

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: Mass General Brigham Health Plan, 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): 399 Revolution Dr., Ste. 830, Somerville, MA, 02145		Business Mailing Address: One Ashburton Place, 11 th Fl., Boston, MA 02108	
Contract Manager: Steve Tringale	Phone: 857-282-3180	Billing Address (if different):	
E-Mail: STringale@allwayshealth.org	Fax:	Contract Manager: Alejandro Garcia Davalos	Phone: 781-227-1913
Contractor Vendor Code: VC6000171928		E-Mail: Alejandro.E.GarciaDavalos@mass.gov	
Vendor Code Address ID (e.g., "AD001"): AD001. (Note: The Address ID must be set up for EFT payments.)		MMARS Doc ID(s): N/A	
<input type="checkbox"/> NEW CONTRACT		<input checked="" type="checkbox"/> CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only) <input type="checkbox"/> Statewide Contract (OSD or an OSD-designated Department) <input type="checkbox"/> Collective Purchase (Attach OSD approval, scope, budget) <input type="checkbox"/> Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) <input type="checkbox"/> Emergency Contract (Attach justification for emergency, scope, budget) <input type="checkbox"/> Contract Employee (Attach Employment Status Form, scope, budget) <input type="checkbox"/> Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		Enter Current Contract End Date <u>Prior</u> to Amendment: December 31, 2027 . Enter Amendment Amount: \$ <u>no change</u> . (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) <input checked="" type="checkbox"/> Amendment to Date, Scope or Budget (Attach updated scope and budget) <input type="checkbox"/> Interim Contract (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> Contract Employee (Attach any updates to scope or budget) <input type="checkbox"/> Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): <input checked="" type="checkbox"/> Commonwealth Terms and Conditions <input type="checkbox"/> Commonwealth Terms and Conditions For Human and Social Services <input type="checkbox"/> Commonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00 . <input checked="" type="checkbox"/> Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) <input type="checkbox"/> Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$ _____.			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days _____ % PPD; Payment issued within 15 days _____ % PPD; Payment issued within 20 days _____ % PPD; Payment issued within 30 days _____ % PPD. If PPD percentages are left blank, identify reason: <input checked="" type="checkbox"/> agree to standard 45 day cycle <input type="checkbox"/> statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); <input type="checkbox"/> only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) This Amendment 3 to the First Amended and Restated Accountable Care Partnership Plan Contract with Mass General Brigham Health Partners and Mass General Brigham updates the contract language, deletes and replaces certain Appendices effective January 1, 2024.			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <input type="checkbox"/> 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. <input checked="" type="checkbox"/> 2. may be incurred as of January 1, 2024 , a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. <input type="checkbox"/> 3. were incurred as of _____, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as of December 31, 2027 , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07 , incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: <u>Steve Tringale</u> Date: <u>10/31/24</u> (Signature and Date Must Be Captured At Time of Signature) Print Name: <u>Steve Tringale</u> Print Title: <u>President, Mass General Health Plan</u>		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: <u>Mike Levine</u> Date: <u>11/05/2024</u> (Signature and Date Must Be Captured At Time of Signature) Print Name: <u>Mike Levine</u> Print Title: <u>Assistant Secretary for MassHealth</u>	

AMENDMENT #3
TO THE
FIRST AMENDED AND RESTATED
ACCOUNTABLE CARE PARTNERSHIP PLAN CONTRACT
FOR THE
MASSHEALTH ACCOUNTABLE CARE ORGANIZATION PROGRAM

WHEREAS, the Executive Office of Health and Human Services (“EOHHS”) and the Contractor identified in **Appendix R** (“Contractor”) entered into the Contract effective January 1, 2023, and with an Operational Start Date of April 1, 2023, to serve as an Accountable Care Organization, improve the MassHealth Member experience of care, health of the population, and efficiency of the MassHealth program, and provide comprehensive health care coverage to MassHealth Members; and

WHEREAS, EOHHS and the Contractor last amended and restated the Contract effective January 1, 2024, (the First Amended and Restated Accountable Care Partnership Plan Contract);

WHEREAS, EOHHS and the Contractor amended the Contract through Amendment #1 (January 1, 2024), Amendment #2 (January 1, 2024), and if applicable Amendment #2A (January 1, 2024);

WHEREAS, in accordance with **Section 5.9** of the Contract, EOHHS and the Contractor desire to amend the Contract effective January 1, 2024; 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 1, Definitions, Enrollee Incentive**, is hereby amended by deleting “in a targeted behavior, such as guideline-recommended clinical screenings, Primary Care Provider (PCP) visits, or Wellness Initiatives” and inserting in place thereof “in behaviors impacting their health and wellness”.
2. **Section 1, Definitions, Homeless Management Information Systems (HMIS)** is hereby amended by deleting the section in its entirety and inserting in place thereof:

“Homeless Management Information Systems (HMIS) – A software application that is a federal requirement for agencies that receive funding for services/housing for people experiencing homelessness. Each Continuum of Care is required to develop and implement a local HMIS designed to record and store client-level information on the characteristics and provision of housing and services to individuals and families experiencing or at risk of homelessness.”

3. **Section 2.3.A.1.d** is hereby amended by deleting “twenty thousand (20,000)” and inserting in place thereof “fifteen thousand (15,000)”.
4. **Section 2.3.D.5.b.2** is hereby amended by deleting “**Section 4.6**” and inserting in place thereof “**Section 4.3.H**”.
5. **Section 2.5.F** is hereby amended by inserting a new **Section 2.5.F.3** as follows:
 - “3. The Contractor shall, as further directed by EOHHS, implement policies and procedures that ensure appropriate discharges and transitions of care for Enrollees with complex or chronic medical needs, including but not limited to, post-discharge placement in a nursing facility or rehabilitation facility.
 - a. Such policies and procedures shall:
 - 1) Be incorporated into the Contractor’s protocols for Transitional Care Management with all Network Hospitals;
 - 2) Include identifying nursing and rehabilitation facilities with bed availability that offer specialized services to meet member specific needs including but not limited to psychiatric units, traumatic brain injury units, and bariatric equipment;
 - 3) Identify a dedicated point of contact at the Contractor for Network Hospitals to liaise with;
 - 4) Create a process by which the Contractor shall obtain information from the Network Hospital about the Enrollee’s health conditions, required referrals, and any barriers in obtaining placement; and
 - 5) Include strategies for addressing challenges in obtaining an appropriate placement for the Enrollee, including contracting with additional facilities.
 - b. The Contractor shall respond to EOHHS requests for information on progress toward finding placement for Enrollees in a timely manner; and
 - c. The Contractor shall contact or otherwise obtain information on Enrollees discharged into the community to ensure their health needs are met.”
6. **Section 2.7.A** is hereby amended by inserting a new **Section 2.7.A.16** as follows:
 - “16. Effective July 3, 2024, and for 90 days thereafter, the Contractor shall cover services provided by out-of-network urgent care clinics enrolled in MassHealth in the following counties: Essex, Middlesex, Suffolk, Norfolk, Bristol, Plymouth, Barnstable, Dukes, and Nantucket. The Contractor shall:
 - a. Update the Contractor’s website to:
 - 1) Make Enrollees aware of this expanded access to urgent care clinics; and
 - 2) Make urgent care clinics aware of a point of contact at the Contractor who may provide additional guidance.
 - b. Notify the Contractor’s Provider Network of this expanded access;

- c. Develop clear, written processes to implement this requirement; and
 - d. Make such processes available to urgent care clinics seeking guidance on submitting out-of-network claims.”.
7. **Section 2.7.B.2.a** is hereby amended by inserting “, including the Acute Hospital Carve-Out Drugs List within the MassHealth Drug List” after “MassHealth Drug List”.
 8. **Section 2.7.B.3.j** is hereby amended by deleting **Section 2.7.B.3.j** in its entirety and inserting in place thereof “[Reserved]”.
 9. **Section 2.7.B.9.c.3** is hereby amended by deleting “or with manufacturers” and inserting in place thereof “, manufacturers, Material Subcontractors, or any other entities”.
 10. **Section 2.7.B.9.c.4** is hereby amended by deleting “or with manufacturers” and inserting in place thereof “, manufacturers, Material Subcontractors, or any other entities”.
 11. **Section 2.7.E.3.o** is hereby amended by deleting “The Contractor shall require Providers providing YCCS to provide the Contractor, within 72 hours of an Enrollee’s admission, with notification of admission of an Enrollee and an initial treatment plan for such Enrollee” and inserting in place thereof “The Contractor may require Providers providing YCCS, within 5 days of an Enrollee’s admission, to notify the Contractor of the admission”.
 12. **Section 2.8.D.10.c** is hereby amended by deleting “monkeypox” and inserting in place thereof “mpox”.
 13. **Section 2.9.C** is hereby amended by inserting a new **Section 2.9.C.11** as follows and renumbering subsequent sections accordingly:
 - “11. For Applied Behavioral Analysis (ABA), the Contractor shall:
 - a. As further directed by EOHHS, collaborate on EOHHS’s efforts to improve network performance and provider capacity;
 - b. Ensure that ABA is provided in accordance with EOHHS-approved ABA performance specifications and ABA Medical Necessity Criteria, as further specified by EOHHS;
 - c. In addition to the authorization and utilization management requirements set forth in **Section 2.7**, the Contractor shall submit authorization and utilization management policies and procedures for ABA to EOHHS upon request. If directed by EOHHS, the Contractor shall make changes to such policies and procedures to ensure compliance with the requirements of this Contract; and
 - d. Require all ABA Providers to maintain an accredited status with a nationally recognized accreditation body specialized in ABA and track status as further directed by EOHHS.”
 14. **Section 2.9.D.13.a** is hereby amended by deleting the section in its entirety and inserting in place thereof:

- “a. Ensures that a behavioral health clinical assessment is completed for the Enrollee, including a full biopsychosocial, medical necessity assessment and diversionary considerations. This assessment must be completed by a qualified behavioral health professional as described in the MassHealth Acute Hospital RFA. For youth under the age of 18 years old, the qualified behavioral health professional must have child-specific expertise or certification;”

15. **Section 2.9.S** is hereby amended by:

1. Deleting “CBHC Clinical Quality and Equity Incentive Program” and inserting in place thereof “CBHC Incentive Programs”.
2. In **Section 2.9.S.1**, inserting “CBHC Clinical Quality Incentive Program (CCQI) and the” after “implement the” and inserting “(CQEIP)” after “CBHC Clinical Quality and Equity Incentive Program”.

16. **Section 2.14.E.1** is hereby amended by deleting the section in its entirety and inserting in place thereof the following:

- “1. The Contractor may implement Enrollee Incentives, as appropriate. The Contractor shall:
 - a. Take measures to monitor the effectiveness of such Enrollee Incentives, and to revise incentives as appropriate, with consideration of Enrollee feedback;
 - b. Assure that all such Enrollee Incentives comply with all applicable state and federal laws; and
 - c. Submit to EOHHS, at the direction of EOHHS, ad hoc report information relating to planned and implemented Enrollee Incentives.”

17. **Section 2.16.G.3** is hereby amended by replacing reference to “**Section 2.16.G.1.3**” with “**Section 2.16.G.2.c**”

18. **Section 2.16** is hereby amended by inserting a new **Section 2.16.M** as follows:

- “N. Substantial Financial Losses
 1. The Contractor shall take reasonable actions to ensure it does not incur substantial financial losses, as further defined by EOHHS (e.g., financial losses, after any applicable final or estimated revenue adjustments in accordance with **Section 4.5.C**, estimated by EOHHS to be greater than 5% of the Core Medical Component of the Base Capitation Rate for four consecutive fiscal quarters; Core Medical expenditure growth at a rate greater than the market growth rate for four consecutive fiscal quarters).
 2. If EOHHS determines the Contractor to be in substantial financial losses and the Contractor is unable to identify an actionable remediation plan to improve its financial condition, EOHHS may take corrective action, including but not limited to imposing a sanction, in accordance with **Section 5.4.**”

19. **Section 2.21.B.2** is hereby amended by deleting “shall submit its initial Population and Community Needs Assessment, as further specified by EOHHS, and”.
20. **Section 2.21.C** is hereby amended by:
1. Deleting **Section 2.21.C.2.f.3** in its entirety and inserting in place thereof “[Reserved]”.
 2. Deleting **Section 2.21.C.2.h** in its entirety and inserting in place thereof “[Reserved]”.
 3. In **Section 2.21.C.4.d.1**, deleting “including reporting on Health Equity, anti-racism, implicit bias, and related staff trainings,”.
 4. Deleting **Section 2.21.C.4.d.3** in its entirety and inserting in place thereof “[Reserved]”.
 5. Deleting **Section 2.21.C.4.e** in its entirety and inserting in place thereof “[Reserved]”.
 6. In **Section 2.21.C.6**, deleting “and its annual Health Equity summary reports”.
21. **Section 2.21.E.2** is hereby amended by deleting “accordance with its reporting under **Section 2.21.C**, the Contractor shall describe how it ensures that Enrollees receive Culturally and Linguistically Appropriate Services. The” and inserting in place thereof “a form and format to be determined by EOHHS, the”.
22. **Section 2.21.G** is hereby amended by deleting the section in its entirety and inserting in place thereof “[Reserved]”.
23. **Section 2.23.A** is hereby amended by inserting a new **Section 2.23.A.1.b.2.d** as follows:
- “d) Ensure that Network Primary Care Practice PID/SLs adhere to the notification requirements set forth in **Section 2.8.A.1.q**. In the event of an unanticipated Network Primary Care Practice PID/SL closure, EOHHS may remove the Network Primary Care Practice PID/SL from the Primary Care Sub Capitation Program and make adjustments as further specified by EOHHS.”
24. **Section 2.23.B** is hereby amended by:
1. In **Section 2.23.B.1.g**, deleting “Contract Years” at the end of the second sentence and inserting in place thereof “Contract Year 1 to Contract Year 2 and shall not roll over any funds into Contract Year 3”.
 2. In **Section 2.23.B.1.j**, deleting “of” in the first line and inserting in place thereof “at least 30 days prior to”.
 3. Deleting **Section 2.23.B.5.f** in its entirety and inserting in place thereof “[Reserved]”.
 4. Inserting a new **Section 2.23.B.13** as follows:
“13. Requirements for Sunsetting the Flexible Services Program

By December 31, 2024, the Contractor shall ensure the completion or termination of all Flexible Services program activities described in this section. In addition to the Enrollee notification requirements described in **Section 2.23.B.1.j**, the Contractor shall:

- a. Establish policies and procedures that support the completion or termination of all Flexible Services program activities by the end of Contract Year 2. Such policies and procedures shall include communications to Social Services Organizations, the Contractor's ACO Partner, and other individuals and entities involved in administering Flexible Services.
- b. Notify and communicate about the following to Enrollees receiving Flexible Services, no later than December 1, 2024:
 - 1) Service termination, including specific details of what Enrollees can anticipate;
 - 2) Options available to Enrollees, including other HRSN supports and community resources; and
 - 3) As directed by EOHHS, information about HRSN services that the Contractor will provide as of January 1, 2025.
- c. Ensure that all payments for Flexible Services are made to Social Service Organizations by no later than February 15 of Contract Year 3; and
- d. In addition to the requirements set forth in **Section 2.23.B.5.i**, return to EOHHS any unspent Flexible Services allocation funds."

25. **Section 2.23.D** is hereby amended by inserting “, including, but not limited to, conducting a readiness review as set forth in **Section 2.2.B.1.e** of this Contract and as further specified by EOHHS” after “Contract Year 2025”.

26. **Section 2.23** is hereby amended by inserting a new **Section 2.23.E** as follows:

“E. Participation in Evaluation of Massachusetts’ 1115 Demonstration Waiver

As directed by EOHHS, the Contractor shall participate in the independent evaluation of Massachusetts’ 1115 Demonstration Waiver, including by responding to requests for information, providing qualitative feedback, and sharing data as appropriate with EOHHS and its partners.”

27. **Section 4.3** is hereby amended by:

1. In **Section 4.3.G** inserting “CBHC Clinical Quality Incentive Program (CCQI) and” before “CBHC Clinical Quality and Equity Incentive Program” and inserting “(CQEIP)” before “Pursuant”.
2. Inserting a new **Section 4.3.H** as follows:

“H. If, as further described in **Section 2.3.D.5.b.2**, EOHHS determines the Contractor meets the requirements to receive a finders’ fee performance

incentive, the amount of the incentive payment shall be equal to 50% of the Contractor's pro rata amount of the net state share of the total settlement or verdict amount, based on the Contractor's percentage of the single damages from covered conduct over the relevant time period as determined by EOHHS. The net state share is the gross amount of the verdict or settlement minus any amounts owed as a repayment of federal financial participation to the federal government or other restitution called for in the verdict or settlement."

28. **Section 4.6.E** is hereby amended by deleting the section in its entirety and inserting in place thereof "[Reserved]".
29. **Appendix A, ACO Reporting Requirements**, is hereby deleted and replaced with the attached **Appendix A**.
30. **Appendix C, ACO Covered Services, Exhibit 1: ACO Covered Services, Remote Patient Monitoring**, is hereby amended by deleting "July" and inserting in place thereof "August".
31. **Appendix O, Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule**, is hereby deleted and replaced with the attached **Appendix O**.
32. **Appendix Q, EOHHS Accountable Care Organization Quality and Health Equity Appendix**, is hereby deleted and replaced with the attached **Appendix Q**.

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

Certain Contract Management Reports have submission requirements in addition to those listed in the Target System column. Please use the following key:

¹ The Contractor shall additionally send report via regular email to the Contract Manager (in addition to using the Target System).

² The Contractor shall additionally send report via secure email to the Contract Manager (in addition to using the Target System).

³ The Contractor shall notify its Contract Manager upon submission of the report using the Target System.

