

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



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

| | | | |
|--|-----------------------------------|---|----------------------------|
| CONTRACTOR LEGAL NAME: Tufts Health Public Plans, Inc. (and d/b/a): | | COMMONWEALTH DEPARTMENT NAME: Executive Office of Health and Human Services MMARS Department Code: EHS | |
| Legal Address: (W-9, W-4): 705 Mount Auburn St., Watertown, MA, 02472 | | Business Mailing Address: One Ashburton Place, 11th Floor, Boston, MA 02108 | |
| Contract Manager: Ashley Hague | Phone: 617-972-9400 x87089 | Billing Address (if different): | |
| E-Mail: Ashley.Hague@tufts-health.com | Fax: | Contract Manager: Aditya Mahalingam-Dhingra | Phone: 617-573-1812 |
| Contractor Vendor Code: VC0000577707 | | E-Mail: Aditya.Mahalingam-Dhingra@mass.gov | Fax: |
| Vendor Code Address ID (e.g., "AD001"): AD002. (Note: The Address ID must be set up for EFT payments.) | | MMARS Doc ID(s): N/A | |
| | | RFR/Procurement or Other ID Number: BD-17-1039-EHS01-EHS01-00000009207 | |
| <input type="checkbox"/> NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) <input type="checkbox"/> Statewide Contract (OSD or an OSD-designated Department) <input type="checkbox"/> Collective Purchase (Attach OSD approval, scope, budget) <input type="checkbox"/> Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) <input type="checkbox"/> Emergency Contract (Attach justification for emergency, scope, budget) <input type="checkbox"/> Contract Employee (Attach Employment Status Form, scope, budget) <input type="checkbox"/> Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget) | | <input checked="" type="checkbox"/> CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment: <u>December 31, 2022</u> . Enter Amendment Amount: \$ <u>no change</u> . (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) <input checked="" type="checkbox"/> Amendment to Date, Scope or Budget (Attach updated scope and budget) <input type="checkbox"/> Interim Contract (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> Contract Employee (Attach any updates to scope or budget) <input type="checkbox"/> Other Procurement Exception (Attach authorizing language/justification and updated scope and budget) | |
| The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): <input checked="" type="checkbox"/> Commonwealth Terms and Conditions <input type="checkbox"/> Commonwealth Terms and Conditions For Human and Social Services <input type="checkbox"/> Commonwealth IT Terms and Conditions | | | |
| COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00 . <input checked="" type="checkbox"/> Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) <input type="checkbox"/> Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or <u>new</u> total if Contract is being amended). \$ _____. | | | |
| PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days _____ % PPD; Payment issued within 15 days _____ % PPD; Payment issued within 20 days _____ % PPD; Payment issued within 30 days _____ % PPD. If PPD percentages are left blank, identify reason: <input checked="" type="checkbox"/> agree to standard 45 day cycle <input type="checkbox"/> statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); <input type="checkbox"/> only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) | | | |
| BRIEF DESCRIPTION OF CONTRACT PERFORMANCE OR REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) This Amendment 2 to the Third Amended and Restated ACPP Contract with Beth Israel Deaconess Care Organization in partnership with Tufts Health Public Plans revises rate and policy provisions, as well as updates appendices. | | | |
| ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <input type="checkbox"/> 1. may be incurred as of the Effective Date (latest signature date below) and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date. <input checked="" type="checkbox"/> 2. may be incurred as of <u>January 1, 2021</u> , a date <u>LATER</u> than the Effective Date below and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date. <input type="checkbox"/> 3. were incurred as of _____, 20____, a date <u>PRIOR</u> to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations. | | | |
| CONTRACT END DATE: Contract performance shall terminate as of <u>December 31, 2022</u> , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments. | | | |
| CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07 , incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. | | | |
| AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: _____ Date: <u>4-9-2021</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Jean Yang</u> Print Title: <u>President, Public Plan</u> | | AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Daniel Tsai</u> Print Title: <u>Assistant Secretary for MassHealth</u> | |

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| Contract Manager: Ashley Hague | Phone: 617-972-9400 x87089 | Billing Address (if different): | |
| E-Mail: Ashley_Hague@tufts-health.com | Fax: | Contract Manager: Aditya Mahalingam-Dhingra | Phone: 617-573-1812 |
| Contractor Vendor Code: VC0000577707 | | E-Mail: Aditya.Mahalingam-Dhingra@mass.gov | Fax: |
| Vendor Code Address ID (e.g., "AD001"): AD002. (Note: The Address ID must be set up for EFT payments.) | | MMARS Doc ID(s): N/A | |
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| 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 <i>new</i> total if Contract is being amended). \$ _____. | | | |
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| CONTRACT END DATE: Contract performance shall terminate as of <u>December 31, 2022</u> , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments. | | | |
| CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07 , incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. | | | |
| AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature) Print Name: _____ Print Title: _____ | | AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: _____ Date: <u>4/28/21</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Daniel Tsai</u> Print Title: <u>Assistant Secretary for MassHealth</u> | |

AMENDMENT #2
TO THE
THIRD AMENDED AND RESTATED
ACCOUNTABLE CARE PARTNERSHIP PLAN CONTRACT
FOR THE
ACCOUNTABLE CARE ORGANIZATION PROGRAM

WHEREAS, the Executive Office of Health and Human Services (“EOHHS”) and the Contractor identified in **Appendix X** (“Contractor”) entered into the Contract effective August 25, 2017, and with an Operational Start Date of March 1, 2018, to improve the MassHealth Member experience of care, health of the population, and efficiency of the MassHealth program by substantially shifting towards accountable and integrated models of care and to provide comprehensive health care coverage to MassHealth Members; and

WHEREAS, EOHHS and the Contractor amended and restated the Contract effective January 1, 2021, (the Third Amended and Restated Accountable Care Partnership Plan Contract), and further amended the Contract through Amendment #1;

WHEREAS, in accordance with **Section 6.8** of the Contract, EOHHS and the Contractor desire to amend the Contract effective January 1, 2021; and

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

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

1. **Section 2, Contractor Responsibilities**, is hereby amended by adding at the end of **Section 2.7.D.7** a new **Section 2.7.D.7.1**:

“1. For Behavioral Health screens specified by EOHHS, the Contractor shall establish provider rates at or above the rate floor set by EOHHS in 101 CMR 317, unless otherwise directed by EOHHS, and shall use procedure codes as directed by EOHHS to provide payment for such services.”

2. **Section 2, Contractor Responsibilities**, is hereby amended by adding a new **Section 2.7.D.11** and **Section 2.7.D.12** as follows:

“11. For COVID-19 vaccine administration, the Contractor shall establish provider rates at or above the rate floor set by EOHHS in 101 CMR 446, unless otherwise directed by

EOHHS, and shall use procedure codes as directed by EOHHS to provide payment for such services.

12. For monoclonal antibody product infusion, the Contractor shall establish provider rates at or above the rate floor set by EOHHS in 101 CMR 446, unless otherwise directed by EOHHS, and shall use procedure codes as directed by EOHHS to provide payment for such services.”

3. **Section 2, Contractor Responsibilities**, is hereby amended by inserting the following new **Section 2.20.B.3** and renumbering the subsequent subsections accordingly:

“3. Inpatient Hospitals Accepting COVID-Positive MassHealth Members for Inpatient Mental Health Services

The Contractor shall increase payment rates to DMH-licensed psychiatric hospitals and all units with DMH-licensed beds within applicable acute inpatient hospitals (AIHs) or chronic disease rehabilitation hospitals (CDRHs) (collectively, “hospitals”) identified by EOHHS as having received Tier 1 or Tier 2 designation by DMH in accordance with DMH bulletin #20-05R and having met any other DMH requirements for eligibility.

a. The Contractor shall increase its rates in accordance with this section for dates of service from January 1, 2021, through 30 days following the expiration of the Governor’s March 10, 2020, Declaration of a State of Emergency within the Commonwealth due to the COVID-19 pandemic.

b. For hospitals described in this section that have admitted COVID-19-positive Enrollees for inpatient mental health services, the Contractor shall apply a \$1,050 per diem absolute increase to its current contracted rate for up to the first 14 days of an Enrollee’s stay. This \$1,050 per diem increase applies for those dates of service on which a hospital described in this section provides inpatient mental health services or administratively necessary day services immediately following inpatient mental health services provided to an Enrollee.

1) The Contractor shall apply this rate increase for Tier 2 hospitals described above when:

a) The hospital admitted the Enrollee into a DMH-licensed bed for the primary purpose of rendering inpatient mental health services;

b) The Enrollee is confirmed to have been positive for COVID-19 at the time of admission to the DMH-licensed bed based on a COVID-19 molecular diagnostic test or an FDA-approved rapid antigen test administered before admission or within 96 hours after admission; and

- c) The Enrollee is not suspected to have become COVID-19-positive from exposure occurring within the admitting hospital or from interactions with any member of the hospital's staff or other currently COVID-19-positive patients at the hospital.
- 2) The Contractor shall apply this rate increase for Tier 1 hospitals described above when:
 - a) The hospital admitted the Enrollee into a DMH-licensed bed for the primary purpose of rendering inpatient mental health services;
 - b) The Enrollee was admitted with negative or pending COVID-19 test results, and is later confirmed to be positive for COVID-19 based on a COVID-19 molecular diagnostic test or an FDA-approved rapid antigen test administered before admission or within 96 hours after admission;
 - c) The Enrollee is not suspected to have become COVID-19-positive from exposure occurring within the admitting hospital or from interactions with any member of the hospital's staff or other currently COVID-positive patients at the hospital; and
 - d) The hospital was unable to transfer the Enrollee to a designated Tier 2 hospital."

4. **Section 4, Payment and Financial Provisions**, is hereby amended by deleting **Section 4.2.G** in its entirety and replacing it with a new **Section 4.2.G** as follows:

"G. Coverage of Newborns

- 1. If a newborn became an Enrollee prior to January 1, 2021, EOHHS shall enroll and retrospectively pay the Risk Adjusted Capitation Rate for a newborn effective on the newborn's date of birth provided that:
 - a. The mother was an Enrollee in the Contractor's MassHealth plan at the time of the birth;
 - b. The Notification of Birth (NOB) form was submitted by the hospital in accordance with **Section 2.4.C.2.**; and
 - c. The Contractor is in compliance with the other provisions of **Section 2.4.C.**
- 2. If a newborn becomes an Enrollee on or after January 1, 2021, EOHHS shall prospectively pay a Risk Adjusted Capitation Rate for the newborn as of the newborn's Effective Date of Enrollment."

5. **Section 5, Delivery System Reform Incentive Payment Program (DSRIP)**, is hereby amended by adding at the end of **Section 5.1.B.4** the following:

“provided, however, the Contractor shall not include earned withheld DSRIP funding in the Budget and Budget Narrative;”
6. **Appendix A, Reporting Requirements**, is hereby deleted in its entirety and replaced with a new **Appendix A** attached hereto.
7. **Appendix B, Quality Improvement Goals**, is hereby deleted in its entirety and replaced with a new **Appendix B** attached hereto.
8. **Appendix C, Exhibit 4, MassHealth Excluded Services – All Coverage Types**, is hereby amended by deleting Section 6.c in its entirety.
9. **Appendix T, Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule**, is hereby deleted in its entirety and replaced with a new **Appendix T** attached hereto.
10. **Appendix Z, Directed Payments Related to COVID-19 (2020)** is hereby deleted in its entirety and replaced with a new **Appendix Z** hereto. The Table of Contents is also hereby amended to reflect the new name of **Appendix Z**.

APPENDIX A ACO REPORTING REQUIREMENTS

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

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

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

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

Reporting Deliverable Schedule

1. **Same Day Notification (Immediate Notice Upon Discovery):** Deliverables due the same day as discovery. If the incident occurs on a Saturday, Sunday, or state or federal holiday, the notice is due the next business day.
2. **Next Day Notifications:** Deliverables due the next day. If the incident occurs on a Saturday, Sunday, or state or federal holiday, the notice is due the next business day.
3. **Two Business Days Notification:** Deliverables due in two business days
4. **Weekly Deliverables:** Deliverables due by close of business/COB on Fridays
5. **Within 7 Calendar Days of Occurrence Notification:** Deliverables due within seven calendar days of occurrence. If the incident occurs on a Saturday, Sunday, or state or federal holiday, the notice is due within 7 calendar days of the next business day.
6. **No later than 30 days prior to execution:** Deliverables due thirty days prior to implementation for review and approval by EOHHS.
7. **Monthly Deliverables:** Deliverables due on a monthly basis, by the last day of the month, following the month included in the data, unless otherwise specified by EOHHS.
8. **Quarterly Deliverables:** Deliverables due on a contract year (CY) quarterly basis, by the last business day of the month following the end of each quarter, unless otherwise specified.

CY Quarter 1: January 1 – March 31
CY Quarter 2: April 1 - June 30
CY Quarter 3: July 1 – September 30
CY Quarter 4: October 1 – December 31
9. **Semi-Annual Deliverables:** Deliverables due by the last business day of the month following the end of the reporting period, unless otherwise specified. The semi-annual reporting periods are as follows:

January 1 – June 30
July 1 – December 31
10. **Annual Deliverables:** Deliverables due by the last business day of the month following the end of the reporting period (Contract Year: January 1 -- December 31), unless otherwise specified by EOHHS.
11. **Ad-Hoc Deliverables:** Deliverables are due whenever the Contractor has relevant changes or information to report, or upon EOHHS request related to Behavioral Health, Contract Management, Financial, Quality, Pharmacy, and Operations deliverables as applicable.

