements that may be identified by EOHHS, MCPAP and DMH in response to quality improvement initiatives or policy questions.

4. **ADDITIONAL MCPAP REPORTS**

   Additional MCPAP reporting requirements as directed by EOHHS and DMH.

Daily Reports

5. **DEPARTMENT OF MENTAL HEALTH (DMH) DAILY ADMISSIONS – BH-17**

   Report of DMH Clients who were admitted to Behavioral Health 24-hour Level-of-Care services. (Report provided to DMH.)

6. **COVERED INDIVIDUALS BOARDING IN EMERGENCY DEPARTMENTS OR ON ADMINISTRATIVELY NECESSARY DAYS (AND) STATUS – BH-26**

   Report on any Covered Individuals awaiting placement in a 24-hour level of behavioral health care that remains in an emergency department for 24 hours or longer, as further specified by EOHHS. For AND Report, report on any Covered Individuals in AND status as described in **Appendix A-1,** in a format agreed to by EOHHS.

Monthly Reports

7. **CBHI SERVICES PROVIDER MONITORING REPORTS – BH-N/A**

   a. Provider access reports: Aggregated by Region and by service – including In-Home Therapy, Therapeutic Mentoring and In-Home Behavioral Services.

   b. Provider access reports: Provider-specific data on capacity, access and wait times for In-Home Therapy, Therapeutic Mentoring and In-Home Behavioral Services.

   c. CSA Monthly Provider-level report and CSA waitlist follow-up report, Provider-specific. (due on the 30th of each month)

   d. MCI Provider-level report on timeliness of encounter and location of Encounter.

8. **CSA REPORTED AND AGGREGATED DATA – BH-N/A**

   CSA-reported data on referrals, discharges, enrollment and staffing, as described in CSA Operations Manual.

9. **ESP UTILIZATION REPORT – BH-N/A**

   Report, utilizing the ESP Encounter form database.

10. **PROVIDER CONCERNS REPORT – BH-27**

    Report of all concerns reported by Network Providers stratified by PCC Network Providers and MBHP Network Providers.

11. **PCC AND BH NETWORKS SITE VISIT REPORT – BH-29**

    Report of PCC and BH Network site visits, which includes but is not limited by the requirements of **Section 5.2.C.2-3.**

12. **PCC PLAN MANAGEMENT SUPPORT SERVICES REPORT – BH-30**

    Report of PCC Plan Management Support deliverables.

13. **CARE MANAGEMENT REPORT – BH-N/A**

    Report of all Care Management, Integrated Care Management and Practice-Based Care Management, which includes but is not limited to the requirements found **in Section 5.3** and **Section 6** in a form and format to be determined by EOHHS and the Contractor.

14. MCPAP PCP

Number of PCPs and PCP practices enrolled in MCPAP and number of obstetric practices and providers enrolled in MCPAP for Moms.

15. MCPAP MONTHLY ENCOUNTER

For each MCPAP Team (i.e., Boston North, Boston South, and Central/West) Site/Institution, and statewide and for MCPAP for Moms and AIDCCAP Behavioral Team and Statewide Physician Consult Team: number of encounters by type of encounter, diagnosis, reason for contact, and insurance status of the child. For AIDCCAP Behavioral Team and Statewide Physician Consult Team, must include location of individual (e.g. home, school, emergency department, community-based behavioral health provider), name of the ESP/MCI Team or ED seeking consult, and patient demographic data including race, ethnicity, and primary language.

16. MCPAP MONTHLY UNDUPLICATED COUNT

For each MCPAP Team, (i.e., Boston North, Boston South, and Central/West), Site/Institution, and statewide and for MCPAP for Moms and AIDCCAP Behavioral Team and Statewide Physician Consult Team: unduplicated count of Covered Individuals served, by type of encounter and insurance status of the Covered Individual.

17. MCPAP MONTHLY RESPONSE TIME

For each MCPAP team and AIDCCAP Behavioral and Statewide Physician Consult Team and for MCPAP for Moms, percentage of providers that receive advice within 30 minutes of their contact (for those providers that do not request call back later than 30 minutes). For each MCPAP and MCPAP for Moms team the percentage of resource and referral requests that are completed within 3 business days.

18. MCPAP AVERAGE ENCOUNTER

Average number of encounters per unduplicated Covered Individuals, by MCPAP (i.e., Boston North, Boston South, and Central/West), Site/Institution, and statewide and for MCPAP for Moms and AIDCCAP Behavioral Team and Statewide Physician Consult Team.

19. MCPAP ENROLLED PCPS

Number of enrolled PCPs, by MCPAP Team (i.e., Boston North, Boston South, and Central/West) and by Site/Institution and number of enrolled obstetric providers in MCPAP for Moms.

Quarterly Reports

20. TELEPHONE STATISTICS – BH-19

Report including a separate section for clinical calls and Provider and Covered Individual services calls that includes the number of calls, received, answered and abandoned, as well as the measures of Contract performance standards on calls answered within 30 seconds, and average speed of answer.

21. CANS COMPLIANCE: – BH-14

CANS Compliance. This report is required when CANS data is made available through the Virtual Gateway

22. BEHAVIORAL HEALTH CLINICAL OPERATIONS/INPATIENT AND ACUTE SERVICE AUTHORIZATION, DIVERSIONS, MODIFICATION AND DENIAL REPORT – BH-13

Summary report on authorizations, diversions, modifications, and service denials of mental health inpatient services and substance use disorder acute services. In addition, summary report of number of:

- Covered Individuals enrolled in PACT;
- Covered Individuals enrolled in PACT who assessed psychiatric inpatient level of care;
- Covered Individuals enrolled in PACT who assessed Crisis Stabilization Services; and
- Covered Individual's enrolled in PACT who assessed Community Crisis Stabilization.

23. BEHAVIORAL HEALTH CLINICAL OPERATIONS AND ACUTE SERVICE AUTHORIZATION, DIVERSIONS, MODIFICATION AND DENIAL REPORT (ABA) – BH-08

Summary report on ABA authorizations, diversions, modifications, and service denials of mental health inpatient services and substance use disorder acute services.

24. SUBSTANCE USE DISORDER CLINICAL OPS/INPATIENT AUTHORIZATION REPORT – BH-23

Substance Use Disorder Clinical Operations/Inpatient & Acute Service Authorization Modification and Denial Report

25. PHARMACY RELATED ACTIVITIES REPORT BH-N/A

A report on pharmacy-related activities the Contractor has performed in support of the Contract, which includes but is not limited to the requirements found in **Section 4.4.A.3.b.**

26. BEHAVIORAL HEALTH UTILIZATION AND COST REPORT– BH-15

A summary of Behavioral Health costs and utilization.

27. CLAIMS PROCESSING REPORT – BH-N/A

Behavioral Health Claims processed, paid, denied, and pending per month.

28. BH PROVIDER NETWORK ACCESS AND AVAILABILITY REPORTS: – BH-18

a. Summary of significant changes in the Provider Network.

b. BH Network geographic access.

c. Use of out-of-Network Providers.

d. Appointment time availability standards.

