

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



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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, 11 th Fl., Boston, MA 02108	
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Contractor Vendor Code: VC6000182737		E-Mail: emily.r.bailey@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	
<input type="checkbox"/> NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) <input type="checkbox"/> Statewide Contract (OSD or an OSD-designated Department) <input type="checkbox"/> Collective Purchase (Attach OSD approval, scope, budget) <input type="checkbox"/> Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) <input type="checkbox"/> Emergency Contract (Attach justification for emergency, scope, budget) <input type="checkbox"/> Contract Employee (Attach Employment Status Form, scope, budget) <input type="checkbox"/> Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		<input checked="" type="checkbox"/> CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment: December 31, 2021 . Enter Amendment Amount: \$ <u>no change</u> . (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) <input checked="" type="checkbox"/> Amendment to Date, Scope or Budget (Attach updated scope and budget) <input type="checkbox"/> Interim Contract (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> Contract Employee (Attach any updates to scope or budget) <input type="checkbox"/> Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): <input checked="" type="checkbox"/> Commonwealth Terms and Conditions <input type="checkbox"/> Commonwealth Terms and Conditions For Human and Social Services <input type="checkbox"/> Commonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00 . <input checked="" type="checkbox"/> Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) <input type="checkbox"/> Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$ _____.			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days _____% PPD; Payment issued within 15 days _____% PPD; Payment issued within 20 days _____% PPD; Payment issued within 30 days _____% PPD. If PPD percentages are left blank, identify reason: <input checked="" type="checkbox"/> agree to standard 45 day cycle <input type="checkbox"/> statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); <input type="checkbox"/> only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) Amendment #15 to the Contract will require MBHP to: (1) Require additional discharge planning for Covered Individuals experiencing homelessness or at risk of homelessness; (2) Develop an Early Childhood (birth through age 5) MCPAP; (3) manage the process by which behavioral health urgent care providers will be identified; and (4) Revise Integrated Care Management Program. It also extends the contract through December 31, 2022, and replaces Appendices G, H-1, and L for Contract Year 2022.			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <input type="checkbox"/> 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. <input checked="" type="checkbox"/> 2. may be incurred as of January 1, 2022 , a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. <input type="checkbox"/> 3. were incurred as of _____, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as of December 31, 2022 , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07 , incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: _____ Date: 12/28/21 (Signature and Date Must Be Captured At Time of Signature) Print Name: Sharon Hanson Print Title: CEO, MBHP		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: <u>Amanda Cassel Kraft (Dec 28, 2021 13:20 CST)</u> Date: Dec 28, 2021 (Signature and Date Must Be Captured At Time of Signature) Print Name: Amanda Cassel Kraft Print Title: Assistant Secretary for MassHealth	

AMENDMENT 15
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, 2022, 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); June 1, 2021 (Amendment #12); August 3, 2021 (Amendment #13); December 21, 2021 (Amendment #14) 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:

LIST OF APPENDICES

APPENDIX C: PCC PLAN MANAGEMENT SUPPORT SERVICES MATERIALS

The title “C-6 PCCP Quarterly Newsletter” is hereby amended by striking “Quarterly” and inserting in lieu thereof “Bi-Annual”.

Section 1 Definitions and Acronyms

Section 1.1 is hereby amended by striking the following definitions:

AIDCCAP Regional Behavioral Team;

AIDCCAP Statewide Physician Consultation Team;

Autism and Intellectual Disability Crisis Consultation Access Program (AIDCCAP);

Engagement Rate; and

Pilot Accountable Care Organization (Pilot ACO).

Section 1.1 is hereby further amended by alphabetically inserting the following definitions:

“ASD-ID for MCPAP Regional Behavioral Team – a unit of contracted and credentialed providers responsible for specific geographic centers across the state, which are affiliated with MCPAP Teams. Each unit shall include at least one Licensed Applied Behavior Analyst.

ASD-ID for MCPAP Statewide Physician Consultation Team – a single centralized team of contracted and credentialed providers consisting of at least one full time equivalent physician specialized in treating ASD-ID (e.g., psychiatrist, neurologist).

Autism Spectrum Disorder – Intellectual Disability (ASD-ID) for MCPAP- a statewide program in the Commonwealth to assist behavioral health providers and medical professionals in supporting the mental and behavioral health of individuals up to age 26 with Autism Spectrum Disorder - Intellectual Disability (ASD-ID). Through ASD-ID, providers can consult with a Licensed Applied Behavior Analyst and ASD-ID-specialized prescribers.

ASD-ID improves ESP and emergency department providers' competencies in behavioral assessment and intervention, parent coaching, and in making effective referrals for patients who need community-based services and provides access to pharmacological consultation on an emergency basis.

Behavioral Health Urgent Care – the delivery of same-day or next-day appointments for evaluation or assessment for new clients and urgent appointments for existing clients; psychopharmacology appointments and Medication Assisted Treatment (MAT) within a timeframe defined by EOHHS; all other treatment appointments within 14 calendar days; and extended availability outside of weekday hours between 9am and 5pm, as specified by EOHHS by certain Mental Health Centers (MHC), approved by the Contractor as Behavioral Health Urgent Care Providers, as specified by EOHHS.

Covered Individual Experiencing Homelessness – any Covered Individual who lacks a fixed, regular, and adequate nighttime residence who: (1) has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping group; or (2) is living in a supervised publicly or privately operated emergency shelter designated to provide temporary living arrangements, including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals.

Covered Individual at Risk of Homelessness – any Covered Individual who does not have sufficient resources or support networks (e.g., family, friends, faith-based or other social networks) immediately available to prevent them from moving to an emergency shelter or another place not designed for or ordinarily used as a regular sleeping accommodation for human beings.

Engagement Rate – the number of Participants in the Care Management Program as a percent of the total number of Enrollees successfully engaged for whom the Contractor conducts outreach for the CMP.

Mental Health Peer Support Specialist – a person who has been trained by an agency approved by DMH who has lived experience of a mental health disorder and wellness who can effectively share their experiences and serve as a mentor, advocate, and facilitator for a Covered Individual experiencing a mental health disorder.”

Section 1.2 is amended by striking the following acronym:

“AIDCCAP Autism Intellectual Disabled Crisis Consultation Access Program”

Section 1.2 is hereby further amended by alphabetically inserting the following acronym:

“IECMH Infant Early Childhood Mental Health”

Section 3 BEHAVIORAL HEALTH NETWORK RESPONSIBILITIES

Section 3.5.E.15 is hereby amended by striking it in its entirety and replacing it with the following language:

- “15. The Contractor shall work with MassHealth to develop an intensive hospital diversion program for youth up to age 21, as an alternative to 24 hour level of care. The service will support a youth in crisis after the initial crisis evaluation and intervention has been rendered. The program shall provide intensive, short-term therapy to stabilize youth and their families without the need for hospitalization and to establish new or engage existing Children’s Behavioral Health Initiative (CBHI) services and other Behavioral Health services to maintain the youth in the community. Effective January 1, 2022, the Contractor shall make available the intensive hospital diversion (IHD) program, through its network of qualified In-Home Therapy providers, for youth up to age 21, as an alternative to 24-hour level of care. Claims paid for the IHD program will be included in the CBHI risk corridor.”

Section 4. CLINICAL SERVICE AND UTILIZATION MANAGEMENT

Section 4.3.A.2 is hereby amended by striking **Subsections 4.3.A.2.(l-m)** and adding at the end therein the following:

- “l. the Covered Individual’s strengths and, for children and adolescents, family strengths;
- m. name of PCC and other key Providers; and
- n. the Covered Individual’s housing status, including if the Covered Individual is homeless or is at risk of homelessness.”

Section 4.3.D is hereby amended by striking it in its entirety and replacing it with the following language:

“D. Additional Discharge Planning Requirements for Covered Individuals Experiencing or at Risk of Homelessness

The Contractor shall:

1. Ensure that providers notify the Contractor at the time of admission of a Covered Individual experiencing or at risk of homelessness.
2. Require that, at the time of admission and as part of its general discharge planning processes, each network provider assess each admitted Covered Individual’s current housing situation. At a minimum, the network provider must assess whether such Covered Individual is experiencing or is at risk of homelessness. To aid in this assessment, network providers must ensure that their discharge planning staff screen admission data, including but not limited to age, diagnosis, and housing status, within 24 hours of admission. For any Covered Individual determined by the network provider to be experiencing or at risk of homelessness,

the network provider must commence discharge planning activities no later than three calendar days after the Covered Individual's admission unless otherwise required to commence such activities at an earlier time following admission.

