

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: Chad Muller	Phone: 617-790-4000	Billing Address (if different): 600 Washington Street, Boston, MA 02111	
E-Mail: Chad.Muller@beaconhealthoptions.com	Fax:	Contract Manager: Karen Katz, J.D., M.Ed.	Phone: 617-935-9331
Contractor Vendor Code: VC6000182737		E-Mail: Karen.Katz@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	
<input type="checkbox"/> NEW CONTRACT		<input checked="" type="checkbox"/> CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only) <input type="checkbox"/> Statewide Contract (OSD or an OSD-designated Department) <input type="checkbox"/> Collective Purchase (Attach OSD approval, scope, budget) <input type="checkbox"/> Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) <input type="checkbox"/> Emergency Contract (Attach justification for emergency, scope, budget) <input type="checkbox"/> Contract Employee (Attach Employment Status Form, scope, budget) <input type="checkbox"/> Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		Enter Current Contract End Date <u>Prior</u> to Amendment: <u>December 31, 2021</u> . Enter Amendment Amount: \$ _____. (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) <input checked="" type="checkbox"/> Amendment to Date, Scope or Budget (Attach updated scope and budget) <input type="checkbox"/> Interim Contract (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> Contract Employee (Attach any updates to scope or budget) <input type="checkbox"/> Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): <input checked="" type="checkbox"/> Commonwealth Terms and Conditions <input type="checkbox"/> Commonwealth Terms and Conditions For Human and Social Services <input type="checkbox"/> Commonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00 . <input checked="" type="checkbox"/> Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) <input type="checkbox"/> Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or <u>new</u> total if Contract is being amended). \$ _____.			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days ____% PPD; Payment issued within 15 days ____% PPD; Payment issued within 20 days ____% PPD; Payment issued within 30 days ____% PPD. If PPD percentages are left blank, identify reason: <input checked="" type="checkbox"/> agree to standard 45 day cycle <input type="checkbox"/> statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); <input type="checkbox"/> only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) Amendment #13 to the Contract incorporates the addition of a directed rate increase for inpatient mental health services provided to COVID-19-positive patients, as well as a rate floor for inpatient mental health services generally; the incorporation of requirements regarding CSP for justice-involved members; and updated payment rates for certain services in the behavioral health outpatient minimum fee schedule. This amendment also deletes and replaces Appendices 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: <input type="checkbox"/> 1. may be incurred as of the Effective Date (latest signature date below) and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date. <input type="checkbox"/> 2. may be incurred as of _____, 20____, a date LATER than the Effective Date below and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date. <input checked="" type="checkbox"/> 3. were incurred as of <u>January 1, 2021</u> , 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 <u>December 31, 2021</u> , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07 , incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: <u>[Signature]</u> Date: <u>8/3/2021</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Sharon Hanson</u> Print Title: <u>CEO, MBHP</u>		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Amanda Cassel Kraft</u> Print Title: <u>Acting Assistant Secretary for MassHealth</u>	

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E-Mail: Chad.Muller@beaconhealthoptions.com	Fax:	Contract Manager: Karen Katz, J.D., M.Ed.	Phone: 617-935-9331
Contractor Vendor Code: VC6000182737		E-Mail: Karen.Katz@mass.gov	
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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07 , incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature) Print Name: _____ Print Title: _____		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: <u>Amanda Cassel Kraft</u> Date: <u>8/13/21</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Amanda Cassel Kraft</u> Print Title: <u>Acting Assistant Secretary for MassHealth</u>	

AMENDMENT 13
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); December 29, 2020 (Amendment #11); and June 1, 2021 (Amendment #12); 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 definition:

“Behavioral Health Supports for Justice Involved Individuals (BH-JI) – BH-JI Supports involve a range of functions that assist MassHealth Covered Individuals with justice involvement, either currently incarcerated or detained in a correctional facility, released from a correctional institution within one year, or who are under the supervision of the Massachusetts Probation Service or the Massachusetts Parole Board, in navigating and successfully engaging with health care services, with an emphasis on behavioral health services. BH-JI Supports include in-reach and re-entry supports for individuals released from correctional facilities as well as community supports post-release. When directed by EOHHS, the community supports for managed care Covered Individuals post-release will be administered by MassHealth Plans as CSP-JI as described in **Section 4.18.**”

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

“BH-JI Behavioral Health-Justice Involved”

“CSP-JI Community Support Program (CSP) Services for Individuals with Justice Involvement”

Section 4. CLINICAL SERVICE AND UTILIZATION MANAGEMENT

3. **Section 4.13** is hereby amended by adding at the end therein the following:

“F. Effective July 1, 2021, for inpatient mental health services, the Contractor shall establish provider rates at or above 100% of the MassHealth-equivalent rates under **Section 5.B.4** of the MassHealth Acute Hospital Request for Application and **Section 4.2** and **Appendix A** of the MassHealth Psychiatric Hospital Request for Application, unless otherwise directed by EOHHS.”