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

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

B. Contract Management Reports

| ACO Contract Exhibit Number | Name of Report | Deliverable Frequency | Target System |
|-----------------------------|--|-----------------------|---------------|
| CM-03 | CM-03 Member Telephone Statistics Member Telephone Statistics | Monthly | OnBase |
| CM-04 | CM-04 Member Education and Related Orientation, Outreach Materials Member Education and Related Orientation, Outreach Materials (including enrollment materials for MH Customer Service Center (CSC)) | Ad-Hoc | OnBase |
| CM-05 | CM-05 Updated Provider Directory Provider Directory | Ad-Hoc | OnBase |
| CM-06 | CM-06 Provider Manual Provider Manual | Ad-Hoc | OnBase |
| CM-07 | CM-07 Marketing Materials Marketing Materials (<i>60 days in advance of use, including materials to be distributed at Contractor and non-Contractor sponsored health fairs or community events</i>) | Ad-Hoc | OnBase |
| CM-08 | CM-08 Marketing Materials- Annual Executive Summary Marketing Materials- Annual Executive Summary (including a written statement that all of the Contractor's marketing plans and materials are accurate and do not mislead, confuse, or defraud Members or the state) | Annual | OnBase |
| CM-09 | CM-09 Significant Changes in Provider Network Notification Significant Changes in Provider Network Notification. (Notification: Same Day) | Ad-Hoc | OnBase |

| ACO Contract Exhibit Number | Name of Report | Deliverable Frequency | Target System |
|------------------------------------|---|------------------------------|----------------------|
| CM-10-A | CM-10-A Summary of A&A: Ensuring Enrollees access to Medically Necessary services Summary of Access and Availability: Description of Ensuring Enrollees have access to Medically Necessary services | Annual | OnBase |
| CM-10-A-ADH | CM-10-A-ADH Summary of A&A: Ensuring Enrollees access to Medically Necessary Services Summary of Access and Availability: Description of Ensuring Enrollees have access to Medically Necessary services | Ad-Hoc | OnBase |
| CM-10-B | CM-10-B Summary of A&A: Summary of Significant Changes in Provider Network Summary of Access and Availability: Summary of Significant Changes in Provider Network | Annual | OnBase |
| CM-10-B-ADH | CM-10-B-ADH Summary of A&A: Summary of Significant Changes in Provider Network Summary of Access and Availability: Summary | Ad-Hoc | OnBase |
| CM-10-C | CM-10-C PCP and Specialty Accessibility Report PCP and Specialty Accessibility Report | Annual | OnBase |
| CM-10-C-ADH | CM-10-C-ADH PCP and Specialty Accessibility Report PCP and Specialty Accessibility Report | Ad-Hoc | OnBase |
| CM-10-D1 | CM-10-D1 Summary of A&A: Geographic Access Report for Adult PCPs Summary of Access and Availability: Geographic Access Report for Adult PCPs. (demonstrating access by geography) | Annual | OnBase |
| CM-10-D1-ADH | CM-10-D1-ADH Summary of A&A: Geographic Access Report for Adult PCPs Summary of Access and Availability: Geographic Access Report for Adult PCPs (demonstrating access by geography) | Ad-Hoc | OnBase |
| CM-10-D2 | CM-10-D2 Summary of A&A: Geographic Access Report for Pediatric PCPs Summary of Access and Availability: Geographic Access Report for Pediatric PCPs) (demonstrating access by geography) | Annual | OnBase |
| CM-10-D2-ADH | CM-10-D2-ADH Summary of A&A: Geographic Access Report for Pediatric PCPs Summary for Access and Availability: Geographic Access Report for Pediatric PCPs (demonstrating access by geography) | Ad-Hoc | OnBase |

| ACO Contract Exhibit Number | Name of Report | Deliverable Frequency | Target System |
|------------------------------------|--|------------------------------|----------------------|
| CM-10-D3 | CM-10-D3 Summary of A&A: Geographic Access Report for Acute inpatient hospitals Summary of Access and Availability: Geographic Access Report for Acute inpatient hospitals (demonstrating access by geography) | Annual | OnBase |
| CM-10-D3-ADH | CM-10-D3-ADH Summary of A&A: Geographic Access Report for Acute inpatient hospitals Summary of Access and Availability: Geographic Access Report for Acute Inpatient hospitals (demonstrating access by geography) | Ad-Hoc | OnBase |
| CM-10-E1 | CM-10-E1 Summary of A&A: PCP to Enrollee Ratio Report Summary of Access and Availability: PCP to Enrollee Ratio Report (showing open and closed adult PCPs and pediatric PCPs/Panels per number of Enrollees) | Annual | OnBase |
| CM-10-E1-ADH | CM-10-E1-ADH Summary of A&A: PCP to Enrollee Ratio Report Summary of Access and Availability: PCP to Enrollee Ratio Report (showing open and closed adult PCPs and pediatric PCPs/Panels per number of Enrollees) | Ad-Hoc | OnBase |
| CM-10-E2 | CM-10-E2 Summary of A&A: PCP Assignment Accuracy Summary of Access and Availability: PCP Assignment Accuracy | Annual | OnBase |
| CM-10-E2-ADH | CM-10-E2-ADH Summary of A&A: PCP Assignment Accuracy Summary of Access and Availability: PCP Assignment Accuracy | Ad-Hoc | OnBase |
| CM-10-E3 | CM-10-E3 Summary of A&A: Enrollee Change of PCP Summary of Access and Availability: Enrollee Change of PCP | Annual | OnBase |
| CM-10-E3-ADH | CM-10-E3-ADH Summary of A&A: Enrollee Change of PCP Summary of Access and Availability: Enrollee Change of PCP | Ad-Hoc | OnBase |
| CM-10-E4 | CM-10-E4 Summary of A&A: PCP Network Turnover Rate Summary of Access and Availability: PCP Network Turnover Rate | Annual | OnBase |

| ACO Contract Exhibit Number | Name of Report | Deliverable Frequency | Target System |
|------------------------------------|--|------------------------------|----------------------|
| CM-10-E4-ADH | CM-10-E4-ADH Summary of A&A: PCP Network Turnover Rate Summary of Access and Availability: PCP Network Turnover Rate | Ad-Hoc | OnBase |
| CM-10-F | CM-10-F Summary of A&A: Specialists to Enrollee Ratio Summary of Access and Availability: Specialists to Enrollee Ratio; High Volume Specialists, Psychiatrists and OB/GYN Geographic Access) | Annual | OnBase |
| CM-10-F-ADH | CM-10-F-ADH Summary of A&A: Specialists to Enrollee Ratio Summary of Access and Availability: Specialists to Enrollee Ratio; High Volume Specialists, Psychiatrists and OB/GYN Geographic Access) | Ad-Hoc | OnBase |
| CM-10-G | CM-10-G Summary of A&A: Timeliness of Care Summary of Access and Availability: Timeliness of Care (Describe system in place to monitor and document access and appointment scheduling standards) | Monthly | OnBase |
| CM-10-G-ADH | CM-10-G-ADH Summary of A&A: Timeliness of Care Summary of Access and Availability: Timeliness of Care (Describe system in place to monitor and document access and appointment scheduling standards) | Ad-Hoc | OnBase |
| CM-10-H | CM-10-H Summary of A&A: Experience Survey Summary of Access and Availability: Experience Survey | Annual | OnBase |
| CM-10-H-ADH | CM-10-H-ADH Summary of A&A: Experience Survey Summary of Access and Availability: Experience Survey | Ad-Hoc | OnBase |
| CM-10-I | CM-10-I Summary of A&A: Use of Out-of- Network Providers Summary of Access and Availability: Use of Out-of- Network Providers | Annual | OnBase |
| CM-10-I-ADH | CM-10-I-ADH Summary of A&A: Use of Out-of- Network Providers Summary of Access and Availability: Use of Out-of- Network Providers | Ad-Hoc | OnBase |

| ACO Contract Exhibit Number | Name of Report | Deliverable Frequency | Target System |
|------------------------------------|--|------------------------------|----------------------|
| CM-10-J1 | CM-10-J1 Summary of A&A: Pharmacy Network Geographic Access Summary of Access and Availability: Pharmacy Network Geographic Access | Annual | OnBase |
| CM-10-J1-ADH | CM-10-J1-ADH Summary of A&A: Pharmacy Network Geographic Access Summary of Access and Availability: Pharmacy Network Geographic Access | Ad-Hoc | OnBase |
| CM-10-J2-ADH | CM-10-J2-ADH Summary of A&A: Non-Compliant Pharmacies Summary of Access and Availability: Non-Compliant Pharmacies, if applicable | Ad-Hoc | OnBase |
| CM-10-K1 | CM-10-K1 Network Provider Report: PCPs and OB/GYNs Network Provider Report: PCPs and OB/GYNs | Annual | OnBase |
| CM-10-K1-ADH | CM-10-K1-ADH Network Provider Report: PCPs and OB/GYNs Network Provider Report: PCPs and OB/GYNs | Ad-Hoc | OnBase |
| CM-10-K2 | CM-10-K2 Network Provider Report: Acute and Rehabilitation Hospitals and Urgent Care Centers Network Provider Report: Acute and Rehabilitation Hospitals and Urgent Care Centers | Annual | OnBase |
| CM-10-K2-ADH | CM-10-K2-ADH Network Provider Report: Acute and Rehabilitation Hospitals and Urgent Care Centers Network Provider Report: Acute and Rehabilitation Hospitals and Urgent Care Centers | Ad-Hoc | OnBase |
| CM-10-K3 | CM-10-K3 Network Provider Report: Physician Specialists Network Provider Report: Physician Specialists | Annual | OnBase |
| CM-10-K3-ADH | CM-10-K3-ADH Network Provider Report: Physician Specialists Network Provider Report: Physician Specialists | Ad-Hoc | OnBase |
| CM-10-K4 | CM-10-K4 Network Provider Report: Pharmacies Network Provider Report: Pharmacies | Annual | OnBase |
| CM-10-K4-ADH | CM-10-K4-ADH Network Provider Report: Pharmacies Network Provider Report: Pharmacies | Ad-Hoc | OnBase |

| ACO Contract Exhibit Number | Name of Report | Deliverable Frequency | Target System |
|------------------------------------|--|------------------------------|--------------------------|
| CM-11 | CM-11 Access and Availability-Immediate Notification Access and Availability-Immediate Notification to EOHHS (only if changes occur that may impact Enrollee access to care, relative to contract standards for geographic access and PCP to enrollee ratio) | Ad-Hoc | OnBase |
| CM-12 | CM-12 Claims Processing Report Claims Processing Report | Monthly | OnBase |
| CM-13 | CM-13 Provider Financial Audit Provider Financial Audit | Annual | OnBase |
| CM-14 | CM-14 [RETIRED] | | |
| CM-15 | CM-15 Notification of Scheduled Board of Hearing Cases Notification of Board of Hearing Cases (Notification: Same Day) | Ad-Hoc | OnBase and secure e-mail |
| CM-16 | CM-16 Implementation of Board of Hearing Decision Implementation of Board of Hearing Decision (within 30 days of receipt) | Ad-Hoc | OnBase |
| CM-17-A | CM-17-A Enrollee Inquiries Summary Inquiries, Grievances, Internal Appeals and Board of Hearing Summary: Enrollee Inquiries | Annual | OnBase |
| CM-17-B | CM-17-B Enrollee Grievances Summary Inquiries, Grievances, Internal Appeals and Board of Hearing Summary: Enrollee Grievances | Annual | OnBase |
| CM-17-C | CM-17-C Enrollee Internal Appeals Summary Inquiries, Grievances, Internal Appeals and Board of Hearing Summary: Enrollee Internal Appeals | Annual | OnBase |
| CM-17-D | CM-17-D Enrollee Board of Hearing Appeals Summary Inquiries, Grievances, Internal Appeals and Board of Hearing Summary: Enrollee BOH Appeals | Annual | OnBase |
| CM-17-E | CM-17-E - Appeals Report (per 1,000 Enrollees) Appeals Report (per 1,000 Enrollees) | Monthly | OnBase |
| CM-17-F | CM-17-F - Grievances Report (per 1,000 Enrollees) Grievances Report (per 1,000 Enrollees) | Monthly | OnBase |

| ACO Contract Exhibit Number | Name of Report | Deliverable Frequency | Target System |
|------------------------------------|--|--------------------------------------|----------------------|
| CM-18 | CM-18 Fraud and Abuse Notification (within 10 days) and Activities Fraud and Abuse Notification (within 10 days) and Activities | Ad-Hoc | OnBase and e-mail |
| CM-19 | CM-19 Fraud and Abuse Report Fraud and Abuse Report | Annual | OnBase |
| CM-20 | CM-20 Notification of For-Cause Provider Suspensions and Terminations Notification of Provider Suspensions and Terminations | Notification: Within 3 Business Days | OnBase |
| CM-21 | CM-21 Summary Report of For-Cause Provider Suspensions and Terminations Summary Report of Provider Suspensions and Terminations | Annual | OnBase |
| CM-22 | CM-22 ACO/MCO Organization and Key Personnel Changes Organization and Key Personnel Changes. The Contractor will also include Behavioral Health subcontractor information if applicable. | Ad-Hoc | OnBase |
| CM-23 | CM-23 Notification of Termination of Material Subcontractor Notification of Intention to Terminate a Material Subcontractor (Notification: Same Day) | Ad-Hoc | OnBase |
| CM-24 | CM-24 Notification of New Material Subcontractor Notification of Intention to Use a New Material Subcontractor (Submit the checklist 60 days prior to requested implementation date) | Ad-Hoc | OnBase |
| CM-25 | CM-25 Material Subcontractor List Annual Summary Material Subcontractor List Annual Summary | Annual | OnBase |
| CM-26 | CM-26 Coordination of Benefits / Third Party Liability Report (Appendix H) Coordination of Benefits / Third Party Liability Report (Appendix H) a. Third Party Health Insurance Cost Avoidance Claims Amount by Carrier b. Third Party Health Insurance Total Recovery Savings by Carrier c. Accident Trauma Recoveries d. Accident/Trauma Cost Avoidance. | Semi-Annual | OnBase |

