

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



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CONTRACTOR LEGAL NAME: Tufts Health Public Plans, Inc. (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Health and Human Services MMARS Department Code: EHS	
Legal Address: (W-9, W-4): 705 Mount Auburn St., Watertown, MA, 02472		Business Mailing Address: One Ashburton Place, 11th Floor, Boston, MA 02108	
Contract Manager: Ashley Hague	Phone: 617-972-9400 x87089	Billing Address (if different):	
E-Mail: Ashley_Hague@tufts-health.com	Fax:	Contract Manager: Aditya Mahalingam-Dhingra	Phone: 617-573-1812
Contractor Vendor Code: VC0000577707		E-Mail: Aditya.Mahalingam-Dhingra@mass.gov	Fax:
Vendor Code Address ID (e.g., "AD001"): AD002. (Note: The Address ID must be set up for EFT payments.)		MMARS Doc ID(s): N/A	
<input type="checkbox"/> NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) <input type="checkbox"/> Statewide Contract (OSD or an OSD-designated Department) <input type="checkbox"/> Collective Purchase (Attach OSD approval, scope, budget) <input type="checkbox"/> Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) <input type="checkbox"/> Emergency Contract (Attach justification for emergency, scope, budget) <input type="checkbox"/> Contract Employee (Attach Employment Status Form, scope, budget) <input type="checkbox"/> Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		<input checked="" type="checkbox"/> CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment: <u>December 31, 2022</u> . Enter Amendment Amount: \$ <u>no change</u> . (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) <input checked="" type="checkbox"/> Amendment to Date, Scope or Budget (Attach updated scope and budget) <input type="checkbox"/> Interim Contract (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> Contract Employee (Attach any updates to scope or budget) <input type="checkbox"/> Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): <input checked="" type="checkbox"/> <u>Commonwealth Terms and Conditions</u> <input type="checkbox"/> <u>Commonwealth Terms and Conditions For Human and Social Services</u> <input type="checkbox"/> <u>Commonwealth IT Terms and Conditions</u>			
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. <input checked="" type="checkbox"/> Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) <input type="checkbox"/> Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or <u>new</u> total if Contract is being amended). \$ _____.			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days _____ % PPD; Payment issued within 15 days _____ % PPD; Payment issued within 20 days _____ % PPD; Payment issued within 30 days _____ % PPD. If PPD percentages are left blank, identify reason: <input checked="" type="checkbox"/> agree to standard 45 day cycle <input type="checkbox"/> statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); <input type="checkbox"/> only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) This Amendment 3 to the Third Amended and Restated ACP Contract with Beth Israel Deaconess Care Organization in partnership with Tufts Health Public Plans revises rate and policy provisions, as well as updates appendices.			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <input type="checkbox"/> 1. may be incurred as of the Effective Date (latest signature date below) and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date. <input checked="" type="checkbox"/> 2. may be incurred as of <u>July 1, 2021</u> , a date <u>LATER</u> than the Effective Date below and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date. <input type="checkbox"/> 3. were incurred as of _____, 20____, a date <u>PRIOR</u> to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as of <u>December 31, 2022</u> , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: _____ Date: <u>6-14-21</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Jean Yang</u> Print Title: <u>President, Tufts</u>		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: _____ Date: <u>6/28/2021</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Daniel Tsai</u> Print Title: <u>Assistant Secretary for MassHealth</u>	

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

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

WHEREAS, EOHHS and the Contractor amended and restated the Contract effective January 1, 2021, (the Third Amended and Restated Accountable Care Partnership Plan Contract), and further amended the Contract through Amendments #1 and #2;

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

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

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

1. **Section 1, Definition of Terms**, is hereby amended by inserting the following definition in alphabetical order:

“Behavioral Health Supports for Individuals with Justice Involvement (BH-JI) – BH-JI supports involve a range of functions that assist MassHealth Members with justice involvement, including those members who are currently incarcerated or detained in a correctional facility, released from a correctional institution within one year, or who are under the supervision of the Massachusetts Probation Service or the Massachusetts Parole Board, in navigating and successfully engaging with health care services, with an emphasis on behavioral health services. BH-JI supports include in-reach and re-entry supports for individuals releasing from correctional facilities as well as community supports post-release. When directed by EOHHS, the community supports for Enrollees

post-release will be provided by the Contractor through Community Support Program Services for Individuals with Justice Involvement as described in **Section 2.7.H.**”

2. **Section 1, Definitions of Terms**, is hereby amended by adding “and **Appendix E**” after “Appendix A” in the definition of “**Drug and Non-Drug Pharmacy Product Rebate Data**”.

3. **Section 2, Contractor Responsibilities**, is hereby amended by renumbering current **Section 2.3.A.4.a.12** as **Section 2.3.A.4.a.13** and adding a new **Section 2.3.A.4.a.12** as follows:

“12) The Contractor’s Leadership Contact, who shall serve as the contact person for EOHHS’s Assistant Secretary for MassHealth and as a leadership or escalation point of contact for other MassHealth program staff; and”

4. **Section 2, Contractor Responsibilities**, is hereby amended by adding a new **Section 2.6.A.15** as follows:

“15. The Contractor shall make best efforts to maximize vaccinations of their members in accordance with the Department of Public Health guidelines. For Contract Year 2021, the Contractor shall receive a COVID-19 Vaccination Incentive Payment as set forth in **Section 4.3.I**, if by July 31, 2021, either:

The Contractor has a minimum of eighty percent (80%) of Enrollees residing in certain Massachusetts cities and towns, as further specified by EOHHS, who are fully vaccinated against COVID-19; or

Both:

- 1) The Contractor has a minimum of fifty percent (50%) of Enrollees residing in such cities and towns who are fully vaccinated against COVID-19; and
- 2) The Contractor has one of the top four highest percentages of Enrollees fully vaccinated among all MassHealth Accountable Care Partnership Plans (“ACPP”), Managed Care Organizations (“MCO”), and Primary Care Accountable Care Organizations (“PCACO”).

For purposes of this section, an Enrollee is considered fully vaccinated if the Enrollee has received all recommended doses of the COVID-19 vaccine regimen for the vaccine administered.”