3. Require that, to assist in the discharge planning process for each Covered Individual experiencing homelessness or at risk of homelessness, the network provider, to the extent consistent with all applicable federal and state privacy laws and regulations, invite and encourage the following persons to participate in such Covered Individual's discharge planning activities: the Covered Individual; the Covered Individual's family members; guardians; primary care providers; behavioral health providers; key specialists; case managers or other representatives; emergency shelter outreach or case management staff; care coordinators; and any other supports identified by the Covered Individual. For any such Covered Individual who is a client of the Department of Mental Health (DMH), the Department of Developmental Services (DDS), or the Massachusetts Rehabilitation Commission (MRC), the network provider must, to the extent consistent with all applicable federal and state privacy laws and regulations, invite and encourage designated staff from each such agency to participate in such Covered Individual's discharge planning activities.
4. Require the network provider to determine whether any non-DMH-, non-DDS-, or non-MRC-involved Covered Individual experiencing or at risk of homelessness may be eligible to receive services from some or all of those agencies. For any such Covered Individual, the network provider must, within two business days of admission, and to the extent consistent with all applicable federal and state privacy laws and regulations, offer to assist the Covered Individual with completing and submitting an application to receive services from DMH, DDS, or MRC, as appropriate.
5. Require that the network provider determine whether any Covered Individual experiencing or at risk of homelessness has any substance use disorder. For any such Covered Individual, the network provider must contact the DPH sponsored Helpline. The Helpline's trained specialists will help the Covered Individual understand the available treatment services and their options.
6. Require that for any Covered Individual experiencing homelessness who is expected to remain in the network provider's facility for fewer than 14 days, the network provider contact:
 - a. The emergency shelter in which the Covered Individual most recently resided, if known, to discuss the Covered Individual's housing options post discharge; or
 - b. The local emergency shelter to discuss the Covered Individual's housing options post discharge if the Covered Individual has not resided in an

emergency shelter or if the emergency shelter in which the Covered Individual most recently resided is unknown.

7. Ensure that providers assess options for discharge as follows:
 - a. Network Providers must ensure that their discharge planning staff are aware of and utilize available community resources to assist with discharge planning for Covered Individuals experiencing homelessness or at risk of homelessness;
 - b. Network providers must make all reasonable efforts to prevent discharges to emergency shelters of Covered Individuals who have skilled care needs, Covered Individuals who need assistance with activities of daily living, and Covered Individuals whose behavioral health condition would impact the health and safety of individuals residing in the shelter. For such Covered Individuals, network providers should seek placement in more appropriate settings including DMH community-based programs or skilled nursing facilities;
 - c. For certain Covered Individuals, discharge to an emergency shelter or the streets may be unavoidable. For example, certain Covered Individuals may choose to return to the streets or go to an emergency shelter despite the best efforts of the network provider. For these Covered Individuals, the network provider shall:
 - 1) Discharge the Covered Individual only during daytime hours;
 - 2) Provide the Covered Individual a meal prior to discharge;
 - 3) Ensure that the Covered Individual is wearing weather appropriate clothing and footwear;
 - 4) Provide the Covered Individual a physical copy of their health insurance information;
 - 5) To the extent clinically appropriate and consistent with all applicable laws and regulations, provide the Covered Individual with a written copy of all prescriptions and at least one week's worth of filled prescription medications;
 - 6) If the Covered Individual is to be discharged to an emergency shelter:
 - a) Provide at least 24 hours advance notice to the shelter prior to discharge;
 - b) Provide the Covered Individual with access to paid transportation to the emergency shelter;

- c) Ensure that the shelter has an available bed for the Covered Individual. In the event that a shelter bed is unavailable on the planned discharge date, but a bed will be available soon, the network provider should delay discharge until a bed is available. In these cases, the hospital may bill the Contractor at the Administratively Necessary Day (AND) rate for each such day on which the Covered Individual remains in the network provider facility.
- 8. Ensure that providers adhere to the following discharge planning tracking and reporting activities:
 - a. Network Providers must document in each Covered Individual’s medical record all efforts related to the discharge planning activities described above, including options presented to the Covered Individual and, if applicable, the Covered Individual’s refusal of any alternatives to discharge to the streets or emergency shelters.
 - b. Network Providers must track discharges of Covered Individuals to local emergency shelters or the streets in a form, format, and cadence to be specified by EOHHS.”

Section 4.5 is hereby amended by deleting it in its entirety and replacing it with the following language:

“Section 4.5 Massachusetts Child Psychiatry Access Program

The Massachusetts Child Psychiatry Access Program (MCPAP) consists of four psychiatric and behavioral consultation programs. The first program, MCPAP, consists of children’s behavioral health consultation teams throughout the state to help pediatric Primary Care Practitioners (PCPs) manage the behavioral health needs of their patients. Through consultation and education, MCPAP improves PCPs’ competencies in screening, identification, and assessment, treating mild to moderate cases of behavioral health disorders, and in making effective referrals for patients who need community-based specialty services. The second program, Early Childhood (EC), is a psychiatric and behavioral health consultation with a sole focus on children age 0-5. The third program, MCPAP for Moms, consists of behavioral health consultation teams that provide behavioral health consultation for obstetric, pediatric, adult primary care and psychiatric providers to effectively prevent, identify, and manage depression and other mental health concerns in pregnant and postpartum women up to one year after delivery. The fourth program, ASD-ID for MCPAP, consists of a Behavioral Team and a Statewide Physician Consult Team that help Emergency Service Providers (ESP) and Mobile Crisis Intervention (MCI) Providers and emergency department (ED) providers effectively manage behavioral health crises in children and young adults up to age 26 with diagnosed or presumed ASD-ID. Through consultation and education, ASD-ID for MCPAP improves ESP providers and emergency department providers’ competencies in behavioral assessment and intervention,

parent coaching, and in making effective referrals for patients who need community-based services and provides access to pharmacological consultation on an emergency basis.

The Contractor shall:

- A.** Maintain a Massachusetts Child Psychiatric Access Program (MCPAP) Unit to manage the Massachusetts Child Psychiatric Access Program and MCPAP for Moms and allocate sufficient medical leadership and program administration resources to assure that the goals of the program are met and quality is maintained. In addition, the MCPAP Unit shall allocate sufficient medical leadership and program administration resources to assure that the goals of the Massachusetts School Nurse Liaison Project and the Massachusetts Chapter of Postpartum Support International are met and quality is maintained.
- B.** Maintain a network of:

 - 1. MCPAP providers to provide consultation to pediatric Primary Care Practitioners (PCPs), including Primary Care Clinicians (PCCs), treating pediatric Members who may need Behavioral Health services;
 - 2. MCPAP for Moms providers to provide consultation to obstetric, pediatric, adult primary care, and psychiatric providers treating pregnant or postpartum women with depression and other behavioral health concerns up to one year after delivery; and
 - 3. A network of ASD-ID for MCPAP providers to provide crisis consultation to ESP providers and emergency department providers treating children and young adults with ASD/IDD.
- C.** Maintain MCPAP, MCPAP for Moms, and ASD-ID for MCPAP teams with optimal staffing patterns to ensure effective team functioning and quality services.

 - 1. Team structure of MCPAP and MCPAP for Moms, including FTE allocations, must be approved by DMH.
 - 2. Team structure of ASD-ID, including FTE allocations for ASD-ID for MCPAP Behavioral Teams and Statewide Physician Consult Team, must be approved by EOHHS.
- D.** Ensure that MCPAP, MCPAP for Moms, and ASD-ID for MCPAP services are available statewide.
- E.** Partner with DMH on a special project to evaluate the feasibility of expanding the range of professionals who can access consultation services and supports from MCPAP for Moms to include parent/infant care providers who interact with parents of children up to age one. Specifically, the Contractor shall:

 - 1. Develop and implement methodology and plan for data collection and analysis that explore feasibility of expanding the range of professionals

that access MCPAP for Mom services to include parent/infant care providers who interact with parents of children up to age one;

2. Develop instruments for data collection;
3. Conduct data collection and analysis; and
4. Submit presentation and written report of project findings to DMH and EOHHS.

F. In collaboration with DMH, develop, implement, and maintain a continuous quality improvement (CQI) system capable of systematically collecting and analyzing data and information to ensure MCPAP and MCPAP for Moms services are high quality, efficient, and meeting the needs of enrolled providers. This CQI system must include the following elements:

1. Information systems that collect reliable and accurate data;
2. Clearly defined quality indicators, metrics, and benchmarks that are guided by a logic model;
3. Rigorous methods for collecting both quantitative and qualitative data;
4. Analysis of quality data to inform programmatic improvements; and
5. Timely reports that have up to date information for quality improvement. This includes both routine monthly, quarterly, and annual reports as well as ad hoc reports which respond to a targeted need as requested by DMH.

G. In collaboration with EOHHS, develop, implement, and maintain a continuous quality improvement system capable of systematically collecting and analyzing data and information to ensure ASD-ID for MCPAP services are high quality, efficient, and meeting the needs of providers. This CQI system must include the following elements:

1. Information systems that collect reliable and accurate data;
2. Clearly defined quality indicators, metrics, and benchmarks that are guided by a logic model;
3. Rigorous methods for collecting both quantitative and qualitative data;
4. Analysis of quality data to inform programmatic improvements; and
5. Timely reports that have up to date information for quality improvement. This includes both routine monthly, quarterly, and annual reports as well as ad hoc reports which respond to a targeted need as requested by EOHHS.