| ACO Contract Exhibit Number | Name of Report | Deliverable Frequency | Target System |
|------------------------------------|--|------------------------------|-----------------------|
| CM-27 | CM-27 Third Party Liability Indicator Form (Appendix H) Third Party Liability Indicator Form (Appendix H) (Notification: Same Day) | Ad-Hoc | Electronic Submission |
| CM-28 | CM-28 Benefits Coordination Structure (Appendix H) Benefits Coordination Structure (Appendix H) | Ad-Hoc | OnBase |
| CM-29 | CM-29 Encounter Data Submission (Appendix E) Encounter Data Submission (Appendix E) | Monthly | Data Warehouse |
| CM-30 | CM-30 Sampling of Enrollees To Ensure Services Received Sampling of Enrollees To Ensure Services Received Were The Same as Providers Billed | Annual | OnBase |
| CM-31 | CM-31 Notification of Federally Required Disclosures Notification of Federally Required Disclosures (in accordance with Section 6.1.O and as specified in Appendix L) | Ad-Hoc | OnBase |
| CM-32 | CM-32 Notification of Reportable Findings /Network FRD Notification of Reportable Findings /Network FRD (Notification: Same Day) | Ad-Hoc | OnBase |
| CM-33 | CM-33 Summary of Reportable Findings/Network FRD Forms Summary of Reportable Findings/Network FRD Forms | Annual | OnBase |
| CM-34 | CM-34 Notification of Provider Overpayments Notification of Provider Overpayments | Ad-Hoc | OnBase |
| CM-35 | CM-35 Summary of Provider Overpayments Summary of Provider Overpayments | Quarterly | OnBase |
| CM-36 | CM-36 Provider Materials Provider Materials (related to enrollee cost-sharing, changes to Covered Services and/or any other significant changes per contractual requirements) | Ad-Hoc | OnBase |
| CM-37 | CM-37 ACO/MCO Policies and Procedures ACO/MCO Policies and Procedures (New drafts and any changes to the most recent printed and electronic versions of the Provider procedures and policies which affect the process by which Enrollees receive care (relating to both medical health and Behavioral Health, if separate) for prior review and approval). | Ad-Hoc | OnBase |
| CM-38 | CM-38 [RETIRED] | | |

| ACO Contract Exhibit Number | Name of Report | Deliverable Frequency | Target System |
|------------------------------------|---|---|----------------------|
| CM-39 | CM-39 PCP/Enrollee assignment Monthly report PCP/Enrollee assignment report | Monthly | Data Warehouse |
| CM-40 | CM-40 PCP/Enrollee assignment report Ad-Hoc PCP/Enrollee assignment report | Ad-hoc | Data Warehouse |
| CM-41 | CM-41 Excluded Provider Monitoring Report Excluded Provider Monitoring Report | Monthly | OnBase |
| CM-43-A | CM-43-A Holiday Closures and Other Contractor Office Closures Annual Holiday Closures and Other Contractor Office Closures. (The Contractor shall also include Behavioral Health subcontractor information, if applicable). | Annual | OnBase |
| CM-43-B | CM-43-B Emergency Closures and Other Contractor Office Closures Ad Hoc Emergency Closures and Other Contractor Office Closures. (The Contractor shall also include Behavioral Health subcontractor information, if applicable). | Ad Hoc | OnBase |
| CM-44 | CM-44 Strategy-related Reports Strategy-related Reports | Ad Hoc | OnBase |
| CM-45 | CM-45 Comprehensive Assessment Report Comprehensive Assessment Report | Monthly, by the 15 th day of the month | OnBase |
| CM-46 | CM-46 Enrollee and Provider Incentives Notification Enrollee and Provider Incentives Notification | Ad-Hoc | OnBase |
| CM-47 | CM-47 [RETIRED] | | |
| CM-48 | CM-48 Copy of Press Releases (pertaining to MassHealth line of business) Copy of Press Releases (pertaining to MassHealth line of business) | Ad-Hoc | OnBase |
| CM-49 | CM-49 Written Disclosure of Identified Prohibited Affiliations Written Disclosure of Identified Prohibited Affiliations | Ad-Hoc | OnBase |
| CM-50 | CM-50 CM - Self-Reported Disclosures Self-Reported Disclosures | Ad-Hoc | OnBase |

| ACO Contract Exhibit Number | Name of Report | Deliverable Frequency | Target System |
|------------------------------------|---|------------------------------|----------------------|
| CM-51 | CM-51 Program Integrity Compliance Plan and Anti-Fraud, Waste and Abuse Plan Program Integrity Compliance Plan and Anti-Fraud, Waste and Abuse Plan | Annual | OnBase |
| CM-52 | CM-52 Payment Suspension Quarterly Payment Suspension Report | Quarterly | OnBase |
| CM-53 | CM-53 Involuntary Change in PCP Report Involuntary Change in PCP Report | Ad-Hoc | OnBase |
| CM-54-A | CM-54-A Hospital Payment Arrangement Report Hospital Payment Arrangement Report | Annual | OnBase |
| CM-54-B | CM-54-B Hospital Fee Schedule Exemption Form Hospital Fee Schedule Exemption Form | Ad-Hoc | OnBase |
| CM-C1 | CM-C1 Report and Compliance Certification Checklist Annual Report and Compliance Certification Checklist | Annual | OnBase |

C. Quality Reports

| ACO Contract Exhibit Number | Name of Report | Deliverable Frequency | Target System |
|-----------------------------|--|--|---------------|
| QR-01 | QR-01 Quality Improvement Goals (Appendix B, QM/QI work plan) Quality Improvement Goals (Appendix B) (Includes QM/QI Work plan and Summary List of Enrollees with No Service Utilization. Report needs to be submitted as per Appendix B Reporting Timeline.) | Annual | OnBase |
| QR-02 | QR-02 CAHPS Report (Submission of full CAHPS Report) CAHPS Report (Submission of full CAHPS Report) | Annual | OnBase |
| QR-03 | QR-03 External Research Project Notification External Research Project Notification | Ad-Hoc | OnBase |
| QR-04 | QR-04 External Audit/Accreditation External Audit/Accreditation | Ad-Hoc | OnBase |
| QR-05 | QR-05 HEDIS IDSS Report HEDIS IDSS Report | Annual | OnBase |
| QR-06 | QR-06 Clinical Quality Measures Clinical Quality Measures | Ad-Hoc | Secure Email |
| QR-07 | QR-07 Validation of Performance Measures Validation of Performance Measures | Ad-Hoc | KEPRO |
| QR-08 | QR-08 Serious Reportable Events (SREs) and Provider Preventable Conditions (PPCs) Serious Reportable Events (SREs) and Provider Preventable Conditions (PPCs) (<i>including Health care Acquired Conditions (HCACs) and Other Provider Preventable Conditions (OPPCs)</i>) | Notification: Within 30 calendar days of occurrence | OnBase |
| QR-09 | QR-09 Summary of Serious Reportable Events (SREs) and Provider Preventable Conditions (PPCs) Summary of Serious Reportable Events (SREs) and Provider Preventable Conditions (PPCs) | Annual | OnBase |

D. Behavioral Health Reports

| ACO Contract Exhibit Number | Name of Report | Deliverable Frequency | Target System |
|-----------------------------|---|------------------------|---------------|
| BH-01 | BH-01 Reportable Adverse Incidents-Daily Incident Delivery Report Behavioral Health Reportable Adverse Incidents and Roster of Reportable Adverse Incidents-Daily Incident Delivery Report (Notification: Same Day) | Notification: Same Day | Secure Email |
| BH-02 | BH-02 Behavioral Health Adverse Incident Summary Report Behavioral Health Adverse Incident Summary Report | Annual | OnBase |
| BH-03 | BH-03 Behavioral Health Readmission Rates Behavioral Health Readmission Rates | Annual | OnBase |
| BH-04 | BH-04 Behavioral Health Ambulatory Continuing Care Rates Behavioral Health Ambulatory Continuing Care Rates | Annual | OnBase |
| BH-05 | BH-05 Members Boarding in Emergency Departments or on Administratively Necessary Days (AND) Status. Members Boarding in Emergency Departments or on Administratively Necessary Days (AND) Status. | Daily | MABHA Website |
| BH-06 | BH-06 Enrollee Access to ESP Enrollee Access to ESP | Ad hoc | OnBase |
| BH-08 | BH-08 ABA Service Authorization, Modification and Denial Report ABA Service Authorization, Modification and Denial Report | Quarterly | OnBase |
| BH-11 | BH-11 Behavioral Health Medical Records Review Report Behavioral Health Medical Records Review Report | Annual | OnBase |
| BH-12 | BH-12 Annual Submission of (updated) Behavioral Health Performance Specifications and Clinical Criteria Annual Submission of (updated) Behavioral Health Performance Specifications and Clinical Criteria | Annual | OnBase |
| BH-13 | BH-13 Clinical Operations/Inpatient & Acute Service Authorization, Diversions, Modification and Denial Report Behavioral Health Clinical Operations/Inpatient & Acute Service Authorization, Diversions, Modification and Denial Report | Quarterly | OnBase |

| ACO Contract Exhibit Number | Name of Report | Deliverable Frequency | Target System |
|------------------------------------|--|------------------------------|----------------------|
| BH-14 | BH-14 CANS Compliance Report CANS Compliance. This report is required when CANS data is made available through the Virtual Gateway | Quarterly | OnBase |
| BH-15 | BH-15 Behavioral Health Utilization and Cost Report Behavioral Health Utilization and Cost Report | Quarterly | OnBase |
| BH-17 | BH-17 Behavioral Health Inquiries, Grievances, Internal Appeals and BOH Behavioral Health Inquiries, Grievances, Internal Appeals and BOH | Annual | OnBase |
| BH-18 | BH-18 Behavioral Health Provider Network Access and Availability Behavioral Health Provider Network Access and Availability | Ad-hoc and Annual | OnBase |
| BH-19 | BH-19 Behavioral Health Telephone Statistics Behavioral Health Telephone Statistics | Annual | OnBase |
| BH-22 | BH-22 Substance Use Disorder Clinical Ops/Inpatient Authorization Report Substance Use Disorder Clinical Operations/Inpatient & Acute Service Authorization Modification and Denial Report | Quarterly | OnBase |
| BH-23 | BH-23 Behavioral Health Fraud and Abuse Report Fraud and Abuse Report | Quarterly | OnBase |
| BH-24 | BH-24 Community Support Program for Chronically Homeless Individuals Provider List Community Support Program for Chronically Homeless Individuals Provider List | Annual | OnBase |

E. Financial Reports

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

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

| ACO Contract Exhibit Number | Name of Report | Deliverable Frequency | Target System |
|-----------------------------|--|-----------------------|---------------|
| | Impact Performance (No later than 30 days prior to execution) | execution | |
| FR-26 | FR-26 Provider Risk Arrangements Provider Risk Arrangements | Ad-Hoc | OnBase |
| FR-27 | FR-27 Changes in Contractor's Providers' Risk Arrangements Changes in Contractor's Providers' Risk Arrangements (Notification: Same Day) | Ad-Hoc | OnBase |
| FR-28 | FR-28 Working Capital Requirement Notification Working Capital Requirement Notification ("if" working capital falls below 75% below the amount reported on the prior year audited financial reports) (Two Business Days) | Ad-Hoc | OnBase |
| FR-29 | FR-29 Continuing Services Reconciliation Data Continuing Services Reconciliation Data | Ad-Hoc | OnBase |
| FR-30 | FR-30 ABA Reconciliation Report ABA Reconciliation Report | Annual | OnBase |
| FR-31 | FR-31 Medical Loss Ratio (MLR) Report Medical Loss Ratio (MLR) Report | Annually | OnBase |
| FR-32 | FR-32 Alternative Payment Models (APM) Report Alternative Payment Models (APM) Report | Quarterly | OnBase |
| FR-33 | FR-33 Provider Agreements Annual Provider Agreements Annual | Annual | OnBase |
| FR-34 | FR-34 Provider Agreements – Ad-Hoc Provider Agreements – Ad-Hoc | Ad-Hoc | OnBase |
| FR-35 | FR-35 Report on Satisfying Contractor's Payment Or Performance Obligations Report on Satisfying Contractor's Payment Or Performance Obligations | Ad-Hoc | OnBase |
| FR-37 | FR-37 IMD Services Report Report on services provided to members with long term IMD stay | Quarterly and Annual | OnBase |
| FR-38 | FR-38 Other High Cost Pharmacy Reconciliation Report Annual Other High Cost Pharmacy Risk Share Report | Annual | OnBase |
| FR-39 | FR-39 SUD Reconciliation Report | Annual | OnBase |

| ACO Contract Exhibit Number | Name of Report | Deliverable Frequency | Target System |
|--|---|----------------------------------|----------------------|
| | Annual SUD Risk Share Report | | |
| FR-40 | FR-40 Financial Encounter Validation Report Quarterly Financial Encounter Validation Report | Quarterly and Annual | OnBase |
| FR-41 | RESERVED | | |
| FR-42 | FR-42 Certification on Compliance with Appendix Z Certification on Compliance with Appendix Z | Monthly | As Instructed |