5. **Section 2, Contractor Responsibilities**, is hereby amended by adding a new **Section 2.6.B.1.b.3** as follows:

- “3) As directed by EOHHS, the Contractor shall implement 90-day supply requirements for drugs, including but not limited to covering some or all 90-day supplies for drugs, consistent with MassHealth fee-for-service requirements.”
6. **Section 2, Contractor Responsibilities**, is hereby amended by deleting **Section 2.6.B.1.d.5** in its entirety and inserting in place thereof the following **Section 2.6.B.1.d.5**:
- “5) The Contractor shall, with respect to drugs and drug classes specified by EOHHS, including but not limited to Hepatitis C Virus (HCV) Drugs or drugs listed on the MassHealth Acute Hospital Carve-Out Drugs List, provide coverage in a manner that maximizes EOHHS’ ability to collect drug rebates, including but not limited to excluding such drugs or drug classes from reimbursement through the Contractor’s 340B program, as further specified by EOHHS;”
7. **Section 2, Contractor Responsibilities**, is hereby amended by deleting **Section 2.6.B.3.b** in its entirety and inserting in place thereof the following **Section 2.6.B.3.b**:
- “b. On a nightly basis, transmit the Daily Inbound Copay File as specified in **Section 2.14.E.5.c** and **Appendix J**.”
8. **Section 2, Contractor Responsibilities**, is hereby amended by deleting “and at a rate specified by” in **Section 2.7.D.7.b** and by inserting the following new **Sections 2.7.b.1-3**:
- “1) The Contractor shall report claims paid for psychiatric inpatient services delivered to Enrollees under the age of 21 in specialized ASD/IDD inpatient psychiatric treatment settings to EOHHS in a form and format and at a frequency to be determined by EOHHS;
- 2) The Contractor shall pay Providers no less than the rate specified by EOHHS for inpatient psychiatric services delivered to Enrollees under the age of 21 with ASD/IDD in specialized ASD/IDD inpatient psychiatric treatment settings;
- 3) For each bed day paid for by the Contractor for the services in **Section 2.5.A.13.a**, EOHHS shall administer an additional per diem payment to the Contractor as set forth in **Section 4.3.C** and **Appendix D**.”
9. **Section 2, Contractor Responsibilities**, is hereby amended by inserting the following new **Section 2.7.D.7.m**:
- “m. For inpatient mental health services, the Contractor shall establish provider rates at or above 100% of the MassHealth-equivalent rates under **Section 5.B.4** of the MassHealth Acute Hospital Request for Application and **Section 4.2** and **Appendix A** of the MassHealth Psychiatric Hospital Request for Application, unless otherwise directed by EOHHS.”

10. **Section 2, Contractor Responsibilities**, is hereby amended by inserting the following new **Section 2.7.D.13**:

“13. Effective July 1, 2021, for CPT code 99484 (or, as referred to by EOHHS as, behavioral health integration) the Contractor shall:

- a. Pay for such service when such service is provided by a Primary Care Provider (PCP); provided however, that
 - 1) the Contractor shall not pay for such service when it is provided by a PCP practicing at a community health center;
 - 2) the Contractor shall not pay for such service unless the PCP has billed one or more of the following CPT codes in the immediately preceding 12 calendar months: 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214 or 99215.
 - 3) the Contractor shall not pay for any facility fee associated with the service when it is provided by a PCP affiliated with a hospital.
- b. Establish a rate for CPT code 99484 at or above the rate floor set by EOHHS in 101 CMR 317.04, unless otherwise directed by EOHHS.”

11. **Section 2, Contractor Responsibilities**, is hereby amended by inserting the following new **Section 2.7.H**:

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

On the later of October 1, 2021, or the date on which CMS approves the services, subject to the Medical Necessity requirements under 130 CMR 450.204, other Contract requirements, and applicable statutory and regulatory requirements, the Contractor shall provide CSP services as set forth in **Appendix C** to individuals with justice involvement as described in this section.

- 1. The Contractor shall authorize, arrange, coordinate, and provide CSP services as set forth in **Appendix C** to Enrollees with Justice Involvement that consist of intensive, and individualized support delivered face-to-face or via telehealth, as further specified by EOHHS, which shall include:
 - a. Assisting in enhancing daily living skills;
 - b. Providing service coordination and linkages;
 - c. Assisting with obtaining benefits, housing, and healthcare;
 - d. Developing a safety plan;

- e. Providing prevention and intervention; and
 - f. Fostering empowerment and recovery, including linkages to peer support and self-help groups.
2. For the purpose of this **Section 2.7.H**, Enrollees with Justice Involvement shall be those individuals released from a correctional institution within one year, or who are under the supervision of the Massachusetts Probation Service or the Massachusetts Parole Board.
 3. The Contractor shall, as further directed by EOHHS, with respect to CSP-JI:
 - a. Actively communicate with CSP-JI providers regarding the provision of CSP-JI services, including coordinating care to ensure that individuals' needs are met;
 - b. Ensure that network providers of CSP-JI have demonstrated experience and engage in specialized training;
 - c. Report to EOHHS about its network providers of CSP-JI in accordance with **Appendix A**; and
 - d. Designate a single point of contact for CSP-JI to provide information to CSP-JI providers and EOHHS as further specified by EOHHS.
 4. When directed by EOHHS, the Contractor shall maintain agreements with Behavioral Health Supports for Individuals with Justice Involvement providers, as further specified by EOHHS."
12. **Section 2, Contractor Responsibilities**, is hereby amended by inserting "for drugs and non-drug pharmacy products dispensed by pharmacies" after "Data" and further by inserting "and 100% of the Drug and Non-Drug Pharmacy Products Rebate Data for physician-administered drugs in accordance with **Appendix E**." after "**Appendix A**" in **Section 2.14.C.1**.
 13. **Section 2, Contractor Responsibilities**, is hereby amended by deleting "Daily Inbound Demographic Change File" in **Section 2.14.E.5.c.1.a** and replacing it with "Reserved".
 14. **Section 2, Contractor Responsibilities**, is hereby amended by deleting "Inbound Co-pay Data File (daily)" and replacing it with "Daily Inbound Copay File" in **Section 2.14.E.5.c.1.c**.

15. **Section 2, Contractor Responsibilities**, is hereby amended by deleting “and” in **Section 2.14.E.5.c.2.e**, adding “and” at the end of **Section 2.14.E.5.c.2.f**, and adding a new **Section 2.14.E.5.C.2.g** as follows:

“g) Daily Outbound Copay File.”