29. FORENSIC EVALUATIONS – BH-N/A

Report of forensic evaluations including but not limited to: calls for Designated Forensic Professionals, source of calls, geographic locations of the calls, and number of transfers under M.G.L. c. 123, § 18(a)

30. QUARTERLY FRAUD REFERRAL AND RESPONSE REPORT – BH-N/A

Report that includes a description of any new Provider fraud referrals the Contractor made during the period reported, as well as a summary of any trends in fraud and abuse, as well the amount of monies recovered, if any, during the previous quarter, from any Provider(s).

31. MASSACHUSETTS CHILD PSYCHIATRY ACCESS PROJECT REPORT- BH-N/A

a. Report of MCPAP Providers, PCC enrollment in MCPAP, Encounters, outcomes, revenue and budget **(Section 4.5.J.)**;

b. Report on aggregate de-identified adolescent substance use Encounters by MCPAP Providers statewide **(Section 4.5.N.4);**

c. Report of early childhood BH Encounters by MCPAP Providers statewide stratified by months and year to date **(Section 4.5.O.1).**

32. MOBILE CRISIS INTERVENTION/RUNAWAY ASSISTANCE PROGRAM (MCI/RAP) OUTCOME AND OUTPUT MEASURES REPORT – BH-N/A

A report on outcomes and outputs related to the MCI/RAP, which includes but is not limited to the requirements found in **Section 4.9.F.**

33. MCPAP QUARTERLY TYPE OF PRACTICE

Number, location, type of practice visits (e.g. in person, web-ex/teleconference, etc.) including a brief description of topics covered made to MCPAP practices by MCPAP teams. Number, location, and type of practice visits made to MCPAP for Moms practices.

34. MCPAP QUARTERLY ENCOUNTER

For each MCPAP Team (i.e., Boston North, Boston South, and Central/West) Site/Institution, and statewide and for MCPAP for Moms and AIDCCAP Behavioral Team and Statewide Physician Consult Team: number of encounters by type of encounter, diagnosis, reason for contact, and insurance status of the child. For AIDCCAP Behavioral Team and Statewide Physician Consult Team, must include location of individual (e.g. home, school, emergency department, community-based behavioral health provider), the email address of the individual/ family, name of the ESP/MCI Team or ED seeking consult, and patient demographic data including race, ethnicity, and primary language. Quarterly and annual reports should show quarterly trends in number of encounters by type of encounter for three years.

35. MCPAP QUARTERLY UNDUPLICATED COUNT

For each MCPAP Team and AIDCCAP (i.e., Boston North, Boston South, and Central/West), Site/Institution, and statewide for MCPAP for Moms and AIDCCAP Behavioral Team and Statewide Physician Consult Team: unduplicated count of Covered Individuals served, by type of encounter and insurance status of the Covered Individual. Quarterly and annual reports should show quarterly trends in number of Covered Individuals served for three years.

36. MCPAP QUARTERLY RESPONSE TIME

For each MCPAP team, AIDCCAP Behavioral Team and AIDCCAP Statewide Physician Consult Team, and for MCPAP for Moms, percentage of providers that receive advice within 30 minutes of their contact (for those providers that do not request call back later than 30

minutes). For MCPAP and MCPAP for Moms, the percentage of resource and referral requests that are completed within 3 business days.

37. MCPAP APPOINTMENT AVAILABILITY

For each MCPAP team, the wait time for the first and next available appointments for face to face assessment with a MCPAP psychiatrist or with a MCPAP Behavioral Health clinician. If a MCPAP team fails to meet one or both of the wait time standards described in **Section 4.5.G.3.** for three consecutive months, the Contractor shall submit a report detailing the reasons why they are unable to meet the standards. The report must describe the number of face to face visits completed by each institution, reason for assessments, and the age, gender, diagnoses, and insurance coverage of children receiving the assessments.

38. AIDCCAP APPOINTMENT AVAILABILITY

For each AIDCCAP team, the wait time for the first and next available appointments for face-to-face or telehealth assessment with an AIDCCAP Statewide Physician Consult Team provider or with an AIDCCAP Behavioral Team provider. If an AIDCCAP team fails to meet one or both of the wait time standards described in **Section 4.5.I.5.** for three consecutive months, the Contractor shall submit a report detailing the reasons why they are unable to meet the standards. The report must describe the number of face-to-face or telehealth visits completed by each institution, reason for assessments, and the age, gender, diagnoses, race, ethnicity, primary language, and insurance coverage of children and young adults receiving the assessments.

39. MCPAP OUTREACH AND TRAINING

Number of outreach and training activities conducted by MCPAP for Moms to providers on screening and treatment of pregnant and postpartum women with substance use disorders.

40. AIDCCAP OUTREACH AND TRAINING

Number and type of outreach and training activities conducted by AIDCCAP for MCI/ESP teams and emergency departments as in **Section 4.5 J.9**. Number, if known, of individuals reached. Number of public awareness activities conducted by AIDCCAP for families of individuals with ASD/IDD, pediatric providers, staff at Autism Support Centers, and parent resource groups, or other stakeholders on topics described in **Section 4.5.J.10.** Number, if known, of individuals reached.

41. MCPAP QUARTERLY SATISFACTION SURVEYS

Results of satisfaction surveys for the MCPAP and MCPAP for Moms Clinical Conversation webinars.

42. PHARMACY QUARTERLY ACTIVITIES REPORT.

The pharmacy director's quarterly activities report to EOHHS on pharmacy-related activities as described in **Section 4.4.A.5.**

43. MCPAP QUARTERLY/ANNUALLY NUMBER OF PRACTICE OUTREACH ENCOUNTER

Submit each quarter and annually a report on the number of practice outreach encounters conducted by each MCPAP psychiatrist with their assigned practices. The

specific encounter types to be included in these reports are practice support on-site and practice support off-site.

Semi-Annual Reports

44. PCC PLAN MANAGEMENT ACTION PLAN DATABASE REPORT – BH-31

Report that includes requirements found in **Section 5.2.A.6.** The specification of the report will be developed by the Contractor and EOHHS.

45. FRAUD AND ABUSE ACTIVITY REPORT

Submit semiannual written reports on the Contractor's fraud and abuse activities to include provider identification information as specified by EOHHS, summary of total recoupment and referrals of fraud and abuse by provider entity.

46. BOH APPEALS REPORT – BH-N/A

A report that includes but is not limited to, for each category of Adverse Action, the number, nature, resolution and time frame for resolution of BOH Appeals, stratified by level of Appeal, Region, and Level of Care.

47. GRIEVANCE AND INTERNAL APPEALS REPORT – BH-22

A report on the number of Grievances and Internal Appeals, including the type of Grievance or Internal Appeal, type of resolution, and the timeframe for resolution.

48. COORDINATION OF BENEFITS/THIRD-PARTY LIABILITY REPORT – BH-N/A

a. Third-party health insurance cost avoidance Claims amount, by carrier

b. Third-party health insurance total recovery savings, by carrier.