F. Operations Reports

| ACO Contract Exhibit Number | Name of Report | Deliverable Frequency | Target System |
|-----------------------------|---|------------------------|---------------|
| OP-01 | OP-01 Inbound Pharmacy Co-pay Interface to MMIS per Appendix M Inbound Pharmacy Co-pay Interface to MMIS per Appendix M | Notification: Same Day | POPS |
| OP-02 | OP-02 Inbound Managed Care Provider Directory Interface (ACPD) Inbound Managed Care Provider Directory Interface (ACPD) | Monthly | POSC |
| OP-03 | OP-03 Long-term Care Report Log Long-term Care Report Log | Weekly | OnBase |
| OP-04 | OP-04 Member Discrepancy Report Member Discrepancy Report | Monthly | OnBase |
| OP-05 | OP-05 [RETIRED] | | |
| OP-06 | OP-06 Address Change File Address Change File | Bi-Weekly | OnBase |
| OP-07 | OP-07 Multiple ID File Multiple ID File | Bi-Weekly | OnBase |
| OP-08 | OP-08 Date of Death Report Date of Death Report | Bi-Weekly | OnBase |

G. Pharmacy Reports

| ACO Contract Exhibit Number | Name of Report | Deliverable Frequency | Target System |
|-----------------------------|---|-----------------------|---------------|
| PH-01 | PH-01 Pharmacy Claims Level Interface Plans use the Pharmacy Claims Level Interface to submit rebate data for Pharmacy claims. The original claims file submission is due within 5 calendar days following the close of the prior month. | Monthly | POPS Portal |
| PH-02 | PH-02 MassHealth Custom Interface Guide - 837 Medication Claims Plans use the MassHealth Custom Interface Guide - 837 Medication Claims - Paid Claims File Layout for Batch Interface to Pharmacy Systems to submit rebate data for 837 claims. The original claims file submission is due within 15 calendar days following the close of the prior month. | Monthly | POPS Portal |
| PH-03 | PH-03 Pharmacy Provider Network Identification Layout Pharmacy Provider Network Identification Layout | Ad-Hoc | POPS Portal |
| PH-04-A | PH-04-A Drug Utilization Review Report Drug Utilization Review Report (Note: Due by May 1 st of each year) | Annual | Secure Email |
| PH-04-B | PH-04-B Clinical Information request for the DUR Board meeting Clinical Information request for the DUR board meeting | Ad-Hoc | Email |
| PH-04-C | PH-04-C Clinical Criteria for Prior Authorization and Utilization Management Clinical Criteria for Prior Authorization and Utilization Management | Ad-Hoc | Email |
| PH-05-A | PH-05-A Pharmacy MassHealth Drug Rebate File Submission Report Pharmacy MassHealth Drug Rebate File Submission Report for the plans to self- report monthly on the upload of the report PH-01 to the POPS Portal. The File Submission Report is due within 3 business days following the upload of PH-01. | Monthly | Email |
| PH-05-B | PH-05-B 837 MassHealth Drug Rebate File Submission Report 837 MassHealth Drug Rebate File Submission Report for the plans to self- report monthly on the upload of the report PH-02 to the POPS Portal. The File Submission Report is due within 3 business days following the upload of PH-02. | Monthly | Email |

| ACO Contract Exhibit Number | Name of Report | Deliverable Frequency | Target System |
|------------------------------------|---|------------------------------|--------------------------------------|
| PH-06 | PH-06 837 Registration Form for Access to the MassHealth Drug Rebate Portal 837 Registration Form for Access to the MassHealth Drug Rebate Portal | Ad-Hoc | OnBase |
| PH-07 | PH-07 Pharmacy Retail Registration Form for Access to the MassHealth Drug Rebate Portal Pharmacy Retail Registration Form for Access to the MassHealth Drug Rebate Portal | Ad-Hoc | OnBase |
| PH-08 | PH-08 Clinical Policy Initiative Report Clinical Policy Initiative Report | Ad-Hoc | OnBase |
| PH-09 | PH-09 MassHealth ACO/MCO Uniform Preferred Drug List Compliance Report MassHealth ACO/MCO Uniform Preferred Drug List Compliance Report | Ad-Hoc | OnBase |
| PH-10 | PH-10 Hepatitis C Utilization Report Hepatitis C Utilization Report | Ad-Hoc | OnBase |
| PH-11 | PH-11 Pediatric BH Medication Initiative Report Pediatric BH Medication Initiative Report | Ad-Hoc | OnBase |
| PH-12-A | PH-12-A PBM Pricing Report - Quarterly PBM Pricing Report- Quarterly | Quarterly | POPS Portal, or as directed by EOHHS |
| PH-12-B | PH-12-B PBM Pricing Report - Ad-Hoc PBM Pricing Report- Ad-Hoc | Ad-Hoc | POPS Portal, or as directed by EOHHS |
| PH-13 | PH-13 Mail Order Pharmacy Program Report Mail Order Pharmacy Program Report- Ad-Hoc | Ad-Hoc | OnBase |
| PH-14 | PH-14 Change in BIN/PCN/Group Number Report Change in BIN/PCN/Group Number Report- Ad-Hoc (Note: Due at least 30-days before new BIN/PCN/Group Number is effective) | Ad-Hoc | OnBase |

| ACO Contract Exhibit Number | Name of Report | Deliverable Frequency | Target System |
|--|--|----------------------------------|--------------------------|
| PH-15 | PH-15 Vitrakvi Monitoring Report Vitrakvi Monitoring Report- Quarterly | Quarterly | OnBase |
| PH-16-A | PH-16-A Zolgensma Monitoring Program- Quarterly Zolgensma Monitoring Program- Quarterly | Quarterly | OnBase |
| PH-16-B | PH-16-B Zolgensma Monitoring Program- Annual Zolgensma Monitoring Program- Annual | Annual | OnBase |
| PH-17 | PH-17 CAR-T Monitoring Program CAR-T Monitoring Program-Quarterly | Quarterly | OnBase |
| PH-18 | PH-18 Controlled Substance Management Program Enrollees Leaving Health Plan Controlled Substance Management Program Enrollees Leaving Health Plan- Monthly | Monthly | OnBase |

APPENDIX B
Quality Improvement Goals

1. INTRODUCTION

This appendix describes the requirements for the Quality Improvement Goals and Performance Measures as specified in **Section 2.13** of the Contract.

2. QI Goal Improvement Cycle

The QI Goal measurement cycle typically includes a planning/baseline period and up to 2 remeasurement cycles to allow for tracking of improvement gains. For each QI Goal cycle, EOHHS will establish a series of QI goal domains as well as approve and/or designate measurement and quality improvement activities for each of those domains. The following paragraphs outline the planning/baseline period for QI Goal Cycle 2.

ACOs are expected to collect and report on each QI domain as specified or approved by EOHHS. EOHHS will provide standardized forms for all required reporting activities, including Quality Improvement Plans, Progress Reports, and Annual Reports.

a. QI IMPLEMENTATION DETAILS

The following section provides detailed information about the QI Goal implementation periods, their associated activities and timelines.

| TABLE 1: QI GOAL IMPLEMENTATION BASELINE PERIOD AND ASSOCIATED ACTIVITIES | |
|--|---|
| Baseline/Initial Implementation Period: January 1, 2021 – December 31, 2021 | <ul style="list-style-type: none">• <u>Planning Phase: January 2021-March 2021</u> ACOs engage in detailed project planning in an effort to develop a data-driven, evidence-based plan for interventions using quality improvement principles. Project topics are subject to EOHHS approval before detailed planning begins. Project planning tasks include but are not limited to the development of a problem statement, a review of evidence-based literature, and interventions to address the problem, and completion of quality improvement tools and activities that support project planning including root causes analyses, barrier analyses, development of driver diagrams, population analyses.• <u>Learning Collaboratives: ACOs participate in quality improvement workshops facilitated by EQRO or its designee (January 2021, March 2021, December 2021)</u>• <u>Quality Improvement Plan Submission: April 2021</u> ACOs submit QI proposals to the MassHealth or its designee for review and approval. Proposals will |

| | |
|--|--|
| | <p>describe planned activities and data collection plans for initial implementation.</p> <ul style="list-style-type: none"> • <u><i>Initial Implementation: March 2019-December 2019</i></u> ACOs modify QI plans for year 1 based on feedback received from EOHHS. ACOs may focus on developing stakeholder engagement, process mapping and implementation of small test of change to inform initial Implementation. In September 2021, ACOs submit progress report detailing baseline year data as directed by EOHHS or the EQRO, a description of activities currently underway, and plans for Mid-cycle Implementation. |
|--|--|

Figure 1: ACO QI Goals 2, Baseline Period Timeline:



Goal Cycle 2 remeasurement period will begin January 1, 2022, and conclude December 31, 2022. However, QI Goal activities, requirements, and domains are subject to change given EOHHS needs and priorities.

b. ACO QI DOMAIN AREAS AND GOALS: CYCLE 2, Baseline Period

Domain descriptions and specific goals are outlined in Table 2: Domain Areas and Goals.

Table 2: Domain Areas and Goals

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| | |
|---|--|
| Domain 1: Access to Care - Ensuring the timeliness and availability of health care services to achieve optimal health outcomes. | |
| 2021 Project Focus: | <ul style="list-style-type: none"> Reducing barriers to accessing telehealth services for either behavioral or physical health. |
| Domain 2: Prevention and Wellness. – Reducing the occurrence and complexity of disease while improving level of functioning and quality of life. | |
| 2021 Project Focus: | <ul style="list-style-type: none"> Increasing flu vaccinations rates with at least one specific intervention focused on reducing health inequities. |

c. DOMAIN MEASURES AND INTERVENTIONS

ACOs will identify specific measures and interventions within their Quality Improvement plans that will be submitted in January 2021 for review and approval by EOHHS or its designee.

d. ACO REPORTS, SUBMISSIONS, AND TEMPLATES

ACOs will submit to MassHealth or its designee:

- One Quality Improvement Plan and one Annual Report during the Planning/Baseline Implementation period;

ACOs should refer to Table 1 (QI Goal Implementation Period and Associated Activities) for reporting timeframes.

ACOs will submit Quality Improvement Plans and Reports using the QI Goals Submission Templates developed and distributed by EOHHS on or before March 1, 2021. QI Goal Reporting submissions shall include quantitative and qualitative data as well as specific progress made to each measure, barriers encountered, lessons learned, and planned next steps. For specific instructions on the submission process and detail on the submission templates, ACOs shall refer to guidance to be distributed on or before March 1, 2021.

Reporting on the interventions should at a minimum include the following items (to be described with greater specificity in the forthcoming Submission Guide Document):

- Rationale for selecting proposed/implemented interventions
- Description of current interventions
- Analysis of short-term indicators, HEDIS rates as applicable, data collection procedures and methodology, and interpretation of results
- Assessment of intervention successes and challenges, and potential intervention modifications for future implementation periods.

Evaluation of QI Reports: EOHHS or its designee will review QI Goal Reports using a standardized Evaluation Template. The scoring elements in the Evaluation Template will correspond directly with the

elements documented on the reporting templates. Feedback will be provided to the ACOs for each implementation period.

Cultural Competency

Participating ACOs shall design and implement all QI Goal activities and interventions in a culturally competent manner.

Appendix B
Exhibit 1: Performance Measures

EOHHS has defined the following performance measures pursuant to **Section 2.13.C.6** of the Contract and reserves the right to modify this list as deemed necessary and determined by EOHHS. In accordance with the Medicaid Managed Care Rule, the following performance measures may be used by EOHHS to publicly report ACO performance. EOHHS reserves the right to withhold reporting of a measure(s) as determined by EOHHS. All measures referenced in Exhibit 1 are calculated by EOHHS (with clinical data submitted by the Accountable Care Partnership for hybrid measures).

| # | Measure Name | Measure Description | Data Source | Measure Steward | NQF No. |
|---|---|---|-------------|-----------------|---------|
| 1 | Childhood Immunization Status | Percentage of members who received all recommended immunizations by their 2nd birthday | Hybrid | NCQA | 0038 |
| 2 | Immunizations for Adolescents | Percentage of members 13 years of age who received all recommended vaccines, including the HPV series | Hybrid | NCQA | 1407 |
| 3 | Timeliness of Prenatal Care | Percentage of deliveries in which the member received a prenatal care visit in the first trimester or within 42 days of enrollment | Hybrid | NCQA | 1517 |
| 4 | Oral Health Evaluation | Percentage of members under age 21 years who received a comprehensive or periodic oral evaluation within the year | Claims | ADA DQA | 2517 |
| 5 | Screening for Depression and Follow Up Plan | Percentage of members 12 to 64 years of age screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen | Hybrid | CMS | 0418 |
| 6 | Asthma Medication Ratio | Percentage of members 5 to 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater | Claims | NCQA | 1800 |
| 7 | Controlling High Blood Pressure | Percentage of members 18 to 64 years of age with hypertension and whose blood pressure was adequately controlled | Hybrid | NCQA | 0018 |
| 8 | Comprehensive Diabetes Care: A1c Poor Control | Percentage of members 18 to 64 years of age with diabetes whose most recent HbA1c level demonstrated poor control (> 9.0%) | Hybrid | NCQA | 0059 |

| | | | | | |
|-----------|--|---|--------|-------|------|
| 9 | Depression Remission or Response | Percentage of members 12 to 64 years of age with a diagnosis of depression and elevated PHQ-9 score, who receive follow-up PHQ-9 and experienced remission or response within 4 to 8 months of the initial elevated score | Hybrid | NCQA | N/A |
| 10 | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Percentage of members 1 to 17 years of age who had two or more antipsychotic prescriptions and received metabolic testing | Claims | NCQA | 2800 |
| 11 | Emergency Department Visits for Individuals with Mental Illness, Addiction, or Co-occurring Conditions | Risk adjusted ratio (obs/exp) of ED visits for members 18 to 64 years of age identified with a diagnosis of serious mental illness, substance addiction, or co-occurring conditions | Claims | EOHHS | N/A |
| 12 | Follow-Up After Emergency Department Visit for Mental Illness (7 days) | Percentage of ED visits for members 6 to 64 years of age with a principal diagnosis of mental illness, where the member received follow-up care within 7 days of ED discharge | Claims | NCQA | 2605 |
| 13 | Follow-Up After Hospitalization for Mental Illness (7 days) | Percentage of discharges for members 6 to 64 years of age, hospitalized for mental illness, where the member received follow-up with a mental health practitioner within 7 days of discharge | Claims | NCQA | 0576 |
| 14 | Hospital Readmissions (Adult) | Case-mix adjusted rate of acute unplanned hospital readmissions within 30 days of discharge for members 18 to 64 years of age | Claims | NCQA | 1768 |
| 15 | Health-Related Social Needs Screening | Percentage of members 0 to 64 years of age who were screened for health-related social needs in the measurement year | Hybrid | EOHHS | N/A |
| 16 | Behavioral Health Community Partner Engagement | Percentage of members 18 to 64 years of age who engaged with a BH Community Partner and received a treatment plan within 4 months (122 days) of Community Partner assignment | Claims | EOHHS | N/A |
| 17 | Long-Term Services and Supports Community Partner Engagement | Percentage of members 3 to 64 years of age who engaged with an LTSS Community Partner and received a care plan within 4 months (122 days) of Community Partner assignment | Claims | EOHHS | N/A |