- H.** Contract with a sufficient number of MCPAP and MCPAP for Moms Teams to ensure continuous access for PCPs between 9:00 a.m. to 5:00 p.m., Monday through Friday (excluding holidays) including the following:
1. Immediate advice within 30 minutes of the contact or within the time requested by the PCP. Ninety-five percent (95%) of all calls to MCPAP and MCPAP for Moms should be responded to within this time frame.
 2. Information requested through a resource and referral inquiry to MCPAP and MCPAP for Moms is provided to the provider or family/patient within three business days of the initial request. Ninety-five percent (95%) of these requests should be completed within three business days of the initial request. The Contractor shall report to DMH and EOHHS on the rate in which it meets this requirement in a format agreed to by DMH.
 3. Schedule a patient face to face assessment or allowable telehealth assessment with a MCPAP Team psychiatrist within 10 business days of the referral date or scheduled a face to face assessment with a MCPAP behavioral health clinician within 5 business days of the referral date. To assess these standards for timely face to face assessments, on a monthly basis, the Contractor shall contact the MCPAP and MCPAP for Mom teams to receive the prospective wait time for the first available and second available appointment dates from the date of the Contractor's contact with the Team.
 4. Submit to DMH and implement a quality improvement plan(s) that describes root causes for deficiencies and identifies action steps to address them by the 30th of the month following the quarter if either of the following occurs:
 - a. If response time for a MCPAP Team and for MCPAP for Moms is lower than 95% consistently for a quarter;
 - b. If the three-day resources and referral completion rate for a MCPAP Team and for MCPAP for Moms is lower than 95% consistently for a quarter.
- I.** Contract with a sufficient number of ASD-ID for MCPAP Behavioral Team and ASD-ID for MCPAP Statewide Physician Consult Team providers to ensure continuous access for ESP/MCI provider and emergency department providers between 11:00 a.m. to 7:00 p.m., seven (7) days a week (excluding holidays) including the following:
1. Immediate advice from the ASD-ID for MCPAP Behavioral Team within 30 minutes of the contact or within the time requested by the ESP/MCI or emergency department provider. Ninety-five percent (95%) of all calls to

ASD-ID for MCPAP Behavioral Team should be responded to within this time frame.

2. Immediate advice from the ASD-ID for MCPAP Statewide Physician Consult Team within 30 minutes of the contact or within the time requested by the ASD-ID for MCPAP Behavioral Team. Ninety-five percent (95%) of all calls to ASD-ID for MCPAP Statewide Physician Consult Team should be responded to within this time frame.
3. ASD-ID for MCPAP Behavioral Team available to provide behavioral intervention consultation, including applied behavioral analysis (ABA) to the ESP/MCI provider that is providing 7-day follow up to member.
4. ASD-ID for MCPAP Behavioral Team and Statewide Physician Consult Team available to coordinate follow up activities with the ESP/MCI provider that is providing 7-day follow up to member.
5. Schedule a patient face-to-face or telehealth assessment with an ASD-ID for MCPAP Statewide Physician Consult Team provider within 5 business days of the referral date or schedule a face to face or telehealth assessment with an ASD-ID for MCPAP Behavioral Team LABA within 1 business day of the referral date. To assess these standards for timely face-to-face or telehealth assessments, on a monthly basis, the Contractor shall contact the ASD-ID for MCPAP Behavioral Teams and Statewide Physician Consult Teams to receive the prospective wait time for the first available and second available appointment dates from the date of the Contractor's contact with the Teams.
6. Submit to EOHHS and implement a quality improvement plan that describes root causes and identifies corrective action steps by the 30th of the month following the quarter if either of the following occurs:
 - a. If response time for an ASD-ID MCPAP Behavioral Team is lower than 95% consistently for a quarter;
 - b. If response time for ASD-ID for MCPAP Statewide Physician Consult Team is lower than 95% consistently for a quarter.

J. Perform the following ongoing responsibilities, without limitation:

1. Collect Encounter data pursuant to the Contractor's requirements;
2. Conduct outreach to recruit, enroll, and build relationships with pediatric PCP practices, obstetric practices, ESP/MCI providers and emergency departments;

3. Inform pediatric PCP, obstetric practices, ESP/MCI providers and emergency departments in a MCPAP Team's region how to access MCPAP services;
 4. Annually survey pediatric PCPs, obstetric providers, ESP/MCI providers and emergency departments regarding satisfaction with MCPAP;
 5. Every six (6) months communicate with pediatric PCPs and obstetric providers who have not used MCPAP programs in the past six months to identify barriers to using the MCPAP service, unless instructed otherwise by the practice with the practice's reasons for not using being logged;
 6. Maintain up-to-date and comprehensive information for PCPs on access to Network Behavioral Health Providers;
 7. Maintain program-specific dedicated websites about MCPAP, MCPAP for Moms, and ASD-ID programs that provide information about the programs and information about behavioral health topics and resources;
 8. Conduct practice visits to re-orient providers to MCPAP, as well as provide practice-based education and training on managing behavioral health in primary care;
 9. Conduct outreach and trainings for ESP/MCI providers and emergency department providers and other behavioral health first responders to develop their knowledge and skills to treat youth and adults with ASD/IDD; and
 10. Create public awareness campaign about the availability of the ASD-ID for MCPAP service for families of individuals with ASD/IDD, staff at Autism Support Centers, pediatric providers, parent resource groups, and other stakeholders as directed by EOHHS.
- K.** Submit MCPAP, MCPAP for Moms, and ASD-ID for MCPAP monthly, quarterly, and annual aggregate progress reports to EOHHS and DMH identified in and according to the reporting schedule in **Appendix E-1**.
- L.** Submit annual itemized budgets for each MCPAP Program Provider and MCPAP central administration by December 31st of each calendar year, and whenever there is a change in the budget.
- M.** Coordinate all MCPAP and MCPAP for Moms program activities with DMH, including but not limited to:
1. Attending monthly planning meetings and other meetings as required by DMH;

2. Establishing and regularly convening a MCPAP Advisory Committee to inform and advise MCPAP and DMH on program improvements and direction;
 3. Revising program activities as requested by DMH or EOHHS and approved by EOHHS; and
 4. Participating in any DMH or EOHHS-initiated program evaluation activities and accompanied recommendations for future direction.
- N.** Coordinate all ASD-ID for MCPAP program activities with EOHHS, including but not limited to:
1. Revising program activities as requested by EOHHS and approved by EOHHS; and
 2. Participating in any EOHHS-initiated program evaluation activities and accompanied recommendations for future direction.
- O.** Enhance the capacity of MCPAP for Moms to provide consultation on substance use disorders to providers who serve patients with SUD. Specifically, the Contractor shall:
1. Develop a toolkit for providers on screening and treatment of pregnant and postpartum women with SUD by the third quarter of state fiscal year 2019 and update the toolkit each subsequent year thereafter;
 2. During the Contract Year, conduct at a minimum 12 statewide trainings (e.g., webinar, grand rounds, etc.) specific to SUD with obstetric and substance use treatment providers working with pregnant and postpartum women and partner with the Department of Public Health Bureau of Substance Addiction Services to ensure coordination of training activities; and
 3. Hire a part time psychiatrist with expertise in treating pregnant and postpartum women with SUD and a full-time resource and referral specialist with expertise in navigating the SUD service delivery system for the program.
- P.** Ensure that MCPAP for Moms collaborates with and provides support to the Massachusetts Chapter of Postpartum Support International, a peer led organization that promotes awareness, prevention, and treatment of mental health issues related to childbearing to improve the sustainability, data collection and quality of services to Massachusetts families and providers dealing with mental health issues related to childbearing. MCPAP's Massachusetts School Nurse Liaison Project provides services including, but not limited to: educational programming for school staff; consultation services; and resources development to assist school districts and private schools in addressing the mental needs of their students.

- Q.** Establish and maintain an Early Childhood (EC) MCPAP team to increase the availability of supports and access to treatment for children 0-5 (for the purpose of the MCPAP Program 0-5 means from birth through age 5) with behavioral health needs and their families. The team will include:
1. The Medical Director, at 0.15 FTE, who will provide supervision to the Early Childhood Mental Health Clinician and Child Psychiatrist. In partnership with DPH, she will develop educational materials and curriculum focused on early childhood mental health and secondary prevention for the ECHO (a professional development model that combines didactic training, case presentation by a participant with feedback and resources provided by the participants and faculty) training and case consultation model to be piloted with pediatric PCPs, and to be used to expand the model to all MCPAP regions.
 2. A Child Psychiatrist, at 0.1 FTE, who will provide evaluation, using the multi-axial Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5) and short-term treatment of children 3-5 years old referred for medication management consideration.
 3. A licensed Behavioral Health Clinician with expertise/training in early childhood mental health, at 1.0 FTE, who will respond to phone queues from pediatric PCP referred for phone consultation. This position will provide evaluation, using the DC:0-5. The clinician will also provide, on an as-needed basis, short-term treatment of children 0-5 years old referred for behavioral assessment and management, as well as resource and referral services.
 4. A Program Coordinator, at 0.5 FTE, who will respond to phone calls and messages, initiate queues, and manage scheduling. This position will also support coordination of ECHO.
- R.** Oversee the building of the EC MCPAP Team which will be housed and administered in the MCPAP Central Hub. The EC MCPAP services area will include the Central and Western hubs.
- S.** Provide expanded EC MCPAP telehealth consultation to pediatric Primary Care Practitioners (PCPs), including Primary Care Clinicians (PCCs), treating pediatric Members who may need Behavioral Health services with an initial focus on practices in MCPAP Central and Western hubs. Consultation shall include:
1. An assessment of behavioral health needs of children ages 0-5 years for enrolled providers within the Central and Western hubs as specified above. This assessment shall include:

- a. Revision of the MCPAP annual provider survey to add additional questions specific to critical needs of children 0-5 years old with behavioral health needs as well as their preferred mechanism for receiving consultation, including any post-pandemic changes; and
 - b. Specific outreach to providers in the Western and Central hubs to participate in two ECHO programs: one on Early Childhood Behavioral Health and one on the Pyramid in Primary Care, which will be developed with content adapted from the national Pyramid Model for Promoting Social Emotional Competence in Infants and Young Children.
- 2. Development and implementation of communication process for Pediatric Primary Care Providers (PPCP)s and other stakeholders, utilizing MCPAP's websites, webinars and other communication channels;
- 3. Adoption of practices to ensure family support and racial health equity with guidance from DPH; and
- 4. Provision of EC MCPAP telehealth consultation, assessment, referrals, and brief treatment using DC:0-5 assessment of children 0-5 years old;
- T. Develop and implement EC MCPAP training, as follows:**
 - 1. Develop curriculum, conduct outreach and recruitment, enroll providers, and implement ECHO virtual clinics for pediatric and other providers; include DPH Early Childhood Systems Coordinator for Family Engagement and Training in planning and implementation;
 - 2. Work with DPH on the creation and implementation of the Pyramid in Primary Care (PiPC) modules, and family engagement training using the ECHO approach and learning communities for integrated primary care teams to support outreach and recruitment of integrated care teams;
 - 3. Work with DPH and family leaders to support development and dissemination of the PiPC Toolkit;
 - 4. Partner with DPH to develop and implement training on additional topics in response to the annual training needs assessments; and
 - 5. Work with DPH to ensure family voice and a racial equity lens in all online and in-person trainings, including having a person with lived experience as a co-presenter or responder in all training programs;
- U. Enhance and expand EC MCPAP referral network and community-based resources, as follows:**

1. Coordinate with DPH and partners to expand referral network of early childhood mental health clinicians trained in Evidence Based Treatment models (EBTs) (including DC:0-5); and
 2. Expand referral network and listings for IECMH services and other community resources, including Pyramid Model sites and family support resources and groups by coordinating with DPH and partners;
- V.** Promote equitable access for children ages 0-5 to EC MCPAP and the IECMH system of care, as follows:
1. Build linkage with MCPAP for Moms and other perinatal providers for referrals of infants to EC MCPAP and for training on IECMH;
 2. Build capacity of other MCPAP hubs through consultation and training by EC MCPAP and regional PCP champions, focusing on underserved areas; and
 3. Increase amount and effectiveness of data collection for race and ethnicity and use of this data in CQI efforts, including:
 - a. Continue CQI project collecting patient race and ethnicity data; and
 - b. Track education and training data, including registration, for race and ethnicity of enrolled providers in attendance;
- W.** Sustain, and integrate EC MCPAP with the early childhood system of care and expand program statewide, as follows:
1. Conduct regular assessment of EC MCPAP capacity to serve, including an annual report with a plan for sustainability;
 2. Participate in IECMH Policy Workgroup, Young Children’s Council, and other efforts as determined by EOHHS;
 3. Align EC MCPAP with other MCPAP programs; and
 4. Disseminate information about the project with DPH at conferences and through publications;
- X.** As directed by DPH and in conjunction with EOHHS, coordinate with and report to DPH on all EC program activities, including but not limited to:
1. Participating in regular planning meetings and other meetings as required by DPH and project activities;
 2. Utilizing feedback from Young Children’s Council, the EC MCPAP Advisory Committee, to inform and advise MCPAP on program improvements and direction;

3. Revising program activities as requested by DPH or EOHHS;
4. Participating in any DPH or EOHHS-initiated program evaluation activities;
5. Providing data from MCPAP Live (data system) to respond to Health Resources and Services Administration (HRSA) performance measures in the reporting template as specified by DPH on quarterly basis.
6. Making any enhancements to the database that are needed for the project, e.g., amending the data elements for the provider education segment specific to the 0-5 age group; and
7. Providing quarterly expenditure reports to DPH on spending of the EC MCPAP program in Central Hub to ensure compliance with HRSA's financial reporting requirements;

Y. Beginning on October 1, 2022, and as further directed by EOHHS, the Contractor will submit an annual report to DPH and EOHHS which meets the HRSA reporting requirements. The Contractor shall establish baseline numbers in the New Competing Performance Report submitted by the Contractor by January 28, 2022, and utilizing data from the baseline reporting year of September 20, 2020, to September 29, 2021. The Contractor will utilize these baseline numbers to track and report on the following performance measures:

1. Number of trainings held by topic and mechanism (e.g., in-person, web-based);
2. Number and types of training (e.g., Project ECHO, other distance learning training, in-person training);
3. Number and types of providers enrolled in a statewide or regional pediatric mental health care access program;
4. Percentage of primary care providers enrolled in a statewide or regional pediatric mental health care access program who receive tele-consultation on behavioral health conditions;
5. Reasons for provider contact with the pediatric mental health team (e.g., psychiatric consultation and/or care coordination, and suspected or diagnosed behavioral health conditions such as depression, anxiety, ADHD, or Autism Spectrum Disorder);
6. Course of action to be taken by provider as result of contact with the pediatric mental health team and number of times each course of action was recommended (e.g., medication evaluation/change, use of screening tool or instrument, referral to community-based support services or resources, referral to behavioral health provider);

7. Number of consultations and referrals provided to enrolled providers by the pediatric mental health team, by enrolled provider discipline type, and by telehealth mechanism (e.g., telephone, videoconferencing, email);
8. Number of consultations and referrals provided by each discipline type (e.g., psychiatrist, counselor, care coordinator) of the pediatric mental health team;
9. Number and types of community-based mental health and support service and service providers in the telehealth referral database (e.g., childcare, employment/job-seeking training, food programs, housing support, parenting support, school-based services, behavioral health services, inpatient and outpatient treatment programs; inpatient hospitalization or emergency department; all other clinical provider services including medication management; and all other service or service provider types);
10. Types of referrals provided by the pediatric mental health team (e.g., behavioral health services, inpatient and outpatient treatment programs; inpatient hospitalization or emergency department; other clinical provider services including medication management; school-based services; parenting support.);
11. Number of children and adolescents, 0–21 and a subset of children 0-5 years of age, for whom a provider contacted the pediatric mental health team for consultation or referral during the reporting period;
12. Number of referrals provided to children and adolescents, 0–21 and a subset of children 0-5 years of age, for whom a primary care provider contacted the pediatric mental health team during the reporting period;
13. Number of children and adolescents, 0–21 and a subset of children 0-5 years of age, for whom a provider contacted the pediatric mental health team, who received at least one screening for a behavioral health condition using a standardized validated tool;
14. Percentage of children and adolescents, 0–21 and a subset of children 0-5 years of age, for whom providers contacted the pediatric mental health team for consultation or referral during the reporting period, from rural and underserved counties;
15. Number of children and adolescents, 0–21 and a subset of children 0-5 years of age, for whom a primary care provider contacted the pediatric mental health team during the reporting period, who were recommended for referral to a behavioral clinician or treatment from the primary care provider; and

16. Number of children and adolescents, 0–21 and a subset of children 0-5 years of age, for whom a primary care provider contacted the pediatric mental health team during the reporting period, who screened positive for a behavioral health condition using a validated tool, and who were recommended for referral to a behavioral clinician or treatment from the primary care provider.”

Section 4.12.B is hereby amended by deleting it in its entirety and replacing it with following language:

- “**B.** EOHHS may require the Contractor to submit expenditure data for Inpatient Services delivered to Covered Individuals under the age of 21 in specialized ASD-ID inpatient treatment settings to EOHHS in a form and format and at a frequency to be determined by EOHHS.”

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

- “**G.** Effective January 1, 2022, the Contractor shall pay a uniform rate increase of \$954.59 per diem over the Contractor’s contracted rates for inpatient mental health services or administratively necessary day services immediately following inpatient mental health services for COVID-19-positive Covered Individuals admitted to Department of Mental Health (DMH)-licensed psychiatric hospitals and all units with DMH-licensed beds. The temporary per diem rate increase is applicable for up to 14 days when a member is admitted for inpatient mental health services or receives administratively necessary day services immediately following inpatient mental health services, is confirmed positive for COVID-19 at the time of admission or within 96 hours of admission, and is not suspected of having become COVID-19 positive after admission due to exposure occurring within the admitting hospital. This rate increase shall remain in effect until May 1, 2022, or as otherwise directed by EOHHS.”