Annual Reports

49. NETWORK MANAGEMENT STRATEGIES REPORT – BH-N/A

A summary description of the Contractor's network management strategies and activities related to access, appropriateness of care, continuity of care, cost efficiency, and treatment outcomes; including an analysis of the effectiveness of the Contractor's strategies and activities; and the Contractor's plans for implementing new strategies or activities.

50. BEHAVIORAL HEALTH ADVERSE INCIDENT SUMMARY REPORT – BH-02

Summary report of Reportable Adverse Incidents.

51. BEHAVIORAL HEALTH AMBULATORY CONTINUING CARE RATE – BH-04

Report of Outpatient Services or non-24-hour Diversionary Services a Covered Individual receives after being discharged from a 24-hour Level of Care service.

52. BEHAVIORAL HEALTH READMISSION RATES REPORT – BH-03

Report of the number and rate of readmissions to 24-hour Level of Care within 7, 30, 60 and 90 days of discharge from a 24-hour Level of Care setting, stratified by type of service, DMH involvement, PCC Plan enrollment, and age.

53. PAY FOR PERFORMANCE INCENTIVE REPORTING – BH-N/A

Report on selected Pay-for-Performance measures, as defined in **Appendix G**.

54. SATISFACTION SURVEY SUMMARY – BH-32

Periodic reports as described in **Section 8.4** due within 60 calendar days following the end of the survey period, the results and analysis of the findings report of satisfaction survey conducted with Network Providers, PCCs, Covered Individuals.

55. MEDICAL RECORDS REVIEW REPORT –BH-11

Report that includes requirements found in **Section 8.9.A.2**, as will be developed by EOHHS and Contractor.

56. PCC PLAN MANAGEMENT SUPPORT SERVICES REPORT – BH-33

Summary report of PMSS activities and integration efforts for the previous Contract Year that includes efforts to enhance integration and PCC health delivery, goals, and results as required by but not limited to **Section 5.2.A.10.**

57. PCC COMPLIANCE WITH PCC PROVIDER AGREEMENT –BH-34

Report of PCCs' compliance with the PCC Provider Agreement as required by but not limited to **Section 5.2.B.**

58. PROVIDER PREVENTABLE CONDITIONS - BH-N/A

Report on Provider Preventable Conditions as required in **Section 10.14.F** and **Section 2.3.F.**

59. MOBILE CRISIS INTERVENTION/RUNAWAY ASSISTANCE PROGRAM (MCI/RAP) OUTCOME AND OUTPUT MEASURES REPORT- BH-N/A

An annual summary report on outcomes and outputs related to the MCI/RAP which includes but is not limited to the requirements found in **Section 4.9.F**

60. PCC PLAN MANAGEMENT SUPPORT SERVICES TRAINING- BH-35

Summary of activities related to the approved plan for training and enhancing staff performance on all functions associated with the PCC Plan Management Support Services; and the results of training on staff performance.

61. PCC PLAN INTEGRATED CARE MANAGEMENT REPORT- BH-36

Summary annual report on all Care Management, Integrated Care Management Report, and Practice-Based Care Management which includes but is not limited to the requirements of **Section 5.3** and **Section 6**.

62. MCPAP TEAMS

Composition of MCPAP Teams for MCPAP, MCPAP for Moms, and AIDCCAP including staffing and their FTEs (Full Time Equivalents).

63. MCPAP PEDIATRIC LIST

List of pediatric PCCs, noting which PCCs have enrolled in MCPAP and which PCCs have not yet enrolled and noting efforts to enroll each unenrolled PCC.

64. MCPAP Annual Type of Practice

Number, location, type of practice visits (e.g. in person, web-ex/teleconference, etc.) including a brief description of topics covered made to MCPAP practices by MCPAP teams. Number, location and type of practice visits made to MCPAP for Moms practices.

65. MCPAP Annual Encounters

For each MCPAP Team (i.e., Boston North, Boston South, and Central/West) Site/Institution, and statewide and for MCPAP for Moms and AIDCCAP Behavioral Team and Statewide Team: number of encounters by type of encounter, diagnosis, reason for contact, and insurance status of the child. For AIDCCAP Behavioral Team and Statewide Physician Consult Team, must include location of individual (e.g. home, school, emergency department, community-based behavioral health provider), the email address of the individual/ family, name of the ESP/MCI Team or ED seeking consult, and patient demographic data including race, ethnicity, and primary language. Quarterly and annual reports should show quarterly trends in number of encounters by type of encounter for three years.

66. MCPAP Annual Unduplicated Count

For each MCPAP Team i.e., Boston North, Boston South, and Central/West), Site/Institution, and statewide and for MCPAP for Moms and AIDCCAP Behavioral Team and Statewide Team: unduplicated count of Covered Individuals served, by type of encounter and insurance status of the Covered Individual. Quarterly and annual reports should show quarterly trends in number of Covered Individuals served for three years.

67. MCPAP Children Consultation

For each MCPAP team, the number of children whom PCPs request consultation for at least two or more times during the contract year (i.e. episodes of care). This episode report must describe the characteristics of the patients (e.g. age, gender, diagnoses, insurance, etc.), type and average number of encounters provided to PCP and family (if relevant), reasons for consultation, and outcome of consultation. In addition, the report shall identify the number and percentage of PCPs that receive consultation from the same MCPAP psychiatrist for their calls regarding the same patient. This report should include a frequency distribution of the ratio of number of those calls responded to by the same MCPAP psychiatrist. Report these metrics by MCPAP team and statewide.

68. AIDCCAP Children Consultation

For each AIDCCAP Behavioral Team and Statewide Physician Consult Team, the number of children and young adults whom ESP/MCI teams or EDs request consultation for at least two or more times during the contract year (i.e. episodes of care). This episode report must describe the demographics of the patient (e.g. age, gender, diagnoses, insurance, race, ethnicity, primary language, etc.), type and average number of encounters provided to ESP/MCI or ED and family (if relevant), reasons for consultation, type of intervention advised/ provided, and outcome of consultation.

69. MCPAP Annual Provider Experience Survey

Results of annual Provider Experience Surveys for MCPAP, MCPAP for Moms, and AIDCCAP.

70. MEDICAL LOSS RATIO REPORT (MLR)

Provide annually the Medical Loss Ratio report as specified in **Section 10.14.E.**

71. COMMUNITY SUPPORT PROGRAM – CHRONICALLY HOMELESS INDIVIDUALS (CSP-CHI)

Provide annually the Community Support Program – Chronically Homeless Individuals (CSP-CHI) report as specified by EOHHS.

APPENDIX G

BEHAVIORAL HEALTH PERFORMANCE INCENTIVES (SECTION 8.6.C)

Effective Contract Year 2021

Introduction

The performance-based incentives for Contract Year 2021 (henceforth referred to as CY21) are summarized below. The summary includes baseline criteria, population descriptions, strategic goals, specific performance targets, and associated available earnings.

The earnings associated with each performance-based incentive correspond with the degree of the Contractor's success in meeting the established incremental goals. The measure of the Contractor's success for each performance-based incentive is described in detail below. For each performance-based incentive, levels of success are associated with levels of payment. The Contractor shall only be paid the single amount listed in the single level which corresponds to the actual results achieved based on the measurement methodologies.