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 ¹
CM-05	CM-05 Updated Provider Directory Provider Directory	Ad-Hoc	OnBase ³
CM-06	CM-06 Provider Manual Provider Manual	Ad-Hoc	OnBase ³
CM-07	CM-07 Marketing Materials Marketing Materials (60 days in advance of use, including materials to be distributed at Contractor and non-Contractor sponsored health fairs or community events)	Ad-Hoc	OnBase ¹

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
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)	Annually	OnBase
CM-09	CM-09 Significant Changes in Provider Network Notification Significant Changes in Provider Network Notification. (Notification: Same Day)	Ad-Hoc	OnBase ³
CM-10 [all]	[RETIRED]		
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 ³
CM-12	CM-12 Claims Processing Report Claims Processing Report	Monthly	OnBase
CM-13	CM-13 Provider Financial Audit Provider Financial Audit	Annually	OnBase
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 ²
CM-16	CM-16 Implementation of Board of Hearing Decision Implementation of Board of Hearing Decision (within 30 days of receipt)	Ad-Hoc	OnBase ²
CM-17-A	CM-17-A Enrollee Inquiries Summary Inquiries, Grievances, Internal Appeals and Board of Hearing Summary: Enrollee Inquiries	Annually	OnBase
CM-17-B	[RETIRED]		
CM-17-C	[RETIRED]		
CM-17-D	CM-17-D Enrollee Board of Hearing Appeals Summary Inquiries, Grievances, Internal Appeals and Board of Hearing Summary: Enrollee BOH Appeals	Annually	OnBase

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
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
CM-18	[RETIRED]		
CM-19	[RETIRED]		
CM-20	[RETIRED]		
CM-21	[RETIRED]		
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 ³
CM-23	CM-23 Notification of Termination of Material Subcontractor Notification of Intention to Terminate a Material Subcontractor (Notification: Same Day)	Ad-Hoc	OnBase ¹
CM-24	CM-24 Notification of New Material Subcontractor and Checklist Notification of Intention to Use a New Material Subcontractor and Checklist (Material Subcontract Checklist must be submitted no later than 60 days prior to requested implementation date)	Ad-Hoc	OnBase ¹
CM-25	CM-25 Material Subcontractor List Annual Summary Material Subcontractor List Annual Summary	Annually	OnBase
CM-26	CM-26 Coordination of Benefits / Third Party Liability Report (Appendix H) Coordination of Benefits / Third Party Liability Report (Appendix H) <ul style="list-style-type: none"> 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-Annually	OnBase

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
CM-27	CM-27 Third Party Liability (TPL) Identification Reporting (Appendix H) 1. TPL Indicator Form 2. Other EOHHS-specified electronic TPL reporting	Ad-Hoc	1. Mail or Fax (FPL Indicator Form only) 2. Electronic Submission as further specified by EOHHS
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	Annually	OnBase
CM-31	CM-31 Notification of Federally Required Disclosures Notification of Federally Required Disclosures (in accordance with Section 5.1.O)	Ad-Hoc	POSC ³
CM-32	CM-32 Notification of Reportable Findings /Network FRD Notification of Reportable Findings /Network FRD (Notification: Same Day)	Ad-Hoc	OnBase ²
CM-33	CM-33 Summary of Reportable Findings/Network FRD Forms Summary of Reportable Findings/Network FRD Forms	Annually	OnBase
CM-34	[RETIRED]		
CM-35	[RETIRED]		
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 ³

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
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 ³
CM-38	[RETIRED]		
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).	Annually	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 ³
CM-44	CM-44 Strategy-related Reports Strategy-related Reports	Ad Hoc	OnBase
CM-45	[RETIRED]		
CM-46	CM-46 Enrollee and Provider Incentives Notification Enrollee and Provider Incentives Notification	Ad-Hoc	OnBase ³
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 ¹

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
CM-49	CM-49 Written Disclosure of Identified Prohibited Affiliations Written Disclosure of Identified Prohibited Affiliations	Ad-Hoc	OnBase ³
CM-50	[RETIRED]		
CM-51	[RETIRED]		
CM-52	[RETIRED]		
CM-53	CM-53 Involuntary Change in PCP Report Involuntary Change in PCP Report	Ad-Hoc	OnBase ²
CM-54-A	CM-54-A Hospital Payment Arrangement Report Hospital Payment Arrangement Report	Annually	OnBase
CM-54-B	CM-54-B Hospital Fee Schedule Exemption Form Hospital Fee Schedule Exemption Form	Ad-Hoc	OnBase ³
CM-55-A	CM-55-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	Annually	OnBase
CM-55-A-ADH	CM-55-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 ³
CM-55-B	CM-55-B Network Provider Lists: PCPs and OB/GYNs Network Provider Lists: PCPs and OB/GYNs	Annually	OnBase
CM-55-B-ADH	CM-55-B-ADH Network Provider Lists: PCPs and OB/GYNs Network Provider List: PCPs and OB/GYNs	Ad-Hoc	OnBase ³
CM-55-C	CM-55-C Network Provider Lists: Acute and Rehabilitation Hospitals and Urgent Care Centers Network Provider Lists: Acute and Rehabilitation Hospitals and Urgent Care Centers	Annually	OnBase
CM-55-C-ADH	CM-55-C-ADH Network Provider Lists: Acute and Rehabilitation Hospitals and Urgent Care Centers Network Provider Lists: Acute and Rehabilitation Hospitals and Urgent Care Centers	Ad-Hoc	OnBase ³
CM-55-D	CM-55-D Network Provider Lists: Physician Specialists Network Provider Lists: Physician Specialists	Annually	OnBase

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
CM-55-D-ADH	CM-55-D-ADH Network Provider Lists: Physician Specialists Network Provider Lists: Physician Specialists	Ad-Hoc	OnBase ³
CM-55-E	CM-55-E Network Provider List: Pharmacies Network Provider List: Pharmacies	Annually	OnBase
CM-55-E-ADH	CM-55-E-ADH Network Provider List: Pharmacies Network Provider List: Pharmacies	Ad-Hoc	OnBase ³
CM-55-F	CM-55-F Ratio Reports: PCP to Enrollee and OBGYN to Enrollee (female members age 10+) Showing open and closed adult PCPs and pediatric PCPs/Panels per number of Enrollees/OBGYN ratios for female members age 10+)	Annually	OnBase
CM-55-F-ADH	CM-55-F-ADH Ratio Reports: PCP to Enrollee and OBGYN to Enrollee (female members age 10+) Showing open and closed adult PCPs and pediatric PCPs/Panels per number of Enrollees/OBGYN ratios for female members age 10+)	Ad-Hoc	OnBase ³
CM-55-G	CM-55-G Ratio Reports: Specialist to Enrollee Specialists to Enrollee Ratio	Annually	OnBase
CM-55-G-ADH	CM-55-G-ADH Ratio Reports: Specialist to Enrollee Specialists to Enrollee Ratio	Ad-Hoc	OnBase ³
CM-55-H	CM-55H Distance and time reports: PCP and OBGYN provider Distance and time reports: PCP and OBGYN provider	Annually	OnBase
CM-55-H-ADH	CM-55-H-ADH Distance and time reports: PCP and OBGYN provider Distance and time reports: PCP and OBGYN provider	Ad-Hoc	OnBase ³
CM-55-I	CM-55-I Distance and time reports: Acute and Rehabilitation Hospitals and Urgent Care Centers Distance and time reports: Acute and Rehabilitation Hospitals and Urgent Care Centers	Annually	OnBase
CM-55-I-ADH	CM-55-I-ADH Distance and time reports: Acute and Rehabilitation Hospitals and Urgent Care Centers Distance and time reports: Acute and Rehabilitation Hospitals and Urgent Care Centers	Ad-Hoc	OnBase ³
CM-55-J	CM-55-J Distance and time reports: Physician Specialists Distance and time reports: Physician Specialists	Annually	OnBase
CM-55-J-ADH	CM-55-J-ADH Distance and time reports: Physician Specialists Distance and time reports: Physician Specialists	Ad-Hoc	OnBase ³

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
CM-55-K	CM-55-K Distance and time reports: Pharmacies Distance and time reports: Pharmacies	Annually	OnBase
CM-55-K-ADH	CM-55-K-ADH Distance and time reports: Pharmacies Distance and time reports: Pharmacies	Ad-Hoc	OnBase ³
CM-55-L	[RETIRED]		
CM-55-L-ADH	CM-55-L-ADH 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 ³
CM-55-M	CM-55-M Use of Out-of- Network Providers Summary of Access and Availability: Use of Out-of- Network Providers	Annually	OnBase
CM-55-M-ADH	CM-55-M-ADH Use of Out-of- Network Providers Summary of Access and Availability: Use of Out-of- Network Providers	Ad-Hoc	OnBase ³
CM-56	CM-56 CMS Managed Care Program Annual Report (MCPAR) CMS Managed Care Program Annual Report (MCPAR)	Annually	OnBase
CM-57	[RETIRED]		
CM-58	CM-58 Application for MassHealth Data [for External Research Projects] Application for MassHealth Data	Ad hoc	Email
CM-59	CM-59 Provider Enrollment True Up File Provider Enrollment True Up File	Monthly	SFTP
CM-C1	CM-C1 Report and Compliance Certification Checklist Annual Report and Compliance Certification Checklist	Annually	OnBase
CM-C2	CM-C2 Supplier Diversity Program (SDP) Spending Report for Prime Contractors The SDP Spending Report form may be found here: https://www.mass.gov/lists/sdo-forms	Quarterly	Secure Email ²

C. 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	Annually	OnBase
BH-03	BH-03 Behavioral Health Readmission Rates Behavioral Health Readmission Rates	Annually	OnBase
BH-04	BH-04 Behavioral Health Ambulatory Continuing Care Rates Behavioral Health Ambulatory Continuing Care Rates	Annually	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	[RETIRED]		
BH-11	BH-11 Behavioral Health Medical Records Review Report Behavioral Health Medical Records Review Report	Annually	OnBase
BH-12	BH-12 Annually Submission of (updated) Behavioral Health Performance Specifications and Clinical Criteria Annual Submission of (updated) Behavioral Health Performance Specifications and Clinical Criteria	Annually	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
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

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
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	Annually	OnBase
BH-18	BH-18 Behavioral Health Provider Network Access and Availability Behavioral Health Provider Network Access and Availability	Ad-hoc and Annually	OnBase
BH-19	BH-19 Behavioral Health Telephone Statistics Behavioral Health Telephone Statistics	Annually	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	[RETIRED]		
BH-24	BH-24 Community Support Program for Homeless Individuals Provider List Community Support Program for Homeless Individuals Provider List	Annually	OnBase
BH-25	BH-24 Community Support Program for Individuals with Justice Involvement Provider List Community Support Program for Individuals with Justice Involvement Provider List	Quarterly	OnBase
BH-26	BH-26: Community Support Program Tenancy Preservation Program Provider List Community Support Program Tenancy Preservation Program Provider List	Annually	OnBase

D. Care Coordination

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
CC-01	CC-01 Care Needs Screening Aggregate Care Needs Screening Completion Rates	Ad-hoc	OnBase

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
CC-02	CC-02 HRSN Screening HRSN Screening	Ad-hoc	OnBase
CC-03	CC-03 HRSN Referrals HRSN Referrals	Ad-hoc	OnBase
CC-04	CC-04 Risk Stratification Algorithm Risk Stratification Algorithm and Narrative	Annually	OnBase
CC-05	CC-05 Care Management Program Descriptions and Performance Care Management Program Descriptions and Performance	Annually	OnBase
CC-06	CC-06 CP Performance Management Strategy Summary of the Contractor's performance management strategy of the CP Program and overview of Contractor's CP Program performance.	Annually	OnBase
CC-07-A	CC-7-A CP Quality Payment Receipts CP Quality Payment Receipts	Annually	SFTP
CC-07-B	CC-07-B CP Monthly Payment Receipts CP Monthly Care Coordination Payment Receipts	Monthly	SFTP
CC-07-C	CC-07-C CP Annual Payment Report CP Annual Care Coordination Payment Report	Annually	SFTP
CC-08	CC-08 Early warning indicators of significant CP performance concerns, Performance Improvement Plans, or Corrective Action Plans As described in Section 2.6.E.3.b-c, notification within 5 business days of early warning indicators of significant CP performance concerns, and/or implementation of Performance Improvement Plans, or development of Corrective Action Plans	Ad hoc	OnBase
CC-9	CC-9 Comprehensive Assessment and Care Plans (CM) Comprehensive Assessment and Care Plan Completion Rates for Care Management	Ad hoc	OnBase
CC-10	CC-10 Care Management Enrollment Care Management Enrollment	Monthly	SFTP
CC-11	[RETIRED]		

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	Annually	OnBase
FR-03	FR-03 Financial Ratio Analysis Financial Ratio Analysis\	Annually	OnBase
FR-04B	FR-04B Experience Review and Revenue Expense Report (F-4B) Experience Review and Revenue Expense Report (F-4B)	Quarterly and Annually	OnBase
FR-05C	FR-05C Experience Review and Utilization/Cost Reports (F-5C) Experience Review and Utilization/Cost Reports (F-5C)	Quarterly and Annually	OnBase
FR-07	FR-07 Liability Protection Policies Liability Protection Policies	Annually	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	Annually	OnBase
FR-10	FR-10 Lag Triangles and Completion Factors Report (IBNR) Lag Triangles and Completion Factors Report (IBNR)	Quarterly and Annually	OnBase
FR-11	FR-11 Description of Incurred But Not Reported (IBNR) Methodology Description of Incurred But Not Reported (IBNR) Methodology	Annually	OnBase

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
FR-12	FR-12 Audited Financial Statements Audited Financial Statements	Annually	OnBase
FR-13	FR-13 Attestation Report from Independent Auditors on Effectiveness of Internal Controls Attestation Report from Independent Auditors on Effectiveness of Internal Controls	Annually	OnBase
FR-14	FR-14 Financial Relationships Report Financial Relationships Report	Annually	OnBase
FR-15	FR-15 Annual Administrative Detail Report Annual Administrative Detail Report	Annually	OnBase
FR-17	FR-17 Quarterly Risk Share Report Quarterly Annual Risk Share Report	Quarterly and Annually	OnBase
FR-18-A	[RETIRED]		
FR-18-B	[RETIRED]		
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	[RETIRED]		
FR-21	[RETIRED]		
FR-22	[RETIRED]		
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	Ad-Hoc	OnBase

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
	Ventures Significant Organizational Changes, New Material Subcontractors, or Potential Business Ventures That May Impact Performance (No later than 30 days prior to execution)	No later than 30 days prior to 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	Annually	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	Annually	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

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
FR-37	FR-37 IMD Services Report Report on services provided to members with long term IMD stay	Quarterly and Annually	OnBase
FR-38	FR-38 Other High Cost Pharmacy Reconciliation Report Annual Other High Cost Pharmacy Risk Share Report	Annually	OnBase
FR-39	FR-39 SUD Reconciliation Report Annual SUD Risk Share Report	Annually	OnBase
FR-40	FR-40 Financial Encounter Validation Report Quarterly Financial Encounter Validation Report	Quarterly and Annually	OnBase
FR-42	[RETIRED]		
FR-43-A	FR-43 Primary Care Sub-Capitation Payment Tracking Report - Monthly Primary Care Sub-Capitation Payment Tracking Report	Monthly	SFTP
FR-43-B	FR-43 Primary Care Sub-Capitation Payment Tracking Report – Ad Hoc Primary Care Sub-Capitation Payment Tracking Report	Ad-Hoc	SFTP
FR-44	[RETIRED]		
FR-45	FR-45 Material Subcontractor Medical Loss Ratio (MLR) Identification Report Identify and report Material Subcontractors subject to CMS STC 8.6(c) MLR reporting requirement	Annually	OnBase
FR-46	FR-46 Material Subcontractor Medical Loss Ratio (MLR) Report Report MLR data for Material Subcontractors subject to CMS STC 8.6(c)	Annually	OnBase

F. ACO Health Equity Reporting

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
HQ-23	[RETIRED]		
HQ-24	HQ-24 ACO/MCO Health Quality and Strategic Plan	Ad-Hoc	OnBase

G. Operations Reports

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
OP-01	[RETIRED]		POSC
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	[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
OP-09	OP-09 Cost Sharing Copay Overage Report Cost Sharing Copay Overage Report	Monthly	OnBase

H. 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	[RETIRED]		
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 <i>(Note: Due by May 1st of each year)</i>	Annually	Secure Email
PH-04-B	[RETIRED]		
PH-04-C	[RETIRED]		
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	[RETIRED]		
PH-06	[RETIRED]		
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	[RETIRED]		
PH-10	[RETIRED]		
PH-11	[RETIRED]		
PH-12-A	PH-12-A PBM Pricing Report - Quarterly PBM Pricing Report- Quarterly	Quarterly	POPS Portal, or as directed by EOHHS

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
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 <i>(Note: Due at least 30-days before new BIN/PCN/Group Number is effective)</i>	Ad-Hoc	OnBase
PH-15	[RETIRED]		
PH-16-A	[RETIRED]		
PH-16-B	PH-16-B Zolgensma Monitoring Program- Annual Zolgensma Monitoring Program- Annual <i>(Note: Due by the last business day of April each year)</i>	Annually	OnBase
PH-17	[RETIRED]		
PH-18	[RETIRED]		
PH-19	PH-19 Givlaari Monitoring Program Givlaari Monitoring Program – Annual <i>(Note: Due by the last business day of April each year)</i>	Annually	OnBase
PH-20	[RETIRED]		
PH-21	[RETIRED]		
PH-22-A	PH-22-A 340B Contract Pharmacies -Annual 340B Contract Pharmacies- Annual	Annually	OnBase
PH-22-B	PH-22-B 340B Contract Pharmacies – Ad-Hoc 340B Contract Pharmacies – Ad-Hoc	Ad-Hoc	OnBase
PH-23- A	PH-23-A 340B Margin Usage -Annual 340B Margin Usage	Annually	OnBase
PH-23-B	PH-23-B 340B Margin Usage- Ad-Hoc 340B Margin Usage- Ad-Hoc	Ad-Hoc	OnBase
PH-24	PH-24 Oxlumo Monitoring Program Oxlumo Monitoring Program	Annually	OnBase

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
PH-25	PH-25 Amyloidosis Therapies Monitoring Program Amyloidosis Therapies Monitoring Program -Quarterly	Annually	OnBase
PH-26	PH-26 Zytenglo Monitoring Program Zytenglo Monitoring Program – Annual (Note: Due by the last business day of April each year)	Annually	OnBase
PH-27	PH-27 Clinical Monitoring Program Clinical Monitoring Program – Ad-Hoc	Ad-Hoc	OnBase
PH-28	PH-28 Pharmacy Call Center Metrics Report Pharmacy Call Center Metrics Report- Quarterly	Quarterly	OnBase
PH-29	PH-29 Hemgenix Monitoring Program – Annual Hemgenix Monitoring Program - Annual	Annually	OnBase
PH-30	PH-30 Roctavian Monitoring Program – Annual Roctavian Monitoring Program - Annual	Annually	OnBase
PH-31	PH-31 Skysona Monitoring Program – Annual Skysona Monitoring Program - Annual	Annually	OnBase

I. Program Integrity

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
PI-01	PI-01 Fraud and Abuse Notification (within 5 days) and Activities Fraud and Abuse Notification (within 5 days) and Activities	Ad-Hoc	OnBase and Secure E-mail
PI-02	PI-02 Notification of For-Cause Provider Suspensions and Terminations Notification of Provider Suspensions and Terminations	Monthly	OnBase with Email Notification
PI-03	PI-03 Summary Report of For-Cause Provider Suspensions and Terminations Summary Report of Provider Suspensions and Terminations	Annual	OnBase
PI-04	PI-04 Notification of Provider Overpayments Notification of Provider Overpayments	Ad-hoc	OnBase