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| | | | | | |
|-----------|---|---|--------|-------|------|
| 18 | Community Tenure | Risk adjusted ratio (obs/exp) of eligible days that members with BH diagnoses and/or at least 3 consecutive months of LTSS utilization 0 to 64 years of age reside in their home or in a community setting without utilizing acute, chronic, or post-acute institutional health care services during the measurement year | Claims | EOHHS | N/A |
| 19 | Initiation and Engagement of Alcohol, or Other Drug Abuse or Dependence Treatment | Percentage of members 13 to 64 years of age who are diagnosed with a new episode of alcohol, opioid, or other drug abuse or dependency who initiate treatment within 14 days of diagnosis and who receive at ≥ 2 additional services within 30 days of the initiation visit | Claims | NCQA | 0004 |
| 20 | Acute Unplanned Admissions for Individuals with Diabetes | Case-mix adjusted rate of acute unplanned hospital admissions for individuals 18 to 64 years of age with diabetes. | Claims | EOHHS | N/A |
| 21 | Overall Rating and Care Delivery | Composites related to communications and willingness to recommend | Survey | AHRQ | 0005 |
| 22 | Person-Centered Integrated Care | Composites related to care planning, self-management, and integration of care | Survey | TBD | N/A |

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

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

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

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

| Commonwealth of Massachusetts Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule | | | | |
|--|----------------|---|---|-----------|
| Category of Service | Procedure Code | Modifier Group | Procedure Description | Unit Cost |
| MH and SA OP Services | 90834 | Master's Level (Independently Licensed Clinicians and Supervised Master's Level Clinicians) | Individual Psychotherapy, approximately 45 minutes | \$ 85.91 |
| MH and SA OP Services | 90834 | Master's Level (Licensed Alcohol and Drug Counselor 1 and Supervised Master's Level Clinicians) | Individual Psychotherapy, approximately 45 minutes | \$ 85.91 |
| MH and SA OP Services | 90834 | Intern (PhD, PsyD, EdD) | Individual Psychotherapy, approximately 45 minutes | \$ 43.62 |
| MH and SA OP Services | 90834 | Intern (Master's) | Individual Psychotherapy, approximately 45 minutes | \$ 42.96 |
| MH and SA OP Services | 90836 | Doctoral Level (MD / DO) | Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service | \$ 51.58 |
| MH and SA OP Services | 90836 | Nurse Practitioner/Board Certified RNCS and APRN-BC | Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service | \$ 51.58 |
| MH and SA OP Services | 90837 | Doctoral Level (Child Psychiatrist) | Psychotherapy, 60 minutes | \$ 105.18 |
| MH and SA OP Services | 90837 | Doctoral Level (MD / DO) | Psychotherapy, 60 minutes | \$ 92.42 |
| MH and SA OP Services | 90837 | Doctoral Level (PhD, PsyD, EdD) | Psychotherapy, 60 minutes | \$ 87.17 |
| MH and SA OP Services | 90837 | Nurse Practitioner/Board Certified RNCS and APRN-BC | Psychotherapy, 60 minutes | \$ 85.91 |
| MH and SA OP Services | 90837 | Master's Level (Independently Licensed Clinicians and Supervised Master's Level Clinicians) | Psychotherapy, 60 minutes | \$ 85.91 |
| | 90837 | Master's Level (Licensed Alcohol and Drug Counselor 1 and Supervised Master's Level Clinicians) | Psychotherapy, 60 minutes | \$ 85.91 |
| MH and SA OP Services | 90837 | Intern (PhD, PsyD, EdD) | Psychotherapy, 60 minutes | \$ 43.62 |
| MH and SA OP Services | 90837 | Intern (Master's) | Psychotherapy, 60 minutes | \$ 42.96 |
| MH and SA OP Services | 90838 | Doctoral Level (MD / DO) | Psychotherapy, 60 minutes, when Performed with an Evaluation and Management Service | \$ 83.11 |
| MH and SA OP Services | 90838 | Nurse Practitioner/Board Certified RNCS and APRN-BC | Psychotherapy, 60 minutes, when Performed with an Evaluation and Management Service | \$ 83.11 |
| MH and SA OP Services | 90846 | Doctor Level (Child Psychiatrist) | Family Psychotherapy (without patient present) | \$ 128.56 |
| MH and SA OP Services | 90846 | Doctor Level (MD/DO) | Family Psychotherapy (without patient present) | \$ 97.84 |
| MH and SA OP Services | 90846 | Doctoral Level (PhD, PsyD, EdD) | Family Psychotherapy (without patient present) | \$ 91.34 |
| MH and SA OP Services | 90846 | Nurse Practitioner/Board Certified RNCS and APRN-BC | Family Psychotherapy (without patient present) | \$ 88.68 |

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

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

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

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

| Commonwealth of Massachusetts Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule | | | | |
|--|----------------|---|--|-----------|
| Category of Service | Procedure Code | Modifier Group | Procedure Description | Unit Cost |
| MH and SA OP Services | 90853 | Doctoral Level (PhD, PsyD, EdD) | Group psychotherapy (other than of a multiple-family group) | \$ 32.60 |
| MH and SA OP Services | 90853 | Nurse Practitioner/Board Certified RNCS and APRN-BC | Group psychotherapy (other than of a multiple-family group) | \$ 30.00 |
| MH and SA OP Services | 90853 | Master's Level (Independently Licensed Clinicians and Supervised Master's Level Clinicians) | Group psychotherapy (other than of a multiple-family group) | \$ 30.00 |
| MH and SA OP Services | 90853 | Master's Level (Licensed Alcohol and Drug Counselor 1 and Supervised Master's Level Clinicians) | Group psychotherapy (other than of a multiple-family group) | \$ 30.00 |
| MH and SA OP Services | 90853 | Intern (PhD, PsyD, EdD) | Group psychotherapy (other than of a multiple-family group) | \$ 16.33 |
| MH and SA OP Services | 90853 | Intern (Master's) | Group psychotherapy (other than of a multiple-family group) | \$ 15.00 |
| MH and SA OP Services | 90882 | Doctoral Level (Child Psychiatrist) | Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions. | \$ 46.46 |
| MH and SA OP Services | 90882 | Doctoral Level (MD / DO) | Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions. | \$ 40.30 |
| MH and SA OP Services | 90882 | Doctoral Level (PhD, PsyD, EdD) | Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions. | \$ 21.79 |
| MH and SA OP Services | 90882 | Nurse Practitioner/Board Certified RNCS and APRN-BC | Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions. | \$ 34.87 |
| MH and SA OP Services | 90882 | Master's Level (Independently Licensed Clinicians and Supervised Master's Level Clinicians) | Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions. | \$ 21.48 |
| MH and SA OP Services | 90882 | Master's Level (Licensed Alcohol and Drug Counselor 1 and Supervised Master's Level Clinicians) | Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions. | \$ 21.48 |
| MH and SA OP Services | 90882 | Intern (PhD, PsyD, EdD) | Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions. | \$ 10.91 |
| MH and SA OP Services | 90882 | Intern (Master's) | Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions. | \$ 10.74 |
| MH and SA OP Services | 90887 | Doctoral Level (Child Psychiatrist) | Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient | \$ 46.46 |
| MH and SA OP Services | 90887 | Doctoral Level (MD / DO) | Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient | \$ 40.30 |

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

| Commonwealth of Massachusetts Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule | | | | |
|--|----------------|---|--|-----------|
| Category of Service | Procedure Code | Modifier Group | Procedure Description | Unit Cost |
| MH and SA OP Services | 90887 | Doctoral Level (PhD, PsyD, EdD) | Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient | \$ 21.79 |
| MH and SA OP Services | 90887 | Nurse Practitioner/Board Certified RNCS and APRN-BC | Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient | \$ 34.87 |
| MH and SA OP Services | 90887 | Master's Level (Independently Licensed Clinicians and Supervised Master's Level Clinicians) | Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient | \$ 21.48 |
| MH and SA OP Services | 90887 | Master's Level (Licensed Alcohol and Drug Counselor 1 and Supervised Master's Level Clinicians) | Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient | \$ 21.48 |
| MH and SA OP Services | 90887 | Intern (PhD, PsyD, EdD) | Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient | \$ 10.91 |
| MH and SA OP Services | 90887 | Intern (Master's) | Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient | \$ 10.74 |
| MH and SA OP Services | 96372 | Doctoral Level (MD/DO), Nurse Practitioner/Board Certified RNCS and APRN-BC | Therapeutic, Prophylactic or Diagnostic Injection; subcutaneous or intramuscular | \$ 20.45 |
| MH and SA OP Services | 96372 | Registered Nurse | Therapeutic, Prophylactic or Diagnostic Injection; subcutaneous or intramuscular | \$ 17.38 |
| MH and SA OP Services | 97810 | | Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-to-one contact | \$ 28.41 |
| MH and SA OP Services | 97811 | | Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-to-one contact with re-insertion of needle(s). | \$ 21.11 |
| MH and SA OP Services | 99202 | Doctoral Level (Child Psychiatrist) | Evaluation and Management for New Patient, 15-29 minutes | \$ 68.41 |
| MH and SA OP Services | 99202 | Doctoral Level (MD / DO) | Evaluation and Management for New Patient, 15-29 minutes | \$ 59.33 |
| MH and SA OP Services | 99202 | Nurse Practitioner/Board Certified RNCS and APRN-BC | Evaluation and Management for New Patient, 15-29 minutes | \$ 55.25 |
| MH and SA OP Services | 99203 | Doctoral Level (Child Psychiatrist) | Evaluation and Management for New Patient, 30-44 minutes | \$ 98.68 |
| MH and SA OP Services | 99203 | Doctoral Level (MD / DO) | Evaluation and Management for New Patient, 30-44 minutes | \$ 85.58 |
| MH and SA OP Services | 99203 | Nurse Practitioner/Board Certified RNCS and APRN-BC | Evaluation and Management for New Patient, 30-44 minutes | \$ 79.46 |
| MH and SA OP Services | 99204 | Doctoral Level (Child Psychiatrist) | Evaluation and Management for New Patient, 45-59 minutes | \$ 149.09 |
| MH and SA OP Services | 99204 | Doctoral Level (MD / DO) | Evaluation and Management for New Patient, 45-59 minutes | \$ 129.30 |