Methodology

The Contractor shall design a project methodology, for review and approval by EOHHS, for each of the performance-based incentives in **Appendix G**. Each methodology shall further define and clarify the purposes, goals and deliverables associated with each incentive, and shall provide the technical specification for each measurement. Elements to be defined include, at minimum: baseline, numerator, denominator, continuous eligibility requirements, measurement period, population exclusions, deliverables, and final reporting schedules. EOHHS will use **Appendix G** and the project methodology when reviewing the results of each project to determine the amount of incentive payments, if any, the Contractor has earned. For all measures, the measurement period for the calculation of results shall conform with the Contract Year period.

Measures and Developing the Baseline

The Contractor shall produce all required baseline measurements and shall use the same methodology when producing the repeat measurements for non-HEDIS indicators. The Contractor shall follow this methodological pattern in each Contract Year.

For Healthcare Effectiveness Data and Information Set (HEDIS) measures, HEDIS specifications will be used for the evaluation of related measures included in the performance-based incentives corresponding to each measurement year. For CY21, the Contractor shall refer to the HEDIS technical measure specifications for 2020 and 2021.

The Contractor shall develop the following strategic priorities for network performance improvement in CY21: (1) Crisis Care Optimization; (2) Care Transition and Continuity; (3) Outpatient Access, Quality, and Care Integration; and (4) other EOHHS Strategic Priorities.

I. Incentive 1, Crisis Care Optimization.

For **1.M1A**, if the Contractor increases community-based evaluations and/or reduces inpatient dispositions from Mobile Crisis Intervention (MCI) CY 2021 by 5%, 10%, or 15% through diversionary activities for youth ages 12 and under who have been evaluated by MCI and are awaiting disposition in a non-ED location. The Contractor will receive only the amount indicated for the highest goal met.

For **1.M1B**, if the Contractor reduces the time to disposition for youth ages 12 and under who have been evaluated by MCI and are awaiting disposition in a non-ED location for CY2021 by 5%, 10%, or 15%. The Contractor will receive only the amount indicated for the highest goal met.

For **1.M1C**, if the Contractor improves the overall quality of data by reducing entry errors into MABHA by the Emergency Services Programs, the Contractor will receive the incentive payment for only that measure. Data entry errors include incorrect MassHealth ID number, duplicate entries, and/or the same MassHealth member entered at differing times with differing demographic information such as gender or race and missing or blank fields. Reducing these errors by creating new back-end reporting and/or leveraging new algorithms will enable the Contractor to achieve this goal.

For **1.M2A**, if the Contractor meets or exceeds the 50th or 75th percentile National Medicaid Benchmark for the 7-day rate of follow up after an ED visit for mental health (FUM) in CY2021. The Contractor will receive only the amount indicated for the highest goal met.

For **1.M2B**, if the Contractor meets or exceeds the 50th or 75th National Medicaid Benchmark for the 30-day rate of follow up after an ED visit for mental health (FUM) in CY2021. The Contractor will receive only the amount indicated for the highest goal met.

For **1.M2C**, the Contractor will create a custom measure and establish a baseline for the rate of Covered individuals who have follow-up within 7 days of an ED visit for mental health *after* the Member has left the ED (proxy FUM measure that removes visits that happen while the Member is still in the ED).

For **1.M2D**, the Contractor will create a custom measure and establish a baseline for the rate of Covered individuals who have follow-up within 30 days of an ED visit for mental health *after* the Member has left the ED (proxy FUM measure that removes visits that happen while the Member is still in the ED).

The maximum incentive payment for Incentive 1 is $850,000.

Measure	Crisis Care Optimization Goals	Incentive		
1.M1A	Increase in community-based evaluations and/or reduction in inpatient dispositions from Mobile Crisis Intervention (MCI) CY 2021 by 5%, 10%, or 15% for CY2021 from the baseline of CY2020.	5% = $100,000	10% = $125,000	15% = $150,000
1.M1B	Reduce the time to disposition and placement for youth ages 12 and under in non-ED settings for CY2021 by 5%, 10%, or 15% for CY2021 from the baseline of CY2020.	5% = $100,000	10% = $125,000	15% = $150,000
1.M1C	Reduction of MABHA data entry errors by creating a new back-end reporting system and initiating algorithms to identify data entry errors.	$100,000		
1.M2A	Meet or exceed the 50th or 75th National Medicaid Benchmark for the 7-day rate of follow up after an ED visit for mental health (FUM 7-day) in CY2021.	50^{th} = $75,000	75^{th} = $100,000	
1.M2B	Meet or exceed the 50th or 75th National Medicaid Benchmark for the 30-day rate of follow up after an ED visit for mental health (FUM 30-day) in CY2021.	50^{th} = $75,000	75^{th} = $100,000	
1.M2C	Create a custom measure and establish a baseline for the rate of Covered individuals who have follow-up within 7 days of an ED visit for mental health after the Member has left the ED.	$125,000		
1.M2D	Create a custom measure and establish a baseline for the rate of Covered individuals who have follow-up within 30 days of an ED visit for mental health after the Member has left the ED.	$125,000		

II. Incentive 2, Care Transition and Continuity

For **2.M1**, if the Contractor meets the 5% or 10% reduction in 30, 60, and 90 day readmission rates for covered individuals seen in any of the following levels of care: Inpatient psychiatric care or Acute Treatment Services (ATS). The Contractor will receive only the amount indicated for the highest goal met. Readmissions between these levels of care, for example, a member receiving care in ATS then within 30 days in inpatient psychiatric care, should be included in the numerator.

For **2.M2A**, if the Contractor meets or exceeds an increase of 2% in the 7-day rate of follow up after hospitalization (FUH) for medication management as a subset of the FUH numerator in CY2021 when compared to CY2020, the Contractor will receive the incentive payment of only that measure.

For **2.M2B**, if the Contractor meets or exceeds an increase of 2% in the 30-day rate of follow up after hospitalization (FUH) for medication management as a subset of the FUH numerator in CY2021 when compared to CY2020, the Contractor will receive the incentive payment of only that measure.

For **2.M3**, if the Contractor creates a custom measure and reports on a baseline for the rate of eligible covered individuals who receive Recovery Support Navigator (RSN) services after discharge from an Acute Treatment Service (ATS) and/or Clinical Stabilization Services (CSS), the Contractor will receive the incentive payment for only that measure.

The maximum incentive payment for Incentive 2 is $600,000.