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
PI-05	PI-05 Summary of Provider Overpayments Summary of Provider Overpayments	Semi-annually	OnBase
PI-06	PI-06 Response to Overpayments Identified by EOHHS Report Response to Overpayments Identified by EOHHS Report	Ad-hoc	OnBase
PI-07	PI-07 Agreed Upon Overpayments Collection Report Agreed Upon Overpayments Collection Report	Ad-hoc	OnBase
PI-08	PI-08 - Self-Reported Disclosures Self-Reported Disclosures	Ad-Hoc	OnBase
PI-09	PI-09 Program Integrity Compliance Plan and Anti-Fraud, Waste and Abuse Plan Program Integrity Compliance Plan and Anti-Fraud, Waste and Abuse Plan	Annual	OnBase
PI-10	PI-10 Payment Suspension Quarterly Payment Suspension Report	Quarterly	OnBase

J. Quality Reports

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
QR-01	QR-01 QM/QI Program Description/Workplan Report needs to be submitted as per Appendix B, Quality Improvement Goals.	Annually	OnBase
QR-02	QR-02 CAHPS Reports (Submission of full CAHPS Report) CAHPS Reports (Submission of full CAHPS Report as well <u>Member-level</u> and aggregate data made available via NCQA submission process)	Annually, on July 31st	OnBase
QR-03	[RETIRED]		
QR-04	QR-04 External Audit/Accreditation External Accreditation (Submission of NCQA accreditation report and associated results)	Ad-Hoc	OnBase
QR-05	QR-05 HEDIS IDSS Report HEDIS IDSS Report (Submission in Excel and CSV formats).	Annually	OnBase

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
QR-06	QR-06 HEDIS Member Level Data	Annually	Secure Email
QR-07	QR-07 Clinical Quality Measures	Annually	Quality Vendor
QR-08	QR-08 Supplemental Data for Clinical Quality Supplemental data files (Format for submission determined and communicated by MassHealth's Comprehensive Quality Measure Vendor (CQMV). <i>(Note: Due by May 31st of each year)</i>	Annually	Inter-change
QR-09	QR-09 Validation of Performance Measures Performance Measure Data (Format for submission determined and communicated by External Quality Review Organization).	Annually	EQRO
QR-10	QR-10 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) Submission using EOHHS developed template).</i>	Notification: Within 30 calendar days of occurrence	OnBase
QR-11	QR-11 Summary of Serious Reportable Events (SREs) and Provider Preventable Conditions (PPCs) Summary of Serious Reportable Events (SREs) and Provider Preventable Conditions (PPCs) (Submission using EOHHS-developed template).	Annually	OnBase
QR-12	QR-12 Performance Improvement Projects Performance Improvement Project Reports (Format for submission determined by and communicated by External Quality Review Organization).	To Be Determined	EQRO

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule (effective January 1, 2024)

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Effective March 1, 2024, the following rates no longer apply to services provided at Mental Health Centers. For services provided by MHCs, please refer to Appendix O, Exhibit 2.				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	90791*	UG - Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation	\$ 208.27
MH and SA OP Services	90791*	U6 - Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation	\$ 167.15
MH and SA OP Services	90791*	AH - Doctoral Level (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation	\$ 143.48
MH and SA OP Services	90791*	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation	\$ 144.66
MH and SA OP Services	90791*	HO - Master's Level	Psychiatric Diagnostic Evaluation	\$ 130.48
MH and SA OP Services	90791*	U3 - Intern (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation	\$ 81.83
MH and SA OP Services	90791*	U4 - Intern (Master's)	Psychiatric Diagnostic Evaluation	\$ 72.20
MH and SA OP Services	90791	HA - CANS; UG-Doctoral Level (Child Psychiatrist)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$ 223.27
MH and SA OP Services	90791	HA - CANS; U6-Doctoral Level (MD / DO)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$ 182.15
MH and SA OP Services	90791	HA - CANS; AH-Doctoral Level (PhD, PsyD, EdD)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$ 158.48
MH and SA OP Services	90791	HA - CANS; SA, UF -Nurse Practitioner/Board Certified RNCS and APRN-BC	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$ 159.66
MH and SA OP Services	90791	HA - CANS; HO-Master's Level	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$ 145.48
MH and SA OP Services	90791	HA - CANS; U3-Intern (PhD, PsyD, EdD)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$ 96.83
MH and SA OP Services	90791	HA - CANS; U4-Intern (Master's)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$ 87.20
MH and SA OP Services	90792	UG - Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation with Medical Services	\$ 131.80
MH and SA OP Services	90792	U6 - Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation with Medical Services	\$ 114.31
MH and SA OP Services	90792	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation with Medical Services	\$ 104.57
MH and SA OP Services	90832	UG - Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 20-30 minutes	\$ 69.60
MH and SA OP Services	90832	U6 - Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 20-30 minutes	\$ 69.60
MH and SA OP Services	90832	AH - Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 20-30 minutes	\$ 59.16
MH and SA OP Services	90832	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Individual Psychotherapy, approximately 20-30 minutes	\$ 59.16
MH and SA OP Services	90832	HO - Master's Level	Individual Psychotherapy, approximately 20-30 minutes	\$ 52.20

Amendment #3 to the First Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule (effective January 1, 2024)

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Effective March 1, 2024, the following rates no longer apply to services provided at Mental Health Centers. For services provided by MHCs, please refer to Appendix O, Exhibit 2.				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	90832	U7 - Certified Addiction Counselor / Certified Alcohol & Drug Abuse Counselor	Individual Psychotherapy, approximately 20-30 minutes	\$ 52.20
MH and SA OP Services	90832	U3 - Intern (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 20-30 minutes	\$ 35.49
MH and SA OP Services	90832	U4 - Intern (Master's)	Individual Psychotherapy, approximately 20-30 minutes	\$ 31.32
MH and SA OP Services	90833	U6 - Doctoral Level (MD / DO)	Add-On Code; Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service	\$ 63.83
MH and SA OP Services	90833	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Add-On Code; Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service	\$ 54.25
MH and SA OP Services	90834	UG - Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 45 minutes	\$ 115.70
MH and SA OP Services	90834	U6 - Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 45 minutes	\$ 101.66
MH and SA OP Services	90834	AH - Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 45 minutes	\$ 95.89
MH and SA OP Services	90834	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Individual Psychotherapy, approximately 45 minutes	\$ 95.46
MH and SA OP Services	90834	HO - Master's Level	Individual Psychotherapy, approximately 45 minutes	\$ 95.46
MH and SA OP Services	90834	U3 - Intern (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 45 minutes	\$ 47.98
MH and SA OP Services	90834	U4 - Intern (Master's)	Individual Psychotherapy, approximately 45 minutes	\$ 47.26
MH and SA OP Services	90836	U6 - Doctoral Level (MD / DO)	Add-On Code; Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service	\$ 82.90
MH and SA OP Services	90836	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Add-On Code; Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service	\$ 82.90
MH and SA OP Services	90837	UG - Doctoral Level (Child Psychiatrist)	Psychotherapy, 60 minutes	\$ 135.04
MH and SA OP Services	90837	U6 - Doctoral Level (MD / DO)	Psychotherapy, 60 minutes	\$ 135.04
MH and SA OP Services	90837	AH - Doctoral Level (PhD, PsyD, EdD)	Psychotherapy, 60 minutes	\$ 127.53
MH and SA OP Services	90837	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 60 minutes	\$ 125.69
MH and SA OP Services	90837	HO - Master's Level	Psychotherapy, 60 minutes	\$ 125.69
MH and SA OP Services	90837	U3 - Intern (PhD, PsyD, EdD)	Psychotherapy, 60 minutes	\$ 68.87
MH and SA OP Services	90837	U4 - Intern (Master's)	Psychotherapy, 60 minutes	\$ 60.77
MH and SA OP Services	90838	U6 - Doctoral Level (MD / DO)	Add-On Code; Psychotherapy, 60 minutes, when Performed with an Evaluation and Management Service	\$ 106.08
MH and SA OP Services	90838	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Add-On Code; Psychotherapy, 60 minutes, when Performed with an Evaluation and Management Service	\$ 91.42

Amendment #3 to the First Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule (effective January 1, 2024)

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Effective March 1, 2024, the following rates no longer apply to services provided at Mental Health Centers. For services provided by MHCs, please refer to Appendix O, Exhibit 2.				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	90846	UG - Doctoral Level (Child Psychiatrist)	Family Psychotherapy (without patient present)	\$ 141.42
MH and SA OP Services	90846	U6 - Doctoral Level (MD / DO)	Family Psychotherapy (without patient present)	\$ 107.62
MH and SA OP Services	90846	AH - Doctoral Level (PhD, PsyD, EdD)	Family Psychotherapy (without patient present)	\$ 100.47
MH and SA OP Services	90846	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Family Psychotherapy (without patient present)	\$ 97.55
MH and SA OP Services	90846	HO - Master's Level	Family Psychotherapy (without patient present)	\$ 101.43
MH and SA OP Services	90846	U3 - Intern (PhD, PsyD, EdD)	Family Psychotherapy (without patient present)	\$ 50.23
MH and SA OP Services	90846	U4 - Intern (Master's)	Family Psychotherapy (without patient present)	\$ 48.77
MH and SA OP Services	90847	UG - Doctoral Level (Child Psychiatrist)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 141.42
MH and SA OP Services	90847	U6 - Doctoral Level (MD / DO)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 107.62
MH and SA OP Services	90847	AH - Doctoral Level (PhD, PsyD, EdD)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 101.43
MH and SA OP Services	90847	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 101.43
MH and SA OP Services	90847	HO - Master's Level	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 101.43
MH and SA OP Services	90847	U3 - Intern (PhD, PsyD, EdD)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 50.23
MH and SA OP Services	90847	U4 - Intern (Master's)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 48.77
MH and SA OP Services	90849	UG - Doctoral Level (Child Psychiatrist)	Multi-family group psychotherapy	\$ 46.29
MH and SA OP Services	90849	U6 - Doctoral Level (MD / DO)	Multi-family group psychotherapy	\$ 38.84
MH and SA OP Services	90849	AH - Doctoral Level (PhD, PsyD, EdD)	Multi-family group psychotherapy	\$ 35.86
MH and SA OP Services	90849	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Multi-family group psychotherapy	\$ 33.00
MH and SA OP Services	90849	HO - Master's Level	Multi-family group psychotherapy	\$ 27.69
MH and SA OP Services	90849	U3 - Intern (PhD, PsyD, EdD)	Multi-family group psychotherapy	\$ 17.96
MH and SA OP Services	90849	U4 - Intern (Master's)	Multi-family group psychotherapy	\$ 16.50
MH and SA OP Services	90853	UG - Doctoral Level (Child Psychiatrist)	Group psychotherapy (other than of a multiple-family group)	\$ 46.29
MH and SA OP Services	90853	U6 - Doctoral Level (MD / DO)	Group psychotherapy (other than of a multiple-family group)	\$ 38.84
MH and SA OP Services	90853	AH - Doctoral Level (PhD, PsyD, EdD)	Group psychotherapy (other than of a multiple-family group)	\$ 35.86
MH and SA OP Services	90853	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Group psychotherapy (other than of a multiple-family group)	\$ 33.12
MH and SA OP Services	90853	HO - Master's Level	Group psychotherapy (other than of a multiple-family group)	\$ 33.12

Amendment #3 to the First Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule (effective January 1, 2024)

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Effective March 1, 2024, the following rates no longer apply to services provided at Mental Health Centers. For services provided by MHCs, please refer to Appendix O, Exhibit 2.				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	90853	U3 - Intern (PhD, PsyD, EdD)	Group psychotherapy (other than of a multiple-family group)	\$ 17.96
MH and SA OP Services	90853	U4 - Intern (Master's)	Group psychotherapy (other than of a multiple-family group)	\$ 16.50
MH and SA OP Services	90882	UG - Doctoral Level (Child Psychiatrist)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 51.11
MH and SA OP Services	90882	U6 - Doctoral Level (MD / DO)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 44.33
MH and SA OP Services	90882	AH - Doctoral Level (PhD, PsyD, EdD)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 23.97
MH and SA OP Services	90882	SA - 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.	\$ 38.36
MH and SA OP Services	90882	HO - Master's Level	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 23.63
MH and SA OP Services	90882	U3 - Intern (PhD, PsyD, EdD)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 12.00
MH and SA OP Services	90882	U4 - Intern (Master's)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 11.81
MH and SA OP Services	90887	UG - 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	\$ 79.19
MH and SA OP Services	90887	U6 - 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	\$ 79.19
MH and SA OP Services	90887	AH - 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	\$ 67.32
MH and SA OP Services	90887	SA - 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	\$ 67.32
MH and SA OP Services	90887	HO - Master's Level	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$ 59.40
MH and SA OP Services	90887	U3 - 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	\$ 40.39
MH and SA OP Services	90887	U4 - 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	\$ 35.64

Amendment #3 to the First Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule (effective January 1, 2024)

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Effective March 1, 2024, the following rates no longer apply to services provided at Mental Health Centers. For services provided by MHCs, please refer to Appendix O, Exhibit 2.				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	96372	U6 - Doctoral Level (MD / DO)	Therapeutic, Prophylactic or Diagnostic Injection; subcutaneous or intramuscular	\$ 31.25
MH and SA OP Services	96372	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Therapeutic, Prophylactic or Diagnostic Injection; subcutaneous or intramuscular	\$ 23.22
MH and SA OP Services	97810	N/A	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-to-one contact	\$ 19.84
MH and SA OP Services	97811	N/A	Add-On Code; Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-to-one contact with re-insertion of needle(s).	\$ 19.84
MH and SA OP Services	99202	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 15-29 minutes	\$ 75.25
MH and SA OP Services	99202	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 15-29 minutes	\$ 67.91
MH and SA OP Services	99202	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 15-29 minutes	\$ 60.78
MH and SA OP Services	99203	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 30-44 minutes	\$ 108.55
MH and SA OP Services	99203	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 30-44 minutes	\$ 103.65
MH and SA OP Services	99203	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 30-44 minutes	\$ 88.11
MH and SA OP Services	99204	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 45-59 minutes	\$ 164.00
MH and SA OP Services	99204	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 45-59 minutes	\$ 153.89
MH and SA OP Services	99204	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 45-59 minutes	\$ 133.25
MH and SA OP Services	99205	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 60-74 minutes	\$ 203.69
MH and SA OP Services	99205	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 60-74 minutes	\$ 203.31
MH and SA OP Services	99205	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 60-74 minutes	\$ 172.81
MH and SA OP Services	99211	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 5 minutes	\$ 22.06
MH and SA OP Services	99211	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 5 minutes	\$ 22.06
MH and SA OP Services	99211	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 5 minutes	\$ 18.75
MH and SA OP Services	99212	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 10-19 minutes	\$ 52.73
MH and SA OP Services	99212	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 10-19 minutes	\$ 52.73

Amendment #3 to the First Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule (effective January 1, 2024)

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Effective March 1, 2024, the following rates no longer apply to services provided at Mental Health Centers. For services provided by MHCs, please refer to Appendix O, Exhibit 2.				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	99212	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 10-19 minutes	\$ 44.82
MH and SA OP Services	99213	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 20-29 minutes	\$ 84.11
MH and SA OP Services	99213	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 20-29 minutes	\$ 84.11
MH and SA OP Services	99213	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 20-29 minutes	\$ 71.49
MH and SA OP Services	99214	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 30-39 minutes	\$ 143.98
MH and SA OP Services	99214	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 30-39 minutes	\$ 118.51
MH and SA OP Services	99214	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 30-39 minutes	\$ 100.73
MH and SA OP Services	99215	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 40-54 minutes	\$ 166.57
MH and SA OP Services	99215	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 40-54 minutes	\$ 166.57
MH and SA OP Services	99215	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 40-54 minutes	\$ 141.58
MH and SA OP Services	99231	UG - Doctoral Level (Child Psychiatrist)	Subsequent Hospital Care for Eval and Management, 15 minutes	\$ 78.07
MH and SA OP Services	99231	U6 - Doctoral Level (MD / DO)	Subsequent Hospital Care for Eval and Management, 15 minutes	\$ 59.27
MH and SA OP Services	99231	AH - Doctoral Level (PhD, PsyD, EdD)	Subsequent Hospital Care for Eval and Management, 15 minutes	\$ 56.89
MH and SA OP Services	99231	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Subsequent Hospital Care for Eval and Management, 15 minutes	\$ 47.47
MH and SA OP Services	99232	UG - Doctoral Level (Child Psychiatrist)	Subsequent Hospital Care for Eval and Management, 25 minutes	\$ 117.11
MH and SA OP Services	99232	U6 - Doctoral Level (MD / DO)	Subsequent Hospital Care for Eval and Management, 25 minutes	\$ 88.19
MH and SA OP Services	99232	AH - Doctoral Level (PhD, PsyD, EdD)	Subsequent Hospital Care for Eval and Management, 25 minutes	\$ 84.66
MH and SA OP Services	99232	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Subsequent Hospital Care for Eval and Management, 25 minutes	\$ 70.63
MH and SA OP Services	99233	UG - Doctoral Level (Child Psychiatrist)	Subsequent Hospital Care for Eval and Management, 35 minutes	\$ 156.16
MH and SA OP Services	99233	U6 - Doctoral Level (MD / DO)	Subsequent Hospital Care for Eval and Management, 35 minutes	\$ 117.59
MH and SA OP Services	99233	AH - Doctoral Level (PhD, PsyD, EdD)	Subsequent Hospital Care for Eval and Management, 35 minutes	\$ 112.88
MH and SA OP Services	99233	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Subsequent Hospital Care for Eval and Management, 35 minutes	\$ 94.18

Amendment #3 to the First Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule (effective January 1, 2024)