4. **Section 4.17** is hereby amended by adding at the end therein the following:

“E. COVID-19 Inpatient Supplemental Payment

1. The Contractor shall increase payment rates to DMH-licensed psychiatric hospitals and all units with DMH-licensed within applicable acute inpatient hospitals (AIHs) or chronic disease rehabilitation hospitals (CDRHs) (collectively, “hospitals”) identified by EOHHS as having received Tier 1 or Tier 2 designation by DMH in accordance with **DMH Bulletin #20-05R** and having met any other DMH requirements eligibility.
 - a. The Contractor shall increase its rates in accordance with this **Section 4.17.E** for dates of service from January 1, 2021, through 30 days following the expiration of the Governor’s March 10, 2020, Declaration of a State of Emergency within the Commonwealth due to the COVID-19 pandemic.
 - b. For hospitals described in this **Section 4.17.E**, and **DMH Bulletin #20-05R** that have admitted COVID-19-positive Covered Individuals for inpatient mental health services, the Contractor apply a \$1,050 per diem absolute increase to its current contracted rate for up to the first 14 days of a Covered Individual’s stay. This per diem increase applies for those dates of service on which a hospital described in this **Section 4.17.E** and **DMH Bulletin #20-05R** provides inpatient mental health services or administratively necessary day services immediately following inpatient mental health services provided to a Covered Individual.
 - 1) The Contractor shall apply the aforementioned rate increase for Tier 2 hospitals, as described in **DMH Bulletin #20-05R** when:
 - a) The hospital admits a Covered Individual into a DMH-licensed bed for the primary purpose of rendering inpatient mental health services;
 - b) The Covered Individual is confirmed to have been positive for COVID-19 at the time of admission to the DMH-licensed bed based upon a Covid-19 molecular diagnostic test or an FDA-approved rapid antigen test administered before admission or within 96 hours after admission; and
 - c) The Covered Individual is not suspected to have become COVID-19-positive from exposure occurring within the admitting hospital or from interactions with any member of the hospital’s staff or other currently COVID-19-positive patients at the hospital.
 - 2) The Contractor shall apply the \$1,050 per diem supplemental payment described in **DMH Bulletin #20-05R** for Tier 1 hospitals when:

- a) The hospital admitted the Covered Individual into a DMH-licensed bed for the primary purpose of rendering inpatient mental health services;
- b) The Covered Individual was admitted with negative or pending COVID-19 test results, and is later confirmed to be positive for COVID-19 based on a COVID-19 molecular diagnostic test or an FDA-approved rapid antigen test administered before admission or within 96 hours after admission;
- c) The Covered is not suspected to have become COVID-19-positive from exposure occurring within the admitting hospital or from interactions with any member of the hospital's staff or other currently COVID-19-positive patients at the hospital; and
- d) The hospital is not able to transfer the Covered Individual to a designated Tier 2 hospital."

5. **Section 4** is hereby amended by adding the following as a new **Section 4.18**:

"Section 4.18 Community Support Program (CSP) Services for Individuals with Justice Involvement (CSP-JI)

- A. On the later of October 1, 2021, or the date CMS approves the services, 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 individuals with justice involvement as described in this section.
 - 1. The Contractor shall authorize, arrange, coordinate, and provide CSP services as set forth in **Appendix A-1** to Covered Individuals with justice involvement that consist of intensive, and individualized support delivered face-to-face or via telehealth as further specified by EOHHS, which shall include:
 - a. Assisting in enhancing daily living skills;
 - b. Providing service coordination and linkages;
 - c. Assisting with obtaining benefits, housing and healthcare;
 - d. Developing a safety plan;
 - e. Providing prevention and intervention; and
 - f. Fostering empowerment and recovery, including linkages to peer support and self-help groups.