Measure	Care Transition and Continuity Goals	Incentive	
2.M1	Reduction of readmission rates across inpatient psychiatric care and ATS.	**5% Reduction**	**10% Reduction**
2.M1A	30-day	$50,000	$75,000
2.M1B	60-day	$50,000	$75,000
2.M1C	90-day	$50,000	$75,000
2.M2A	Increase of at least 2% in the 7-day rate of follow after hospitalization (FUH) for medication management as a subset of the FUH numerator in CY2021 from CY2020.	$125,000	
2.M2B	Increase of at least 2% in the 30-day rate of follow up after hospitalization (FUH) for medication management as a subset of the FUH numerator in CY2021 from CY2020.	$125,000	
2.M3	Contractor creates a custom measure and reports on a baseline for the rate of eligible covered individuals who receive Recovery Support Navigator (RSN) services after discharge from an Acute Treatment Service (ATS) for CY2021.	$125,000	

III. Incentive 3, Outpatient Access, Quality and Integration

For **3.M1**, if the Contractor increases the rate of Open Access (OA) providers in the Contractor's network by 5% in CY2021 when compared to the percent of OA providers in CY2020, the Contractor will receive the incentive payment for only that measure. OA providers are those who offer walk-in or same or next day scheduling of assessment, pharmacotherapy services (i.e. medication evaluation and management), and group and individual therapy to a current or new patient. Additionally, the Contractor will conduct a promising practices webinar highlighting OA providers in order to promote cross-pollination of ideas, best practices, and collaboration.

3.M2A and **3.M2B** will focus on OUD, stratifying the IET initiation and engagement data to look further at OUD. There is often a lack of clarity in the data for other substances of abuse. The plan to focus on OUD will produce clearer results and allow better understanding of the data.

For **3.M2A**, if the Contractor meets or exceeds the 50th or 75th percentile National Medicaid benchmark for the Initiation of Alcohol and Other Drug Abuse or Dependence Treatment (IET-initiation) stratified to OUD in CY2021. The Contractor will receive only the amount indicated for the highest goal met.

For **3.M2B**, if the Contractor meets or exceeds the 50th or 75th percentile National Medicaid benchmark for the Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET- engagement) stratified to OUD in CY2021. The Contractor will receive only the amount indicated for the highest goal met.

Given the findings in FY20 of an average high rate for MAT Utilization (the percentage of total covered individuals with an opioid use disorder diagnosis who have a medical or pharmacy claim for MAT) and MAT Adherence (80% medication possession ratio), focus for 2021 will be on providers with the most opportunity for improvement with Adherence.

For **3.M3,** the Contractor will initiate a project to identify providers who did not perform well on MAT Adherence and provide assistance to improve performance. MAT Adherence rate is the percentage of total covered individuals with an opioid use disorder who has been prescribed MAT (denominator) who have achieved an 80% medication possession ratio for the measurement period. The contractor will evaluate 6 months of MAT Adherence data, June 1 – December 1, 2020, to define providers performing in the bottom quartile on that measure. Once identified, the Contractor will assist these providers with the goal of improving quality of care and performance on MAT Adherence. After 5 months of assistance by the Contractor (January 1 – May 31, 2021), MAT Adherence will be measured for the following 6 months (June 1 – November 30, 2021) and compared to the June- November 2020 measurement period. The Contractor will receive payment if improvement of 4% or greater is seen on MAT Adherence for these providers when comparing these two 6-month measurement periods. The contractor will also be required to submit a summary report of this item.

EOHHS will share the specification for identifying Adherence, if required.

The maximum incentive payment for Incentive 3 is $550,000.

Measure	Outpatient Access, Quality, and Integration Goals	Incentive
3.M1	Increase in the rate of Open Access (OA) providers of at least 5% in CY2021 when compared to the percent of OA providers in CY2021	$150,000

Measure	Outpatient Access, Quality, and Integration Goals	Incentive	
	AND conduct a promising practices webinar highlighting OA providers in order to promote cross-pollination of ideas, best practices, and collaboration.		
3.M2A	Meet or exceed the 50th or 75th National Medicaid Benchmark for the Alcohol and Other Drug Abuse or Dependence Treatment (IET- initiation) stratified to OUD in CY2021.	50^{th} = $75,000	75^{th} = $100,000
3.M2B	Meet or exceed the 50th or 75th National Medicaid Benchmark for the Alcohol and Other Drug Abuse or Dependence Treatment (IET- engagement) stratified to OUD in CY2021.	50^{th} = $75,000	75^{th} = $100,000
3.M3	The Contractor will receive payment if improvement of 4% or greater on MAT Adherence is seen when comparing the two 6-month measurement periods. The contractor will also be required to submit a summary report of this item.	$200,000	

IV. Incentive 4, EOHHS Strategic Partnership Incentive

In partnership with EOHHS, the Contractor shall develop and oversee initiatives that support EOHHS strategic priorities related to the enhancement of behavioral health services and systems for covered individuals, providing written plans and summary reports on activities, including the following:

1. Identify, assess, and develop methods to decrease health care disparities in the delivery of BH treatment for covered individuals, including gathering information regarding the experience of BH treatment for racial minorities through the following:

    a. Develop a methodology to measure and report on the diversity of the MBHP provider network both at the individual and facility/clinic level. **Eligible payment: $50,000**

    b. Following implementation and assessment of results from 1 above, MBHP will implement, at a minimum, two strategies in collaboration to increase diversity of its network. **Eligible payment: $50,000**

2. In collaboration with EOHHS, develop a methodology for an alternative payment approach for the provision of innovative and value-based 24-hour diversionary treatment for substance use disorders. Identify, and engage, providers who have capacity to implement such a model and establish partnerships with at least one provider during the contract year to implement the value-based payment arrangement. Identify an approach towards measuring the efficacy of the alternative payment model and make recommendations about whether and how to scale the model and engage additional providers in subsequent contract years. **Eligible payment: $50,000**

To receive the incentive payment, the Contractor shall engage with EOHHS on a series of planning meetings around the deliverables for the above initiatives, defining specific project plans pertaining to the above items that are approved by EOHHS no later than March 31, 2021, and shall have completed a set of deliverables as defined in the project plan by the end of the CY21.

3. Continue collaborative work focused on Behavioral Health Redesign, responsive to the Commonwealth's behavioral health roadmap, including procurement and management of Emergency Services Programs (ESPs) and Community Behavioral Health Centers (CBHCs). The CBHC procurement shall enhance the integration of care and the delivery of services for covered individuals according to the following. The contractor shall:

    a. Issue a Request for Proposal (RFP) to procure CBHC providers, as defined by EOHHS, for each county in the Commonwealth. While ESP services will be procured separately, it is expected that the organizations selected to be CBHCs will also be providers of ESP services.; **Eligible payment: $100,000**

    b. Select winning bidders; **Eligible payment: $100,000**

    c. In consultation with EOHHS, execute provider agreements with each winning bidder for every county. Such provider agreements shall require CBHCs to:

        i. conform to the Performance Specifications for CBHC and Performance Specifications for CBHC for Youth and Families (Performance Specifications) and CBHC Accountability Grid provided by EOHHS. The Contractor will use the service specifications and medical necessity criteria documents approved by EOHHS in contracting.

        ii. provide access to both adult and child/youth covered services, as specified by EOHHS, either through direct service provision or the adult CBHC provider may subcontract with a separate entity to provide child/youth CBHC services. The requirements for children and youth are distinct, and may be provided through separate facilities, or separate areas in a larger facility.