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

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

| Commonwealth of Massachusetts Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule | | | | |
|--|----------------|---|---|-----------|
| Category of Service | Procedure Code | Modifier Group | Procedure Description | Unit Cost |
| MH and SA OP Services | 99204 | Nurse Practitioner/Board Certified RNCS and APRN-BC | Evaluation and Management for New Patient, 45-59 minutes | \$ 121.14 |
| MH and SA OP Services | 99205 | Doctoral Level (Child Psychiatrist) | Evaluation and Management for New Patient, 60-74 minutes | \$ 185.17 |
| MH and SA OP Services | 99205 | Doctoral Level (MD / DO) | Evaluation and Management for New Patient, 60-74 minutes | \$ 160.59 |
| MH and SA OP Services | 99205 | Nurse Practitioner/Board Certified RNCS and APRN-BC | Evaluation and Management for New Patient, 60-74 minutes | \$ 150.39 |
| MH and SA OP Services | 99211 | Doctoral Level (Child Psychiatrist) | Evaluation and Management for an Established Patient, 5 minutes | \$ 19.88 |
| MH and SA OP Services | 99211 | Doctoral Level (MD / DO) | Evaluation and Management for an Established Patient, 5 minutes | \$ 17.24 |
| MH and SA OP Services | 99211 | Nurse Practitioner/Board Certified RNCS and APRN-BC | Evaluation and Management for an Established Patient, 5 minutes | \$ 15.71 |
| MH and SA OP Services | 99212 | Doctoral Level (Child Psychiatrist) | Evaluation and Management for an Established Patient, 10-19 minutes | \$ 40.99 |
| MH and SA OP Services | 99212 | Doctoral Level (MD / DO) | Evaluation and Management for an Established Patient, 10-19 minutes | \$ 35.55 |
| MH and SA OP Services | 99212 | Nurse Practitioner/Board Certified RNCS and APRN-BC | Evaluation and Management for an Established Patient, 10-19 minutes | \$ 32.49 |
| MH and SA OP Services | 99213 | Doctoral Level (Child Psychiatrist) | Evaluation and Management for an Established Patient, 20-29 minutes | \$ 73.98 |
| MH and SA OP Services | 99213 | Doctoral Level (MD / DO) | Evaluation and Management for an Established Patient, 20-29 minutes | \$ 63.15 |
| MH and SA OP Services | 99213 | Nurse Practitioner/Board Certified RNCS and APRN-BC | Evaluation and Management for an Established Patient, 20-29 minutes | \$ 54.84 |
| MH and SA OP Services | 99214 | Doctoral Level (Child Psychiatrist) | Evaluation and Management for an Established Patient, 30-39 minutes | \$ 130.89 |
| MH and SA OP Services | 99214 | Doctoral Level (MD / DO) | Evaluation and Management for an Established Patient, 30-39 minutes | \$ 86.37 |
| MH and SA OP Services | 99214 | Nurse Practitioner/Board Certified RNCS and APRN-BC | Evaluation and Management for an Established Patient, 30-39 minutes | \$ 77.46 |
| MH and SA OP Services | 99215 | Doctoral Level (Child Psychiatrist) | Evaluation and Management for an Established Patient, 40-54 minutes | \$ 130.89 |
| MH and SA OP Services | 99215 | Doctoral Level (MD / DO) | Evaluation and Management for an Established Patient, 40-54 minutes | \$ 113.52 |
| MH and SA OP Services | 99215 | Nurse Practitioner/Board Certified RNCS and APRN-BC | Evaluation and Management for an Established Patient, 40-54 minutes | \$ 103.84 |
| MH and SA OP Services | 99231 | Doctoral Level (Child Psychiatrist) | Subsequent Hospital Care for Eval and Management, 15 minutes | \$ 70.97 |
| MH and SA OP Services | 99231 | Doctoral Level (MD / DO) | Subsequent Hospital Care for Eval and Management, 15 minutes | \$ 53.88 |
| MH and SA OP Services | 99231 | Doctoral Level (PhD, PsyD, EdD) | Subsequent Hospital Care for Eval and Management, 15 minutes | \$ 51.72 |
| MH and SA OP Services | 99231 | Nurse Practitioner/Board Certified RNCS and APRN-BC | Subsequent Hospital Care for Eval and Management, 15 minutes | \$ 43.15 |
| MH and SA OP Services | 99232 | Doctoral Level (Child Psychiatrist) | Subsequent Hospital Care for Eval and Management, 25 minutes | \$ 106.46 |
| MH and SA OP Services | 99232 | Doctoral Level (MD / DO) | Subsequent Hospital Care for Eval and Management, 25 minutes | \$ 80.17 |
| MH and SA OP Services | 99232 | Doctoral Level (PhD, PsyD, EdD) | Subsequent Hospital Care for Eval and Management, 25 minutes | \$ 76.96 |
| MH and SA OP Services | 99232 | Nurse Practitioner/Board Certified RNCS and APRN-BC | Subsequent Hospital Care for Eval and Management, 25 minutes | \$ 64.21 |
| MH and SA OP Services | 99233 | Doctoral Level (Child Psychiatrist) | Subsequent Hospital Care for Eval and Management, 35 minutes | \$ 141.96 |
| MH and SA OP Services | 99233 | Doctoral Level (MD / DO) | Subsequent Hospital Care for Eval and Management, 35 minutes | \$ 106.90 |
| MH and SA OP Services | 99233 | Doctoral Level (PhD, PsyD, EdD) | Subsequent Hospital Care for Eval and Management, 35 minutes | \$ 102.62 |

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

| Commonwealth of Massachusetts Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule | | | | |
|--|----------------|---|---|-----------|
| Category of Service | Procedure Code | Modifier Group | Procedure Description | Unit Cost |
| MH and SA OP Services | 99233 | Nurse Practitioner/Board Certified RNCS and APRN-BC | Subsequent Hospital Care for Eval and Management, 35 minutes | \$ 85.62 |
| MH and SA OP Services | 99251 | Doctoral Level (Child Psychiatrist) | Initial Inpatient Consultation, 20 minutes | \$ 95.22 |
| MH and SA OP Services | 99251 | Doctoral Level (MD / DO) | Initial Inpatient Consultation, 20 minutes | \$ 72.27 |
| MH and SA OP Services | 99251 | Doctoral Level (PhD, PsyD, EdD) | Initial Inpatient Consultation, 20 minutes | \$ 69.38 |
| MH and SA OP Services | 99251 | Nurse Practitioner/Board Certified RNCS and APRN-BC | Initial Inpatient Consultation, 40 minutes | \$ 57.88 |
| MH and SA OP Services | 99252 | Doctoral Level (Child Psychiatrist) | Initial Inpatient Consultation, 40 minutes | \$ 142.83 |
| MH and SA OP Services | 99252 | Doctoral Level (MD / DO) | Initial Inpatient Consultation, 40 minutes | \$ 107.56 |
| MH and SA OP Services | 99252 | Doctoral Level (PhD, PsyD, EdD) | Initial Inpatient Consultation, 40 minutes | \$ 103.25 |
| MH and SA OP Services | 99252 | Nurse Practitioner/Board Certified RNCS and APRN-BC | Initial Inpatient Consultation, 40 minutes | \$ 86.15 |
| MH and SA OP Services | 99253 | Doctoral Level (Child Psychiatrist) | Initial Inpatient Consultation, 55 minutes | \$ 190.43 |
| MH and SA OP Services | 99253 | Doctoral Level (MD / DO) | Initial Inpatient Consultation, 55 minutes | \$ 143.40 |
| MH and SA OP Services | 99253 | Doctoral Level (PhD, PsyD, EdD) | Initial Inpatient Consultation, 55 minutes | \$ 137.67 |
| MH and SA OP Services | 99253 | Nurse Practitioner/Board Certified RNCS and APRN-BC | Initial Inpatient Consultation, 55 minutes | \$ 114.86 |
| MH and SA OP Services | 99254 | Doctoral Level (Child Psychiatrist) | Initial Inpatient Consultation, 80 minutes | \$ 255.41 |
| MH and SA OP Services | 99254 | Doctoral Level (MD / DO) | Initial Inpatient Consultation, 80 minutes | \$ 191.80 |
| MH and SA OP Services | 99254 | Nurse Practitioner/Board Certified RNCS and APRN-BC | Initial Inpatient Consultation, 80 minutes | \$ 153.64 |
| MH and SA OP Services | 99255 | Doctoral Level (Child Psychiatrist) | Initial Inpatient Consultation - Comprehensive, 110 minutes | \$ 336.47 |
| MH and SA OP Services | 99255 | Doctoral Level (MD / DO) | Initial Inpatient Consultation - Comprehensive, 110 minutes | \$ 252.34 |
| MH and SA OP Services | 99255 | Nurse Practitioner/Board Certified RNCS and APRN-BC | Initial Inpatient Consultation - Comprehensive, 110 minutes | \$ 202.12 |
| MH and SA OP Services | 99281 | Doctoral Level (MD/DO) | Emergency Department visit for the evaluation and management of a patient, which requires 3 key components: A problem-focused history; A problem-focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. | \$ 18.31 |
| MH and SA OP Services | 99282 | Doctoral Level (Child Psychiatrist) | Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem-focused history; An expanded problem-focused examination; and Medical decision-making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. | \$ 32.15 |

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

| Commonwealth of Massachusetts Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule | | | | |
|--|----------------|---|---|-----------|
| Category of Service | Procedure Code | Modifier Group | Procedure Description | Unit Cost |
| MH and SA OP Services | 99282 | Doctoral Level (MD/DO) | Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. | \$ 30.62 |
| MH and SA OP Services | 99282 | Nurse Practitioner/Board Certified RNCS and APRN-BC | Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. | \$ 29.73 |
| MH and SA OP Services | 99283 | Doctoral Level (Child Psychiatrist) | Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. | \$ 48.65 |
| MH and SA OP Services | 99283 | Doctoral Level (MD/DO) | Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. | \$ 46.34 |
| MH and SA OP Services | 99283 | Nurse Practitioner/Board Certified RNCS and APRN-BC | Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. | \$ 44.99 |

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

| Commonwealth of Massachusetts Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule | | | | |
|--|----------------|---|---|-----------|
| Category of Service | Procedure Code | Modifier Group | Procedure Description | Unit Cost |
| MH and SA OP Services | 99284 | Doctoral Level (Child Psychiatrist) | Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function. | \$ 91.44 |
| MH and SA OP Services | 99284 | Doctoral Level (MD/DO) | Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function. | \$ 87.09 |
| MH and SA OP Services | 99284 | Nurse Practitioner/Board Certified RNCS and APRN-BC | Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function. | \$ 84.55 |
| MH and SA OP Services | 99285 | Doctoral Level (Child Psychiatrist) | Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function. | \$ 135.25 |

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

| Commonwealth of Massachusetts Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule | | | | |
|--|----------------|---|---|-----------|
| Category of Service | Procedure Code | Modifier Group | Procedure Description | Unit Cost |
| MH and SA OP Services | 99285 | Doctoral Level (MD/DO) | Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function. | \$ 128.81 |
| MH and SA OP Services | 99285 | Nurse Practitioner/Board Certified RNCS and APRN-BC | Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function. | \$ 123.91 |
| MH and SA OP Services | 99404 | Doctor (Child / Adolescent MD / DO) | Preventative Medicine Counseling, 60 minutes (Counseling and/or Risk Factor Reduction Intervention) | \$ 153.27 |
| MH and SA OP Services | 99404 | Doctoral Level (MD / DO) | Preventative Medicine Counseling, 60 minutes (Counseling and/or Risk Factor Reduction Intervention) | \$ 177.11 |
| MH and SA OP Services | 99404 | Nurse Practitioner/Board Certified RNCS and APRN-BC | Preventative Medicine Counseling, 60 minutes (Counseling and/or Risk Factor Reduction Intervention) | \$ 153.27 |
| Diversiory Services | H0015 | | Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan) including assessment, counseling; crisis intervention, and activity therapies or education. (Enhanced Structured Outpatient Addiction Program - SOAP with Motivational Interviewing Counseling) | \$ 80.30 |
| Diversiory Services | H0015 | | Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan) including assessment, counseling; crisis intervention, and activity therapies or education. (Structured Outpatient Addiction Program (SOAP) with Motivational Interviewing) | \$ 71.59 |

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

| Commonwealth of Massachusetts Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule | | | | |
|--|----------------|----------------|---|----------------|
| Category of Service | Procedure Code | Modifier Group | Procedure Description | Unit Cost |
| Diversiory Services | H2012 | + | Behavioral Health Day Treatment, per hour (Psychiatric Day Treatment) | 101 CMR 307.00 |
| Diversiory Services | H2012 | | Behavioral Health Day Treatment, per hour (Enhanced Psychiatric Day Treatment) | \$ 13.22 |
| Diversiory Services | H2015 | + | Comprehensive community support services, per 15 minutes (Community Support Program) | \$ 13.97 |
| Diversiory Services | H2015 | | Comprehensive community support services, per 15 minutes (Community Support Program - Cultural Broker) | \$ 13.97 |
| Diversiory Services | H2015 | HF | Recovery Support Navigator , per 15-minute units | 101 CMR 444.00 |
| Diversiory Services | H2016 | HM | Comprehensive community support program, per diem (Enrolled Client Day) (recovery support service by a recovery advocate trained in Recovery Coaching) | 101 CMR 346.00 |
| Diversiory Services | H2016 | HE | When directed by EOHHS, Comprehensive community support services, per diem (Community Support Program (CSP) for members residing in DHCD-funded new temporary shelters) | \$ 17.30 |
| Diversiory Services | H2016 | HH | Comprehensive community support program, per diem (Enrolled Client Day) (behavioral health service by a navigator trained to support members with justice involvement) | \$17.23 |
| Diversiory Services | H2020 | + | Therapeutic behavioral services, per diem (Dialectical Behavior Therapy) | \$ 26.50 |
| Diversiory Services | S9484 | + | Crisis intervention mental health services, per hour (Urgent Outpatient Services) | \$ 147.57 |
| MH and SA OP Services | H0014 | + | Alcohol and/or drug services; ambulatory detoxification (Adult or Adolescent) | \$ 227.65 |
| MH and SA OP Services | H0020 | + | Alcohol and/or drug services; methadone administration and/or service (Dosing) | \$ 11.43 |
| MH and SA OP Services | H0020/T1006 | | Alcohol and/or drug services; methadone administration and/or service (Family/couple counseling); 1 unit = 60 minutes | \$ 84.79 |
| MH and SA OP Services | H0020/H0005 | | Alcohol and/or drug services; methadone administration and/or service (Group counseling); 1 unit = 60 to 90 minutes | \$ 28.68 |
| MH and SA OP Services | H0020 | | Alcohol and/or drug services; methadone administration and/or service (Individual counseling); 1 unit = 30 minutes | \$ 41.16 |
| MH and SA OP Services | H0004 | | Alcohol and/or drug services; methadone administration and/or service (Individual counseling); 1 unit = 15 minutes | \$ 20.58 |
| Adult ESP Services | S9485 | U1 | Crisis intervention mental health services, per diem (Emergency Service Program Mobile Non-emergency Department) | \$ 819.64 |
| Adult ESP Services | S9485 | HE | Crisis intervention mental health services, per diem (Emergency Service Program Community Based) | \$ 744.23 |
| Adult ESP Services | S9485 | HB | Crisis intervention mental health services, per diem (Emergency Service Program Hospital Emergency Room) | \$ 505.85 |
| Adult ESP Services | S9485 | ET | Crisis intervention mental health services, per diem (Emergency Service Program's Adult Community Crisis Stabilization Day 1) | \$ 505.53 |