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Effective March 1, 2024, the following rates no longer apply to services provided at Mental Health Centers. For services provided by MHCs, please refer to Appendix O, Exhibit 2.				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	99251	UG - Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation, 20 minutes	\$ 104.74
MH and SA OP Services	99251	U6 - Doctoral Level (MD / DO)	Initial Inpatient Consultation, 20 minutes	\$ 79.50
MH and SA OP Services	99251	AH - Doctoral Level (PhD, PsyD, EdD)	Initial Inpatient Consultation, 20 minutes	\$ 76.32
MH and SA OP Services	99251	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation, 40 minutes	\$ 63.67
MH and SA OP Services	99252	UG - Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation, 40 minutes	\$ 157.11
MH and SA OP Services	99252	U6 - Doctoral Level (MD / DO)	Initial Inpatient Consultation, 40 minutes	\$ 118.32
MH and SA OP Services	99252	AH - Doctoral Level (PhD, PsyD, EdD)	Initial Inpatient Consultation, 40 minutes	\$ 113.58
MH and SA OP Services	99252	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation, 40 minutes	\$ 94.77
MH and SA OP Services	99253	UG - Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation, 55 minutes	\$ 209.47
MH and SA OP Services	99253	U6 - Doctoral Level (MD / DO)	Initial Inpatient Consultation, 55 minutes	\$ 157.74
MH and SA OP Services	99253	AH - Doctoral Level (PhD, PsyD, EdD)	Initial Inpatient Consultation, 55 minutes	\$ 151.44
MH and SA OP Services	99253	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation, 55 minutes	\$ 126.35
MH and SA OP Services	99254	UG - Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation, 80 minutes	\$ 280.95
MH and SA OP Services	99254	U6 - Doctoral Level (MD / DO)	Initial Inpatient Consultation, 80 minutes	\$ 210.98
MH and SA OP Services	99254	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation, 80 minutes	\$ 169.00
MH and SA OP Services	99255	UG - Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation - Comprehensive, 110 minutes	\$ 370.12
MH and SA OP Services	99255	U6 - Doctoral Level (MD / DO)	Initial Inpatient Consultation - Comprehensive, 110 minutes	\$ 277.57
MH and SA OP Services	99255	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation - Comprehensive, 110 minutes	\$ 222.33
MH and SA OP Services	99281	U6 - 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.	\$ 20.14

Amendment #3 to the First Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule (effective January 1, 2024)

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Effective March 1, 2024, the following rates no longer apply to services provided at Mental Health Centers. For services provided by MHCs, please refer to Appendix O, Exhibit 2.				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	99282	UG - 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.	\$ 35.37
MH and SA OP Services	99282	U6 - 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.	\$ 33.68
MH and SA OP Services	99282	SA - 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.	\$ 32.70
MH and SA OP Services	99283	UG - 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.	\$ 53.52
MH and SA OP Services	99283	U6 - 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.	\$ 50.97

Amendment #3 to the First Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule (effective January 1, 2024)

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Effective March 1, 2024, the following rates no longer apply to services provided at Mental Health Centers. For services provided by MHCs, please refer to Appendix O, Exhibit 2.				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	99283	SA - 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.	\$ 49.49
MH and SA OP Services	99284	UG - 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.	\$ 100.58
MH and SA OP Services	99284	U6 - 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.	\$ 95.80
MH and SA OP Services	99284	SA - 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.	\$ 93.01

Amendment #3 to the First Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule (effective January 1, 2024)

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Effective March 1, 2024, the following rates no longer apply to services provided at Mental Health Centers. For services provided by MHCs, please refer to Appendix O, Exhibit 2.				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	99285	UG - 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.	\$ 148.78
MH and SA OP Services	99285	U6 - 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.	\$ 141.69
MH and SA OP Services	99285	SA - 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.	\$ 136.30
MH and SA OP Services	99402	AH - Doctoral Level (PhD, PsyD, EdD)	Preventative Medicine Counseling , 30 minutes (Psychological Testing)	\$ 40.98
MH and SA OP Services	99402	U3 - Intern (PhD, PsyD, EdD)	Preventative Medicine Counseling, 30 minutes (Psychological Testing)	\$ 20.50
MH and SA OP Services	99404	U6 - Doctoral Level (MD / DO)	Preventative Medicine Counseling, 60 minutes (Counseling and/or Risk Factor Reduction Intervention)	\$ 194.82
MH and SA OP Services	99404	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Preventative Medicine Counseling, 60 minutes (Counseling and/or Risk Factor Reduction Intervention)	\$ 168.60
MH and SA OP Services	99417	U6 - Doctoral Level (MD / DO)	Add-On Code; Prolonged office or other outpatient evaluation and management service, requiring total time with or without direct patient contact beyond usual service, on the date of the primary service (e.g., 99205 or 99215), each 15 minutes	\$ 26.08

Amendment #3 to the First Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule (effective January 1, 2024)

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Effective March 1, 2024, the following rates no longer apply to services provided at Mental Health Centers. For services provided by MHCs, please refer to Appendix O, Exhibit 2.				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	99417	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Add-On Code; Prolonged office or other outpatient evaluation and management service, requiring total time with or without direct patient contact beyond usual service, on the date of the primary service (e.g., 99205 or 99215), each 15 minutes	\$ 26.08
Diversionary Services	H0015	TF	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)	101 CMR 306
Diversionary Services	H0015	N/A	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)	\$ 78.75
Diversionary Services	H0037	N/A	Community Psychiatric Supportive Treatment Program, per diem (Community Based Acute Treatment - CBAT)	\$ 847.46
Diversionary Services	H0037	U2-Autism Diagnosis	Community Psychiatric Supportive Treatment Program, per diem (CBAT Autism Speciality)	\$ 1,291.59
Diversionary Services	H2012	+	Behavioral Health Day Treatment, per hour (Psychiatric Day Treatment)	Effective 10/1/23 through 2/29/24: \$28.77 Effective 3/1/24: 101 CMR 307
Diversionary Services	H2012	U1	Behavioral Health Day Treatment, per hour (Psychiatric Day Treatment, preadmission evaluation visit)	Effective 10/1/23 through 2/29/24: \$80.13 Effective 3/1/24: 101 CMR 307
Diversionary Services	H2015	HF - Substance Abuse Program	Recovery Support Navigator, per 15-minute units, including when provided in an Emergency Department or on a medical or surgical inpatient setting	101 CMR 444
Diversionary Services	H2015	N/A	Comprehensive community support services, per 15 minutes (Community Support Program)	101 CMR 362

Amendment #3 to the First Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule (effective January 1, 2024)

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Effective March 1, 2024, the following rates no longer apply to services provided at Mental Health Centers. For services provided by MHCs, please refer to Appendix O, Exhibit 2.				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
Diversiónary Services	H2016	HH - Integrated Mental Health/Substance Abuse Program	Comprehensive community support program, per diem (Enrolled Client Day) (behavioral health service by a navigator trained to support members with justice involvement) (CSP-JI)	101 CMR 362
Diversiónary Services	H2016	HK - Specialized mental health programs for high-risk populations	Comprehensive community support program, per diem, for members who are 1) experiencing Homelessness and are frequent users of acute health MassHealth services, or 2) are experiencing chronic homelessness	101 CMR 362
Diversiónary Services	H2016	HE - Mental Health Program	Comprehensive community support program, per diem, for members who are At Risk of Homelessness and facing Eviction as a result of behavior related to a disability	101 CMR 362
Diversiónary Services	H2016	HM - Less than bachelor degree level	Comprehensive community support program, per diem (Enrolled Client Day) (recovery support service by a recovery advocate trained in Recovery Coaching)	101 CMR 346
Diversiónary Services	H2020	N/A	Therapeutic behavioral services, per diem (Dialectical Behavior Therapy)	\$ 26.50
Diversiónary Services	H2022	HE-Mental Health Program	Intensive Hospital Diversion Services for Children, per diem	\$ 175.19
Diversiónary Services	S9484	N/A	Crisis intervention mental health services, per hour (Urgent Outpatient Services)	\$ 147.57
MH and SA OP Services	H0014	N/A	Alcohol and/or drug services; ambulatory detoxification (Adult or Adolescent)	\$ 227.65
Crisis Intervention Services	S9485	ET - Emergency Services	Crisis intervention mental health services, per diem. (Adult Community Crisis Stabilization per day rate)	101 CMR 305
Crisis Intervention Services	S9485	ET - Emergency Services; HA - Child/Adolescent Program	Crisis intervention mental health services, per diem. (Youth Community Crisis Stabilization Per day rate)	101 CMR 305
Crisis Intervention Services	S9485	HB - Adult Program, non-geriatric	Crisis intervention mental health services, per diem. (Adult Mobile Crisis Intervention provided at hospital emergency department. Inclusive of initial evaluation and all follow-up intervention. Use Place of Service code 23.)	\$ 695.29
Crisis Intervention Services	S9485	HE - Mental Health Program	Crisis intervention mental health services, per diem. (Adult Mobile Crisis Intervention provided at CBHC site. Inclusive of initial evaluation and first day crisis interventions.)	101 CMR 305
Crisis Intervention Services	S9485	HA-Child/Adolescent Program; HE-Mental Health Program	Crisis intervention mental health services, per diem. (Youth Mobile Crisis Intervention provided at CBHC site. Inclusive of initial evaluation and first day crisis interventions.)	101 CMR 305
Crisis Intervention Services	S9485	U1-MCI - Mobile Non-Emergency Department	Crisis intervention mental health services, per diem. (Adult Mobile Crisis Intervention provided at community-based sites of service outside of the CBHC site. Inclusive of initial evaluation and first day crisis interventions. Use Place of Service 15.)	101 CMR 305

Amendment #3 to the First Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule (effective January 1, 2024)

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Effective March 1, 2024, the following rates no longer apply to services provided at Mental Health Centers. For services provided by MHCs, please refer to Appendix O, Exhibit 2.				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
Crisis Intervention Services	S9485	HA - Child/Adolescent Program; U1 - MCI - Mobile Non-Emergency Department	Crisis intervention mental health services, per diem. (Youth Mobile Crisis Intervention provided at community-based sites of service outside of the CBHC site. Inclusive of initial evaluation and first day crisis interventions Use Place of Service code 15.)	101 CMR 305
Crisis Intervention Services	S9485		Crisis intervention mental health services, per diem. (BH Crisis evaluation provided at hospital emergency department by hospital. Inclusive of initial evaluation and all follow-up interventions over 24-hour period.)	\$ 695.29
Other Outpatient	90870	N/A	Electroconvulsive therapy (includes necessary monitoring)	\$ 630.95
Other Outpatient	96112	AH - 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	AH - Doctoral Level (PhD, PsyD, EdD)	Add-On Code; Each additional 30 minutes (List separately in addition to code for primary procedure) (Developmental/Behavioral Screening and Testing)	\$ 90.36
Other Outpatient	96116	AH - 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	AH - Doctoral Level (PhD, PsyD, EdD)	Add-On Code; Each additional hour (List separately in addition to code for primary procedure)	\$ 120.46
Other Outpatient	96130	AH - 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	\$ 107.49
Other Outpatient	96131	AH - Doctoral Level (PhD, PsyD, EdD)	Add-On Code; Each additional hour (List separately in addition to code for primary procedure)	\$ 91.39

Amendment #3 to the First Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule (effective January 1, 2024)

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Effective March 1, 2024, the following rates no longer apply to services provided at Mental Health Centers. For services provided by MHCs, please refer to Appendix O, Exhibit 2.				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
Other Outpatient	96132	AH - 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	\$ 121.84
Other Outpatient	96133	AH - Doctoral Level (PhD, PsyD, EdD)	Add-On Code; Each additional hour (List separately in addition to code for primary procedure)	\$ 100.53
Other Outpatient	96136	AH - 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)	\$ 50.27
Other Outpatient	96137	AH - Doctoral Level (PhD, PsyD, EdD)	Add-On Code; Each additional 30 minutes (List separately in addition to code for primary procedure) (Test administration and scoring by professional)	\$ 45.70
Other Outpatient	96138	N/A	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	\$ 37.75
Other Outpatient	96139	N/A	Add-On Code; Each additional 30 minutes (List separately in addition to code for primary procedure) (Test administration and scoring by technician)	\$ 37.75
Other Outpatient	H0032	HO - Master's Level	Mental health service plan development by a nonphysician (Bridge consultation inpatient/outpatient)	\$ 166.67
Other Outpatient	H0046	UG - Doctoral Level (Child Psychiatrist)	Mental health services, not otherwise specified (Collateral Contact)	\$ 46.46
Other Outpatient	H0046	U6 - Doctoral Level (MD/DO)	Mental health services, not otherwise specified (Collateral Contact)	\$ 40.30
Other Outpatient	H0046	AH - Doctoral Level (PhD, PsyD, EdD)	Mental health services, not otherwise specified (Collateral Contact)	\$ 21.79
Other Outpatient	H0046	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Mental health services, not otherwise specified (Collateral Contact)	\$ 34.87
Other Outpatient	H0046	HO - Master's Level	Mental health services, not otherwise specified (Collateral Contact)	\$ 21.48
Other Outpatient	H0046	U7 - Certified Addiction Counselor / Certified Alcohol & Drug Abuse Counselor	Mental health services, not otherwise specified (Collateral Contact)	\$ 21.48
Other Outpatient	H0046	U3 - Intern (PhD, PsyD, EdD)	Mental health services, not otherwise specified (Collateral Contact)	\$ 10.91
Other Outpatient	H0046	U4 - Intern (Master's)	Mental health services, not otherwise specified (Collateral Contact)	\$ 10.74
Other Outpatient	H0046	HE-Mental Health Program	Mental health services, not otherwise specified (Certified Peer Specialist) (Enrolled client day)	101 CMR 305

Amendment #3 to the First Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule (effective January 1, 2024)

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Effective March 1, 2024, the following rates no longer apply to services provided at Mental Health Centers. For services provided by MHCs, please refer to Appendix O, Exhibit 2.				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
Other Outpatient	H2028	N/A	Sexual offender treatment service, per 15 minutes (ASAP - Assessment for Safe and Appropriate Placement)	\$ 22.79
MH and SA OP Services	H0001	U1 - or MAT	MAT - Alcohol and/or drug assessment (buprenorphine and naltrexone medication evaluation by physician and/or midlevel practitioner)	\$ 146.93
MH and SA OP Services	H0004		Behavioral health counseling and therapy, per 15 minutes (individual counseling)	101 CMR 346
MH and SA OP Services	H0005		Alcohol and/or drug services; group counseling by a clinician (per 45 minutes, group counseling, one unit maximum per day)	101 CMR 346
MH and SA OP Services	H0005	HG	Alcohol and/or drug services group counseling by a clinician (per 90-minute unit) (one unit maximum per day)	101 CMR 346
MH and SA OP Services	T1006		Alcohol and/or substance abuse services; family/couple counseling (per 30 minutes, one unit maximum per day)	101 CMR 346
MH and SA OP Services	T1006	HF	Alcohol and/or substance abuse services; family/couple counseling (per 60 minutes, one unit maximum per day)	101 CMR 346
Diversiónary Services	S9480	N/A	Intensive outpatient psychiatric services, per diem	101 CMR 306

Amendment #3 to the First Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

Exhibit 2: Behavioral Health Outpatient Services Provided by a Mental Health Center Minimum Fee Schedule (effective 3/1/2024)			
Procedure Code	Modifier Group	Procedure Description	Unit Cost
90791	UG - Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation	\$229.10
90791	U6 - Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation	\$183.87
90791	AH - Doctoral Level (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation	\$157.83
90791	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation	\$159.13
90791	HO - Master's Level	Psychiatric Diagnostic Evaluation	\$143.53
90791	U3 - Intern (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation	\$90.01
90791	U4 - Intern (Master's)	Psychiatric Diagnostic Evaluation	\$79.42
90791	HA - CANS; UG-Doctoral Level (Child Psychiatrist)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$245.60
90791	HA - CANS; U6-Doctoral Level (MD / DO)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$200.37
90791	HA - CANS; AH-Doctoral Level (PhD, PsyD, EdD)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$174.33
90791	HA - CANS; SA, UF -Nurse Practitioner/Board Certified RNCS and APRN-BC	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$175.63
90791	HA - CANS; HO-Master's Level	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$160.03
90791	HA - CANS; U3-Intern (PhD, PsyD, EdD)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$106.51
90791	HA - CANS; U4-Intern (Master's)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$95.92
90792	UG - Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation with Medical Services	\$144.98
90792	U6-Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation with Medical Services	\$125.74
90792	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation with Medical Services	\$115.03
90832	UG - Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 20-30 minutes	\$76.56
90832	U6 - Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 20-30 minutes	\$76.56
90832	AH - Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 20-30 minutes	\$65.08
90832	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Individual Psychotherapy, approximately 20-30 minutes	\$65.08
90832	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Individual Psychotherapy, approximately 20-30 minutes	\$57.42
90832	U7 - Certified Addiction Counselor / Certified Alcohol & Drug Abuse Counselor	Individual Psychotherapy, approximately 20-30 minutes	\$57.42
90832	U3 - Intern (PhD, PsyD, EdD) / or MAT	Individual Psychotherapy, approximately 20-30 minutes	\$39.04
90832	U4 - Intern (Master's)	Individual Psychotherapy, approximately 20-30 minutes	\$34.45
90833	U6 - Doctoral Level (MD / DO)	Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service	\$70.21
90833	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service	\$59.68
90834	UG - Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 45 minutes	\$127.27
90834	U6 - Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 45 minutes	\$111.83
90834	AH - Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 45 minutes	\$105.48
90834	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Individual Psychotherapy, approximately 45 minutes	\$105.01
90834	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Individual Psychotherapy, approximately 45 minutes	\$105.01
90834	U3 - Intern (PhD, PsyD, EdD) / or MAT	Individual Psychotherapy, approximately 45 minutes	\$52.78
90834	U4 - Intern (Master's)	Individual Psychotherapy, approximately 45 minutes	\$51.99
90836	U6 - Doctoral Level (MD / DO)	Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service	\$91.19
90836	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service	\$91.19
90837	UG - Doctoral Level (Child Psychiatrist)	Psychotherapy, 60 minutes	\$148.54
90837	U6 - Doctoral Level (MD / DO)	Psychotherapy, 60 minutes	\$148.54
90837	AH - Doctoral Level (PhD, PsyD, EdD)	Psychotherapy, 60 minutes	\$140.28
90837	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 60 minutes	\$138.26
90837	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Psychotherapy, 60 minutes	\$138.26
90837	U3 - Intern (PhD, PsyD, EdD) / or MAT	Psychotherapy, 60 minutes	\$75.76
90837	U4 - Intern (Master's)	Psychotherapy, 60 minutes	\$66.85
90846	UG - Doctoral Level (Child Psychiatrist)	Family Psychotherapy (without patient present)	\$155.56
90846	U6 - Doctoral Level (MD / DO)	Family Psychotherapy (without patient present)	\$118.38
90846	AH - Doctoral Level (PhD, PsyD, EdD)	Family Psychotherapy (without patient present)	\$110.52
90846	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Family Psychotherapy (without patient present)	\$107.31
90846	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Family Psychotherapy (without patient present)	\$111.57
90846	U3 - Intern (PhD, PsyD, EdD) / or MAT	Family Psychotherapy (without patient present)	\$55.25