        Eligible payment for 3.C: $250,000

    d. Work with EOHHS to produce a workplan for the design of the project to encompass the following deliverables, which shall result in the procurement of CBHCs, by January 1, 2022, unless otherwise modified by EOHHS:

        i. 2-3 working sessions convening key stakeholders from across EOHHS and other relevant agencies, including the Department of Public Health (DPH) and the Department of Mental Health (DMH) **Eligible payment: $100,000**

ii. Development of detailed performance specifications and medical necessity guidelines formalizing requirements, quality metrics and credentialing requirements based on the Program Specifications CBHC and Program Specifications CBHC for Youth and Families, provided by EOHHS. **Eligible payment: $150,000**

iii. A plan for contracting with up to 15 providers (1 for each county in the Commonwealth, and 2 for large counties) to be procured and operational by January 1, 2022. **Eligible payment: $150,000**

If the Contractor provides the deliverables as agreed upon by the Contractor and EOHHS for all three of the above initiatives, it will be eligible to receive the total incentive payment of **$1,000,000** for Incentive 4.

APPENDIX H-1

PAYMENT AND RISK SHARING PROVISIONS

Capitation Rates for Contract Year 2021: January 1, 2021, through December 31, 2021.

Section 1. MassHealth Capitation Payment

A. Per-Member Per-Month (PMPM) Capitation Rates for Contract Year 2021 (CY21) (pursuant to Section 10.2 of the Contract)

a. PCC and TPL: PMPM ($) Rates January 1, 2021 - December 31, 2021

Rating Category	Medical services PMPM	CBHI PMPM	ABA PMPM	SUD PMPM	Admin PMPM	Total PMPM
Rating Category I Child :	50.55	50.34	14.33	0.62	4.86	120.70
Rating Category I Adult :	47.09			8.74	4.83	60.66
Rating Category I TPL:	4.82	32.79	5.18	0.51	3.90	47.20
Rating Category II Child :	142.30	153.27	222.80	1.17	10.50	530.04
Rating Category II Adult :	170.52			7.50	11.49	189.51
Rating Category II TPL:	14.59	106.96	51.45	0.45	7.84	181.29
Rating Category IX :	80.22			17.48	5.55	103.25
Rating Category X :	403.71			130.78	16.34	550.83

b. Primary Care ACO: PMPM ($) Rates January 1, 2021 - December 31, 2021

Rating Category	Medical services PMPM	CBHI PMPM	ABA PMPM	SUD PMPM	Admin PMPM	Total PMPM
Rating Category I Child :	22.31	26.75	6.83	0.26	3.05	59.20
Rating Category I Adult :	44.22			8.65	3.28	56.15
Rating Category II Child :	99.08	167.11	192.52	0.57	7.41	466.69
Rating Category II Adult :	190.82			14.44	8.57	213.83
Rating Category IX :	91.32			25.60	4.50	121.42
Rating Category X :	335.53			179.54	12.18	527.25

B. Risk Sharing Corridors for Contract Period CY21, for the Medical Services rates Component of Rating Categories Child I, Adult I, Child II, Adult II, I-TPL, II-TPL, IX, and X (pursuant to Section 10.6 of the Contract) for PCC and TPL programs

1. Gain on the Medical Services Capitation Rates excluding CBHI, ABA and SUD services

The amount of the Gain on the aggregate Medical Services Capitation Rates for the Contract shall be defined as the difference between the Total Medical Services Capitation Payment and the Contractor's Total Expenditures for Covered Services, if such actual expenditures are less than the Total Medical Services Capitation Payment for Contract Year 2021. EOHHS and the Contractor shall share such gain in accordance with the table below.

Gain	MassHealth Share	Contractor Share
Between 0 and .5%	0%	100%
>.5%	100%	0%

2. Loss on the Medical Services Capitation Rates excluding CBHI, ABA and SUD services

The amount of the Loss on the aggregate Medical Services Capitation Rates for the Contract shall be defined as the difference between the Total Medical Services Capitation Payment and the Contractor's Total Expenditures for Covered Services, if such actual expenditures are greater than the Total Medical Services Capitation Payment for Contract Year 2021. EOHHS and the Contractor shall share such loss in accordance with the table below.

Loss	MassHealth Share	Contractor Share
Between 0 and .5%	0%	100%
>.5%	100%	0%

C. Risk Sharing Corridors for CY21 for the Medical Services rates Component of Rating Categories Child I, Adult I, Child II, Adult II, IX, and X (pursuant to Section 10.6 of the Contract) for the Primary Care ACO program,

1. Gain on the Medical Services Capitation Rates excluding CBHI, ABA and SUD services

The amount of the Gain on the aggregate Medical Services Capitation Rates for the Contract shall be defined as the difference between the Total Medical Services Capitation Payment and the Contractor's Total Expenditures for Covered Services, if such actual expenditures are less than the Total Medical Services Capitation Payment for the CY21. EOHHS and the Contractor shall share such gain in accordance with the table below.

Gain	MassHealth Share	Contractor Share
Between 0 and $100,000	99%	1%
>$100,000	100%	0%

2. **Loss on Medical Services Capitation Rates excluding CBHI, ABA and SUD services**

   The amount of the Loss on the Capitation Rates for the Contract shall be defined as the difference between the Total Medical Services Capitation Payment and the Contractor's Total Expenditures for Covered Services, if such actual expenditures are greater than the Total Medical Services Capitation Payment for the CY21. EOHHS and the Contractor shall share such loss in accordance with the table below.

Loss	MassHealth Share	Contractor Share
Between 0 and $100,000	99%	1%
>$100,000	100%	0%

D. Risk Sharing Corridors for Contract Year 2021 effective January 1, 2021, through December 31, 2021, for CBHI, ABA and SUD Services for PCC, TPL and Primary Care ACO programs:

The Contractor and EOHHS shall share risk for CBHI, ABA and SUD Services in accordance with the following provisions:

1. For Contract Year 2021, EOHHS shall conduct separate reconciliations with respect to CBHI, ABA and SUD Services, as follows:

   a. EOHHS will first determine the amount paid to the Contractor by EOHHS for CBHI, ABA and SUD Services for Contract Year 2021, by multiplying the following:

      i. The CBHI, ABA and SUD Add-On rates determined by EOHHS and provided to the Contactor in **Section 1.A** above; by

      ii. The number of applicable member months for the period.

   b. EOHHS will then determine the Contractor's expenditures for CBHI, ABA and SUD Services for Contract Year 2021, using claims data submitted in the report described in **Section D.2** below and Encounter Data submitted by the Contractor.

      If the amount paid to the Contractor, as determined by the calculation described in Section D.1.a above, is greater than the Contractor's expenditures, as determined by the calculation described in Section D.1.b above, then the Contractor shall be considered to have experienced a gain with respect to CBHI, ABA and SUD Services for Contract Year 2021. EOHHS and the Contractor shall share such gain in accordance with the table below for CBHI, ABA, and SUD services:

Gain	MassHealth Share	Contractor Share
Between $0 and $100,000	99%	1%
> $100,000	100%	0%

If the amount paid to the Contractor, as determined by the calculation described in **Section D.1.a** above, is less than the Contractor's expenditures, as determined by the calculation described in **Section D.1.b.** above, then the Contractor shall be considered to have experienced a loss with respect to CBHI, ABA and SUD Services for Contract Year 2021. EOHHS and the Contractor shall share such loss in accordance with the table below:

Loss	MassHealth Share	Contractor Share
Between $0 and $100,000	99%	1%
> $100,000	100%	0%

2. To assist with the reconciliation process for CBHI, ABA and SUD Services described above, the Contractor shall, within 180 days after the end of Contract Year 2021, submit claims data with respect to CBHI, ABA and SUD services in the form and formats specified in **Appendix E**.