16. **Section 2, Contractor Responsibilities**, is hereby amended by deleting **Section 2.19.C.4.a.1** in its entirety and inserting in place thereof the following **Section 2.19.C.4.a.1**:

“1) Reserved;”

17. **Section 4, Payment and Financial Provisions**, is hereby amended by deleting **Section 4.3.D** in its entirety and inserting in place thereof the following **Section 4.3.D**:

“D. Integrated Care Incentive Payment Pursuant to **Section 2.8.L**

1. At a frequency to be specified by EOHHS, EOHHS shall pay Contractor an amount equal to the sum of provider payments described in **Section 2.8.L.3** for the applicable time period.
2. For each Contract Year, EOHHS shall perform an annual reconciliation after the end of the Contract Year to correct the amount of any payments described in **Section 2.8.L.3**. EOHHS shall remit to the Contractor the full amount of any underpayments it identifies. The Contractor shall remit to EOHHS the full amount of any overpayments identified by EOHHS. Such payments shall be made either through a check or, at the discretion of EOHHS, through recoupment from future capitation and/or reconciliation payments described in **Section 4**.”

18. **Section 4, Payment and Financial Provisions**, is hereby amended by deleting **Section 4.3.F** in its entirety and inserting in place thereof the following **Section 4.3.F**:

“F. Inpatient Mental Health Services

For Contract Year 2020, EOHHS shall pay the Contractor for the rate increases for Inpatient Mental Health Services and Administratively Necessary Days (ANDs) described in **Section 2.20.B.2**, as follows and as further specified by EOHHS:

1. Such rate increases shall be reflected as an additional per diem payment; as further specified by EOHHS;
2. Such rate increases and associated expenditures shall be included in the risk sharing arrangement calculations set forth in **Section 4.5**, as part of the

Non- High-Cost Drug/Non-HCV Medical Component (“Core Medical”) and actual medical expenditures, respectively; and

3. The Contractor shall report claims paid for Inpatient Mental Health and AND Services to EOHHS in a form and format and at a frequency to be determined by EOHHS.”

19. **Section 4, Payment and Financial Provisions**, is hereby amended by inserting the following new **Section 4.3.I**:

“I. COVID-19 Vaccination Incentive Payment

1. For Contract Year 2021, if the Contractor achieves the vaccination target set forth in **Section 2.6.A.15**, EOHHS shall pay the Contractor a vaccination incentive payment of \$500,000.
2. The COVID-19 Vaccination Incentive Payment shall be consistent with **Section 4.6.A**.
3. The COVID-19 Vaccination Incentive Payment shall not be included in the risk sharing arrangement calculations set forth in **Section 4.5**.”

20. **Section 6, Additional Terms and Conditions**, is hereby amended by deleting **Section 6.1.K.2** in its entirety and inserting in place thereof the following **Section 6.1.K.2**:

“2. Copayments and Cost Sharing

- a. Notwithstanding any other requirement in this Contract, the Contractor shall charge Enrollees copayments in the same amounts and for the same services as the copayments established by EOHHS for Members. See 130 CMR 450.130, 130 CMR 506.014, and 130 CMR 520.036.
- b. As further directed by EOHHS, the Contractor shall apply copayments in the manner EOHHS applies copayments for Members, including but not limited to exclusions, copayment caps, and prohibiting providers from refusing to provide a service to an Enrollee who is unable to pay at the time a service is provided. See 130 CMR 506.015-018 and 130 CMR 520.037-040.
- c. As further directed by EOHHS, the Contractor shall implement federal and other cost sharing initiatives specified by EOHHS. Such implementation shall include, but may not be limited to:

- 1) Submitting the Inbound Co-pay Data File as specified in **Section 2.14.E.5.c.1** and **Appendix J**, and resubmitting files to correct errors as required by EOHHS;
 - 2) Receiving and processing the Daily Outbound Copay File as specified in **Section 2.14.E.5.c.2** and **Appendix J**;
 - 3) Developing a process, that does not require an Enrollee taking initial action, to address situations where an Enrollee pays over their copay limit (also referred to as member overage). The Contractor shall submit such process to EOHHS for EOHHS approval, modify any part of the process upon receiving feedback from EOHHS, and resubmit such updated proposed process for EOHHS approval. The Contractor shall implement the final, EOHHS-approved process; and
 - 4) Not implementing any copayments or other cost sharing on preventative services as specified by EOHHS. The Contractor shall maintain a list of preventative services consistent with EOHHS' list of preventative services and shall update such list as specified by EOHHS.”
21. **Appendix A, Reporting Requirements**, is hereby deleted in its entirety and replaced with a new **Appendix A** attached hereto.
 22. **Appendix D, Payment**, is hereby amended by inserting new **Exhibits 4** and **5**, attached hereto.
 23. **Appendix H, Coordination of Benefits Requirements, Section I**, is hereby deleted in its entirety and replaced with the following new **Section I**:

“I. Third Party Health Insurance Identification and Cost Avoidance

The Contractor shall develop procedures and train its staff to ensure that Enrollees who have other insurance are either (1) not enrolled into the Contractor’s Plan if third party health insurance is identified and verified prior to enrollment, or (2) disenrolled by EOHHS upon third party health insurance verification post enrollment. The two most common types of third party health insurance are the Contractor’s own commercial product or a third party commercial health insurance product.

Once an Enrollee is identified as having other health insurance, the Contractor must cost avoid claims for which another insurer may be liable, except in the case of prenatal and EPSDT services per 42 USC 1396a(a)(25)(E) and 42 CFR 433.139.

If the Enrollee is found to be enrolled in the Contractor's commercial plan, the Enrollee's information shall be sent to EOHHS or its designee. If the Contractor's commercial health insurance product is the other insurance, EOHHS shall disenroll the Enrollee from the Contractor's Plan effective the "TPL effective date" in MMIS.