90846	U4 - Intern (Master's)	Family Psychotherapy (without patient present)	\$53.65
90847	UG - Doctoral Level (Child Psychiatrist)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$155.56
90847	U6 - Doctoral Level (MD / DO)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$118.38
90847	AH - Doctoral Level (PhD, PsyD, EdD)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$111.57
90847	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$111.57
90847	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$111.57
90847	U3 - Intern (PhD, PsyD, EdD) / or MAT	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$55.25
90847	U4 - Intern (Master's)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$53.65
90849	UG - Doctoral Level (Child Psychiatrist)	Multi-family group psychotherapy	\$50.92
90849	U6 - Doctoral Level (MD / DO)	Multi-family group psychotherapy	\$42.72
90849	AH - Doctoral Level (PhD, PsyD, EdD)	Multi-family group psychotherapy	\$39.45
90849	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Multi-family group psychotherapy	\$36.30
90849	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Multi-family group psychotherapy	\$30.46
90849	U3 - Intern (PhD, PsyD, EdD) / or MAT	Multi-family group psychotherapy	\$19.76
90849	U4 - Intern (Master's)	Multi-family group psychotherapy	\$18.15
90853	UG - Doctoral Level (Child Psychiatrist)	Group psychotherapy (other than of a multiple-family group)	\$50.92
90853	U6 - Doctoral Level (MD / DO)	Group psychotherapy (other than of a multiple-family group)	\$42.72
90853	AH - Doctoral Level (PhD, PsyD, EdD)	Group psychotherapy (other than of a multiple-family group)	\$39.45
90853	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Group psychotherapy (other than of a multiple-family group)	\$36.43
90853	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Group psychotherapy (other than of a multiple-family group)	\$36.43
90853	U3 - Intern (PhD, PsyD, EdD) / or MAT	Group psychotherapy (other than of a multiple-family group)	\$19.76
90853	U4 - Intern (Master's)	Group psychotherapy (other than of a multiple-family group)	\$18.15
90882	UG - Doctoral Level (Child Psychiatrist)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	\$56.22
90882	U6 - Doctoral Level (MD / DO)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	\$48.76
90882	AH - Doctoral Level (PhD, PsyD, EdD)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	\$26.37
90882	SA - 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.	\$42.20
90882	HO - Master's Level (Independently Licensed Clinicians, 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.	\$25.99
90882	U3 - Intern (PhD, PsyD, EdD) / or MAT	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	\$13.20
90882	U4 - Intern (Master's)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	\$12.99
90887	UG - 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	\$87.11
90887	U6 - 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	\$87.11
90887	AH - 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	\$74.05

90887	SA - 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	\$74.05
90887	HO - Master's Level (Independently Licensed Clinicians, 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	\$65.34
90887	U3 - Intern (PhD, PsyD, EdD) / or MAT	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	\$44.43
90887	U4 - 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	\$39.20
99202	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 15-29 minutes	\$82.78
99202	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 15-29 minutes	\$74.70
99202	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 15-29 minutes	\$66.86
99203	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 30-44 minutes	\$119.41
99203	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 30-44 minutes	\$114.02
99203	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 30-44 minutes	\$96.92
99204	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 45-59 minutes	\$180.40
99204	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 45-59 minutes	\$169.28
99204	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 45-59 minutes	\$146.58
99205	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 60-74 minutes	\$224.06
99205	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 60-74 minutes	\$223.64
99205	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 60-74 minutes	\$190.09
99211	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 5 minutes	\$24.27
99211	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 5 minutes	\$24.27
99211	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 5 minutes	\$20.63
99212	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 10-19 minutes	\$58.00
99212	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 10-19 minutes	\$58.00
99212	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 10-19 minutes	\$49.30
99213	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 20-29 minutes	\$92.52
99213	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 20-29 minutes	\$92.52
99213	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 20-29 minutes	\$78.64
99214	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 30-39 minutes	\$158.38
99214	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 30-39 minutes	\$130.36
99214	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 30-39 minutes	\$110.80
99215	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 40-54 minutes	\$183.23
99215	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 40-54 minutes	\$183.23
99215	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 40-54 minutes	\$155.74
99417	U6 - Doctoral Level (MD / DO)	Prolonged office or other outpatient evaluation and management service, requiring total time with or without direct patient contact beyond usual service, on the date of the primary service (e.g., 99205 or 99215), each 15 minutes	\$28.69
99417	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Prolonged office or other outpatient evaluation and management service, requiring total time with or without direct patient contact beyond usual service, on the date of the primary service (e.g., 99205 or 99215), each 15 minutes	\$28.69
96116	AH - 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	\$132.51
96121	AH - Doctoral Level (PhD, PsyD, EdD)	Each additional hour (List separately in addition to code for primary procedure)	\$132.51

96130	AH - 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	\$118.24
96131	AH - Doctoral Level (PhD, PsyD, EdD)	Each additional hour (List separately in addition to code for primary procedure)	\$100.53
96132	AH - 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	\$134.02
96133	AH - Doctoral Level (PhD, PsyD, EdD)	Each additional hour (List separately in addition to code for primary procedure)	\$110.58
96136	AH - 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)	\$55.30
96137	AH - Doctoral Level (PhD, PsyD, EdD)	Each additional 30 minutes (List separately in addition to code for primary procedure) (Test administration and scoring by professional)	\$50.27
96138	Technician	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	\$41.53
96139	Technician	Each additional 30 minutes (List separately in addition to code for primary procedure) (Test administration and scoring by technician)	\$41.53
99402	AH - Doctoral Level (PhD, PsyD, EdD)	Preventative Medicine Counseling, 30 minutes (Psychological Testing)	\$45.08
99402	U3 - Intern (PhD, PsyD, EdD) / or MAT	Preventative Medicine Counseling, 30 minutes (Psychological Testing)	\$22.55
99404	U6 - Doctoral Level (MD / DO)	Preventative Medicine Counseling, 60 minutes (Counseling and/or Risk Factor Reduction Intervention)	\$214.30
99404	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Preventative Medicine Counseling, 60 minutes (Counseling and/or Risk Factor Reduction Intervention)	\$185.46
H2020	+	Therapeutic behavioral services, per diem (Dialectical Behavior Therapy)	\$29.15
S9484	+	Crisis intervention mental health services, per hour (Urgent Outpatient Services)	\$162.33
90870	+	Electroconvulsive therapy (includes necessary monitoring)	\$694.05
H0032	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Mental health service plan development by a nonphysician (Bridge consultation inpatient/outpatient)	\$183.34
H0046	UG - Doctoral Level (Child Psychiatrist)	Mental health services, not otherwise specified (Collateral Contact)	\$51.11
H0046	U6 - Doctoral Level (MD/DO)	Mental health services, not otherwise specified (Collateral Contact)	\$44.33
H0046	AH - Doctoral Level (PhD, PsyD, EdD)	Mental health services, not otherwise specified (Collateral Contact)	\$23.97
H0046	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Mental health services, not otherwise specified (Collateral Contact)	\$38.36
H0046	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Mental health services, not otherwise specified (Collateral Contact)	\$23.63
H0046	U7 - Certified Addiction Counselor / Certified Alcohol & Drug Abuse Counselor	Mental health services, not otherwise specified (Collateral Contact)	\$23.63
H0046	U3 - Intern (PhD, PsyD, EdD) / or MAT	Mental health services, not otherwise specified (Collateral Contact)	\$12.00
H0046	U4 - Intern (Master's)	Mental health services, not otherwise specified (Collateral Contact)	\$11.81
H0015	N/A	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)	\$78.75
H0015	TF	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)	101 CMR 306
H2015	HF - Substance Abuse Program	Recovery Support Navigator, per 15-minute units	101 CMR 444

H2016	HM - Less than bachelor's degree level	Comprehensive community support program, per diem (Enrolled Client Day) (recovery support service by a recovery advocate trained in Recovery Coaching)	101 CMR 346
H0046	HE-Mental Health Program	Mental health services, not otherwise specified (Certified Peer Specialist) (Enrolled client day)	101 CMR 305
S9480	N/A	Intensive outpatient psychiatric services, per diem	101 CMR 306

Exhibit 3: Behavioral Health Outpatient Services Subject to 15% Uniform Dollar Increase

For services provided by Mental Health Centers designated as Behavioral Health Urgent Care Provider sites, in accordance with **Section 2.8.D.7.m**, when billed with modifier GJ.

Procedure Code	Modifier Group	Procedure Description
90791	UG - Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation
90791	U6 - Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation
90791	AH - Doctoral Level (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation
90791	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation
90791	HO - Master's Level	Psychiatric Diagnostic Evaluation
90791	U3 - Intern (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation
90791	U4 - Intern (Master's)	Psychiatric Diagnostic Evaluation
90791	HA - CANS; UG-Doctoral Level (Child Psychiatrist)	CANS - Psychiatric Diagnostic Evaluation, Members under 21
90791	HA - CANS; U6-Doctoral Level (MD / DO)	CANS - Psychiatric Diagnostic Evaluation, Members under 21
90791	HA - CANS; AH-Doctoral Level (PhD, PsyD, EdD)	CANS - Psychiatric Diagnostic Evaluation, Members under 21
90791	HA - CANS; SA, UF -Nurse Practitioner/Board Certified RNCS and APRN-BC	CANS - Psychiatric Diagnostic Evaluation, Members under 21
90791	HA - CANS; HO-Master's Level	CANS - Psychiatric Diagnostic Evaluation, Members under 21
90791	HA - CANS; U3-Intern (PhD, PsyD, EdD)	CANS - Psychiatric Diagnostic Evaluation, Members under 21
90791	HA - CANS; U4-Intern (Master's)	CANS - Psychiatric Diagnostic Evaluation, Members under 21
90792	UG - Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation with Medical Services
90792	U6-Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation with Medical Services
90792	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation with Medical Services
90832	UG - Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 20-30 minutes
90832	U6 - Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 20-30 minutes
90832	AH - Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 20-30 minutes
90832	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Individual Psychotherapy, approximately 20-30 minutes
90832	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Individual Psychotherapy, approximately 20-30 minutes
90832	U7 - Certified Addiction Counselor / Certified Alcohol & Drug Abuse Counselor	Individual Psychotherapy, approximately 20-30 minutes
90832	U3 - Intern (PhD, PsyD, EdD) / or MAT	Individual Psychotherapy, approximately 20-30 minutes
90832	U4 - Intern (Master's)	Individual Psychotherapy, approximately 20-30 minutes
90833	U6 - Doctoral Level (MD / DO)	Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service
90833	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service
90834	UG - Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 45 minutes
90834	U6 - Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 45 minutes
90834	AH - Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 45 minutes
90834	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Individual Psychotherapy, approximately 45 minutes
90834	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Individual Psychotherapy, approximately 45 minutes
90834	U3 - Intern (PhD, PsyD, EdD) / or MAT	Individual Psychotherapy, approximately 45 minutes
90834	U4 - Intern (Master's)	Individual Psychotherapy, approximately 45 minutes
90836	U6 - Doctoral Level (MD / DO)	Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service
90836	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service
90837	UG - Doctoral Level (Child Psychiatrist)	Psychotherapy, 60 minutes
90837	U6 - Doctoral Level (MD / DO)	Psychotherapy, 60 minutes
90837	AH - Doctoral Level (PhD, PsyD, EdD)	Psychotherapy, 60 minutes

90837	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 60 minutes
90837	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Psychotherapy, 60 minutes
90837	U3 - Intern (PhD, PsyD, EdD) / or MAT	Psychotherapy, 60 minutes
90837	U4 - Intern (Master's)	Psychotherapy, 60 minutes
90846	UG - Doctoral Level (Child Psychiatrist)	Family Psychotherapy (without patient present)
90846	U6 - Doctoral Level (MD / DO)	Family Psychotherapy (without patient present)
90846	AH - Doctoral Level (PhD, PsyD, EdD)	Family Psychotherapy (without patient present)
90846	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Family Psychotherapy (without patient present)
90846	HO - Master's Level	Family Psychotherapy (without patient present)
90846	U3 - Intern (PhD, PsyD, EdD)	Family Psychotherapy (without patient present)
90846	U4 - Intern (Master's)	Family Psychotherapy (without patient present)
90847	UG - Doctoral Level (Child Psychiatrist)	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90847	U6 - Doctoral Level (MD / DO)	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90847	AH - Doctoral Level (PhD, PsyD, EdD)	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90847	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90847	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90847	U3 - Intern (PhD, PsyD, EdD) / or MAT	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90847	U4 - Intern (Master's)	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90849	UG - Doctoral Level (Child Psychiatrist)	Multi-family group psychotherapy
90849	U6 - Doctoral Level (MD / DO)	Multi-family group psychotherapy
90849	AH - Doctoral Level (PhD, PsyD, EdD)	Multi-family group psychotherapy
90849	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Multi-family group psychotherapy
90849	HO - Master's Level	Multi-family group psychotherapy
90849	U3 - Intern (PhD, PsyD, EdD)	Multi-family group psychotherapy
90849	U4 - Intern (Master's)	Multi-family group psychotherapy
90853	UG - Doctoral Level (Child Psychiatrist)	Group psychotherapy (other than of a multiple-family group)
90853	U6 - Doctoral Level (MD / DO)	Group psychotherapy (other than of a multiple-family group)
90853	AH - Doctoral Level (PhD, PsyD, EdD)	Group psychotherapy (other than of a multiple-family group)
90853	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Group psychotherapy (other than of a multiple-family group)
90853	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Group psychotherapy (other than of a multiple-family group)
90853	U3 - Intern (PhD, PsyD, EdD) / or MAT	Group psychotherapy (other than of a multiple-family group)
90853	U4 - Intern (Master's)	Group psychotherapy (other than of a multiple-family group)
90882	UG - Doctoral Level (Child Psychiatrist)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.
90882	U6 - Doctoral Level (MD / DO)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.
90882	AH - Doctoral Level (PhD, PsyD, EdD)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.

90882	SA - 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.
90882	HO - Master's Level (Independently Licensed Clinicians, 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.
90882	U3 - Intern (PhD, PsyD, EdD) / or MAT	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.
90882	U4 - Intern (Master's)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.
90887	UG - 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
90887	U6 - 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
90887	AH - 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
90887	SA - 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
90887	HO - Master's Level (Independently Licensed Clinicians, 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
90887	U3 - Intern (PhD, PsyD, EdD) / or MAT	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
90887	U4 - 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
99202	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 15-29 minutes
99202	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 15-29 minutes
99202	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 15-29 minutes
99203	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 30-44 minutes
99203	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 30-44 minutes
99203	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 30-44 minutes
99204	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 45-59 minutes
99204	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 45-59 minutes
99204	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 45-59 minutes
99205	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 60-74 minutes
99205	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 60-74 minutes
99205	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 60-74 minutes
99211	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 5 minutes
99211	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 5 minutes
99211	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 5 minutes
99212	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 10-19 minutes

99212	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 10-19 minutes
99212	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 10-19 minutes
99213	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 20-29 minutes
99213	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 20-29 minutes
99213	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 20-29 minutes
99214	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 30-39 minutes
99214	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 30-39 minutes
99214	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 30-39 minutes
99215	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 40-54 minutes
99215	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 40-54 minutes
99215	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 40-54 minutes
S9484	+	Crisis intervention mental health services, per hour (Urgent Outpatient Services)
H0046	UG - Doctoral Level (Child Psychiatrist)	Mental health services, not otherwise specified (Collateral Contact)
H0046	U6 - Doctoral Level (MD/DO)	Mental health services, not otherwise specified (Collateral Contact)
H0046	AH - Doctoral Level (PhD, PsyD, EdD)	Mental health services, not otherwise specified (Collateral Contact)
H0046	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Mental health services, not otherwise specified (Collateral Contact)
H0046	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Mental health services, not otherwise specified (Collateral Contact)
H0046	U7 - Certified Addiction Counselor / Certified Alcohol & Drug Abuse Counselor	Mental health services, not otherwise specified (Collateral Contact)
H0046	U3 - Intern (PhD, PsyD, EdD) / or MAT	Mental health services, not otherwise specified (Collateral Contact)
H0046	U4 - Intern (Master's)	Mental health services, not otherwise specified (Collateral Contact)

Exhibit 4: Behavioral Health Outpatient Services Subject to 15% Uniform Dollar Increase

For services provided by Mental Health Centers that have not been designated as a Behavioral Health Urgent Care Provider site, in accordance with
Section 2.8.D.7.t, when billed with modifier GJ.

Procedure Code	Modifier Group	Procedure Description
90791	UG - Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation
90791	U6 - Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation
90791	AH - Doctoral Level (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation
90791	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation
90791	HO - Master's Level	Psychiatric Diagnostic Evaluation
90791	U3 - Intern (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation
90791	U4 - Intern (Master's)	Psychiatric Diagnostic Evaluation
90792	UG - Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation with Medical Services
90792	U6-Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation with Medical Services
90792	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation with Medical Services
90832	UG - Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 20-30 minutes
90832	U6 - Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 20-30 minutes
90832	AH - Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 20-30 minutes
90832	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Individual Psychotherapy, approximately 20-30 minutes
90832	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Individual Psychotherapy, approximately 20-30 minutes
90832	U7 - Certified Addiction Counselor / Certified Alcohol & Drug Abuse Counselor	Individual Psychotherapy, approximately 20-30 minutes
90832	U3 - Intern (PhD, PsyD, EdD) / or MAT	Individual Psychotherapy, approximately 20-30 minutes
90832	U4 - Intern (Master's)	Individual Psychotherapy, approximately 20-30 minutes
90833	U6 - Doctoral Level (MD / DO)	Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service
90833	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service
90834	UG - Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 45 minutes
90834	U6 - Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 45 minutes
90834	AH - Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 45 minutes
90834	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Individual Psychotherapy, approximately 45 minutes
90834	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Individual Psychotherapy, approximately 45 minutes
90834	U3 - Intern (PhD, PsyD, EdD) / or MAT	Individual Psychotherapy, approximately 45 minutes
90834	U4 - Intern (Master's)	Individual Psychotherapy, approximately 45 minutes
90836	U6 - Doctoral Level (MD / DO)	Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service
90836	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service
90837	UG - Doctoral Level (Child Psychiatrist)	Psychotherapy, 60 minutes
90837	U6 - Doctoral Level (MD / DO)	Psychotherapy, 60 minutes
90837	AH - Doctoral Level (PhD, PsyD, EdD)	Psychotherapy, 60 minutes
90837	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 60 minutes
90837	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Psychotherapy, 60 minutes
90837	U3 - Intern (PhD, PsyD, EdD) / or MAT	Psychotherapy, 60 minutes
90837	U4 - Intern (Master's)	Psychotherapy, 60 minutes
90847	UG - Doctoral Level (Child Psychiatrist)	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90847	U6 - Doctoral Level (MD / DO)	Family Psychotherapy (conjoint psychotherapy) (with patient present)

90847	AH - Doctoral Level (PhD, PsyD, EdD)	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90847	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90847	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90847	U3 - Intern (PhD, PsyD, EdD) / or MAT	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90847	U4 - Intern (Master's)	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90853	UG - Doctoral Level (Child Psychiatrist)	Group psychotherapy (other than of a multiple-family group)
90853	U6 - Doctoral Level (MD / DO)	Group psychotherapy (other than of a multiple-family group)
90853	AH - Doctoral Level (PhD, PsyD, EdD)	Group psychotherapy (other than of a multiple-family group)
90853	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Group psychotherapy (other than of a multiple-family group)
90853	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Group psychotherapy (other than of a multiple-family group)
90853	U3 - Intern (PhD, PsyD, EdD) / or MAT	Group psychotherapy (other than of a multiple-family group)
90853	U4 - Intern (Master's)	Group psychotherapy (other than of a multiple-family group)
99202	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 15-29 minutes
99202	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 15-29 minutes
99202	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 15-29 minutes
99203	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 30-44 minutes
99203	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 30-44 minutes
99203	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 30-44 minutes
99204	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 45-59 minutes
99204	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 45-59 minutes
99204	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 45-59 minutes
99205	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 60-74 minutes
99205	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 60-74 minutes
99205	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 60-74 minutes
99211	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 5 minutes
99211	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 5 minutes
99211	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 5 minutes
99212	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 10-19 minutes
99212	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 10-19 minutes
99212	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 10-19 minutes
99213	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 20-29 minutes
99213	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 20-29 minutes
99213	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 20-29 minutes
99214	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 30-39 minutes

99214	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 30-39 minutes
99214	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 30-39 minutes
99215	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 40-54 minutes
99215	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 40-54 minutes
99215	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 40-54 minutes

APPENDIX Q
EOHHS Accountable Care Organization Quality and Health Equity Appendix

This Appendix details how EOHHS will determine the Contractor's Quality and Health Equity Performance as described in the Contract. EOHHS may modify the methodology set forth herein after the execution of the Contract by written amendment. The following information is included. For the purposes of this document, "Performance Year" or "PY" shall mean "Contract Year" as defined in Section 1 of the Contract, unless otherwise specified by EOHHS.