Section 4 is hereby amended by adding at the end therein the following language:

“Section 4.19 **Behavioral Health Urgent Care**

- A.** Beginning July 1, 2022, the Contractor will manage and oversee the quarterly process of Mental Health Centers’ (MHC) attestation to meeting qualifications as Behavioral Health Urgent Care providers in alignment with Managed Care Entity Bulletin 76: Behavioral Health Care Providers and any successor guidance issued by EOHHS. The Contractor will:
1. Disseminate the attestation form to MHCs;
 2. Collect completed attestation forms; and
 3. Provide a list to EOHHS of MHCs who have completed the Behavioral Health Urgent Care attestation form at a cadence defined by EOHHS.

- B.** The Contractor shall collect and submit to EOHHS, on a quarterly basis or as otherwise specified by EOHHS, from Behavioral Health Urgent Care providers the following:
1. Quarterly data, stratified by months, of the following:
 - a. Percentage of total quarterly visits provided during extended appointment hours;
 - b. Percentage of total quarterly initial evaluations completed within 1 day of clinic operation following the first contact;
 - c. Percentage of total quarterly initial evaluations completed during extended appointment hours;
 - d. Percentage of total quarterly urgent visits for existing clients completed within 1 day of clinic operation;
 - e. Percentage of total quarterly urgent visits completed within 1 day of clinic operation occurring during extended appointment hours;
 - f. Percentage of total quarterly urgent psychopharmacology appointments that occur within 72 hours of initial diagnostic evaluation;
 - g. Percentage of total quarterly Medication for Addiction Treatment appointments that occur within 72 hours of initial diagnostic evaluation;
 - h. Percentage of total quarterly routine or follow-up visits completed within 14 calendar days of initial contact;
 - i. Percentage of total quarterly routine or follow-up visits completed within 14 calendar days of initial contact that occur during extended appointment hours;
 - j. Member experience survey;
 2. Annual analysis and summary of the Behavioral Health Urgent Care Member Experience Survey; and
 3. Any other Behavioral Health Urgent Care ad hoc reports further specified by EOHHS.
- C.** The Contractor shall pay Behavioral Health Urgent Care providers designated by EOHHS no less than the rates for Behavioral Health Urgent Care services set forth in **Appendix L.**”

Section 5. PCC PLAN MANAGEMENT

Section 5.2.A.3 is hereby amended by striking the word “six” and replacing it with the word “three”.

Section 5.2.D.2.b is hereby amended by striking the word “The” and replacing it with the following: “Upon the request of EOHHS, the”.

Section 6. INTEGRATION OF CARE

Section 6.2.A is hereby amended by deleting it in its entirety and replacing it with the following language:

“A. Integrated Care Management Program (ICMP) Overview

1. Practice Based Care Management (PBCM)

The Contractor shall:

- a. Expand the Practice Based Care Management Program (PBCM) in all regions to PCCs and BH Providers serving Enrollees. Expanding PBCM includes providing technical assistance on topics such as approaches to population health management for the high risk and complex Enrollees and strategies to engage Enrollees into care management, as well as support for the provision of care management as needed by the participating practice;
- b. Monitor each practice’s compliance with the PBCM contract; and
- c. Submit to EOHHS a plan to promote and increase the number of PCC service locations enrolled in PBCM.

2. The Integrated Care Management Program (ICMP) is an enhanced care management program offered to Enrollees with complex medical, mental health and substance use disorders. The Contractor’s ICMP services shall include, but are not limited to, the identification of Enrollees for outreach and engagement in the ICMP through predictive modeling using Behavioral Health, Medical and Pharmacy claim data (historical and current); acceptance of referrals from PCCs, EOHHS staff, Enrollees or other providers for participation in the ICMP; communication with Enrollees and Providers about ICMP; and implementing and evaluating the care plan with the Enrollee.

3. Identification of high-risk populations: pregnant and postpartum Enrollees

- a. The Contractor shall identify pregnant and postpartum Enrollees and screen for high-risk conditions as described below. The Contractor shall provide to EOHHS quarterly reports, in a format directed by EOHHS with the requested data for this population as well as the methodology by which these Enrollees are identified.

- b. The high-risk population includes pregnant and postpartum Enrollees with one or more of the following circumstances:
 - 1) any history of complex or severe behavioral health diagnosis;
 - 2) any history of substance use disorder, including opioids, alcohol, tobacco, or other substances;
 - 3) any current chronic physical health diagnosis which may complicate pregnancy or postpartum (i.e., hypertension, diabetes, HIV, etc.);
 - 4) any history of adverse maternal or neonatal outcomes in previous pregnancies, including any instances of severe maternal morbidity; and
 - 5) any current complex social conditions which could impact outcomes during pregnancy or postpartum (i.e., unsafe living environment, significantly late prenatal care initiation, food or housing insecurity, etc.).”

Section 13. ADDITIONAL TERMS AND CONDITIONS

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

- “**A.** The Contract is effective upon execution, through December 31, 2022, 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.”

APPENDICES

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 G

BEHAVIORAL HEALTH PERFORMANCE INCENTIVES (SECTION 8.6.C)

Effective Contract Year 2022

Introduction

The performance-based incentives for Contract Year 2022 (henceforth referred to as CY2022) 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 CY2022, the Contractor shall refer to the HEDIS technical measure specifications for 2021 and 2022.

The Contractor shall develop the following strategic priorities for network performance improvement in CY2022: (1) Crisis Care Optimization; (2) Care Transition and Continuity; (3) Outpatient Access, Quality, and Care Integration; and (4) other EOHHS Strategic Priorities.

1. 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) for CY2022 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 CY2022 by 5%, 10%, or 15%, the Contractor will receive only the amount indicated for the highest goal met.

For **1.M2A**, if the Contractor meets or exceeds the 75th percentile National Medicaid Benchmark for the 7-day rate of follow up after an ED visit for mental health (FUM) in CY2022, the Contractor will receive only the amount indicated for the goal met.

For **1.M2B**, if the Contractor meets or exceeds the 75th National Medicaid Benchmark for the 30-day rate of follow up after an ED visit for mental health (FUM) in CY2022, the Contractor will receive only the amount indicated for the goal met.

During CY2021, the contractor developed custom measures and established baselines for the rates of covered individuals who have a follow-up visit within 7 and 30 days of an ED visit for mental health after the covered individual has left the ED, removing visits that occur while the covered individual is still in the ED. (Performance on these measures January - September 2021 were 68.3% and 76.3% for rate of attending a follow-up visit 7 and 30 days after an ED visit.)

For **1.M3A**, if the Contractor improves the rate of covered individuals who have a follow-up visit within 7 days of an ED visit for mental health after the covered individual has left the ED, removing visits that occur while the covered individual is still in the ED, by 5% or 7.5%, it will receive only the amount indicated for the highest goal met.

For **1.M3B**, if the Contractor improves the rate of covered individuals who have a follow-up visit within 30 days of an ED visit for mental health after the covered individual has left the ED, removing visits that occur while the covered individual is still in the ED, by 5% or 7.5%, it will receive only the amount indicated for the highest goal met.

The maximum incentive payment for Incentive 1 is \$800,000.

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 CY2022 from the baseline of CY2021.	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 CY2022 by 5%, 10%, or 15% for CY2022 from the baseline of CY2021.	5% = \$100,000	10% = \$125,000	15% = \$150,000
1.M2A	Meet or exceed the 75th National Medicaid Benchmark for the 7-day rate of follow up after an ED visit for mental health (FUM 7-day) in CY2022.	75 th = \$100,000		
1.M2B	Meet or exceed the 75th National Medicaid Benchmark for the 30-day rate of follow up after an ED visit for mental health (FUM 30-day) in CY2022.	75 th = \$100,000		
1.M2C	Increase 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 by 5% or 7.5%.	5% = \$125,000		7.5% = \$150,000
1.M2D	Increase 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 by 5% or 7.5%.	5% = \$125,000		7.5% = \$150,000

2. 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) in CY2022 when compared to CY2021, 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) in CY2022 when compared to CY2021, the Contractor will receive the incentive payment of only that measure.

During CY2021, the contractor developed a custom measure and established baselines for the rate of covered individuals who receive Recovery Support Navigator (RSN) services after discharge from an Acute Treatment Service (ATS) and/or Clinical Stabilization Services (CSS).

For **2.M3**, if the Contractor increases the rate of covered individuals who receive Recovery Support Navigator (RSN) services after discharge from an Acute Treatment Service (ATS) and/or Clinical Stabilization Services (CSS), by 5% or 7.5%, it will receive only the amount indicated for the highest goal met.

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

Measure	Care Transition and Continuity Goals	Incentive	
		5% Reduction	10% Reduction
2.M1	Reduction of readmission rates across inpatient psychiatric care and/ or ATS.		
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 up after hospitalization (FUH) in CY2022 from CY2021.	\$125,000	
2.M2B	Increase of at least 2% in the 30-day rate of follow up after hospitalization (FUH) in CY2022 from CY2021.	\$125,000	
2.M3	Increase the rate of covered individuals who receive Recovery Support Navigator (RSN) services after discharge from an Acute Treatment Service (ATS) and/or Clinical Stabilization Services (CSS) from CY2021 to CY2022.	5% Increase = \$75,000	7.5% Increase = \$125,000

3. Incentive 3, Outpatient Access, Quality and Integration

For **3M.1**, the Contractor will take on a project to increase utilization of the collaborative care model (CCM), improving the integrative care of physical health and behavioral health conditions. The most diagnosed behavioral health condition for MassHealth enrollees is depression. This initiative will work to improve depression outcomes for enrollees seen in identified primary care practices. The Contractor will develop a program to encourage utilization of the CCM that will include completion of all the below items.