The Contractor shall identify and communicate with EOHHS or its designee the existence of other health insurance through the following methods and procedures:

- A. The Contractor shall require their Providers to send any other health insurance information found about its Enrollees to the Contractor.
 - B. The Contractor shall provide a TPL Indicator form, approved by EOHHS, as set forth in Appendix A, to their Providers for use in communicating to the Contractor the liable third party insurance information for their Enrollees. This form may be distributed at network trainings performed by the Contractor.
 - C. The Contractor shall submit such TPL information through an electronic process, as further specified by EOHHS.
 - D. The Contractor shall review claims data received from their Providers for indications of other liable insurance coverage. The Contractor shall send the other health insurance information to EOHHS or its designee."
24. **Appendix J, MMIS Interfaces with Accountable Care Partnership Plans**, is hereby amended by deleting "2. Provider Web Portal" and replacing it with "2. Provider Online Service Center (POSC)" and adding "3. Another method specified by EOHHS".
25. **Appendix J, MMIS Interfaces with Accountable Care Partnership Plans**, is hereby amended by deleting the title in **Section A.2** "Inbound Co-Pay Data" and replacing it with a new title "Daily Inbound Copay File".
26. **Appendix J, MMIS Interfaces with Accountable Care Partnership Plans**, is hereby amended by inserting "in a form and format specified by EOHHS" after "MMIS" in **Section A.2**.
27. **Appendix J, MMIS Interfaces with Accountable Care Partnership Plans**, is hereby amended by inserting the following new **Section B.6**:

"6. Daily Outbound Copay File

On a daily basis, MMIS will transmit copay accumulation information on Enrollees to the Contractor via the Daily Outbound Copay File. The file will communicate the Enrollees' monthly copay cap and their updated copay accumulations on a daily basis."

28. **Appendix T, Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule**, is hereby deleted in its entirety and replaced with a new **Appendix T** attached hereto.
29. **Appendix W, Providers in the Contractor's Network (PID/SL list for PCP Exclusivity Purposes (Section 2.7.C.1.a.2))**, is hereby deleted in its entirety and replaced with a new **Appendix W** attached hereto.

APPENDIX A ACO REPORTING REQUIREMENTS

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

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

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

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

Reporting Deliverable Schedule

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

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

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

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

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

B. Contract Management Reports

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

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

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

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

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

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

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

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
CM-27	CM-27 Third Party Liability (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	Annual	OnBase
CM-31	CM-31 Notification of Federally Required Disclosures Notification of Federally Required Disclosures (in accordance with Section 6.1.O and as specified in Appendix L)	Ad-Hoc	OnBase
CM-32	CM-32 Notification of Reportable Findings /Network FRD Notification of Reportable Findings /Network FRD (Notification: Same Day)	Ad-Hoc	OnBase
CM-33	CM-33 Summary of Reportable Findings/Network FRD Forms Summary of Reportable Findings/Network FRD Forms	Annual	OnBase
CM-34	CM-34 Notification of Provider Overpayments Notification of Provider Overpayments	Ad-Hoc	OnBase
CM-35	CM-35 Summary of Provider Overpayments Summary of Provider Overpayments	Quarterly	OnBase
CM-36	CM-36 Provider Materials Provider Materials (related to enrollee cost-sharing, changes to Covered Services and/or any other significant changes per contractual requirements)	Ad-Hoc	OnBase

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
CM-38	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).	Annual	OnBase
CM-43-B	CM-43-B Emergency Closures and Other Contractor Office Closures Ad Hoc Emergency Closures and Other Contractor Office Closures. (The Contractor shall also include Behavioral Health subcontractor information, if applicable).	Ad Hoc	OnBase
CM-44	CM-44 Strategy-related Reports Strategy-related Reports	Ad Hoc	OnBase
CM-45	CM-45 Comprehensive Assessment Report Comprehensive Assessment Report	Monthly, by the 15 th day of the month	OnBase
CM-46	CM-46 Enrollee and Provider Incentives Notification Enrollee and Provider Incentives Notification	Ad-Hoc	OnBase
CM-47	CM-47 [RETIRED]		
CM-48	CM-48 Copy of Press Releases (pertaining to MassHealth line of business) Copy of Press Releases (pertaining to MassHealth line of business)	Ad-Hoc	OnBase

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
CM-50	CM-50 CM - Self-Reported Disclosures Self-Reported Disclosures	Ad-Hoc	OnBase
CM-51	CM-51 Program Integrity Compliance Plan and Anti-Fraud, Waste and Abuse Plan Program Integrity Compliance Plan and Anti-Fraud, Waste and Abuse Plan	Annual	OnBase
CM-52	CM-52 Payment Suspension Quarterly Payment Suspension Report	Quarterly	OnBase
CM-53	CM-53 Involuntary Change in PCP Report Involuntary Change in PCP Report	Ad-Hoc	OnBase
CM-54-A	CM-54-A Hospital Payment Arrangement Report Hospital Payment Arrangement Report	Annual	OnBase
CM-54-B	CM-54-B Hospital Fee Schedule Exemption Form Hospital Fee Schedule Exemption Form	Ad-Hoc	OnBase
CM-C1	CM-C1 Report and Compliance Certification Checklist Annual Report and Compliance Certification Checklist	Annual	OnBase

C. Quality Reports

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

D. Behavioral Health Reports

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

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

E. Financial Reports

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

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

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

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

F. Operations Reports

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

G. Pharmacy Reports

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
PH-01	PH-01 Pharmacy Claims Level Interface Plans use the Pharmacy Claims Level Interface to submit rebate data for Pharmacy claims. The original claims file submission is due within 5 calendar days following the close of the prior month.	Monthly	POPS Portal
PH-02	[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 (Note: Due by May 1 st of each year)	Annual	Secure Email
PH-04-B	PH-04-B Clinical Information request for the DUR Board meeting Clinical Information request for the DUR board meeting	Ad-Hoc	Email
PH-04-C	PH-04-C Clinical Criteria for Prior Authorization and Utilization Management Clinical Criteria for Prior Authorization and Utilization Management	Ad-Hoc	Email
PH-05-A	PH-05-A Pharmacy MassHealth Drug Rebate File Submission Report Pharmacy MassHealth Drug Rebate File Submission Report for the plans to self- report monthly on the upload of the report PH-01 to the POPS Portal. The File Submission Report is due within 3 business days following the upload of PH-01.	Monthly	Email
PH-05-B	[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	PH-09 MassHealth ACO/MCO Uniform Preferred Drug List Compliance Report MassHealth ACO/MCO Uniform Preferred Drug List Compliance Report	Ad-Hoc	OnBase