Section 1.1. OVERVIEW OF QUALITY AND HEALTH EQUITY PERFORMANCE AND SCORING

Section 1.2 SCORING METHODOLOGY FOR ACO QUALITY SCORE

- A. List of Quality Measures for ACO Quality Score**
- B. Measure Level Scoring Methodology (Achievement and Improvement Points)**
- C. Domain Level Scoring Methodology**

Section 1.3 SCORING METHODOLOGY FOR ACO QUALITY AND EQUITY INCENTIVE PROGRAM (QEIP) HEALTH EQUITY SCORE

Section 1.4 SCORING METHODOLOGY FOR COMMUNITY PARTNERS QUALITY SCORE

- A. List of Quality Measures for CP Quality Score**

Section 1.5 METHODOLOGY FOR ESTABLISHING PERFORMANCE BENCHMARKS FOR QUALITY MEASURES

Section 1.6 QUALITY AND HEALTH EQUITY PERFORMANCE FINANCIAL APPLICATION

Section 1.1 Overview of Quality Performance and Scoring and Health Equity Performance and Scoring

The Contractor shall receive, for each Performance Year, an ACO Quality Score that shall determine the Quality Incentive payment amount available to the Contractor as prescribed in **Sections 2.14** and **4.6.B** of the Contract. The Contractor shall also receive, for each Performance Year, an ACO Health Equity Score that shall determine the Quality and Equity incentive payment amount available to the Contractor as prescribed in **Sections 2.21** and **4.6.C** of the Contract. The Contractor shall also receive, for each Performance Year, a CP Quality Score (calculated by EOHHS) for each Community Partner subcontractor as described in **Section 2.6.E** of the Contract. The CP Quality Score shall be used in the determination of incentive payments made by the Contractor to each of its subcontracted CPs.

This Section of the Appendix describes the individual measures, and general methodology EOHHS will use to calculate the Contractor's scores (i.e., ACO Quality Score, ACO Health Equity Score, and CP Quality Score), as further specified by EOHHS.

Section 1.2 Scoring Methodology for ACO Quality Score

The Contractor's Quality Score is based on the Contractor's performance across a set of benchmarks and improvement targets for individual quality measures that are grouped into three domains. An additional bonus element is also included for PY2024 based on an assessment of Electronic Quality Measurements/Electronic Clinical Data System readiness, as specified by EOHHS. EOHHS will weight and sum the Contractor's performance across all domains and then apply results of the bonus element to calculate one overall ACO Quality Score per performance year. For any measure where the Contractor does not meet minimum denominator requirements, as determined by EOHHS, then the measure's weight will be equally distributed to other measures within the same domain.

For ACOs serving primarily pediatric members (e.g., $\geq 75\%$ of the ACO's Enrollees are ages 0-17 years), EOHHS shall replace adult focused measures (i.e., measures applicable to 18+ populations only) with measure(s) applicable to pediatric populations only ("pediatric replacement measures") as further specified by EOHHS. Quality Performance on these pediatric replacement measures will be scored as described above.

A. List of Quality Measures for ACO Quality Score

Quality Measures include claims-based measures, clinical quality measures, and member experience surveys across the following three domains:

- Preventive and Pediatric Care
- Care Coordination / Care for Chronic & Acute Conditions
- Member Experience

See Exhibit 2 for the list of Quality Measures.

EXHIBIT 2 – ACO Quality Measures

Domain 1	Measure Name	Measure Description	Data Source	Measure Steward	NQF No.	P4P Transition Year
Preventive and Pediatric Care	Developmental Screening in the First 3 Years of Life	The percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.	Claims/ Hybrid	OHSU	1448	2025
	Immunizations for Adolescents	Percentage of members 13 years of age who received all recommended vaccines, including the HPV series	Hybrid	NCQA	1407	2024
	Childhood Immunization Status	Percentage of members 2 years of age who received all recommended vaccines by their second birthday	Hybrid	NCQA	0038	2024
	Prenatal and Postpartum 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	N/A	2023

Domain 1	Measure Name	Measure Description	Data Source	Measure Steward	NQF No.	P4P Transition Year
		Percentage of deliveries in which women had a postpartum visit on or between 7 and 84 days after delivery				
	Topical Fluoride for Children, Dental or Oral Health Services	Percentage of children aged 1–20 years who received at least 2 topical fluoride applications as dental or oral health services within the reporting year	Claims	ADA DQA	3700	2024 ¹
	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	2023

¹ EOHHS will calculate pay for performance metrics for ages 1 through 5 only. For ages 6 – 20, this subpopulation will be for monitoring purposes only.

Domain	Measure Name	Measure Description	Data Source	Measure Steward	NQF No.	P4P Transition Year
Care Coordination/ Care for Acute and Chronic Conditions	Follow-Up After Emergency Department Visit for Mental Illness (7 days)	Percentage of emergency department (ED) visits for adults and children 6 years of age and older with a diagnosis of mental illness or intentional self-harm and who received a follow-up visit for mental illness within 7 days	Claims	NCQA	3489	2023
	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days)	Percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of AOD abuse or dependence, who has a follow up visit for AOD	Claims	NCQA	3488	2023
	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	2023
	Controlling High Blood Pressure	Percentage of members 18 to 64 years of age with hypertension and whose	Hybrid	NCQA	0018	2024

Domain	Measure Name	Measure Description	Data Source	Measure Steward	NQF No.	P4P Transition Year
		blood pressure was adequately controlled				
	Comprehensive Diabetes Care: HbA1c 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	2024
	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	2024
	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 34 days of the initiation visit	Claims	NCQA	0004	2024

Domain	Measure Name	Measure Description	Data Source	Measure Steward	NQF No.	P4P Transition Year
Member Experience	Overall Care Delivery	Composites related to overall experience (e.g., Willingness to Recommend, Communications)	Survey	AHRQ	N/A	2023
	Person-Centered Coordination/Integration of Care	Composites related to coordination of care (e.g., referrals, services etc.) and knowledge of the patient	Survey	AHRQ	N/A	2023
N/A	Bonus Element: Electronic Clinical Quality Measure Readiness	Assessment and/or reporting of ACO readiness in meeting electronic-based clinical quality measure results on Enrollees	Survey	EOHHS	N/A	2024

EXHIBIT 2.A – ACO Quality Measures: Pediatric Replacement Measures

Domain	Measure Name	Description	Data Source	Measure Steward	NQF No.	P4P Transition Year
Care Coordination/Care for Acute and Chronic Conditions	Metabolic Monitoring for Children and Adolescents on Antipsychotics <i>Replacing: Controlling High Blood</i>	Percentage of members 1 to 17 years of age who had two or more antipsychotic prescriptions and received metabolic testing	Claims	NCQA	2800	2024

	<i>Pressure and Comprehensive Diabetes Care: HBA1c Poor Control</i>					
--	---	--	--	--	--	--

B. Measure Level Scoring Methodology (Achievement and Improvement Points)

1. Achievement Points

The Contractor may receive up to a maximum of ten (10) achievement points for each Quality Measure, as follows:

- a. EOHHS will establish an “attainment threshold” and a “goal benchmark” for each Quality Measure
 - (i) “Attainment threshold” sets the minimum level of performance at which the contractor can earn achievement points
 - (ii) “Goal benchmark” is a high performance standard above which the Contractor earns the maximum number of achievement points (i.e., 10 points)
- b. EOHHS will calculate the Contractor’s performance score on the Quality Measure based on the measure specifications
- c. EOHHS will award the Contractor between zero (0) and ten (10) achievement points as follows:
 - (i) If the Contractor’s performance score is less than the attainment threshold: 0 achievement points
 - (ii) If the Contractor’s performance score is greater than or equal to the goal benchmark: 10 achievement points
 - (iii) If the performance score is between the attainment threshold and goal benchmark: achievement points earned are determined by the formula:
 - (a) $10 * ((\text{Performance Score} - \text{Attainment Threshold}) / (\text{Goal Benchmark} - \text{Attainment Threshold}))$

EXHIBIT 3 – Example Calculation of Achievement Points for Measure A

Measure A attainment threshold = 45% (e.g., corresponding to 25 th percentile of HEDIS benchmarks)	
Measure A goal benchmark = 80% (e.g., corresponding to 90 th percentile of HEDIS benchmarks)	
Scenario 1:	
•	Measure A performance score = 25%
•	Achievement points earned = 0 points
Scenario 2:	
•	Measure A performance score = 90%
•	Achievement points earned = 10 points
Scenario 3:	
•	Measure A performance score = 60%
•	Achievement points earned = $10 * ((60\% - 45\%) / (80\% - 45\%)) = 4.29$ points

2. Improvement Points

In addition to receiving achievement points based on performance (on a 0 to 10 scale), the Contractor may earn improvement points for reaching established improvement targets for each Quality Measure. Improvement points will be calculated as follows:

- a. The Contractor's performance score will be calculated on each Quality Measure based on the measure specifications. Each Quality Measure's specifications will describe the detailed methodology by which this performance score is calculated.
- b. Beginning PY2, EOHHS will compare the Contractor's performance score on each Quality Measure to the Contractor's performance score on that same Quality Measure from the highest scoring previous Performance Year.
- c. EOHHS will calculate an Improvement Target for each applicable Quality Measure using the following formula (unless otherwise communicated by EOHHS). The Improvement Target is based on at least a 20% improvement each year in the gap between Goal Benchmark and the Attainment Threshold of each ACO measure.

- (i) Improvement Target formula = $[(\text{Goal Benchmark} - \text{Attainment Threshold}) / 5]$

For example, for Measure A, if the Attainment Threshold is 50% and the Goal Benchmark is 60%, the Improvement Target is 2% $[(60 - 50)/5]$

- (ii) For the purposes of calculating the Improvement Target, the result is rounded to the nearest tenth (i.e., one decimal point).

For example, for Measure B, if the Attainment Threshold is 80% and the Goal Benchmark is 90.2%, the Improvement Target is calculated to 2.04% $[(90.2 - 80)/5]$ which rounds to 2.0%.

- (iii) The Contractor may earn up to five (5) improvement points for increases in measure score which meet or exceed the improvement target.

For example, for Measure B, the Improvement Target is 2.0%. If Contractor performance in PY4 is 54.0% and if Contractor performance in PY5 is 60.0%, the Contractor improvement from PY4 to PY5 is 6.0% $[(60.0 - 54.0)]$ and the Contractor is awarded 5 improvement points. No points above 5 are awarded for increases in excess of the improvement target.

- (iv) For the purposes of calculating the difference in Contractor quality performance over a previous year, the results are rounded to the nearest tenth (i.e., one decimal point). Rounding takes place after the calculation.

For example, for Measure B, if Contractor performance in PY4 is 54.54% and if Contractor performance in PY5 is 60.17%, the Contractor improvement from PY4 to PY5 is 5.63% $[(60.17-54.54)]$, and the Contractor improvement will be rounded to the nearest tenth (i.e., one decimal point) to 5.6%.

- (v) The Improvement Target is based on the higher of the original baseline or any year's performance prior to the current PY. This is intended to avoid rewarding regression in performance.

For example, for Measure B, assume Contractor performance in PY1 is 90.0% and the Improvement Target is 2.0%. If in PY4 the performance for the Contractor decreases to 89.0%, in PY5 the Contractor would need to reach 92.0% to reach the Improvement Target.

- (vi) There are several special circumstances:
- (a) *At or Above Goal:* If the Contractor has prior PY performance scores equal to or greater than the Goal Benchmark then the Contractor may still earn up to five (5) improvement points in each PY if improvement from the highest prior PY is greater than or equal to the Improvement Target.
 - (b) *At or Below Attainment:* If the Contractor has prior PY performance scores less than the Attainment Threshold then the Contractor may still earn up to five (5) improvement points each PY if improvement from the highest prior PY is greater than or equal to the Improvement Target, and performance in the current PY does not equal or exceed the Attainment Threshold. Additionally, if the Contractor has prior PY performance scores less than the Attainment Threshold and current PY performance scores are equal to or above the Attainment Threshold then the Contractor may still earn up to five (5) improvement points if the improvement is greater than or equal to the Improvement Target.

EXHIBIT 4 – Example Calculation of Improvement Points for Measure B

Measure B Attainment = 48.9% | Goal = 59.4% | Improvement Target = 2.1%

	PY4 Score	PY5 Score	Improvement	Improvement Target Met	Improvement Points Earned
Scenario 1:	50.0%	52.1%	2.1%	Yes	5
Scenario 2:	50.0%	56.7%	6.7%	Yes	5
Scenario 3:	59.5%	63.0%	3.5%	Yes; above Goal Benchmark	5
Scenario 4	45.0%	48.0%	3.0%	Yes; below Attainment Threshold	5

Scenario 5:	46.0%	49.0%	3.0 %	Yes; crossing Attainment	5
Scenario 6:	45.0%	46.0%	1.0%	No	0

C. Domain Level Scoring Methodology

EOHHS will sum the Contractor's achievement and improvement points for all Quality Measures within each Quality Domain. Improvement points earned in one Quality Domain may only be summed with achievement points from the same Quality Domain. The total number of points earned by the Contractor in each domain cannot exceed the maximum number of achievement points available in the domain. The maximum number of achievement points in the domain is calculated by multiplying the number of Pay-for-Performance (P4P) measures in the domain, in the given PY, by the number of available achievement points per measure.

For example, if in PY4, there are ten (10) clinical quality measures in Domain X in Pay-for-Performance, and each measure is worth ten (10) achievement points, the maximum number of achievement points in Domain X would be 100. Assume that in PY5 there are now twelve (12) clinical quality measures in Domain X in Pay-for-Performance, and that each measure is worth ten (10) achievement points, the maximum number of achievement points in Domain X would be 120.

Cumulative Example:

Total number of measures in domain: 2

Maximum number of achievement points in the domain = 20

Measure Attainment = 48.9% | Goal = 59.4%

Improvement Target = [(Goal Benchmark – Attainment Level) / 5] = [59.4-48.9]/5 = 2.1

For example, for Measure A, if Contractor performance in PY4 is 54.54% and if Contractor performance in PY5 is 58.17% the Contractor will earn 8.8 Achievement Points $[10 * (58.17 - 48.9)/(59.4 - 48.9)]$. The Contractor has improved from PY4 to PY5 by 3.63% $[(58.17 - 54.54)]$ which will be rounded to the nearest tenth (e.g., one decimal point) to 3.6% which exceeds the Improvement Target of 2.1%. Thus, the Contractor will earn five (5) improvement points. No points above 5 are awarded for increases in excess of the improvement target.

In this scenario the Contractor would earn 13.8 points.

If there is only one (1) additional measure in the Domain and the Contractor earned 9 total points for this measure; the total score for the Contractor would be 20.0 (out of 20) given that domain scores are capped at the maximum number of achievement points (20) in the domain.

Once the total number of points has been calculated, EOHHS will divide the resulting sum by the maximum number of achievement points that the Contractor is eligible for in the domain to produce the Contractor's Domain Score. Domain Scores are a value between zero (0) and one (1) expressed as a percentage (i.e., 0% to 100%). EOHHS will score the Contractor on each P4P Quality Measure unless the Contractor does not meet eligibility requirements for a specific measure (e.g., it does not meet the minimum denominator requirement). In cases like this, the measure is not factored into the denominator. Reporting measures do not factor into the Domain Score.

Additionally, improvement points do not count towards the denominator; they are therefore “bonus” points. Domain Scores are each capped at a maximum value of 100%.

EXHIBIT 5 – Example Calculation of an Unweighted Domain Score

Example Calculations of Unweighted Domain Score		
Example 1	Domain only has two Quality Measures (Measure A and Measure B)	
	Therefore, maximum number of achievement points is $2 \times 10 = 20$ points	
	Measure A:	Achievement points: 1.5
		Improvement Points: 0
	Measure B:	Achievement points: 0
		Improvement Points: 5
	Total achievement points: $1.5 + 0 = 1.5$ points	
	Total improvement points: $0 + 5 = 5$ points	
	Sum of achievement and improvement points: $1.5 + 5 = 6.5$ points	
	Unweighted domain score = $6.5/20 * 100 = 32.5\%$	
Example 2	Domain only has two Quality Measures (Measure A and Measure B)	
	Therefore, maximum number of achievement points is $2 \times 10 = 20$ points	
	Measure A:	Achievement points: 8
		Improvement Points: 5
	Measure B:	Achievement points: 9.3
		Improvement Points: 0
	Total achievement points: $8 + 9.3 = 17.3$	
	Total improvement points: 5 points	
	Sum of achievement and improvement points: $17.3 + 5 = 22.3$ points	
	However, total number of points cannot exceed maximum number of achievement points (20)	
	Therefore, total domain points = 20	
	Unweighted domain score = $20/20 * 100 = 100\%$	

An assessment of electronic-based quality measure readiness (e.g., Electronic Clinical Quality Measures (eCQM), and Electronic Clinical Data Systems (ECDS)) shall be integrated into the overall ACO Quality Score as a bonus element for PY2024. The assessment shall be scored on an all-or-nothing basis, with possible scores equaling zero or 100%. Any ACO achieving 100% on the bonus will earn a total of 5.0 points added to the sum of the weighted domain score, resulting in an overall quality score. Note: the sum of weighted domains and the 5.0 point bonus may not exceed the overall quality score maximum of 100%.