For **3M.1A** The Contractor will receive the incentive payment if all within a., b., and c. are completed:

- a. By June 30, 2022, engage at least 4 PCC practices with at least 1,000 cumulative members in CCM. The Contractor will use the resources provided by the Advancing

Integrated Mental Health Solutions (AIMS) Center at the University of Washington in defining the core components of CCM.

- b. By June 30, 2022, develop performance specifications for the key elements of the collaborative care model, including practice-based care management (PBCM) and outcomes reporting.
- c. Collect data from practices on the Depression Screening and Follow Up for Adolescents and Adults (DSF) measures during the following periods
 - i. collect baseline data from March 1, 2022, to June 30, 2022.
 - ii. collect follow up data from September 1, 2022, to December 31, 2022

For **3.M1B** The Contractor will receive the incentive payment if there is a 5% improvement on DSF measures between the two measurement periods.

3.M2A and 3.M2B will focus on overall performance on the Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) measure.

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), 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), the Contractor will receive only the amount indicated for the highest goal met.

Given the findings in CY'20 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 2022 will be on providers with the most opportunity for improvement with Adherence.

For **3.M3**, the Contractor will continue the project to identify providers who did not perform well on MAT Adherence. The contractor will provide assistance to improve these providers' MAT Adherence rates. MAT Adherence rate is the percentage of total covered individuals with an opioid use disorder who have 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, 2021, to define providers performing in the bottom quartile on that measure while eliminating from the bottom quartile any provider who is already performing at 80% or above. Once these providers are 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, 2022), MAT Adherence will be measured for the following 6 months (June 1 – November 30, 2022) and compared to the June- December 2021 measurement period. If the Contractor meets or exceeds 4% or 5% improvement in MAT Adherence for these providers when comparing these two 6-

month measurement periods, the Contractor will receive only the amount indicated for the highest goal met. 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 \$600,000.

Measure	Outpatient Access, Quality, and Integration Goals	Incentive	
3.M1A	The Contractor will receive payment for completion of parts a, b, and c of the CCM project. The contractor will also be required to submit a summary report of this item.	\$100,000	
3.M1B	The contractor will receive payment if there is a 5% or greater improvement on DSF measures. The contractor will also be required to submit a summary report of this item.	\$100,000	
3.M2A	Meet or exceed the 75th or 90th National Medicaid Benchmark for the Alcohol and Other Drug Abuse or Dependence Treatment (IET- initiation) in CY2022.	50 th = \$50,000	75 th = \$100,000
3.M2B	Meet or exceed the 75th or 90th National Medicaid Benchmark for the Alcohol and Other Drug Abuse or Dependence Treatment (IET- engagement) in CY2022.	50 th = \$50,000	75 th = \$100,000
3.M3	Meet or exceed 4% or 5% improvement on MAT Adherence (80% medication possession ratio when comparing the two 6-month measurement periods. The contractor will also be required to submit a summary report of this item.	4% = \$150,000	5% = \$200,000

4. 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, and shall provide 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. Continue work from CY2021 to measure and report on the diversity of the Contractor's provider network both at the individual and facility/clinic level.
Eligible payment: \$50K
 - b. Following implementation and assessment of results from a., the Contractor will implement, at a minimum, two strategies to increase diversity of its provider network. **Eligible payment: \$50K**
2. In collaboration with EOHHS and in furtherance of efforts to improve availability of behavioral health services for covered individuals on an urgent basis, between January 1,

2022, and June 30, 2022, the Contractor will manage and oversee the process of Mental Health Centers' (MHC) attestation to meeting qualifications as Behavioral Health Urgent Care providers. Following EOHHS issuance of the related bulletin, the contractor will

- a. Disseminate the attestation form to MHCs;
- b. Collect completed attestation forms; and
- c. Provide a list to EOHHS of MHCs who have completed the Behavioral Health Urgent Care attestation form.

Eligible payment: \$100K

3. Continue collaborative work focused on Behavioral Health Reform, responsive to the Commonwealth's Roadmap for Behavioral Health Reform. As further directed by EOHHS, this may include the procurement and management of Emergency Services Programs (ESPs) and Community Behavioral Health Centers (CBHCs). This collaborative work with EOHHS shall enhance the integration of care and the delivery of services for covered individuals according to the following. The contractor shall:

- A. As directed by EOHHS, issue a Request for Proposal (RFP) to procure CBHC providers, as defined by EOHHS. **Eligible payment: \$150K**
- B. As directed by EOHHS, and in collaboration with EOHHS, select providers to be CBHCs; **Eligible payment: \$100K**
- C. In consultation with EOHHS, and as further directed by EOHHS, execute provider agreements with each selected provider for each service area designated by EOHHS.

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) provided by EOHHS. The Contractor will use the service specifications and medical necessity criteria documents approved by EOHHS in contracting.
- ii. provide 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 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: \$250K

- D. Work with EOHHS to produce a workplan to encompass the following deliverables to be executed by December 31, 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: \$50K**
 - ii. Development of detailed performance specifications and medical necessity guidelines, quality metrics and credentialing requirements based on the Program Specifications CBHC and Program Specifications CBHC for Youth and Families, provided by EOHHS. **Eligible payment: \$150K**

Effective 1/1/2022

- iii. As further specified by EOHHS, plans for contracting with CBHCs on a date specified by EOHHS **Eligible payment: \$100K**

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 2022: January 1, 2022, through December 31, 2022.

Section 1. MassHealth Capitation Payment

A. Per-Member Per-Month (PMPM) Capitation Rates for Contract Year 2022 (CY22) (pursuant to Section 10.2 of the Contract)

a. PCC and TPL: PMPM (\$) Rates January 1, 2022 – June 30, 2022

Rating Category	Medical services PMPM	CBHI PMPM	ABA PMPM	SUD PMPM	Admin PMPM	Total PMPM
Rating Category I Child	58.02	52.40	16.20	0.52	4.98	132.12
Rating Category I Adult	49.54	-		8.13	4.95	62.62
Rating Category I TPL	6.15	31.98	5.82	0.33	4.06	48.34
Rating Category II Child	164.63	173.03	272.26	1.11	10.95	621.98
Rating Category II Adult	192.89	-		7.81	11.78	212.48
Rating Category II TPL	17.21	112.87	62.43	0.71	8.38	201.60
Rating Category IX	83.22			16.93	5.69	105.84
Rating Category X	462.63			118.27	16.75	597.65

b. Primary Care ACO: PMPM (\$) Rates January 1, 2022 - June 30, 2022

Rating Category	Medical services PMPM	CBHI PMPM	ABA PMPM	SUD PMPM	Admin PMPM	Total PMPM
Rating Category I Child	26.92	28.16	7.44	0.31	3.43	66.26
Rating Category I Adult	47.74			8.65	3.80	60.19
Rating Category II Child	122.15	191.48	220.26	0.39	8.60	542.88
Rating Category II Adult	226.51			16.09	10.40	253.00
Rating Category IX	96.41			25.30	4.61	126.32
Rating Category X	422.39			196.52	12.48	631.39

c. PCC and TPL: PMPM (\$) Rates July 1, 2022 – December 31, 2022

Rating Category	Medical services PMPM	CBHI PMPM	ABA PMPM	SUD PMPM	Admin PMPM	Total PMPM
Rating Category I Child	54.84	47.62	14.67	0.47	4.98	122.58
Rating Category I Adult	46.08			7.41	4.95	58.44
Rating Category I TPL	5.41	28.79	4.77	0.30	4.06	43.33
Rating Category II Child	157.20	157.23	247.02	1.01	10.95	573.41

Rating Category	Medical services PMPM	CBHI PMPM	ABA PMPM	SUD PMPM	Admin PMPM	Total PMPM
Rating Category II Adult	183.05			7.07	11.78	201.90
Rating Category II TPL	15.52	102.09	53.01	0.64	8.38	179.64
Rating Category IX	77.45			15.38	5.69	98.52
Rating Category X	435.85			108.13	16.75	560.73

d. Primary Care ACO (ACO B): PMPM (\$) Rates (July 1, 2022 to December 31, 2022)

Rating Category	Medical services PMPM	CBHI PMPM	ABA PMPM	SUD PMPM	Admin PMPM	Total PMPM
Rating Category I Child	25.33	25.54	6.73	0.28	3.43	61.31
Rating Category I Adult	44.43			7.82	3.80	56.05
Rating Category II Child	115.80	174.00	200.15	0.35	8.60	498.90
Rating Category II Adult	214.73			14.71	10.40	239.84
Rating Category IX	89.79			22.88	4.61	117.28
Rating Category X	397.56			179.62	12.48	589.66

B. Risk Sharing Corridors for Contract Period CY22, 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 2022. EOHHS and the Contractor shall share such gain in accordance with the table below.