2. For the purpose of this **Section 4.18**, individuals with justice involvement shall be those Covered Individuals released from a correctional institution within one year, are under the supervision of the Massachusetts Probation Service, or are under the supervision of the Massachusetts Parole Board.
3. The Contractor shall, as further directed by EOHHS, with respect to CSP-JI:
 - a. Actively communicate with CSP-JI Providers regarding the provision of CSP-JI services, including coordinating care to ensure that individuals' needs are met;
 - b. Ensure that Network Providers of CSP-JI have demonstrated experience and engage in specialized training;
 - c. Report to EOHHS about its Network Providers of CSP-JI in accordance with **Appendix E-1**; and
 - d. Designate a single point of contact for CSP-JI to provide information to CSP-JI providers and EOHHS as further specified by EOHHS.
4. At all times after the BH-JI operational start date, the Contractor shall maintain agreements with BH-JI Providers who provide in-reach services.”

Section 13. ADDITIONAL TERMS AND CONDITIONS

6. **Section 13.47** is hereby amended by deleting “Kevin Wicker, Director of Contracting and Continuum Management” and replacing it with “Karen Katz, J.D., M.Ed., Deputy Director, Office of Behavioral Health”.

APPENDICES

Appendix G, Section IV, Incentive 4.3.d(iii) is hereby amended by striking “and operational”.

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 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 Contractor 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.

E. DSRIP Payments for Community Behavioral Health Centers (CBHC)

EOHHS shall make a one-time payment to the Contractor in the amount of \$10,400,000 in support of CBHC activities specified in section 10.17 of the contract. This shall be the full amount of funding provided to the Contractor to support the activities set forth in Section 10.17.

The Contractor shall return any unspent funds to EOHHS at the end of the Contract Term, unless otherwise directed by EOHHS.

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 \$3,866,000.
2. The monthly payment for MCPAP services shall be \$314,583.33 except for the month of June 2021.
3. The monthly payment for MCPAP services for the month of June 2021 shall be \$405,583.33.
4. 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.
5. 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.

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.

In addition, EOHHS shall provide \$2,223,966 new funding in CY21 towards BHUC services. The new funding will apply to stipulated program activities in CY21 and through the grant performance period ending on May 31, 2022. Of these funds, \$207,677 shall be used by the Contractor for the program administration costs incurred by the Contractor.

Any unspent services funds at the end of the grant performance periods shall be returned to EOHHS for remittance to the grantor unless prior to the expiry date, DMH requests and receives a no cost extension for the grant 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.

Exhibit 1: Adjustment to Base Capitation Rates to Account for the Health Insurer Provider Fee (HIPF) under Section 9010 of the ACA

For the HIPF for calendar year 2019, EOHHS shall perform the following retrospective add-on adjustments to the Contract Year 2019 (CY2019) Capitation Rates, as reflected in the Appendix H-1 effective during that period (as incorporated into this Contract through Amendment #5). Such adjustment shall be applied to the period January 1, 2019 – December 31, 2019:

Table 1: Health Insurer Fee Add-on Rate -PCC and TPL

Rating Category	HIPF Adjustment Add on PMPM
Rating Category I Child	\$ 2.52
Rating Category I Adult	\$ 1.21
Rating Category I TPL	\$ 1.13
Rating Category II Child	\$ 11.55
Rating Category II Adult	\$ 4.44
Rating Category II TPL	\$ 4.15
Rating Category IX	\$ 2.51
Rating Category X	\$ 8.35

Table 2: Health Insurer Fee Add-on Rate -Primary Care ACO

Rating Category	HIPF Adjustment Add on PMPM
Rating Category I Child	\$ 1.40
Rating Category I Adult	\$ 1.27
Rating Category II Child	\$ 10.54
Rating Category II Adult	\$ 5.09
Rating Category IX	\$ 2.61
Rating Category X	\$ 10.14

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	\$ 115.94
MH and SA OP Services	90837	Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 60 minutes	\$ 114.26
MH and SA OP Services	90837	Master's Level	Psychotherapy, 60 minutes	\$ 114.26
MH and SA OP Services	90837	Master's Level (Licensed Alcohol and Drug Counselor 1 and Supervised Master's Level Clinicians)	Individual Psychotherapy, approximately 60 minutes	\$ 114.26
MH and SA OP Services	90837	Intern (PhD, PsyD, EdD)	Psychotherapy, 60 minutes	\$ 43.62
MH and SA OP Services	90837	Intern (Master's)	Psychotherapy, 60 minutes	\$ 42.96
MH and SA OP Services	90838	Doctoral Level (MD / DO)	Psychotherapy, 60 minutes, when Performed with an Evaluation and Management Service	\$ 83.11