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
PH-10	PH-10 Hepatitis C Utilization Report Hepatitis C Utilization Report	Ad-Hoc	OnBase
PH-11	PH-11 Pediatric BH Medication Initiative Report Pediatric BH Medication Initiative Report	Ad-Hoc	OnBase
PH-12-A	PH-12-A PBM Pricing Report - Quarterly PBM Pricing Report- Quarterly	Quarterly	POPS Portal, or as directed by EOHHS
PH-12-B	PH-12-B PBM Pricing Report - Ad-Hoc PBM Pricing Report- Ad-Hoc	Ad-Hoc	POPS Portal, or as directed by EOHHS
PH-13	PH-13 Mail Order Pharmacy Program Report Mail Order Pharmacy Program Report- Ad-Hoc	Ad-Hoc	OnBase
PH-14	PH-14 Change in BIN/PCN/Group Number Report Change in BIN/PCN/Group Number Report- Ad-Hoc (Note: Due at least 30-days before new BIN/PCN/Group Number is effective)	Ad-Hoc	OnBase
PH-15	PH-15 Vitrakvi Monitoring Report Vitrakvi Monitoring Report- Quarterly	Quarterly	OnBase
PH-16-A	PH-16-A Zolgensma Monitoring Program- Quarterly Zolgensma Monitoring Program- Quarterly	Quarterly	OnBase
PH-16-B	PH-16-B Zolgensma Monitoring Program- Annual Zolgensma Monitoring Program- Annual	Annual	OnBase
PH-17	PH-17 CAR-T Monitoring Program CAR-T Monitoring Program-Quarterly	Quarterly	OnBase
PH-18	PH-18 Controlled Substance Management Program Enrollees Leaving Health Plan Controlled Substance Management Program Enrollees Leaving Health Plan- Monthly	Monthly	OnBase
PH-19	PH-19 Givlaari Monitoring Program Givlaari Monitoring Program - Annual	Annual	OnBase

ACO Contract Exhibit Number	Name of Report	Deliverable Frequency	Target System
PH-20	PH-20 Onpattro Monitoring Program PH-20 Onpattro Monitoring Program - Quarterly	Quarterly	OnBase

EXHIBIT 4
Payment for COVID-19 Temporary Rate Increases for Inpatient Mental Health Services
and Administratively Necessary Days (AND)
Contract Year 3 (2020)

The tables below include the per inpatient day payment for rate increases to Tier 1 and Tier 2 Hospitals for Contract Year 2020 as described in Sections 2.20.B.2 and 4.3.F of the Contract.

<u>Inpatient Mental Health and</u> <u>Administratively Necessary Days (AND)</u> <u>Tier 1 Payment</u>	
<u>Effective April 1, 2020 – July 31, 2020</u>	
Region	Supplemental Payment Per Inpatient Day
Northern	\$94.00
Greater Boston	\$94.00
Southern	\$94.00
Central	\$94.00
Western	\$94.00

<u>Inpatient Mental Health and</u> <u>Administratively Necessary Days (AND)</u> <u>Tier 2 Payment</u>	
<u>Effective April 1, 2020 – May 26, 2020</u>	
Region	Supplemental Payment Per Inpatient Day
Northern	\$94.00
Greater Boston	\$94.00
Southern	\$94.00
Central	\$94.00
Western	\$94.00

<u>Inpatient Mental Health and AND</u> <u>Tier 2 Payment</u>	
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<u>Effective May 27, 2020 – July 31, 2020</u>	
Region	Supplemental Payment Per Inpatient Day
Northern	\$188.00
Greater Boston	\$188.00
Southern	\$188.00
Central	\$188.00
Western	\$188.00

EXHIBIT 5
Adjustment to Base Capitation Rates to Account for the Health Insurer Provider Fee (HIPF)
under Section 9010 of the ACA
Contract Year 2 (2019)

For the HIPF for calendar year 2019, EOHHS shall perform the following retrospective add-on adjustment to the Contract Year 2019 Base Capitation Rates, as reflected in Appendix D effective during that period (as incorporated into this Contract through Amendment 1 to the First Amended and Restated Contract). Such adjustment shall be applied to the period of January 1, 2019 – December 31, 2019.

<u>Health Insurance Provider Fee Retrospective Adjustment</u>						
<u>Effective January 1, 2019- December 31, 2019</u>						
Region	RC I Adult	RC I Child	RC II Adult	RC II Child	RC IX	RC X
Northern	\$4.91	\$2.35	\$15.64	\$11.38	\$6.13	\$17.92
Greater Boston	\$5.19	\$2.44	\$17.08	\$10.95	\$5.96	\$17.19
Southern	\$5.41	\$2.41	\$15.95	\$11.17	\$6.90	\$20.57
Central	\$4.84	\$2.25	\$14.75	\$10.92	\$5.85	\$17.50
Western	\$4.69	\$2.30	\$13.82	\$9.25	\$5.53	\$16.76

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

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

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Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	90834	Master's Level (Independently Licensed Clinicians and Supervised Master's Level Clinicians)	Individual Psychotherapy, approximately 45 minutes	\$ 85.91
MH and SA OP Services	90834	Master's Level (Licensed Alcohol and Drug Counselor 1 and Supervised Master's Level Clinicians)	Individual Psychotherapy, approximately 45 minutes	\$ 85.91
MH and SA OP Services	90834	Intern (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 45 minutes	\$ 43.62
MH and SA OP Services	90834	Intern (Master's)	Individual Psychotherapy, approximately 45 minutes	\$ 42.96
MH and SA OP Services	90836	Doctoral Level (MD / DO)	Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service	\$ 51.58
MH and SA OP Services	90836	Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service	\$ 51.58
MH and SA OP Services	90837	Doctoral Level (Child Psychiatrist)	Psychotherapy, 60 minutes	\$ 105.18
MH and SA OP Services	90837	Doctoral Level (MD / DO)	Psychotherapy, 60 minutes	\$ 92.42
MH and SA OP Services	90837	Doctoral Level (PhD, PsyD, EdD)	Psychotherapy, 60 minutes	\$115.94
MH and SA OP Services	90837	Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 60 minutes	\$114.26
MH and SA OP Services	90837	Master's Level (Independently Licensed Clinicians and Supervised Master's Level Clinicians)	Psychotherapy, 60 minutes	\$114.26
	90837	Master's Level (Licensed Alcohol and Drug Counselor 1 and Supervised Master's Level Clinicians)	Psychotherapy, 60 minutes	\$114.26
MH and SA OP Services	90837	Intern (PhD, PsyD, EdD)	Psychotherapy, 60 minutes	\$ 43.62
MH and SA OP Services	90837	Intern (Master's)	Psychotherapy, 60 minutes	\$ 42.96
MH and SA OP Services	90838	Doctoral Level (MD / DO)	Psychotherapy, 60 minutes, when Performed with an Evaluation and Management Service	\$ 83.11
MH and SA OP Services	90838	Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 60 minutes, when Performed with an Evaluation and Management Service	\$ 83.11
MH and SA OP Services	90846	Doctor Level (Child Psychiatrist)	Family Psychotherapy (without patient present)	\$ 128.56
MH and SA OP Services	90846	Doctor Level (MD/DO)	Family Psychotherapy (without patient present)	\$ 97.84
MH and SA OP Services	90846	Doctoral Level (PhD, PsyD, EdD)	Family Psychotherapy (without patient present)	\$ 91.34
MH and SA OP Services	90846	Nurse Practitioner/Board Certified RNCS and APRN-BC	Family Psychotherapy (without patient present)	\$ 88.68