Gain	MassHealth Share	Contractor Share
Between 0 and 1.5%	0%	100%
>1.5%	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 2022. EOHHS and the Contractor shall share such loss in accordance with the table below.

Loss	MassHealth Share	Contractor Share
Between 0 and 1.5%	0%	100%
>1.5%	100%	0%

C. Risk Sharing Corridors for CY22 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 CY22. 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 CY22. 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 2022 effective January 1, 2022, through December 31, 2022, 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 2022, 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 2022, 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 2022, 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 2022. 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 2022. 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 2022, 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 2022 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

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 2022 DMH Compensation Payment for the Specialty Programs through December 31, 2022, 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 2022 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 2022.
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 2022.

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 2022.
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 2022 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 2022 within 60 days of the identification of such under spending unless otherwise agreed to by the parties.

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

1. The DMH Payment for MCPAP services for Contract Year 2022 shall be \$3,775,000.
2. The monthly payment for MCPAP services shall be \$314,583.33.
3. The DMH payment for MCPAP administrative compensation for Contract Year 2022 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 2022.

4. The DMH Contract Year 2022 Payment for the Massachusetts School Nurse Liaison Project described in Section 4.5 of the contract shall be \$200,000. This payment will be issued in installments and a frequency to be determined by EOHHS.
5. The DMH Contract Year 2022 Payment for the Massachusetts Chapter of Postpartum Support International (PSI) project, described in Section 4.5 of the contract, shall be \$100,000. This payment will be issued in installments and at a frequency to be determined by EOHHS.
6. The Contractor shall return to EOHHS any portion of the DMH Payment for MCPAP that it does not spend on the MCPAP services identified in the annual reconciliation for Contract Year 2022, 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 COVID-19

The Contractor shall apply any residual funds issued in CY21 towards stipulated activities in CY22 through the grant performance period ending on May 31, 2022. The Contractor shall continue to apply the \$207,677 allocated in CY21 towards the program administration costs incurred by the Contractor through the performance period.

EOHHS shall not issue new funds for BHUC services in CY22.

Any unspent services 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 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 2022.

B. Autism Spectrum Disorder - Intellectual Disability for MCPAP (ASD-ID)

For Contract Year 2022 EOHHS shall pay the Contractor \$650,000.00 in support of the ASD-ID for MCPAP described in Section 4.5 of the contract. EOHHS shall determine the disbursement frequency for the CY22 funds. The ASD-ID for MCPAP 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 ASD-ID for MCPAP activities in subsequent contract periods, if any. EOHHS reserves the right to require reporting on expenditures related to this program.

C. Massachusetts Consultation Services for the Treatment of Addiction and Pain (MCSTAP) Payment

Pursuant to Section 2 of Chapter 24 of the Acts of 2021, that provides, in relevant part, that “...not less than \$400,000 shall be expended for the Massachusetts Consultation Service for Treatment of Addiction and Pain to provide case management and care navigation support to assist healthcare facilities, individual practitioners and other healthcare providers, including, but not limited to, nurse case managers, social workers and recovery coaches, in providing care and identifying community-based providers for referral for pain management and treatment of substance use disorder,” the payment for MCSTAP program in Contract Year 2022 shall be \$400,000.

D. DPH Early Childhood MCPAP Payment

Contingent upon receipt of funding from DPH, EOHHS shall pay the Contractor \$624,379.00 in support of the Early Childhood MCPAP program described in Section 4.5 of the contract. EOHHS shall determine the disbursement frequency for the CY22 funds. The early childhood 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 early childhood program activities in the subsequent contract period, unless otherwise directed by EOHHS. EOHHS reserves the right to require reporting on expenditures related to this program in a format and frequency that EOHHS and/or DPH may specify.

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 (Behavioral Health Urgent Care)	90791	UG-Doctoral Level (Child Psychiatrist); GJ-Behavioral Health Urgent Care	Psychiatric Diagnostic Evaluation	\$ 217.74
MH and SA OP Services	90791	U6-Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation	\$ 151.95
MH and SA OP Services (Behavioral Health Urgent Care)	90791	U6-Doctoral Level (MD / DO); GJ-Behavioral Health Urgent Care	Psychiatric Diagnostic Evaluation	\$ 174.74
MH and SA OP Services	90791	AH-Doctoral Level (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation	\$ 130.44
MH and SA OP Services (Behavioral Health Urgent Care)	90791	AH-Doctoral Level (PhD, PsyD, EdD); GJ-Behavioral Health Urgent Care	Psychiatric Diagnostic Evaluation	\$ 150.01
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 (Behavioral Health Urgent Care)	90791	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC; GJ-Behavioral Health Urgent Care	Psychiatric Diagnostic Evaluation	\$ 151.24
MH and SA OP Services	90791	HO-Master's Level	Psychiatric Diagnostic Evaluation	\$ 117.41
MH and SA OP Services (Behavioral Health Urgent Care)	90791	HO-Master's Level; GJ-Behavioral Health Urgent Care	Psychiatric Diagnostic Evaluation	\$ 135.02
MH and SA OP Services	90791	U3-Intern (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation	\$ 65.22
MH and SA OP Services (Behavioral Health Urgent Care)	90791	U3-Intern (PhD, PsyD, EdD); GJ-Behavioral Health Urgent Care	Psychiatric Diagnostic Evaluation	\$ 75.00
MH and SA OP Services	90791	U4-Intern (Master's)	Psychiatric Diagnostic Evaluation	\$ 58.71
MH and SA OP Services (Behavioral Health Urgent Care)	90791	U4-Intern (Master's); GJ-Behavioral Health Urgent Care	Psychiatric Diagnostic Evaluation	\$ 67.52
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

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
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 (Behavioral Health Urgent Care)	90832	Doctoral Level (Child Psychiatrist); GJ-Behavioral Health Urgent Care	Individual Psychotherapy, approximately 20-30 minutes	\$ 60.49
MH and SA OP Services	90832	Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 20-30 minutes	\$ 45.54
MH and SA OP Services (Behavioral Health Urgent Care)	90832	Doctoral Level (MD / DO); GJ-Behavioral Health Urgent Care	Individual Psychotherapy, approximately 20-30 minutes	\$ 52.37
MH and SA OP Services	90832	Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 20-30 minutes	\$ 44.22
MH and SA OP Services (Behavioral Health Urgent Care)	90832	Doctoral Level (PhD, PsyD, EdD); GJ-Behavioral Health Urgent Care	Individual Psychotherapy, approximately 20-30 minutes	\$ 50.85
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 (Behavioral Health Urgent Care)	90832	Nurse Practitioner/Board Certified RNCS and APRN-BC; GJ-Behavioral Health Urgent Care	Individual Psychotherapy, approximately 20-30 minutes	\$ 49.40
MH and SA OP Services	90832	Master's Level	Individual Psychotherapy, approximately 20-30 minutes	\$ 42.96
MH and SA OP Services (Behavioral Health Urgent Care)	90832	Master's Level; GJ-Behavioral Health Urgent Care	Individual Psychotherapy, approximately 20-30 minutes	\$ 49.40
MH and SA OP Services	90832	Addiction Counselor	Individual Psychotherapy, approximately 20-30 minutes	\$ 29.94
MH and SA OP Services (Behavioral Health Urgent Care)	90832	Addiction Counselor; GJ-Behavioral Health Urgent Care	Individual Psychotherapy, approximately 20-30 minutes	\$ 34.43
MH and SA OP Services	90832	Intern (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 20-30 minutes	\$ 22.11
MH and SA OP Services (Behavioral Health Urgent Care)	90832	Intern (PhD, PsyD, EdD); GJ-Behavioral Health Urgent Care	Individual Psychotherapy, approximately 20-30 minutes	\$ 25.43
MH and SA OP Services	90832	Intern (Master's)	Individual Psychotherapy, approximately 20-30 minutes	\$ 21.44
MH and SA OP Services (Behavioral Health Urgent Care)	90832	Intern (Master's); GJ-Behavioral Health Urgent Care	Individual Psychotherapy, approximately 20-30 minutes	\$ 24.66
MH and SA OP Services	90833	Doctoral Level (MD / DO)	Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service	\$ 31.77
MH and SA OP Services (Behavioral Health Urgent Care)	90833	Doctoral Level (MD / DO); GJ-Behavioral Health Urgent Care	Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service	\$ 36.54