EXHIBIT 6 – Example Calculation of Weighted Domain Scores and Bonus

Example Calculations of Weighted Domain Scores and Bonus				
	Domain	Weight	Score	Weighted Domain Score
Example	Preventative and	45%	75.0	33.75

	Pediatric Care			
	Care Coordination / Care for Chronic & Acute Conditions	40%	70.0	28.00
	Member Experience	15%	72.0	10.8
	Total	100%	N/A	72.55
	Bonus	N/A	5.0 points	N/A
	Total of weighted domains = 72.55			
	Total bonus: 5.0 points			
	Sum of weighted domains and bonus points: 72.55 + 5.0 = 77.55 points			
	Overall Quality Score = 77.55%			

Section 1.3 Scoring Methodology for ACO Quality & Equity Incentive Program (QEIP) Health Equity Score

- A. Performance Year 1 (CY2023) requirements for the ACO QEIP can be found in Attachment 1 to this Appendix.
- B. Performance Years 2-5 (CY2024-2027) requirements for the ACO QEIP are forthcoming and will be provided in Attachment 2 to this Appendix.

Section 1.4 Scoring Methodology for Community Partners Quality Score

EOHHS shall calculate a Community Partner Quality Score for each of the Contractor's subcontracted CPs. Community Partner Quality Scores are based on the performance of each subcontracted CP's MassHealth enrollment, as determined by EOHHS, across a set of benchmarks or improvement targets for individual measures within the BH CP or LTSS CP measure slate as applicable as set forth in Exhibits 7 and 8 below. EOHHS will weight each CP's CP Quality Score by the volume of that CP's enrollment within the ACO relative to the volume of all other CP subcontractors within the same ACO. As further specified by EOHHS, EOHHS shall use the weighted CP Quality Score to determine the Contractor's payment to each CP based on the CP's quality performance. In addition to the above methodology, EOHHS may establish additional quality incentives designed to reward the Contractor's higher performing subcontracted CPs.

A. Quality Measures for CP Quality Score

EXHIBIT 7 – BH CP Quality Measures

Measure Name	Description	Data Source	Measure Steward	NQF No.
Follow-up with BH CP after acute or post-acute stay (x days)	Percentage of discharges from acute or post-acute stays for enrollees 18 to 64 years of age that were succeeded by a follow-up with a BH CP	Claims	EOHHS	NA

Measure Name	Description	Data Source	Measure Steward	NQF No.
	within x business days of discharge			
Follow-up with BH CP after ED visit (x days)	Percentage of ED visits for enrollees 18 to 64 years of age that had a follow-up visit within x days of the ED visit	Claims	EOHHS	NA
Annual Primary Care Visit	Percentage of enrollees 3 to 64 years of age who had at least one comprehensive well-care visit during the measurement year	Claims	EOHHS	NA
Initiation/Engagement of Alcohol, Opioid, 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 34 days of the initiation visit	Claims	NCQA	0004
Follow-Up After Hospitalization for Mental Illness (7 days)	Percentage of discharges for enrollees 18 to 64 years of age, hospitalized for treatment of mental illness, where the member received follow-up with a mental health practitioner within 7 days of discharge	Claims	NCQA	0576
Diabetes Screening for Individuals With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication	Percentage of enrollees with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication, and had diabetes screening test	Claims	NCQA	1932

Measure Name	Description	Data Source	Measure Steward	NQF No.
	during the measurement year			
Antidepressant Medication Management	Percentage of members (18-64) treated with antidepressant and had diagnosis of major depression who remained on antidepressant medication treatment	Claims	NCQA	0105
Treatment Plan Completion	TBD	Claims	EOHHS	NA
Member Experience	TBD	Survey	EOHHS	NA

EXHIBIT 8 – LTSS CP Quality Measures

Measure Name	Description	Data Source	Measure Steward	NQF No.
Follow-up with LTSS CP after acute or post-acute stay (x days)	Percentage of discharges from acute or post-acute stays for enrollees 3 to 64 years of age that were succeeded by a follow-up with a LTSS CP within x business days of discharge	Claims	EOHHS	NA
Annual Primary Care Visit	Percentage of enrollees 3 to 64 years of age who had at least one comprehensive well-care visit during the measurement year	Claims	EOHHS	NA
Care Plan Completion	TBD	Claims	EOHHS	NA
Oral Health Evaluation	Percentage of enrollees 3 to 20 years of age who received a comprehensive or periodic oral evaluation within the measurement year	Claims	ADA	NA
All-Cause ED Visits	The rate of ED visits for enrollees 3 to 64 years of age	Admin	EOHHS	NA

Measure Name	Description	Data Source	Measure Steward	NQF No.
Member Experience	TBD	Survey	EOHHS	NA

Section 1.5 Methodology for Establishing Performance Benchmarks for Quality Measures

EOHHS will establish the attainment threshold, goal benchmark, improvement target (and/or any other applicable performance indicator) for each Quality Measure applicable to ACO Quality, ACO Health Equity, and CP Quality scoring methodologies. EOHHS anticipates establishing these performance indicators as follows:

- For Quality Measures based on NCQA HEDIS measures, EOHHS anticipates using NCQA Quality Compass percentiles, as well as MassHealth historical ACO and Community Partners' performance
- For non-HEDIS Quality Measures, EOHHS anticipates using MassHealth historical ACO and Community Partners' performance
- For other Quality Measures where EOHHS does not have access to applicable data, EOHHS anticipates using MassHealth benchmarks based on ACO/CP-attributed populations

Section 1.6 Quality Performance Financial Application

The Contractor's ACO Quality Score and ACO Health Equity Score will be applied to performance incentive payment as described in **Section 4.6**. Community Partner Quality Scores will be applied to incentive payments to CP subcontractors as described in **Section 2.6.E**.

ATTACHMENT 1
MassHealth “ACO Quality and Equity Incentive Program” Performance Year 1 Implementation Plan

Table of Contents

Section 1. Background and Overview of the Accountable Care Organization Quality and Equity Incentive Program (AQEIP).....	19
A. Overview.....	19
B. Scope of this Implementation Plan.....	19
Section 2. AQEIP Domains and Goals.....	20
A. Overview of Targeted Domains for Improvement in the AQEIP.....	20
B. Goals for each Domain of the AQEIP.....	20
Section 3. AQEIP Performance Year 1 (CY 2023) Metrics.....	22
Section 4. AQEIP Payment for Performance Year 1.....	26
Section 5. AQEIP Accountability Framework for Performance Year 1 (CY 2023).....	26

SECTION 1. BACKGROUND AND OVERVIEW OF THE ACCOUNTABLE CARE ORGANIZATION QUALITY AND EQUITY INCENTIVE PROGRAM

A. Overview

Massachusetts shifted the delivery system at scale to value-based care under the previous MassHealth section 1115 demonstration approval period, transitioning over 80 percent of eligible Medicaid members into accountable care organizations (ACOs) that are at risk to deliver better health outcomes, lower cost, and improved member experience through integrated, coordinated care.

A key goal of the Commonwealth's in this demonstration period is to improve quality of care and advance health equity, with a focus on initiatives addressing health-related social needs (HRSN) and health disparities demonstrated by variation in quality performance. To support achievement of this goal, Massachusetts is centering equity alongside quality as a pillar of value-based care and as a priority for the state's health care system.

To that end, MassHealth will implement aligned quality and equity initiatives across delivery system settings including but not limited to MassHealth's Managed Care Organizations (MCOs), Accountable Care Partnership Plans (ACPPs) and Primary Care ACOs (together "ACOs"), managed behavioral health vendor, and acute hospitals.

Together, this constellation of coordinated quality and equity initiatives will support Massachusetts in achieving its demonstration goal to improve quality of care and advance health equity.

B. Scope of this Implementation Plan

This Performance Year 1 Implementation Plan provides additional detail related to implementation of MassHealth's AQEIP for the first PY from April 1, 2023-December 31, 2023, of the Contract (April 1, 2023 – December 31, 2027.) Information pertaining to PYs 2-5, representing Calendar Years 2024-2027, will be forthcoming.

SECTION 2. ACCOUNTABLE CARE ORGANIZATION QUALITY AND EQUITY INCENTIVE PROGRAM (AQEIP) DOMAINS AND GOALS

A. Overview of Targeted Domains for Improvement in the AQEIP

For the AQEIP, the Contractor is incentivized to pursue performance improvements in the domains specified in Table 1.

Table 1. Overview of Targeted Domains for Improvement for the AQEIP

Domain 1: Demographic and Health-Related Social Needs Data	The Contractor will be assessed on the completeness of beneficiary-reported demographic and health-related social needs data submitted in accordance with the commonwealth's data requirements. Demographic and health-related social needs data will include at least the following categories: race, ethnicity, primary language, disability status, sexual orientation, gender identity, and health-related social needs. Data completeness will be assessed separately for each data element.
Domain 2: Equitable Quality and Access	The Contractor will be assessed on performance and demonstrated improvements on access and quality metrics, including associated reductions in disparities. Metrics will focus on overall access; access for individuals with disabilities and/or limited English proficiency; preventive, perinatal, and pediatric care services; care for chronic diseases and behavioral health; and care coordination.
Domain 3: Capacity and Collaboration	The Contractor will be assessed on improvements in metrics such as provider and workforce capacity and collaboration within health system providers (e.g. clinical partners) to improve quality and reduce health care disparities.

B. Goals for each Domain of the AQEIP

Goals for each AQEIP domain are summarized below:

1. Demographic and Health-Related Social Needs Data Collection Domain Goals
 - a. The Contractor is incentivized to achieve certain milestones to meet an interim goal of 80 percent data completeness for self-reported race and ethnicity data for attributed MassHealth members by the end of Performance Year 3 (CY 2025).
 - b. The Contractor is incentivized to achieve certain milestones to achieve at least 80 percent data completeness for beneficiary-reported other demographic data (including at least primary language, disability status, sexual orientation, and gender identity) for attributed MassHealth members by the end of Performance Year 5 (CY 2027).
 - c. The Contractor is incentivized to meaningfully improve rates of HRSN screenings from the baseline period (CY 2024 and/or CY 2025) by the end of Performance

Year 5 (CY 2027). To meet this goal, the Contractor must not only conduct screenings of beneficiaries, but also establish the capacity to track and report on screenings and referrals.

2. Equitable Quality and Access Domain Goals

- a. The Contractor is incentivized for performance on metrics such as those related to access to care (including for individuals with limited English proficiency and/or disability); preventive, perinatal, and pediatric care; care for chronic diseases; behavioral health; care coordination; and/or patient experience.
- b. For up to the first three Performance Years (PY 2023 through PY 2025), the Contractor's performance will be based on:
 - (i) Reporting on access and quality metric performance, including reports stratified by demographic factors (such as race, ethnicity, language, disability, sexual orientation, and gender identity); health related social needs; and/or defined by other individual- or community-level markers or indices of social risk;
 - (ii) Developing and implementing interventions aimed at improving quality and reducing observed disparities on metrics that account for clinical and social risk factors.
- c. For at least the last two Performance Years (PY2026 and PY2027), the Contractor's performance will be based on improving quality and/or closing disparities as measured through performance on a subset of access and quality metrics.

3. Capacity and Collaboration Domain Goals

The Contractor is incentivized to improve service capacity, workforce development, and health system collaboration to improve quality and reduce disparities. The metrics that assess improvement in this domain may relate to provider cultural competence and achievement of externally validated equity standards.

SECTION 3. AQEIP PERFORMANCE YEAR 1 METRICS

To establish a robust foundation for quality and equity improvement and to begin making progress towards five-year health equity goals, the first performance year of the AQEIP holds the Contractor accountable to metrics listed in Table 2 evaluating contributory health system level interventions in each performance domain.

Table 2. AQEIP Performance Year 1 Metrics

Subdomain	Metric (<i>Steward</i>)	Performance Year 1 status*
Domain 1. Demographic and Health-Related Social Needs Data		
Demographic Data Collection	Race, Ethnicity, Language, Disability, Sexual Orientation, & Gender Identity Data Completeness (<i>EOHHS</i>)	Pay for Reporting (P4R)
Health-Related Social Needs Screening	Screening for Social Drivers of Health (<i>CMS</i>): Preparing for Reporting Beginning in PY2	P4R
Domain 2. Equitable Access and Quality		
Equity Reporting	Stratified Reporting of Quality Data (<i>EOHHS</i>)	P4R
Equity Improvement	Performance Improvement Projects (<i>EOHHS</i>)	P4R
Access	Meaningful Access to Healthcare Services for Persons with Limited English Proficiency (<i>Oregon Health Authority</i>)	P4R
	Disability Competencies (<i>EOHHS</i>)	P4R
	Accommodation Needs Met (<i>EOHHS</i>)	P4R
Domain 3. Capacity and Collaboration		
Capacity	Achievement of External Standards for Health Equity (<i>EOHHS</i>)	P4R
	Patient Experience: Cultural Competency (<i>AHRQ</i>)	P4P

*Reporting/performance requirements for each measure described in relevant metric technical specifications

Recognizing that taking on accountability for equity is new for most ACOs, interim and annual goals for Performance Year 1 are designed to promote essential foundational capacity and readiness to assume progressive risk for health quality and equity performance in Performance Year 2-5. Summarized performance expectations are described in Table 3; detailed performance expectations are described in metric technical specifications.

Table 3. Summary of AQEIP Metric Performance Requirements Performance Year 1

Metric	Performance Expectations for Performance Year 1	Anticipated Deadline
Domain 1. Demographic and Health-Related Social Needs Data		
Race, Ethnicity, Language, Disability, Sexual Orientation, & Gender Identity Data Completeness (EOHHS)	<ul style="list-style-type: none"> • Race, Ethnicity, Language, Disability status (RELD) Sexual Orientation, Gender Identity (SOGI) Assessment – Timely and complete submission to EOHHS of an initial assessment of 1) beneficiary-reported demographic data adequacy and completeness, and 2) a plan for collecting demographic data including data sources and collection questions. 	July 31, 2023
	<ul style="list-style-type: none"> • Complete and timely submission to the MassHealth Data Warehouse (DW) of monthly Member Files as specified (beginning no later than Q4 2023). The DW will reject monthly Member File submissions that are non-compliant with the specified format (e.g. previously compliant formats) after Q4 2023. • Data collected by ACPPs will be submitted via the existing encounter submission process, using the enhanced Member File Specification. Data collected by PCACOs will be submitted via a process as further specified by EOHHS. 	Beginning no later than Q4 2023
Screening for Social Drivers of Health (CMS): Preparing for Reporting Beginning in PY2	<ul style="list-style-type: none"> • Health-Related Social Needs (HRSN) Assessment – Timely and complete submission to EOHHS of an initial assessment of 1) beneficiary-reported HRSN data adequacy and completeness, and 2) strategies employed to provide information about referrals including to community resources and support services. 	July 31, 2023
	<ul style="list-style-type: none"> • Complete and timely submission of a report to EOHHS describing: <ol style="list-style-type: none"> 1) One or more health-related social needs screening tool(s) selected by the Contractor for intended use in screening members beginning in PY2; the selected tool(s) must meet requirements for screening tools for 	October 27, 2023

	<p>the “Screening for Social Drivers of Health” metric and Section 2.5 of the ACPP and MCO Contracts and Section 2.3 of the PCACO Contract; and</p> <ol style="list-style-type: none"> 2) An implementation plan to begin screening for health-related social needs in Q1 2024 in order to have capacity to report on the “Screening for Social Drivers of Health” metric beginning in Performance Year 2. 3) Develop strategies employed to provide information about community resources and support services available to members who screen positive for HRSNs. 4) An implementation plan describing how the Contractor will ensure members enrolled in the Community Partners (CP) program are screened for HRSNs, including how contracted CPs will document screenings, how the CPs will notify the Contractor when the screening is conducted, and how the CP will communicate results of the screening with the Contractor. 	
Domain 2. Equitable Access and Quality		
Stratified Reporting of Quality Data (EOHHS)	Complete and timely submission to EOHHS of performance data, including member-level race and ethnicity for clinical measures selected by EOHHS for stratification from the Quality Incentive Arrangement measure slate.	No sooner than April 1, 2024
Performance Improvement Projects (EOHHS)	<p>Complete and timely submission to EOHHS of quarterly deliverables for at least one Hospital-partnered Performance Improvement Project as follows:</p> <ul style="list-style-type: none"> • Early Q3: ACO Key Personnel/Institutional Resources Document • Early Q3: Equity Improvement Intervention Partnership Form • Q3: Hospital Key Contact Form and the Mid-Year Planning Report • Q4: Equity Improvement Intervention Planning Report, a comprehensive plan that incorporates information about 	<p>Early Q3: July 21, 2023 Q3: September 30, 2023 Q4: December 31, 2023</p>

	Performance Improvement Project (PIP) goals and objectives, baseline data, proposed interventions, and tracking measures. The PIP Planning/Baseline Report will serve as the blueprint for PIP Implementation in PY2.	
Meaningful Access to Healthcare Services for Persons with Limited English Proficiency (Oregon Health Authority)	Complete and timely reporting of an organizational self-assessment of capacity related to providing access to high quality language services to members.	December 31, 2023
Disability Competencies (EOHHS)	<ul style="list-style-type: none"> • Complete and timely submission to EOHHS of the Contractor's Disability-Competent Care (DCC) Team's completed RIC Disability-Competent Care Self-Assessment Tool (DCCAT) report • Disability Competency Self-Assessment – Timely and complete submission to EOHHS of a report on the results of the disability competencies self-assessment, including identified disability competencies targeted for improvement in PY 2. 	December 1, 2023
Accommodation Needs Met (EOHHS)	<p>Complete and timely submission to EOHHS of a report describing the Contractor's current practice and future plans for the following:</p> <ul style="list-style-type: none"> • Screening members for accommodation needs* before or during an outpatient encounter, and how the results of this screening is documented. • Other methods, if any, for documenting accommodation needs. • Asking members to report, during or after an outpatient encounter, if their accommodation needs were met. • Analyses that are performed at the organizational level to understand whether accommodation needs have been met. 	December 1, 2023

Domain 3. Capacity and Collaboration		
Achievement of External Standards for Health Equity (EOHHS)	Complete and timely submission to EOHHS of the NCQA Health Equity Accreditation Report.	December 31, 2023
Patient Experience: Cultural Competency (AHRQ)	Performance on a subset of items from CAHPS survey reflective of cultural competency during MY23 as selected by EOHHS.	N/A

SECTION 4. AQEIP PAYMENT FOR PERFORMANCE YEAR 1

EOHHS will pay the Contractor based on the Contractor's health equity score in accordance with **Section 4.6** of the ACPP Contract and **Section 4.2** of the PCACO Contract. EOHHS will make a one-time payment to the Contractor after the health equity score has been finalized.