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

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

Third Amended and Restated ACPP Contract

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

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

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

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

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

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

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

Third Amended and Restated ACPP Contract

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

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

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

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

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

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

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

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

Third Amended and Restated ACPP Contract

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

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

Commonwealth of Massachusetts Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
Diversiory Services	H2012	+	Behavioral Health Day Treatment, per hour (Psychiatric Day Treatment)	101 CMR 307.00
Diversiory Services	H2012		Behavioral Health Day Treatment, per hour (Enhanced Psychiatric Day Treatment)	\$ 13.22
Diversiory Services	H2015	+	Comprehensive community support services, per 15 minutes (Community Support Program)	\$ 13.97
Diversiory Services	H2015		Comprehensive community support services, per 15 minutes (Community Support Program - Cultural Broker)	\$ 13.97
Diversiory Services	H2015	HF	Recovery Support Navigator , per 15-minute units	101 CMR 444.00
Diversiory Services	H2016	HM	Comprehensive community support program, per diem (Enrolled Client Day) (recovery support service by a recovery advocate trained in Recovery Coaching)	101 CMR 346.00
Diversiory Services	H2016	HE	When directed by EOHHS, Comprehensive community support services, per diem (Community Support Program (CSP) for members residing in DHCD-funded new temporary shelters)	\$ 17.30
Diversiory Services	H2016	HH	Effective on the later of October 1, 2021 or the date on which CMS approves these services, comprehensive community support program, per diem (Enrolled Client Day) (behavioral health service by a navigator trained to support members with justice involvement) (CSP-JI)	\$17.23
Diversiory Services	H2020	+	Therapeutic behavioral services, per diem (Dialectical Behavior Therapy)	\$ 26.50
Diversiory Services	S9484	+	Crisis intervention mental health services, per hour (Urgent Outpatient Services)	\$ 147.57
MH and SA OP Services	H0014	+	Alcohol and/or drug services; ambulatory detoxification (Adult or Adolescent)	\$ 227.65
MH and SA OP Services	H0020	+	Alcohol and/or drug services; methadone administration and/or service (Dosing)	\$ 11.43
MH and SA OP Services	H0020/T1006		Alcohol and/or drug services; methadone administration and/or service (Family/couple counseling); 1 unit = 60 minutes	\$ 84.79
MH and SA OP Services	H0020/H0005		Alcohol and/or drug services; methadone administration and/or service (Group counseling); 1 unit = 60 to 90 minutes	\$ 28.68
MH and SA OP Services	H0020		Alcohol and/or drug services; methadone administration and/or service (Individual counseling); 1 unit = 30 minutes	\$ 41.16
MH and SA OP Services	H0004		Alcohol and/or drug services; methadone administration and/or service (Individual counseling); 1 unit = 15 minutes	\$ 20.58
Adult ESP Services	S9485	U1	Crisis intervention mental health services, per diem (Emergency Service Program Mobile Non-emergency Department)	\$ 819.64
Adult ESP Services	S9485	HE	Crisis intervention mental health services, per diem (Emergency Service Program Community Based)	\$ 744.23
Adult ESP Services	S9485	HB	Crisis intervention mental health services, per diem (Emergency Service Program Hospital Emergency Room)	\$ 505.85
Adult ESP Services	S9485	ET	Crisis intervention mental health services, per diem (Emergency Service Program's Adult Community Crisis Stabilization Day 1)	\$ 505.53

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

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

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

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

Beth Israel Deaconess Care Organization in Partnership with Tufts Health Public Plans
**Appendix W, Providers in the Contractor's Network (PID/SL list for PCP Exclusivity
Purposes (Section 2.7.C.1.a.2))**