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 (Behavioral Health Urgent Care)	90833	Nurse Practitioner/Board Certified RNCS and APRN-BC; GJ-Behavioral Health Urgent Care	Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service	\$ 36.54
MH and SA OP Services	90834	Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 45 minutes	\$ 105.18
MH and SA OP Services (Behavioral Health Urgent Care)	90834	Doctoral Level (Child Psychiatrist); GJ-Behavioral Health Urgent Care	Individual Psychotherapy, approximately 45 minutes	\$ 120.96
MH and SA OP Services	90834	Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 45 minutes	\$ 92.42
MH and SA OP Services (Behavioral Health Urgent Care)	90834	Doctoral Level (MD / DO); GJ-Behavioral Health Urgent Care	Individual Psychotherapy, approximately 45 minutes	\$ 106.28
MH and SA OP Services	90834	Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 45 minutes	\$ 87.17
MH and SA OP Services (Behavioral Health Urgent Care)	90834	Doctoral Level (PhD, PsyD, EdD); GJ-Behavioral Health Urgent Care	Individual Psychotherapy, approximately 45 minutes	\$ 100.25
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 (Behavioral Health Urgent Care)	90834	Nurse Practitioner/Board Certified RNCS and APRN-BC; GJ-Behavioral Health Urgent Care	Individual Psychotherapy, approximately 45 minutes	\$ 98.80
MH and SA OP Services	90834	Master's Level	Individual Psychotherapy, approximately 45 minutes	\$ 85.91
MH and SA OP Services (Behavioral Health Urgent Care)	90834	Master's Level; GJ-Behavioral Health Urgent Care	Individual Psychotherapy, approximately 45 minutes	\$ 98.80
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 (Behavioral Health Urgent Care)	90834	Master's Level (Licensed Alcohol and Drug Counselor 1 and Supervised Master's Level Clinicians); GJ-Behavioral Health Urgent Care	Individual Psychotherapy, approximately 45 minutes	\$ 97.65
MH and SA OP Services	90834	Intern (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 45 minutes	\$ 43.62
MH and SA OP Services (Behavioral Health Urgent Care)	90834	Intern (PhD, PsyD, EdD); GJ-Behavioral Health Urgent Care	Individual Psychotherapy, approximately 45 minutes	\$ 50.16
MH and SA OP Services	90834	Intern (Master's)	Individual Psychotherapy, approximately 45 minutes	\$ 42.96

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services (Behavioral Health Urgent Care)	90834	Intern (Master's); GJ-Behavioral Health Urgent Care	Individual Psychotherapy, approximately 45 minutes	\$ 49.40
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 (Behavioral Health Urgent Care)	90836	Doctoral Level (MD / DO); GJ-Behavioral Health Urgent Care	Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service	\$ 59.32
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 (Behavioral Health Urgent Care)	90836	Nurse Practitioner/Board Certified RNCS and APRN-BC; GJ-Behavioral Health Urgent Care	Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service	\$ 59.32
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
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 (Behavioral Health Urgent Care)	90847	Doctoral Level (Child Psychiatrist); GJ-Behavioral Health Urgent Care	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 147.84
MH and SA OP Services	90847	Doctoral Level (MD / DO)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 97.84
MH and SA OP Services (Behavioral Health Urgent Care)	90847	Doctoral Level (MD / DO); GJ-Behavioral Health Urgent Care	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 112.52

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
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 (Behavioral Health Urgent Care)	90847	Doctoral Level (PhD, PsyD, EdD); GJ-Behavioral Health Urgent Care	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 105.04
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 (Behavioral Health Urgent Care)	90847	Nurse Practitioner/Board Certified RNCS and APRN-BC; GJ-Behavioral Health Urgent Care	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 101.98
MH and SA OP Services	90847	Master's Level	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 88.68
MH and SA OP Services (Behavioral Health Urgent Care)	90847	Master's Level; GJ-Behavioral Health Urgent Care	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 101.98
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 (Behavioral Health Urgent Care)	90847	Master's Level (Licensed Alcohol and Drug Counselor 1 and Supervised Master's Level Clinicians); GJ-Behavioral Health Urgent Care	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 101.98
MH and SA OP Services	90847	Intern (PhD, PsyD, EdD)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 45.66
MH and SA OP Services (Behavioral Health Urgent Care)	90847	Intern (PhD, PsyD, EdD); GJ-Behavioral Health Urgent Care	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 52.51
MH and SA OP Services	90847	Intern (Master's)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 44.34
MH and SA OP Services (Behavioral Health Urgent Care)	90847	Intern (Master's); GJ-Behavioral Health Urgent Care	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 50.99
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 (Behavioral Health Urgent Care)	90853	Doctoral Level (Child Psychiatrist); GJ-Behavioral Health Urgent Care	Group psychotherapy (other than of a multiple-family group)	\$ 48.39
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 (Behavioral Health Urgent Care)	90853	Doctoral Level (MD / DO); GJ-Behavioral Health Urgent Care	Group psychotherapy (other than of a multiple-family group)	\$ 40.61
MH and SA OP Services	90853	Doctoral Level (PhD, PsyD, EdD)	Group psychotherapy (other than of a multiple-family group)	\$ 32.60

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services (Behavioral Health Urgent Care)	90853	Doctoral Level (PhD, PsyD, EdD); GJ-Behavioral Health Urgent Care	Group psychotherapy (other than of a multiple-family group)	\$ 37.49
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 (Behavioral Health Urgent Care)	90853	Nurse Practitioner/Board Certified RNCS and APRN-BC; GJ-Behavioral Health Urgent Care	Group psychotherapy (other than of a multiple-family group)	\$ 34.50
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 (Behavioral Health Urgent Care)	90853	Master's Level; GJ-Behavioral Health Urgent Care	Group psychotherapy (other than of a multiple-family group)	\$ 34.50
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 (Behavioral Health Urgent Care)	90853	Master's Level (Licensed Alcohol and Drug Counselor 1 and Supervised Master's Level Clinicians); GJ-Behavioral Health Urgent Care	Group psychotherapy (other than of a multiple-family group)	\$ 34.50
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 (Behavioral Health Urgent Care)	90853	Intern (PhD, PsyD, EdD); GJ-Behavioral Health Urgent Care	Group psychotherapy (other than of a multiple-family group)	\$ 18.78
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 (Behavioral Health Urgent Care)	90853	Intern (Master's); GJ-Behavioral Health Urgent Care	Group psychotherapy (other than of a multiple-family group)	\$ 17.25
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 (Behavioral Health Urgent Care)	90882	Doctoral Level (Child Psychiatrist); GJ-Behavioral Health Urgent Care	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 53.43
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 (Behavioral Health Urgent Care)	90882	Doctoral Level (MD / DO); GJ-Behavioral Health Urgent Care	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 46.35
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 (Behavioral Health Urgent Care)	90882	Doctoral Level (PhD, PsyD, EdD); GJ-Behavioral Health Urgent Care	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 25.06
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 (Behavioral Health Urgent Care)	90882	Nurse Practitioner/Board Certified RNCS and APRN-BC; GJ-Behavioral Health Urgent Care	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 40.10
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 (Behavioral Health Urgent Care)	90882	Master's Level; GJ-Behavioral Health Urgent Care	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 24.70
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 (Behavioral Health Urgent Care)	90882	Intern (PhD, PsyD, EdD); GJ-Behavioral Health Urgent Care	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 12.55
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 (Behavioral Health Urgent Care)	90882	Intern (Master's); GJ-Behavioral Health Urgent Care	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 12.35
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 (Behavioral Health Urgent Care)	90887	Doctoral Level (Child Psychiatrist); GJ-Behavioral Health Urgent Care	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	\$ 53.43
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 (Behavioral Health Urgent Care)	90887	Doctoral Level (MD / DO); GJ-Behavioral Health Urgent Care	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	\$ 46.35
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 (Behavioral Health Urgent Care)	90887	Doctoral Level (PhD, PsyD, EdD); GJ-Behavioral Health Urgent Care	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	\$ 25.06

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
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 (Behavioral Health Urgent Care)	90887	Nurse Practitioner/Board Certified RNCS and APRN-BC; GJ-Behavioral Health Urgent Care	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	\$ 40.10
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 (Behavioral Health Urgent Care)	90887	Master's Level; GJ-Behavioral Health Urgent Care	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	\$ 24.70
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 (Behavioral Health Urgent Care)	90887	Intern (PhD, PsyD, EdD); GJ-Behavioral Health Urgent Care	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	\$ 12.55
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 (Behavioral Health Urgent Care)	90887	Intern (Master's); GJ-Behavioral Health Urgent Care	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	\$ 12.35
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

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 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 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 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
MH and SA OP Services	99417	Doctoral Level (MD / DO)	Prolonged office or other outpatient evaluation and management service, requiring total time with or without direct patient contact beyond usual service, on the date of the primary service (e.g., billed with 99205 or 99215), each 15 minutes	\$ 26.08
MH and SA OP Services	99417	Nurse Practitioner/Board Certified RNCS and APRN-BC	Prolonged office or other outpatient evaluation and management service, requiring total time with or without direct patient contact beyond usual service, on the date of the primary service (e.g., billed with 99205 or 99215), each 15 minutes	\$ 26.08

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
Diversiónary 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
Diversiónary 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
Diversiónary Services	H0037		Community Psychiatric Supportive Treatment Program, per diem	\$ 654.13
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	HH	Effective on the later of October 1, 2021 or the date on which CMS approves these services, comprehensive community support program, per diem (Enrolled Client Day) (behavioral health service by a navigator trained to support members with justice involvement) (CSP-JI)	\$ 17.23
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	H2022	HE	Intensive Hospital Diversion Service for Children, per diem	\$ 148.86
Diversiónary Services	S9484	+	Crisis intervention mental health services, per hour (Urgent Outpatient Services)	\$ 147.57

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
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
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

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
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
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

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
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