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
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
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

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
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
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

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
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
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	\$ 185.17

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 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	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 a high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.	\$ 160.59
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 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	\$ 73.98

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	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 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.	\$ 63.15
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.	\$ 103.84

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
			When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.	
MH and SA OP Services	99231	Doctoral Level (Child Psychiatrist)	Subsequent Hospital Care for Eval and Management, 15 minutes	\$ 70.97
MH and SA OP Services	99231	Doctoral Level (MD / DO)	Subsequent Hospital Care for Eval and Management, 15 minutes	\$ 53.88
MH and SA OP Services	99231	Doctoral Level (PhD, PsyD, EdD)	Subsequent Hospital Care for Eval and Management, 15 minutes	\$ 51.72
MH and SA OP Services	99231	Nurse Practitioner/Board Certified RNCS and APRN-BC	Subsequent Hospital Care for Eval and Management, 15 minutes	\$ 43.15
MH and SA OP Services	99232	Doctoral Level (Child Psychiatrist)	Subsequent Hospital Care for Eval and Management, 25 minutes	\$ 106.46
MH and SA OP Services	99232	Doctoral Level (MD / DO)	Subsequent Hospital Care for Eval and Management, 25 minutes	\$ 80.17
MH and SA OP Services	99232	Doctoral Level (PhD, PsyD, EdD)	Subsequent Hospital Care for Eval and Management, 25 minutes	\$ 76.96
MH and SA OP Services	99232	Nurse Practitioner/Board Certified RNCS and APRN-BC	Subsequent Hospital Care for Eval and Management, 25 minutes	\$ 64.21
MH and SA OP Services	99233	Doctoral Level (Child Psychiatrist)	Subsequent Hospital Care for Eval and Management, 35 minutes	\$ 141.96
MH and SA OP Services	99233	Doctoral Level (MD / DO)	Subsequent Hospital Care for Eval and Management, 35 minutes	\$ 106.90
MH and SA OP Services	99233	Doctoral Level (PhD, PsyD, EdD)	Subsequent Hospital Care for Eval and Management, 35 minutes	\$ 102.62
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

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	99253	Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation, 55 minutes	\$ 190.43
MH and SA OP Services	99253	Doctoral Level (MD / DO)	Initial Inpatient Consultation, 55 minutes	\$ 143.40
MH and SA OP Services	99253	Doctoral Level (PhD, PsyD, EdD)	Initial Inpatient Consultation, 55 minutes	\$ 137.67
MH and SA OP Services	99253	Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation, 55 minutes	\$ 114.86
MH and SA OP Services	99254	Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation, 80 minutes	\$ 255.41
MH and SA OP Services	99254	Doctoral Level (MD / DO)	Initial Inpatient Consultation, 80 minutes	\$ 191.80
MH and SA OP Services	99254	Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation, 80 minutes	\$ 153.64
MH and SA OP Services	99255	Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation - Comprehensive, 110 minutes	\$ 336.47
MH and SA OP Services	99255	Doctoral Level (MD / DO)	Initial Inpatient Consultation - Comprehensive, 110 minutes	\$ 252.34
MH and SA OP Services	99255	Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation - Comprehensive, 110 minutes	\$ 202.12
MH and SA OP Services	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
Diversiory Services	H0015		Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan) including assessment, counseling; crisis intervention, and activity therapies or education. (Enhanced Structured Outpatient Addiction Program - SOAP with Motivational Interviewing Counseling)	\$ 80.30
Diversiory Services	H0015		Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan) including assessment, counseling; crisis intervention, and activity therapies	\$ 71.59

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
			or education. (Structured Outpatient Addiction Program (SOAP) with Motivational Interviewing)	
Diversiónary Services	H2012	+	Behavioral Health Day Treatment, per hour (Psychiatric Day Treatment)	101 CMR 307
Diversiónary 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
Diversiónary Services	H2012		Behavioral Health Day Treatment, per hour (Enhanced Psychiatric Day Treatment)	101 CMR 307
Diversiónary Services	H2015	+	Comprehensive community support services, per 15 minutes (Community Support Program)	\$ 13.97
Diversiónary 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
Diversiónary 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
Diversiónary 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
Diversiónary Services	H2020	+	Therapeutic behavioral services, per diem (Dialectical Behavior Therapy)	\$ 26.50
Diversiónary 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

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
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
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

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
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
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