SECTION 5. AQEIP ACCOUNTABILITY FRAMEWORK FOR PERFORMANCE YEAR 1

EOHHS will hold the Contractor accountable for its performance on the AQEIP performance measures. Total incentive amounts for Performance Year 1 will be distributed according to the weighting described in Table 4. Performance expectations for each metric are summarized in Table 3 above and detailed further in technical specifications.

The Performance Year 1 Health Equity Score will be determined by EOHHS's assessment of completeness and timely submission of deliverables associated with each performance measure. The total Health Equity Score will be calculated according to the weights outlined in Table 4 below, with performance on each metric measured by the degree to which the Contractor met performance requirements summarized in Table 3, as determined by EOHHS.

Table 4. Performance Year 1 AQEIP Metric Weights

Subdomain	ACO Quality and Equity Incentive Program Metric (<i>Steward</i>)	Performance Year 1 Weight (%)
Domain 1. Demographic and Health-Related Social Needs Data		25
Demographic Data Collection	Race, Ethnicity, Language, Disability, Sexual Orientation, & Gender Identity Data Completeness (<i>EOHHS</i>)	15
Health-Related Social Needs Screening	Screening for Social Drivers of Health (<i>CMS</i>)	10
Domain 2. Equitable Access and Quality		50
Equity Reporting	Stratified Reporting of Quality Data (<i>EOHHS</i>)	10

Equity Improvement	Equity Improvement Interventions (<i>EOHHS</i>)	10
Access	Meaningful Access to Healthcare Services for Persons with Limited English Proficiency (<i>Oregon Health Authority</i>)	10
	Disability Competencies (<i>EOHHS</i>)	10
	Accommodation Needs Met (<i>EOHHS</i>)	10
Domain 3. Capacity and Collaboration		25
Capacity	Achievement of External Standards for Health Equity (<i>EOHHS</i>)	10
	Patient Experience: Cultural Competency (<i>AHRQ</i>)	15

ATTACHMENT 2
PERFORMANCE YEARS 2024-2027
IMPLEMENTATION PLAN FOR MASSHEALTH ACCOUNTABLE CARE ORGANIZATION QUALITY AND
EQUITY INCENTIVE PROGRAM

Table of Contents

Section 1. Background and Overview of the Accountable Care Organization Quality and Equity Incentive Program	29
A. Overview of Statewide Approach to Advance Healthcare Quality and Equity	29
B. Scope of this PY2-5 Implementation Plan for the ACO Quality and Equity Incentive Program	29
Section 2. ACO Quality and Equity Incentive Program (AQEIP) Domains and Goals	30
A. Overview of Targeted Domains for Improvement in the AQEIP	30
<i>Table 1. Overview of Targeted Domains for Improvement for the AQEIP</i>	30
B. Goals for each Domain of the AQEIP	30
1. Demographic and Health-Related Social Needs Data Collection Domain Goals ..	30
2. Equitable Quality and Access Domain Goals	31
3. Capacity and Collaboration Domain Goals	31
Section 3. AQEIP Performance Year 2-5 Metrics	32
<i>Table 2. AQEIP PY 2-5 Metrics</i>	32
<i>Table 3. Anticipated Reporting Expectations for PY2</i>	33
Section 4. AQEIP Payment for Performance Years 2-5	32
Section 5. AQEIP Accountability Framework for Performance Year 2-5	34
A. ACO Accountability to MassHealth for the AQEIP	34
<i>Table 4. PY 2-5 AQEIP Metric Weights</i>	36

SECTION 1. BACKGROUND AND OVERVIEW OF THE ACCOUNTABLE CARE ORGANIZATION QUALITY AND EQUITY INCENTIVE PROGRAM

A. Overview of Statewide Approach to Advance Healthcare Quality and Equity

Massachusetts shifted the delivery system at scale to value-based care under the previous MassHealth section 1115 demonstration approval period, transitioning over 80 percent of eligible Medicaid members into accountable care organizations (ACOs) that are at risk to deliver better health outcomes, lower cost, and improved member experience through integrated, coordinated care.

A key goal of the Commonwealth's in this demonstration period is to improve quality of care and advance health equity, with a focus on initiatives addressing health-related social needs (HRSN) and health disparities demonstrated by variation in quality performance. To support achievement of this goal, Massachusetts is centering equity alongside quality as a pillar of value-based care and as a priority for the state's health care system.

To that end, MassHealth will implement aligned quality and equity initiatives across delivery system settings including but not limited to MassHealth's Managed Care Organizations (MCOs), Accountable Care Partnership Plans (ACPPs) and Primary Care ACOs (together "ACOs"), managed behavioral health vendor, and acute hospitals.

Together, this constellation of coordinated quality and equity initiatives will support Massachusetts in achieving its demonstration goal to improve quality of care and advance health equity.

B. Scope of this PY2-5 Implementation Plan for the ACO Quality and Equity Incentive Program

This ACO Quality and Equity Incentive Program (AQEIP) Implementation Plan provides additional detail related to implementation of MassHealth's AQEIP for Performance Years (PYs) 2-5 from January 1, 2024 – December 31, 2027, of the Contract (April 1, 2023 – December 31, 2027.) Additional detail may be forthcoming for future program years.

SECTION 2. ACO QUALITY AND EQUITY INCENTIVE PROGRAM (AQEIP) DOMAINS AND GOALS

A. Overview of Targeted Domains for Improvement in the AQEIP

For the AQEIP, the Contractor is incentivized to pursue performance improvements in the domains specified in Table 1.

Table 1. Overview of Targeted Domains for Improvement for the AQEIP

Domain 1: Demographic and Health-Related Social Needs Data	The Contractor will be assessed on the completeness of beneficiary-reported demographic and health-related social needs data submitted in accordance with the Commonwealth's data requirements. Demographic and health-related social needs data will include at least the following categories: race, ethnicity, language, disability status, sexual orientation, gender identity, and health-related social needs. Data completeness will be assessed separately for each data element.
Domain 2: Equitable Quality and Access	The Contractor will be assessed on performance and demonstrated improvements on access and quality metrics, including associated reductions in disparities. Metrics will focus on overall access; access for individuals with disabilities and/or a preferred language other than English; preventive, perinatal, and pediatric care services; care for chronic diseases and behavioral health; and care coordination.
Domain 3: Capacity and Collaboration	The Contractor will be assessed on improvements in metrics such as provider and workforce capacity and collaboration within health system providers (e.g. clinical partners) to improve quality and reduce health care disparities.

B. Goals for each Domain of the AQEIP

Goals for each AQEIP domain are summarized below:

1. Demographic and Health-Related Social Needs Data Collection Domain Goals
 - a. The Contractor shall submit to MassHealth an assessment of beneficiary-reported demographic and HRSN data adequacy and completeness for purposes of the AQEIP by July 1, 2023.
 - b. The Contractor is incentivized to achieve certain milestones to meet an interim goal of 80 percent data completeness for self-reported race and ethnicity data for attributed MassHealth members by the end of Performance Year 3 (CY 2025).
 - c. The Contractor is incentivized to achieve certain milestones to achieve at least 80 percent data completeness for beneficiary-reported other demographic data (including at least language, disability status, sexual orientation, and gender identity) for attributed MassHealth members by the end of Performance Year 5 (CY 2027).

- d. The Contractor is incentivized to meaningfully improve rates of HRSN screenings from the baseline period by the end of Performance Year 5 (CY 2027). To meet this goal, the Contractor must not only conduct screenings of beneficiaries, but also establish the capacity to track and report on screenings and referrals.
2. Equitable Quality and Access Domain Goals
- a. The Contractor is incentivized for performance on metrics such as those related to access to care (including for individuals with a preferred language other than English and/or disability); preventive, perinatal, and pediatric care; care for chronic diseases; behavioral health; care coordination; and/or patient experience.
 - b. Metric performance expectations shall include, at a minimum:
 - (i) Reporting on access and quality metric performance, including stratified by demographic factors (such as race, ethnicity, language, disability, sexual orientation, and gender identity); health-related social needs; and/or defined by other individual- or community-level markers or indices of social risk;
 - (ii) Developing and implementing interventions aimed at improving quality and reducing observed disparities on metrics that account for clinical and social risk factors found through analysis to be associated with lower performance on such metrics and/or other appropriate individual/community-level markers or indices of social vulnerability;
 - (iii) Improving quality and/or closing disparities as measured through performance on a subset of access and quality metrics.
 - c. For up to the first three PYs, performance will be based on expectations described in 2(b)(i) and 2(b)(ii), above. For at least the last two PYs, performance will also be based on expectations described in 2(b)(iii), above.
3. Capacity and Collaboration Domain Goals
- a. The Contractor is incentivized to improve service capacity, workforce development, and health system collaboration to improve quality and reduce disparities. The metrics that assess improvement in this domain may relate to provider cultural competence and achievement of externally validated equity standards.

SECTION 3. AQEIP PERFORMANCE YEAR 2-5 METRICS

Performance years 2-5 of the AQEIP will hold the Contractor accountable to metrics evaluating performance in each AQEIP domain. These metrics were developed with input from health systems and providers through requests for information and comment, public meetings, and ongoing stakeholder engagement. Technical specifications for the AQEIP PY2-5 metrics, which may be updated annually or more frequently as necessary. A summary of the AQEIP metrics and anticipated payment status in PY2-5 are provided in Table 2.

Table 2. AQEIP PY 2-5 Metrics

Subdomain	Metric (<i>Steward</i>)	Anticipated payment status*			
		2024	2025	2026	2027
Domain 1. Demographic and Health-Related Social Needs Data					
Demographic Data Collection	Race, Ethnicity, Language, Disability, Sexual Orientation, & Gender Identity Data Completeness (<i>EOHHS</i>)	P4R	P4P	P4P	P4P
Health-Related Social Needs Screening	Health-Related Social Needs Screening (<i>EOHHS</i>)	P4R	P4P	P4P	P4P
Domain 2. Equitable Access and Quality					
Equity Reporting	Quality Performance Disparities Reduction (<i>EOHHS</i>)	P4R	P4R	P4P	P4P
Equity Improvement	Equity Improvement Interventions (<i>EOHHS</i>)	P4P	P4P	P4P	P4P
Access	Meaningful Access to Healthcare Services for Persons with a Preferred Language other than English (<i>EOHHS</i>)	P4R	P4P	P4P	P4P
	Disability Competent Care (<i>EOHHS</i>)	P4P	P4P	P4P	P4P
	Disability Accommodation Needs Screening (<i>EOHHS</i>)	P4R	P4P	P4P	P4P
Domain 3. Capacity and Collaboration					
Capacity	Achievement of External Standards for Health Equity (<i>EOHHS</i>)	P4R	P4P	P4R	P4R
	Member Experience: Communication, Courtesy, and Respect (<i>EOHHS/AHRQ</i>)	P4R	P4P	P4P	P4P

*P4R= Pay for Reporting, P4P= Pay for Performance. Specific performance trajectories are subject to change. Reporting/performance requirements for each measure described in forthcoming metric technical specifications.

The anticipated reporting expectations for PY2 are summarized in Table 3; detailed reporting and performance expectations for PY2 are included in metric technical specifications. Each report outlined in Table 3 shall be submitted by the Contractor in a form, format, and frequency to be further specified by EOHHS. Additional and/or revised reporting expectations for PY3-5 will be provided prior to the start of each performance year.

Table 3. Reporting Expectations for PY2

Measure Name	Reporting Expectations for PY2 (to be further specified by EOHHS)
<i>Domain 1: Demographic & HRSN Data</i>	
RELDSOGI Data Completeness	<ol style="list-style-type: none"> 1. Submission of “Member Data and Member Enrollment” file 2. Submission of RELDSOGI Mapping Report inclusive of a plan to develop capacity to capture date stamps by PY5
Health-Related Social Needs Screening	<ol style="list-style-type: none"> 1. Submission of administrative and/or supplemental HRSN data
<i>Domain 2: Equitable Access & Quality</i>	
Quality Performance Disparities Reduction	<ol style="list-style-type: none"> 1. Submission of quality data stratified by race and ethnicity
Equity Improvement Interventions	<ol style="list-style-type: none"> 1. Submission of PIP 2 Mid-Year Planning Report 2. Submission of PIP 1 and PIP 2 implementation reports
Meaningful Access to Healthcare Services for Persons with a Preferred Language other than English	<ol style="list-style-type: none"> 1. Submission of Language Access Self-Assessment Survey 2. Submission of Provision of Interpreter Services Data
Disability Competent Care	<ol style="list-style-type: none"> 1. Submission of Disability Competency Training Plan 2. Submission of Disability Competency Training Report
Disability Accommodation Needs Screening	<ol style="list-style-type: none"> 1. Submission of Disability Accommodation Needs Assessment Report
<i>Domain 3: Capacity & Collaboration</i>	
Achievement of External Standards for Health Equity	<ol style="list-style-type: none"> 1. Submission of External Standards for Health Equity Report
Member Experience: Communication, Courtesy, and Respect	<ol style="list-style-type: none"> 1. Submission of Member Experience Assessment Report

Section 4. AQEIP Payment for Performance Years 2-5

MassHealth will pay each Contractor based on the Contractor's health equity score in accordance with **Section 4.6** of the ACPH Contract and **Section 4.2** of the PCACO Contract. EOHHS will make a one-time payment to the Contractor after the health equity score has been finalized.

Section 5. AQEIP Accountability Framework for Performance Year 2-5

A. ACO Accountability to MassHealth for the AQEIP

MassHealth will hold the Contractor accountable for its performance on the AQEIP performance measures. MassHealth's anticipated framework for the AQEIP PAM, which may be adjusted annually as needed (for example to transition measures from pay-for-reporting to pay-for-performance, accommodate new contextual inputs, address extenuating circumstances impacting performance, etc.), is described below. Measure-specific PAM, including benchmarks, improvement targets and measure score calculation approach, will be described in each forthcoming measure specification.

1. **Benchmarking:** MassHealth will establish performance targets or benchmarks no later than the start of the first pay-for-performance period for the metric.
 - a. Benchmarks for quantitative measures will include an attainment threshold and goal benchmark and will be set to apply to the full applicable performance period.
 - b. Establishment of benchmarks will be informed by inputs such as initial AQEIP performance data, historical data/performance, external data/trends, and/or predetermined performance targets determined by MassHealth.
2. **Improvement Targets:** MassHealth will establish performance improvement targets for performance metrics, as applicable, no later than the start of the first pay-for-performance period for the metric.
 - a. Specific improvement targets and the approach for each measure will be set to apply to the full applicable performance period.
 - b. The approach and actual improvement target may differ by measure based on factors such as performance trends or type of measure; approaches may include year-over-year self-improvement, gap-to-goal percentage point increase, absolute percentage point increases, set milestones and/or goals for improvement.
3. **Performance Measure Score Calculation:** The performance measure scoring approach will be consistent, as applicable, with other MassHealth incentive programs or other incentive program practices. MassHealth will establish a methodology for performance measure scoring for each measure, to be specified in technical specifications, no later than the first day of the performance period to which the methodology applies.

- a. **Pay-for reporting (P4R) measures.** P4R measures will be assessed on a pass/fail basis for which the Contractor will receive full points or credit for the metric if reporting is completed according to each measure’s technical specifications.
- b. **Pay-for-performance (P4P) measures.** The performance measure scoring and approach will be consistent, as applicable, with other MassHealth incentive programs or other incentive program practices, described below.

- (i) Measure scoring will include the following components for each measure:

- 1. Attainment points ranging from 0-10 points
- 2. Improvement points ranging from 0-10 points
- 3. Potential bonus points (with a cap) to ensure all participating ACOs have incentive to improve, including high-performing ACOs

- (ii) Performance measure scores for each measure will be defined as a ratio between 0-1. Scores will be calculated by the sum of the points earned for each measure divided by the maximum number of points allowable for the measure. The maximum number of points allowable for the measure is the sum of the attainment, improvement and potential bonus points with a determined cap. The score will be calculated as follows:

Performance Measure Score = Points earned for each measure / Maximum number of points allowable for the measure.

- (iii) Some performance measures may have identified sub-measures for which sub-measure performance scores will be calculated in the same manner, but then typically equally weighted to calculate a composite performance measure score. For sub-measures the score is calculated as follows:

Performance Measure Score = Sum of each (Sub-measure Score X Sub-measure Weighting).

- 4. **Domain Score Calculation:** The domain scoring and approach will, as applicable, be consistent with other MassHealth incentive programs or other incentive program practices. Domain scoring includes the following components:

- a. Using the predetermined weights specified in Table 3, a domain score will be calculated by taking each performance measure score in the domain and calculating the sum of each performance measure score multiplied by its respective performance measure weight:

Domain Score = Sum of each (Performance Measure Score Performance Measure Weight).*

- b. If the Contractor is not eligible for a measure (e.g., does not meet the denominator criteria or minimum volume), the weighting will be redistributed equally to the eligible performance measures in the domain.

5. **Health Equity Score Calculation:** The overall Health Equity Scoring approach will, as applicable, be consistent with other MassHealth incentive programs or other incentive program practices. The overall Health Equity Score includes the following components. Using the predetermined weights specified in Table 3, a health equity score will be calculated by taking each domain score and calculating the sum of each domain score multiplied by its respective domain weight:

*Health Equity Score = Sum of each (Domain Score * Domain Weight).*

The final Health Equity Score will be used to calculate the Contractor's earned incentive payment.

Table 4. PY 2-5 AQEIP Metric Weights

Domain*	Measure Name	Anticipated Measure Weight (%) by Performance Year				Domain Weight (%)
		2024	2025	2026	2027	
DHRSN	Race, Ethnicity, Language, Disability, Sexual Orientation, & Gender Identity Data Completeness	10	10	15	15	25
	Health-Related Social Needs (HRSN) Screening	15	15	10	10	
EAQ	Quality Performance Disparities Reduction	10	10	20	20	50
	Equity Improvement Interventions	10	10	5	5	
	Meaningful Access to Healthcare Services for Persons with a Preferred Language other than English	10	10	10	10	
	Disability Competent Care	10	10	5	5	
	Disability Accommodation Needs Screening	10	10	10	10	
CC	Achievement of External Standards for Health Equity	15	15	10	10	25
	Member Experience: Communication, Courtesy, and Respect	10	10	15	15	
TOTAL						100

*DHRSN=Demographic and Health-Related Social Needs Data; EAQ=Equitable Access and Quality; CC=Capacity and Collaboration