	PID/SL	PROVIDER NAME	PROVIDER ADDRESS
1	110000014D	BOWDOIN STREET HEALTH CNTR	230 BOWDOIN STREET, DORCHESTER, MA 02122
2	110027836A	SOUTH COVE COMMUNITY HEALTH CENTER	885 WASHINGTON STREET, BOSTON, MA 02111
3	110027836B	SOUTH COVE COMM. HLTH CTR	145 SOUTH ST, BOSTON, MA 02111
4	110027836C	SOUTH COVE COMM HEALTH CTR	435 HANCOCK ST, NORTH QUINCY, MA 02171
5	110027836J	SOUTH COVE COMMUNITY HEALTH CENTER, INC	88 HOLMES ST, QUINCY, MA 02171
6	110027836L	SOUTH COVE COMMUNITY HEALTH CENTER INC	277 COMMERCIAL ST, MALDEN, MA 02148
7	110033127A	JOHN E MARKIS	319 LONGWOOD AVE 3rd floor, BOSTON, MA 02115
8	110037723A	AVROHM N MELNICK	2000 WASHINGTON ST STE 570, NEWTON, MA 02462
9	110064724B	JOSE E RUANO	373 SOUTH HUNTINGTON AVE, JAMAICA PLAIN, MA 02130
10	110067317B	HEALTHCARE ASSOCIATES	330 BROOKLINE AVE SPR 1, BOSTON, MA 02215
11	110067317U	BETH ISRAEL DEACONESS MEDICAL CENTER WEST CAMPUS	110 FRANCIS ST STE 2F, BOSTON, MA 02215
12	110067519A	BOSTON CARDIOVASCULAR ASSOC	125 PARKER HILL AVE, BOSTON, MA 02120
13	110067846A	AMERICAN CHINESE MEDICAL CENTER PC	1842 BEACON ST STE 302, BROOKLINE, MA 02445
14	110068139A	WILLIAM E COBB MD PC	100 HIGHLAND ST STE 209, MILTON, MA 02186
15	110068219B	NEW ENGLAND HEART CENTER PC	465 WAVERLY OAKS RD STE 415, WALTHAM, MA 02452
16	110068263A	RIVERSIDE PEDIATRICS LLC	18 HIGHLAND AVE LOWER LEVEL, NEWBURYPORT, MA 01950
17	110068752A	RANDOLPH MEDICAL ASSOC.PC.	32 S MAIN ST STE 200, RANDOLPH, MA 02368
18	110069009A	WILLIAM E GOLDBERG PC	1101 BEACON ST SUITE 2 WEST, BROOKLINE, MA 02446
19	110070014A	GAVIN LITTLE DO LLC	46 TOLL ROAD, UNIT C, SALISBURY, MA 01952
20	110070718A	WILLIAM G. JACKSON MD LLC	46 TOLL RD UNIT B, SALISBURY, MA 01952
21	110070873B	AMY EDALJI MD & R ROGER KOMER MD	1180 BEACON ST STE 5A, BROOKLINE, MA 02446
22	110071597B	PERSONAL PHYSICIANS HEALTHCARE PC	1244 BOYLSTON ST STE 306, CHESTNUT HILL, MA 02467
23	110072117A	SEACOAST MEDICAL ASSOC PC	21 HIGHLAND AVE STE 24, NEWBURYPORT, MA 01950
24	110072193Q	BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH PRIMARY AN	286 KINGSTOWN WAY, DUXBURY, MA 02332
25	110072282A	CHARLES TREY MD & ASSOC PC	110 FRANCIS ST SUITE 8A, BOSTON, MA 02215
26	110072296E	COMMUNITY PHYSICIANS ASSOC	100 HIGHLAND ST, MILTON, MA 02186

Beth Israel Deaconess Care Organization in Partnership with Tufts Health Public Plans
**Appendix W, Providers in the Contractor's Network (PID/SL list for PCP Exclusivity
Purposes (Section 2.7.C.1.a.2))**

	PID/SL	PROVIDER NAME	PROVIDER ADDRESS
27	110072296F	COMMUNITY PHYSICIANS ASSOCIATES-CARMEL M. KELLY	1093 N MAIN ST, RANDOLPH, MA 02368
28	110072384A	SOUTH SHORE INT MED ASSOC	100 HIGHLAND ST STE 300, MILTON, MA 02186
29	110072450A	BETH ISRAEL DEACONESS HEALTHCARE-NEEDHAM	310 CHESTNUT ST, NEEDHAM, MA 02492
30	110072450F	BETH ISRAEL DEACONESS HEALTH CARE - CHELSEA	1000 BROADWAY, CHELSEA, MA 02150
31	110072450G	BI HLTHCARE/CHESTNUT HILL	25 BOYLSTON STREET, CHESTNUT HILL, MA 02467
32	110072450H	BIDHC MEDICAL CARE CENTER - LEXINGTON	24 HARTWELL AVE STE 204, LEXINGTON, MA 02421
33	110072450J	BETH ISRAEL DEACONESS HEALTH CARE - BOSTON	294 WASHINGTON ST STE 219, BOSTON, MA 02108
34	110072450L	BETH ISRAEL DEACONESS HEALTH CARE PASTOR MEDICA	1180 BEACON ST FL 8, BROOKLINE, MA 02446
35	110072450R	BETH ISRAEL DEACONESS HLTH CARE WASHINGTON SQ GRP	637 WASHINGTON ST STE 100, BROOKLINE, MA 02446
36	110072450V	BETH ISRAEL DEACONESS HEALTHCARE-MILTON	100 HIGHLAND ST STE 105, MILTON, MA 02186
37	110072450X	BETH ISRAEL DEACONESS HEALTH CARE - CROWN COLONY	700 CONGRESS ST STE 103, QUINCY, MA 02169
38	110072450Y	BETH ISRAEL DEACONESS HEALTH CARE - DORCHESTER	1100 WASHINGTON ST STE 100, DORCHESTER, MA 02124
39	110072450Z	BETH ISRAEL DEACONESS HEALTH CARE - RANDOLPH	32 S MAIN ST STE 100, RANDOLPH, MA 02368
40	110072703A	HIGHLAND PRIMARY CARE ASCOCIATES INC	21 HIGHLAND AVE STE 2, NEWBURYPORT, MA 01950
41	110072820A	SEACOAST AFFILIATED GROUP PRACTICE INC	24 MORRILL PLACE, AMESBURY, MA 01913
42	110072820C	COASTAL MEDICAL ASSOC NEWBURYPORT	1 WALLACE BASHAW JR WAY, NEWBURYPORT, MA 01950
43	110072820E	SEACOAST AFFILIATED GROUP PRACTICE INC	21 HIGHLAND AVE STE 2, NEWBURYPORT, MA 01950
44	110072820F	NORTH SHORE INTERNAL MEDICINE	2 GODDARD AVE, AMESBURY, MA 01913
45	110072820G	NORTH SHORE INTERNAL MEDICINE	28 GREEN ST, NEWBURYPORT, MA 01950
46	110072869A	FAMILY CARE ASSOCIATES LLC	66 E MAIN ST, GEORGETOWN, MA 01833
47	110072913A	NEEDHAM GASTROENTEROLOGY ASSOCIATES PC	464 HILLSIDE AVE STE 201, NEEDHAM, MA 02494
48	110074245A	MERRIMACK VALLEY CHILD&ADO	288 GROVELAND ST STE C3, HAVERHILL, MA 01830
49	110074278A	NEWBURYPORT PEDIATRICS INC	21 HIGHLAND AVE, #14, NEWBURYPORT, MA 01950
50	110077787A	QUINCY CTR PRIMARY C PC	1250 HANCOCK ST STE 104N, QUINCY, MA 02169
51	110081105A	LONDON MEDICAL GROUP LLC	300 CHESTNUT ST STE 300, NEEDHAM, MA 02492
52	110082156B	GERENTOLOGY HMFP BIDMC	110 FRANCIS ST STE 1B, BOSTON, MA 02215