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

| Commonwealth of Massachusetts Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule | | | | |
|--|----------------|---------------------------------|--|-----------|
| Category of Service | Procedure Code | Modifier Group | Procedure Description | Unit Cost |
| Adult ESP Services | S9485 | TF | Crisis intervention mental health services, per diem (Emergency Service Program's Adult Community Crisis Stabilization Day 2-5) | \$ 505.53 |
| Adult ESP Services | S9485 | TG | Crisis intervention mental health services, per diem (Emergency Service Program's Adult Community Crisis Stabilization Day 6 and After) | \$ 505.53 |
| Other Outpatient | T1004 | | Specialing - Interpretation - 15 minute units | \$ 6.08 |
| Other Outpatient | 90870 | + | Electroconvulsive therapy (includes necessary monitoring) | \$ 630.95 |
| Other Outpatient | 96112 | Doctoral Level (PhD, PsyD, EdD) | Developmental Testing administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour (Learning Disorders) | \$ 180.72 |
| Other Outpatient | 96113 | Doctoral Level (PhD, PsyD, EdD) | Each additional 30 minutes (List separately in addition to code for primary procedure) (Developmental/Behavioral Screening and Testing) | \$ 90.36 |
| Other Outpatient | 96116 | Doctoral Level (PhD, PsyD, EdD) | Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour | \$ 120.46 |
| Other Outpatient | 96121 | Doctoral Level (PhD, PsyD, EdD) | Each additional hour (List separately in addition to code for primary procedure) | \$ 120.46 |
| Other Outpatient | 96130 | Doctoral Level (PhD, PsyD, EdD) | Psychological testing evaluation services by physician or other qualified health care professional, including integrating of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour | \$ 105.77 |
| Other Outpatient | 96131 | Doctoral Level (PhD, PsyD, EdD) | Each additional hour (List separately in addition to code for primary procedure) | \$ 91.39 |
| Other Outpatient | 96132 | Doctoral Level (PhD, PsyD, EdD) | Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour | \$ 119.89 |
| Other Outpatient | 96133 | Doctoral Level (PhD, PsyD, EdD) | Each additional hour (List separately in addition to code for primary procedure) | \$ 91.39 |
| Other Outpatient | 96136 | Doctoral Level (PhD, PsyD, EdD) | Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes (Test administration and scoring by professional) | \$ 45.70 |
| Other Outpatient | 96137 | Doctoral Level (PhD, PsyD, EdD) | Each additional 30 minutes (List separately in addition to code for primary procedure) (Test administration and scoring by professional) | \$ 45.70 |
| Other Outpatient | 96138 | Technician | Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes | \$ 37.14 |

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

| Commonwealth of Massachusetts Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule | | | | |
|--|----------------|---|--|----------------|
| Category of Service | Procedure Code | Modifier Group | Procedure Description | Unit Cost |
| Other Outpatient | 96139 | Technician | Each additional 30 minutes (List separately in addition to code for primary procedure) (Test administration and scoring by technician) | \$ 37.14 |
| Other Outpatient | H0032 | Master's Level | Mental health service plan development by a nonphysician (Bridge consultation inpatient/outpatient) | \$ 166.67 |
| Other Outpatient | H0046 | Doctoral Level (Child Psychiatrist) | Mental health services, not otherwise specified (Collateral Contact) | \$ 46.46 |
| Other Outpatient | H0046 | Doctoral Level (MD/DO) | Mental health services, not otherwise specified (Collateral Contact) | \$ 40.30 |
| Other Outpatient | H0046 | Doctoral Level (PhD, PsyD, EdD) | Mental health services, not otherwise specified (Collateral Contact) | \$ 21.79 |
| Other Outpatient | H0046 | Nurse Practitioner/Board Certified RNCS and APRN-BC | Mental health services, not otherwise specified (Collateral Contact) | \$ 34.87 |
| Other Outpatient | H0046 | Master's Level | Mental health services, not otherwise specified (Collateral Contact) | \$ 21.48 |
| Other Outpatient | H0046 | Addiction Counselor | Mental health services, not otherwise specified (Collateral Contact) | \$ 21.48 |
| Other Outpatient | H0046 | Intern (PhD, PsyD, EdD) | Mental health services, not otherwise specified (Collateral Contact) | \$ 10.91 |
| Other Outpatient | H0046 | Intern (Master's) | Mental health services, not otherwise specified (Collateral Contact) | \$ 10.74 |
| Other Outpatient | H2028 | | Sexual offender treatment service, per 15 minutes (ASAP - Assessment for Safe and Appropriate Placement) | \$ 22.79 |
| MH and SA OP Services | H0001-U1 | | Alcohol and/or drug assessment (buprenorphine and naltrexone medication evaluation by physician and/or midlevel practitioner) | 101 CMR 444.00 |
| MH and SA OP Services | H0033 | | Oral medication administration, with extended direct observation up to 2.5 hours (buprenorphine and associated drug screens, to be billed once during induction); may not be combined with H0033-U2 | 101 CMR 444.00 |
| MH and SA OP Services | H0047 | | Alcohol and/or other drug abuse services, not otherwise specified; oral medication preparation and administration (buprenorphine and associated drug screens); may not be combined with H0033; may be billed once per each day a member receives | \$ 10.36 |
| MH and SA OP Services | H0001-U2 | | Oral medication administration, direct observation (oral naltrexone dosing) | \$ 9.45 |
| MH and SA OP Services | J0571 | | Buprenorphine, oral, 1 mg (maximum 32 mg per day) (prior authorization required) | 101 CMR 444.00 |
| MH and SA OP Services | J0572 | | Buprenorphine/naloxone, oral, less than or equal to 3 mg (maximum of one unit per day; may be combined with J0573 as medically necessary) | 101 CMR 444.00 |
| MH and SA OP Services | J0573 | | Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg; (may be billed in sufficient increments to achieve appropriate dose, may be combined with one unit of J0572 as medically necessary) | 101 CMR 444.00 |
| MH and SA OP Services | J2315 | | Injection, naltrexone, depot form, 1 mg (maximum of 380 mg. per month) | 101 CMR 444.00 |
| MH and SA OP Services | J3490 | | Unclassified drugs (Naltrexone, oral) | 101 CMR 444.00 |

Appendix Z

Directed Payments Related to COVID-19

Exhibit 1: Summary of Rate Increases by Service

| Covered Service | Increase | Rate Increase Effective Date | Rate Increase End Date |
|---|--|------------------------------|---|
| Acute Hospital services - DRG specific (See Exhibit 1.A.1 for the specific DRGs subject to the rate increase)*`^ | 20% increase to weights for those DRGs | 3/10/2020 | 10/31/2020 |
| Acute Hospital services - DRG specific, narrowed set of codes (See Exhibit 1.A.2 for the specific DRGs subject to the rate increase)*^ | 20% increase to weights for a narrower set of DRGs | 11/01/2020 | The end of the state-declared public health emergency |
| Acute Hospital services - (inpatient and outpatient)*^ | 7.5% for base rates for inpatient (including capital and operating standards) and outpatient | 4/1/2020 | 7/31/2020 |
| Ambulance services (See Exhibit 1.B for the codes subject to the rate increase) | 50% rate increase | 4/1/2020 | 7/31/2020 |
| Home Health services (See Exhibit 1.C for the codes subject to the rate increase) | 10% rate increase | 4/1/2020 | 7/31/2020 |
| Physician services (See Exhibit 1.D for the codes subject to the rate increase) | 15% rate increase | 4/1/2020 | 7/31/2020 |
| Diversionary and Outpatient Behavioral Health services (See Exhibit 1.E.1 for the codes subject to the rate increase) | 10% rate increase | 4/1/2020 | 7/31/2020 |
| Residential Rehabilitation Services (See Exhibit 1.E.2 for the codes subject to the rate increase)* | 10% rate increase | 4/1/2020 | 7/31/2020 |
| | 15% incremental rate increase | 5/1/2020 | 6/30/2020 |
| Early Intervention Services (See Exhibit 1.F for the codes subject to the rate increase) | 10% rate increase | 4/1/2020 | 7/31/2020 |

* The "Acute Hospital - DRG Specific services" and "Acute Hospital (inpatient and outpatient) services" rate increases apply to all acute hospitals, including pediatric hospitals, hospitals with pediatric specialty units and specialty cancer hospitals. The rate increases included in this bulletin do not change the requirements found in Section 2.7.D.6 of the Contract related to payment rates for hospitals.

` Effective 11/1/2020, a subset of the Acute Hospital – DRG specific services were removed from the 20% rate increase. As shown in exhibit 1.A.2, there is a narrower set of DRGs still applicable to the 20% increase to the weights.

^ For clarity, the "Acute Hospital - DRG Specific services" and "Acute Hospital (inpatient and outpatient) services" rate increases may apply multiplicatively to payment (e.g., for inpatient discharges with DRGs in Exhibit 1.a, where the base rate increases by 7.5% and the weight by 20%).

+ For clarity, the "Residential Rehabilitation Services" rate increases will apply additively to payment between 5/1/2020 and 6/30/2020 (i.e., for Residential Rehabilitation Services in Exhibit 1.e.2, payment will be multiplied as follows: April: 1.1X, May: 1.25X, June: 1.25X, July: 1.1X).

Exhibit 1.A.1: Acute Hospital Service DRGs effective 3/10/2020 through 10/31/2020

| DRG and SOI | DRG Description |
|--------------------|---|
| 4-1 | TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE |
| 4-2 | TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE |
| 4-3 | TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE |
| 4-4 | TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE |
| 5-1 | TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE |
| 5-2 | TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE |
| 5-3 | TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE |
| 5-4 | TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE |
| 113-1 | INFECTIONS OF UPPER RESPIRATORY TRACT |
| 113-2 | INFECTIONS OF UPPER RESPIRATORY TRACT |
| 113-3 | INFECTIONS OF UPPER RESPIRATORY TRACT |
| 113-4 | INFECTIONS OF UPPER RESPIRATORY TRACT |
| 120-1 | MAJOR RESPIRATORY & CHEST PROCEDURES |
| 120-2 | MAJOR RESPIRATORY & CHEST PROCEDURES |
| 120-3 | MAJOR RESPIRATORY & CHEST PROCEDURES |
| 120-4 | MAJOR RESPIRATORY & CHEST PROCEDURES |
| 121-1 | OTHER RESPIRATORY & CHEST PROCEDURES |
| 121-2 | OTHER RESPIRATORY & CHEST PROCEDURES |
| 121-3 | OTHER RESPIRATORY & CHEST PROCEDURES |
| 121-4 | OTHER RESPIRATORY & CHEST PROCEDURES |
| 130-1 | RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS |
| 130-2 | RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS |
| 130-3 | RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS |
| 130-4 | RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS |
| 131-1 | CYSTIC FIBROSIS - PULMONARY DISEASE |
| 131-2 | CYSTIC FIBROSIS - PULMONARY DISEASE |
| 131-3 | CYSTIC FIBROSIS - PULMONARY DISEASE |
| 131-4 | CYSTIC FIBROSIS - PULMONARY DISEASE |
| 133-1 | RESPIRATORY FAILURE |
| 133-2 | RESPIRATORY FAILURE |
| 133-3 | RESPIRATORY FAILURE |
| 133-4 | RESPIRATORY FAILURE |
| 134-1 | PULMONARY EMBOLISM |
| 134-2 | PULMONARY EMBOLISM |

| DRG and SOI | DRG Description |
|--------------------|--|
| 134-3 | PULMONARY EMBOLISM |
| 134-4 | PULMONARY EMBOLISM |
| 136-1 | RESPIRATORY MALIGNANCY |
| 136-2 | RESPIRATORY MALIGNANCY |
| 136-3 | RESPIRATORY MALIGNANCY |
| 136-4 | RESPIRATORY MALIGNANCY |
| 137-1 | MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS |
| 137-2 | MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS |
| 137-3 | MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS |
| 137-4 | MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS |
| 138-1 | BRONCHIOLITIS & RSV PNEUMONIA |
| 138-2 | BRONCHIOLITIS & RSV PNEUMONIA |
| 138-3 | BRONCHIOLITIS & RSV PNEUMONIA |
| 138-4 | BRONCHIOLITIS & RSV PNEUMONIA |
| 139-1 | OTHER PNEUMONIA |
| 139-2 | OTHER PNEUMONIA |
| 139-3 | OTHER PNEUMONIA |
| 139-4 | OTHER PNEUMONIA |
| 140-1 | CHRONIC OBSTRUCTIVE PULMONARY DISEASE |
| 140-2 | CHRONIC OBSTRUCTIVE PULMONARY DISEASE |
| 140-3 | CHRONIC OBSTRUCTIVE PULMONARY DISEASE |
| 140-4 | CHRONIC OBSTRUCTIVE PULMONARY DISEASE |
| 141-1 | ASTHMA |
| 141-2 | ASTHMA |
| 141-3 | ASTHMA |
| 141-4 | ASTHMA |
| 142-1 | INTERSTITIAL & ALVEOLAR LUNG DISEASES |
| 142-2 | INTERSTITIAL & ALVEOLAR LUNG DISEASES |
| 142-3 | INTERSTITIAL & ALVEOLAR LUNG DISEASES |
| 142-4 | INTERSTITIAL & ALVEOLAR LUNG DISEASES |
| 143-1 | OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES |
| 143-2 | OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES |
| 143-3 | OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES |
| 143-4 | OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES |
| 144-1 | RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES |
| 144-2 | RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES |
| 144-3 | RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES |

| DRG and SOI | DRG Description |
|--------------------|---|
| 144-4 | RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES |
| 145-1 | ACUTE BRONCHITIS AND RELATED SYMPTOMS |
| 145-2 | ACUTE BRONCHITIS AND RELATED SYMPTOMS |
| 145-3 | ACUTE BRONCHITIS AND RELATED SYMPTOMS |
| 145-4 | ACUTE BRONCHITIS AND RELATED SYMPTOMS |
| 720-1 | SEPTICEMIA & DISSEMINATED INFECTIONS |
| 720-2 | SEPTICEMIA & DISSEMINATED INFECTIONS |
| 720-3 | SEPTICEMIA & DISSEMINATED INFECTIONS |
| 720-4 | SEPTICEMIA & DISSEMINATED INFECTIONS |