Section 2. MassHealth Other Payments

A. Care Management Program

The Contractor shall calculate and report on the number of engaged enrollees in the Practice Based Care Management program (PBCM) on a monthly basis and shall be paid an Engagement PPPM, upon EOHHS review and approval, on a quarterly basis.

Base Per-Participant Per-Month (PPPM) Rate for Practice Based Care Management Contract.

Engagement:

Per Participant Per Month.....$175.00

B. Performance Incentives Arrangements

Total Performance Incentive Payments detailed in appendix G, may not exceed 105 percent of approved Capitation Payments attributable to the Covered Individuals or services covered by the Contract.

The Performance Incentive Payments for Contract Year 2021 will be a total of $3,000,000.

C. PCC Plan Management Support

Base Per-Member (PCC Enrollees Only) Rate for PCC Plan Management Support.

Per Participant Per Month.....$1.25

D. Add-on specialized inpatient psychiatric services per diem rate

EOHHS shall make an add-on per diem rate payment of $600 for specialized psychiatric inpatient claims as specified in **Section 4.12** and **Section 10** of the Contract. To assist with this payment processing, the Contractor shall provide claims data in a format and at a frequency to be specified by EOHHS in **Appendix E**.

The add-on payment shall be excluded from the risk sharing calculations in sub-sections 1.B and 1.C above and EOHHS shall reprice submitted claims for risk sharing calculations.

Section 3. DMH Compensation Payments (Non-MassHealth Payments)

A. DMH Payments for the Contract (pursuant to Section 10.9 of the Contract)

The total Contract Year 2021 DMH Compensation Payment for the Specialty Programs through December 31, 2021, shall be $8,698,388.00, as described in Sections 3.B-3.E below.

B. DMH ESP Program for Uninsured Individuals Service Compensation Rate Payment (pursuant to Sections 3.4, 10.9 and 10.10 of the Contract)

The DMH ESP Program for Uninsured Individuals Service Compensation Rate Payment shall consist of the following amounts:

1. The Contract Year 2021 amount shall be $6,880,000.
2. The monthly payment shall be $573,333.33.

C. DMH ESP expansion -- Safety initiatives:

1. The DMH ESP safety initiative payment shall be $1,403,388 for Contract Year 2021.
2. The monthly payment amount shall be $116,949.00.

D. DMH Specialty Program Administrative Compensation Rate Payment (pursuant to Section 10.9.A of the Contract)

The DMH Specialty Program Administrative Compensation Rate Payment shall be $185,000 for Contract Year 2021.

1. Indirect Costs shall not exceed 3.5% of Direct Costs.
2. The total of Direct Costs plus Indirect Costs shall not exceed $173,545

3. Earnings shall be 6.6% of the total direct and indirect costs.

4. Earnings shall be $11,455 for Contract Year 2021.

5. The amount of the monthly DMH Specialty Program Administrative Compensation Rate Payment shall be $15,416.66.

E. DMH Payments for Forensic Services and other Forensic Evaluations (pursuant to Sections 4.6 and 10.9.B of the Contract)

1. The Forensic Evaluations (known as "18(a)") amount for the Contract Year 2021 shall be $230,000. EOHHS will issue this amount as one-time payment during the contract period.

2. The Contractor shall return to EOHHS any portion of the DMH Payments for Forensics Services amount that it does not spend on Forensic Evaluations as identified in the annual reconciliation of the Contract Year 2021 within 60 days of the identification of such under spending unless otherwise agreed to by the parties.

F. Massachusetts Child Psychiatric Access Project (pursuant to Section 10.9.A of the Contract)

1. The DMH Payment for MCPAP services for Contract Year 2021 shall be $3,775,000.

2. The monthly payment for the DMH Payment for MCPAP shall be $314,583.33.

3. The DMH payment for MCPAP administrative compensation for Contract Year 2021 shall be $424,000.

    a. The amount of the monthly DMH MCPAP Program Administrative Compensation Rate Payment shall be $35,333.33.

    b. Indirect Costs shall not exceed 3.5% of Direct Costs.

    c. The total of Direct Costs plus Indirect Costs shall not exceed $397,749.

    d. Earnings shall be 6.6% of the total direct and indirect costs.

    e. Earnings shall be $26,251 for the Contract Year 2021.

4. The Contractor shall return to EOHHS any portion of the DMH Payment for MCPAP that it does not spend on the MCPAP identified in the annual reconciliation for Contract Year 2021, within 60 days of the identification of such unspent portion unless otherwise agreed to by the parties.

G. DMH Payment for Behavioral Health Urgent Care (BHUC) Program services for individuals impacted by COVID19.

EOHHS shall not issue new payments to the Contractor in contractor for CY21. The contractor shall apply any residual funds issued in CY20 to stipulated activities in CY21

through the grant performance period ending on September 29, 2021. Any unspent funds at the end of the grant performance period shall be returned to EOHHS for remittance to the grantor unless prior to the expiry date, DMH requests and receives a cost extension and such extension is granted by the federal agency providing the grant.

Section 4. Other Non-MassHealth Payments

A. DCF -Mobile Crisis Intervention/Runaway Assistance Program (MCI/RAP) Payment Provisions

Contingent upon receipt of funding from DCF, EOHHS shall pay the Contractor $5,000 for each of the Contractor's Emergency Services Programs that contract with the Contractor to operate the MCI/RAP in accordance with **Section 4.9** for Contract Year 2021.

B. Autism and Intellectual Disability Crisis Consultation Access Program (AIDCCAP)
For contract Year 2021 EOHHS shall pay the Contractor $650,000.00 in support of the AIDCCAP program described in section 4.5 of the contract. EOHHS shall determine the disbursement frequency for the CY21 funds. The AIDCCAP program spending shall not exceed the funding amount set forth in this sub-section. Any unspent funds at the end of the Contract period shall carry-over and be applied towards the AIDCCAP activities in subsequent contract periods, if any. EOHHS reserves the right to require reporting on expenditures related to this program.