Beth Israel Deaconess Care Organization in Partnership with Tufts Health Public Plans
**Appendix W, Providers in the Contractor's Network (PID/SL list for PCP Exclusivity
Purposes (Section 2.7.C.1.a.2))**

	PID/SL	PROVIDER NAME	PROVIDER ADDRESS
53	110082156D	LIVER CENTER	110 FRANCIS ST 9A, BOSTON, MA 02215
54	110082200A	BETH ISRAEL DEACONESS HEALTH CARE - SHARON	93 POND ST, SHARON, MA 02067
55	110082200C	BETH ISRAEL DEACONESS HEALTH CARE - BROOKLINE	1101 BEACON ST STE 4 EAST, BROOKLINE, MA 02446
56	110082200D	BETH ISRAEL DEACONESS HEALTH CARE - CHESTNUT HILL	25 BOYLSTON ST STE 204, CHESTNUT HILL, MA 02467
57	110082200E	BETH ISRAEL DEACONESS HEALTH CARE - MILTON	100 HIGHLAND ST STE 223, MILTON, MA 02186
58	110082200I	BID FAMILY MEDICINE OF MEDFIELD	50 NORTH ST, MEDFIELD, MA 02052
59	110082200U	BETH ISRAEL DEACONESS HEALTHCARE-CHESTNUT HILL SQU	200 BOYLSTON ST, CHESTNUT HILL, MA 02467
60	110082201L	BETH ISRAEL DEACONESS HEALTH CARE FAMILY MEDICINE	392 CHESTNUT ST, NEEDHAM, MA 02492
61	110082201M	BID NEEDHAM HOSPITAL	148 CHESTNUT ST, NEEDHAM, MA 02492
62	110082201N	BETH ISRAEL DEACONESS HEALTH CARE DEDHAM/WESTWOOD	333 ELM ST STE 220, DEDHAM, MA 02026
63	110082201V	BETH ISRAEL DEACONESS HEALTH CARE - RANDOLPH	32 S MAIN ST STE 100, RANDOLPH, MA 02368
64	110082201W	BETH ISRAEL DEACONESS HEALTH CARE - MILTON	100 HIGHLAND ST STE 105, MILTON, MA 02186
65	110082201Y	BETH ISRAEL DEACONESS HEALTH CARE - BRAINTREE	501 JOHN MAHAR HWY, BRAINTREE, MA 02184
66	110082898A	BETH ISRAEL DEACONESS HEALTH CARE JAMAICA PLAIN	545 A CENTRE ST, JAMAICA PLAIN, MA 02130
67	110082898B	BETH ISRAEL DEACONESS HEALTHCARE - WELLESLEY	372 WASHINGTON ST, WELLESLEY, MA 02481
68	110083682A	BIDMC - INFECTIOUS DISEASE	110 FRANCIS ST STE GB, BOSTON, MA 02215
69	110084198A	BETH ISRAEL DEACONESS HEALTHCARE - MILTON LANDING	88 WHARF ST, MILTON, MA 02186
70	110096404A	BETH ISRAEL DEACONESS HEALTH CARE-WAYLAND	109 ANDREW AVE STE 101, WAYLAND, MA 01778
71	110096789A	DAVID AUGUST MD LLC	25 BOYLSTON ST STE 302, CHESTNUT HILL, MA 02467
72	110101413A	BID FAMILY MEDICINE OF NEEDHAM HEIGHTS	817 HIGHLAND AVE, NEEDHAM, MA 02494
73	110101413C	BETH ISRAEL DEACONESS HEALTH CARE-AMESBURY	2 GODDARD AVE, AMESBURY, MA 01913
74	110101413E	BETH ISRAEL DEACONESS HEALTHCARE-DUXBURY	95 TREMONT ST STE 10, DUXBURY, MA 02332
75	110101413F	BETH ISRAEL DEACONESS HEALTHCARE-SANDWICH	83 ROUTE 130, FORESTDALE, MA 02644
76	110101413G	BETH ISRAEL DEACONESS HEALTHCARE-PINE HILLS	3 MARKET XING FL 2, PLYMOUTH, MA 02360
77	110101413H	BETH ISRAEL DEACONESS HEALTHCARE-PEMBROKE	295 OLD OAK ST, PEMBROKE, MA 02359

Beth Israel Deaconess Care Organization in Partnership with Tufts Health Public Plans
**Appendix W, Providers in the Contractor's Network (PID/SL list for PCP Exclusivity
Purposes (Section 2.7.C.1.a.2))**

	PID/SL	PROVIDER NAME	PROVIDER ADDRESS
78	110102149A	BETH ISRAEL DEACONESS HEALTH CARE - WALTHAM	75 3RD AVE, WALTHAM, MA 02451
79	110104423A	BETH ISRAEL DEACONESS HEALTH CARE - HAVERHILL	600 PRIMROSE ST STE 101, HAVERHILL, MA 01830
80	110104439A	BETH ISRAEL DEACONESS HEALTH CARE-NEWTON	714 BEACON ST, NEWTON, MA 02459
81	110105277A	YUKO MCCOLGAN MD LLC	1180 BEACON ST STE 3B, BROOKLINE, MA 02446
82	110118240A	CLASSIC HEALTHCARE MEDICAL GROUP, LLC	300 CHESTNUT ST STE 1400, NEEDHAM, MA 02492
83	110120655A	WAYLAND PERSONAL PHYSICIANS PLLC	109 ANDREW AVE STE 203, WAYLAND, MA 01778
84	110125162A	JEFFREY SILVER MD PC	200 BOYLSTON ST STE 303, CHESTNUT HILL, MA 02467
85	110125165A	CORNERSTONE MEDICAL GROUP LLC	1101 BEACON ST STE 2, BROOKLINE, MA 02446
86	110129196A	FIVE JOURNEYS PC	181 WELLS AVE STE 202, NEWTON, MA 02459
87	110129205A	JONATHAN M LEE MD LLC	200 PROVIDENCE HWY STE 202-203, DEDHAM, MA 02026
88	110129211A	SUSAN FREEDMAN MD LLC	25 BOYLSTON ST STE 211, CHESTNUT HILL, MA 02467
89	110133059A	GREATER BOSTON WELLNESS PHYSICIANS	200 PROVIDENCE HWY, DEDHAM, MA 02026
90	110135353A	GREGORY TALALAYEVSKY MD PC	1272 HYDE PARK AVE # 74, HYDE PARK, MA 02136