Exhibit 1.A.2: Acute Hospital Service DRGs, narrowed list effective 11/01/2020 through the end of the state-declared public health emergency

| DRG and SOI | DRG Description |
|--------------------|---|
| 4-1 | TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE |
| 4-2 | TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE |
| 4-3 | TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE |
| 4-4 | TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE |
| 5-1 | TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE |
| 5-2 | TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE |
| 5-3 | TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE |
| 5-4 | TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE |
| 130-1 | RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS |
| 130-2 | RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS |
| 130-3 | RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS |
| 130-4 | RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS |
| 137-1 | MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS |
| 137-2 | MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS |
| 137-3 | MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS |
| 137-4 | MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS |
| 720-1 | SEPTICEMIA & DISSEMINATED INFECTIONS |
| 720-2 | SEPTICEMIA & DISSEMINATED INFECTIONS |
| 720-3 | SEPTICEMIA & DISSEMINATED INFECTIONS |
| 720-4 | SEPTICEMIA & DISSEMINATED INFECTIONS |

Exhibit 1.B: Codes for Certain Ambulance Services

| Code | Description |
|-------------|--|
| A0425 | Ground mileage (per statute mile) (Loaded Mileage) |
| A0426 | Ambulance service, Advanced Life Support, non-emergency, level 1 (ALS 1) |
| A0427 | Ambulance service, Advanced Life Support, emergency, level 1 (ALS 1 - Emergency) |
| A0428 | Ambulance service, Basic Life Support, non-emergency (BLS) |
| A0429 | Ambulance service, Basic Life Support, emergency (BLS-Emergency) |
| A0430 | Ambulance service, conventional air services, transport, one way (fixed wing) |
| A0431 | Ambulance service, conventional air services, transport, one way (rotary wing) |
| A0433 | Advanced Life Support, Level 2 (ALS 2) |
| A0434 | Ambulance service Specialty Care Transport (SCT) |
| A0998 | Ambulance response and treatment; no transport (Used for medically necessary visits to patients to obtain and transport specimens for COVID-19 diagnostic testing) |

Exhibit 1.C: Codes for Home Health Services

| Code | Modifier | Service Description |
|-------|----------|--|
| G0299 | | Services of an RN in home health setting (one through 30 calendar days) |
| G0299 | UD | Services of an RN in home health setting (31+ calendar days) |
| G0299 | U3 | Nursing care visit for temporary emergency PCA services |
| G0300 | | Services of an LPN in home health setting (one through 30 calendar days) |
| G0300 | UD | Services of an LPN in home health setting (31+ calendar days) |
| G0300 | U3 | Nursing care visit for temporary emergency PCA services |
| G0493 | | Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition (PA required prior to start of care) |
| T1502 | | Administration of oral, intramuscular, and/or subcutaneous medication by health care agency/professional per visit (RN or LPN) (Use only for Medication Administration visit.) |
| T1503 | | Administration of medication other than oral, intramuscular, and/or subcutaneous medication by health care agency/professional per visit (RN or LPN) (Use only for Medication Administration visit.) |
| G0156 | | Services of Home Health Aide in the home health setting |
| G0156 | UD | Services of home health aide in the home health setting (ADL support) (15 minute units) (PA required prior to start of care) |
| G0151 | | Services of Physical Therapist in the home health setting |
| G0152 | | Services of Occupational Therapist in the home health setting |
| G0153 | | Services of Speech-Language Pathologist in the home health setting |
| 99509 | | Home health aide visit for temporary emergency PCA services |

Exhibit 1.D: Codes for Certain Physician Services

| | | |
|--------------------------------------|-------|-------------------------|
| <u>Surgery and Anesthesia</u> | 95810 | 99385 |
| | 96110 | 99391 |
| 00170 | 98941 | 99392 |
| 00731 | 99202 | 99393 |
| 00790 | 99203 | 99394 |
| 00840 | 99204 | 99395 |
| 01961 | 99205 | 99396 |
| 01967 | 99212 | 99460 |
| 17110 | 99213 | 99462 |
| 20610 | 99214 | 99468 |
| 31231 | 99215 | 99469 |
| 43239 | 99217 | 99472 |
| 45380 | 99219 | 99479 |
| 45385 | 99220 | 99480 |
| 47562 | 99221 | |
| 59400 | 99222 | <u>Radiology</u> |
| 59409 | 99223 | |
| 59410 | 99231 | 70450 |
| 59426 | 99232 | 70551 |
| 59510 | 99233 | 70553 |
| 59514 | 99236 | 71045 |
| 66984 | 99238 | 71046 |
| 88305 | 99239 | 71260 |
| 88307 | 99282 | 72148 |
| | 99283 | 73721 |
| <u>Medicine</u> | 99284 | 74176 |
| | 99285 | 74177 |
| 90460 | 99291 | 76801 |
| 90461 | 99292 | 76811 |
| 90471 | 99308 | 76816 |
| 90834 | 99309 | 76817 |
| 90960 | 99341 | 76819 |
| 92004 | 99342 | 76830 |
| 92012 | 99343 | 76856 |
| 92014 | 99344 | 77067 |
| 93010 | 99345 | 78815 |
| 93306 | 99347 | |
| 95004 | 99348 | |
| 95165 | 99349 | |
| 95712 ¹ | 99350 | |
| 95715 ² | 99381 | |

¹This new code crosswalks to CPT code 95951, which was deleted effective January 1, 2020.

²This new code crosswalks to CPT code 95951, which was deleted effective January 1, 2020.

Exhibit 1.E: Codes for Certain Diversionary and Outpatient Behavioral Health Services

Exhibit 1.E.1 Codes for Diversionary and Outpatient Behavioral Health Services

| Service | Code | Description |
|---|-------------|---|
| Applied Behavior Analysis | H2019-U2 | Therapeutic behavioral services, per 15 minutes (Direct instruction by a paraprofessional working under the supervision of a licensed professional.) |
| Applied Behavior Analysis | H2012-U2 | Behavioral health day treatment, per hour (Direct instruction by a licensed professional/parent training for home services by a licensed professional.) |
| Applied Behavior Analysis | H0031-U2 | Mental health assessment, by nonprofessional (Assessment and case planning for home services by a licensed professional. 15-minute rate.) |
| Applied Behavior Analysis | H0032-U2 | Mental health service plan development by nonphysician (Supervision for home services by a licensed professional. 15-minute rate.) |
| Children's Behavioral Health Initiative | H0038 | Self-help/peer services, per 15 minutes (parent-caregiver peer-to-peer support service provided by a family partner) |
| Children's Behavioral Health Initiative | H2011-HN | Crisis intervention service, per 15 minutes (mobile crisis intervention service provided by a paraprofessional) |
| Children's Behavioral Health Initiative | H2011-HO | Crisis intervention service, per 15 minutes (mobile crisis intervention service provided by a master-level clinician) |
| Children's Behavioral Health Initiative | H2014-HN | Skills training and development, per 15 minutes (behavior management monitoring provided by a bachelor-level clinician) |
| Children's Behavioral Health Initiative | H2014-HO | Skills training and development, per 15 minutes (behavior management therapy provided by a master-level clinician) |
| Children's Behavioral Health Initiative | H2019-HN | Therapeutic behavioral services, per 15 minutes (therapeutic training and support services provided by a bachelor-level clinician) |
| Children's Behavioral Health Initiative | H2019-HO | Therapeutic behavioral services, each 15 minutes (in-home therapy provided by a master-level clinician) |
| Children's Behavioral Health Initiative | T1027-EP | Family training and counseling for child development, per 15 minutes (therapeutic mentoring service) |
| Children's Behavioral Health Initiative | H0023-HT | Behavioral Health Outreach Service (Targeted Case Management) (multi-disciplinary team) that includes family support and training and intensive care coordination per day |
| Program for Assertive Community Treatment | H0040 | Assertive community treatment program, per diem (PACT programs with 50 slots) |
| Program for Assertive Community Treatment | H0040 | Assertive community treatment program, per diem (PACT programs with 80 slots) |
| Program for Assertive Community Treatment | H0040 | Assertive community treatment program, per diem (Forensic program) |

| Service | Code | Description |
|---------------------------------|-------------|---|
| Opioid Treatment Services | H0020 | Alcohol and/or drug services; methadone administration and/or service (Dosing) |
| Opioid Treatment Services | H0020/T1006 | Alcohol and/or drug services; methadone administration and/or service (Family/couple counseling); 1 unit = 60 minutes |
| Opioid Treatment Services | H0020/H0005 | Alcohol and/or drug services; methadone administration and/or service (Group counseling); 1 unit = 60 to 90 minutes |
| Opioid Treatment Services | H0020 | Alcohol and/or drug services; methadone administration and/or service (Individual counseling); 1 unit = 30 minutes |
| Opioid Treatment Services | H0004 | Alcohol and/or drug services; methadone administration and/or service (Individual counseling); 1 unit = 15 minutes |
| Acute Treatment Services | H0011* | Alcohol and/or drug services; acute detoxification (residential addiction program inpatient) (Medically Monitored Inpatient Detoxification Services, Facility) |
| Clinical Stabilization Services | H0010* | Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient) (Clinically Managed Detoxification Services) |
| Psychological Testing Services | 96116 | Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour (Doctoral level) |
| Psychological Testing Services | 96121 | Each additional hour (List separately in addition to code for primary procedure) (Doctoral level) |
| Psychological Testing Services | 96130 | 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 |
| Psychological Testing Services | 96131 | Each additional hour (List separately in addition to code for primary procedure) |
| Psychological Testing Services | 96132 | 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 |
| Psychological Testing Services | 96133 | Each additional hour (List separately in addition to code for primary procedure) |

| Service | Code | Description |
|--------------------------------|-------|---|
| Psychological Testing Services | 96136 | 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) |
| Psychological Testing Services | 96137 | Each additional 30 minutes (List separately in addition to code for primary procedure) (Test administration and scoring by professional) |
| Psychological Testing Services | 96138 | Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes |
| Psychological Testing Services | 96139 | Each additional 30 minutes (List separately in addition to code for primary procedure) (Test administration and scoring by technician) |

*Note: The rate increases described above apply to all code(s) used by managed care plans for this service.

Exhibit 1.E.2 Codes for Residential Rehabilitation Services

| Service | Code | Description |
|--|----------|---|
| Adult Residential Rehabilitation Services | H0019 | Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (substance abuse program) |
| Family Residential Rehabilitation Services | H0019-HR | Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (substance abuse program) |
| Adult Residential Rehabilitation Services | H0019 | Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (substance abuse program) |
| Family Residential Rehabilitation Services | H0019-HR | Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (substance abuse program) |
| Youth Residential Rehabilitation Services | H0019-HA | Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (substance abuse program) |
| Transitional Age Youth and Young Adult Residential Rehabilitation Services | H0019-HF | Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (substance abuse program) |
| Pregnant Residential Rehabilitation Services | H0019-TH | Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem |
| Co-Occurring Enhanced Residential Rehabilitation Services | H0019-HH | Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem |

Exhibit 1.F: Codes for Early Intervention Services

| Service | Code | Description |
|--------------------|-------------|------------------------------------|
| Early Intervention | H2015 | Child visit – day care |
| Early Intervention | H2015 | Child visit – hospital |
| Early Intervention | H2015 | Child visit |
| Early Intervention | T1015 | Center-based individual |
| Early Intervention | 96165-U1 | EI-only child group (15 minutes) |
| Early Intervention | 96164-U1 | EI-only child group (30 minutes) |
| Early Intervention | 96165-U2 | Community child group (15 minutes) |
| Early Intervention | 96164-U2 | Community child group (30 minutes) |
| Early Intervention | T1027 | Parent-focused group |
| Early Intervention | T1023 | Screening |
| Early Intervention | T1024 | Assessment |

Exhibit 2: Codes for Services Related to COVID-19 Specimen Collection and Testing Minimum Payment Requirement

Exhibit 2.A - Specimen Collection

| CODE | FOR DATES OF SERVICE ON OR AFTER | DESCRIPTION |
|-------------|----------------------------------|---|
| G2023 | March 12, 2020 | Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source; |
| G2024 | March 12, 2020 | Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), from an individual in a skilled nursing facility or by a laboratory on behalf of a home health agency, any specimen source |
| G2023 CG | May 22, 2020 | Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source. [Used when provider 1) has a qualified ordering clinician present at the specimen collection site available to order medically necessary COVID-19 diagnostic tests; and 2) ensures the test results are provided to the patient (along with any initial follow-up counseling, as appropriate), either directly or through the patient's ordering clinician.] |
| G2024 CG | May 22, 2020 | Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), from an individual in a skilled nursing facility or by a laboratory on behalf of a home health agency, any specimen source. [Used when provider 1) has a qualified ordering clinician present at the specimen collection site available to order medically necessary COVID-19 diagnostic tests; and 2) ensures the test results are provided to the patient (along with any initial follow-up counseling, as appropriate), either directly or through the patient's ordering clinician.] |

Exhibit 2.B - Diagnostic and Laboratory Testing Services

| CODE | FOR DATES OF SERVICE ON OR AFTER | DESCRIPTION |
|-------------|---|--|
| U0002 | March 12, 2020 | 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19) using any technique, multiple types or subtypes (includes all targets). |
| 87635 | March 12, 2020 | Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique |
| U0003 | March 18, 2020 | Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R. |
| U0004 | March 18, 2020 | 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R |
| 86328 | April 10, 2020 | Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (e.g., reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]). |
| 86769 | April 10, 2020 | Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]). |