Appendix L

Commonwealth of Massachusetts Behavioral Health 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	Individual Psychotherapy, approximately 20-30 minutes	$ 42.96
MH and SA OP Services	90832	Addiction Counselor	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

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
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
MH and SA OP Services	90834	Master's Level	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	$ 84.91
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	$ 87.17
MH and SA OP Services	90837	Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 60 minutes	$ 85.91
MH and SA OP Services	90837	Master's Level	Psychotherapy, 60 minutes	$ 85.91
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	90847	Doctoral Level (Child Psychiatrist)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	$ 128.56

CY2021

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
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	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	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
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	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	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	$ 21.48

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
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
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	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)	Therapeutic, Prophylactic or Diagnostic Injection; subcutaneous or intramuscular	$ 28.41
MH and SA OP Services	96372	Nurse Practitioner/Board Certified RNCS and APRN-BC	Therapeutic, Prophylactic or Diagnostic Injection; subcutaneous or intramuscular	$ 21.11
MH and SA OP Services	99202	Doctoral Level (Child Psychiatrist)	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	$ 68.41
MH and SA OP Services	99202	Doctoral Level (MD / DO)	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	$ 59.33

CY2021

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	99202	Nurse Practitioner/Board Certified RNCS and APRN-BC	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	$ 55.25
MH and SA OP Services	99203	Doctoral Level (Child Psychiatrist)	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.	$ 98.68
MH and SA OP Services	99203	Doctoral Level (MD / DO)	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.	$ 85.58
MH and SA OP Services	99203	Nurse Practitioner/Board Certified RNCS and APRN-BC	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.	$ 79.46
MH and SA OP Services	99204	Doctoral Level (Child Psychiatrist)	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.	$ 149.09
MH and SA OP Services	99204	Doctoral Level (MD / DO)	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.	$ 129.30
MH and SA OP Services	99204	Nurse Practitioner/Board Certified RNCS and APRN-BC	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.	$ 121.14
MH and SA OP Services	99205	Doctoral Level (Child Psychiatrist)	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and a high level of of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.	$ 185.17
MH and SA OP Services	99205	Doctoral Level (MD / DO)	Office or other outpatient visit for the evaluation and management of a new	$ 160.59

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
			patient, which requires a medically appropriate history and/or examination and a high level of of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.	
MH and SA OP Services	99205	Nurse Practitioner/Board Certified RNCS and APRN-BC	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and a high level of of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.	$ 150.39
MH and SA OP Services	99211	Doctoral Level (Child Psychiatrist)	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.	$ 19.88
MH and SA OP Services	99211	Doctoral Level (MD / DO)	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.	$ 17.24
MH and SA OP Services	99211	Nurse Practitioner/Board Certified RNCS and APRN-BC	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.	$ 15.71
MH and SA OP Services	99212	Doctoral Level (Child Psychiatrist)	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.	$ 40.99
MH and SA OP Services	99212	Doctoral Level (MD / DO)	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.	$ 35.55
MH and SA OP Services	99212	Nurse Practitioner/Board Certified RNCS and APRN-BC	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.	$ 32.49
MH and SA OP Services	99213	Doctoral Level (Child Psychiatrist)	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and a low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.	$ 73.98
MH and SA OP Services	99213	Doctoral Level (MD / DO)	Office or other outpatient visit for the evaluation and management of an established patient, which	$ 63.15

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
			requires a medically appropriate history and/or examination and a low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.	
MH and SA OP Services	99213	Nurse Practitioner/Board Certified RNCS and APRN-BC	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and a low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.	$ 54.84
MH and SA OP Services	99214	Doctoral Level (Child Psychiatrist)	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and a moderate level of decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.	$ 130.89
MH and SA OP Services	99214	Doctoral Level (MD / DO)	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and a moderate level of decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.	$ 86.37
MH and SA OP Services	99214	Nurse Practitioner/Board Certified RNCS and APRN-BC	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and a moderate level of decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.	$ 77.46
MH and SA OP Services	99215	Doctoral Level (Child Psychiatrist)	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and a high level of decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.	$ 130.89
MH and SA OP Services	99215	Doctoral Level (MD / DO)	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and a high level of decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.	$ 113.52
MH and SA OP Services	99215	Nurse Practitioner/Board Certified RNCS and APRN-BC	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and a high level of decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.	$ 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

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
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
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

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
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	99402	Doctoral Level (PhD, PsyD, EdD)	Preventative Medicine Counseling, 30 minutes (Psychological Testing)	$ 40.98
MH and SA OP Services	99402	Intern (PhD, PsyD, EdD)	Preventative Medicine Counseling, 30 minutes (Psychological Testing)	$ 20.50
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
Diversionary 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
Diversionary 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
Diversionary Services	H2012	+	Behavioral Health Day Treatment, per hour (Psychiatric Day Treatment)	$ 12.83
Diversionary Services	H0038	HF	Recovery Coaching – A non-clinical service provided (in 15 minutes increments) by a trained recovery advocate who provides guidance and coaching for individuals to meet their recovery goals	101 CMR 346

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
Diversionary Services	H2012		Behavioral Health Day Treatment, per hour (Enhanced Psychiatric Day Treatment)	$ 13.22
Diversionary Services	H2015	+	Comprehensive community support services, per 15 minutes (Community Support Program)	$ 13.97
Diversionary Services	H2015	HF	Recovery Support Navigator – Self-help/peer service by a recovery advocate trained in Recovery Coaching. Rate is in 15-minutes increments.	101 CMR 444
Diversionary 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
Diversionary 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
Diversionary Services	H2020	+	Therapeutic behavioral services, per diem (Dialectical Behavior Therapy)	$ 26.50
Diversionary Services	S9484	+	Crisis intervention mental health services, per hour (Urgent Outpatient Services)	$ 147.57
MH and SA OP Services	97810		Acupuncture, 1 or more needles; without electrical simulation, initial 15 minutes of personal one-to-one contact. (Adult or Adolescent)	$ 19.84
MH and SA OP Services	97811		Acupuncture, 1 or more needles; without electrical simulation, each additional 15 minutes of personal one-to-one contact with re-insertion of needle(s). (Adult or Adolescent)	$ 19.84
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
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
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 medication	$ 10.36
Adult ESP Services	S9485	U1	Crisis intervention mental health services, per diem (Emergency Service Program Mobile Non-Emergency Department)	$ 819.64

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
Adult ESP Services	S9485	U1	Crisis intervention mental health service, per diem (Emergency Service Program Mobile Non-Emergency Department - Uninsured)	$ 505.85
Adult ESP Services	S9485	HE	Crisis intervention mental health services, per diem (Emergency Service Program Community Based)	$ 744.23
Adult ESP Services	S9485	HE	Crisis intervention mental health services, per diem (Emergency Service Program Community Based - Uninsured)	$ 505.85
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	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	96130	Doctoral Level (PhD, PsyD, EdD)	Psychological 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	$ 91.39
Other Outpatient	96131	Doctoral Level (PhD, PsyD, EdD)	Each additional hour (List separately in addition to code for primary procedure)	$ 91.39
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	$ 91.39

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
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/Intern (Master's)	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	$ 22.85
Other Outpatient	96139	Technician/Intern (Master's)	Each additional 30 minutes (List separately in addition to code for primary procedure) (Test administration and scoring by technician)	$ 22.85
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	$146.93
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	$38.54
MH and SA OP Services	H0033 – U3		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)	$0.80
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	$4.34
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)	$7.76
MH and SA OP Services	J2315		Injection, naltrexone, depot form, 1 mg (maximum of 380 mg. per month)	$2.83
MH and SA OP Services	J3490		Unclassified drugs (Naltrexone, oral)	$1.20