



# COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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<b>CONTRACTOR LEGAL NAME:</b> Boston Medical Center Health Plan, Inc. (and d/b/a): WellSense Health Plan		<b>COMMONWEALTH DEPARTMENT NAME:</b> Executive Office of Health and Human Services <b>MMARS Department Code:</b> EHS	
<b>Legal Address: (W-9, W-4):</b> 529 Main St., Ste. 500, Charlestown, MA, 02129		<b>Business Mailing Address:</b> One Ashburton Place, 11 <sup>th</sup> Fl., Boston, MA 02108	
<b>Contract Manager:</b> Nelie Lawless	<b>Phone:</b> 617-791-9346	<b>Billing Address (if different):</b>	
<b>E-Mail:</b> Nelie.Lawless@BMCHP-wellsense.org	<b>Fax:</b>	<b>Contract Manager:</b> Alejandro Garcia Davalos	<b>Phone:</b> 617-838-3344
<b>Contractor Vendor Code:</b> VC7000072388		<b>E-Mail:</b> Alejandro.E.GarciaDavalos@mass.gov	<b>Fax:</b>
<b>Vendor Code Address ID (e.g., "AD001"):</b> AD001. (Note: The Address ID must be set up for EFT payments.)		<b>MMARS Doc ID(s):</b> N/A	
		<b>RFR/Procurement or Other ID Number:</b> BD-17-1039-EHS01-EHS01-00000009207	
<input type="checkbox"/> <b>NEW CONTRACT</b> <b>PROCUREMENT OR EXCEPTION TYPE: (Check one option only)</b> <input type="checkbox"/> <b>Statewide Contract</b> (OSD or an OSD-designated Department) <input type="checkbox"/> <b>Collective Purchase</b> (Attach OSD approval, scope, budget) <input type="checkbox"/> <b>Department Procurement</b> (includes all Grants - <a href="#">815 CMR 2.00</a> ) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) <input type="checkbox"/> <b>Emergency Contract</b> (Attach justification for emergency, scope, budget) <input type="checkbox"/> <b>Contract Employee</b> (Attach Employment Status Form, scope, budget) <input type="checkbox"/> <b>Other Procurement Exception</b> (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		<input checked="" type="checkbox"/> <b>CONTRACT AMENDMENT</b> Enter <b>Current Contract End Date</b> <u>Prior</u> to Amendment: <b>December 31, 2022</b> . Enter <b>Amendment Amount:</b> \$ <u>no change</u> . (or "no change") <b>AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)</b> <input checked="" type="checkbox"/> <b>Amendment to Date, Scope or Budget</b> (Attach updated scope and budget) <input type="checkbox"/> <b>Interim Contract</b> (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> <b>Contract Employee</b> (Attach any updates to scope or budget) <input type="checkbox"/> <b>Other Procurement Exception</b> (Attach authorizing language/justification and updated scope and budget)	
<b>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:</b> (Check ONE option): <input checked="" type="checkbox"/> <a href="#">Commonwealth Terms and Conditions</a> <input type="checkbox"/> <a href="#">Commonwealth Terms and Conditions For Human and Social Services</a> <input type="checkbox"/> <a href="#">Commonwealth IT Terms and Conditions</a>			
<b>COMPENSATION:</b> (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 <a href="#">815 CMR 9.00</a> . <input checked="" type="checkbox"/> <b>Rate Contract.</b> (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"/> <b>Maximum Obligation Contract.</b> Enter total maximum obligation for total duration of this contract (or <b>new</b> total if Contract is being amended). \$ _____.			
<b>PROMPT PAYMENT DISCOUNTS (PPD):</b> Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting <b>accelerated</b> 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 ( <a href="#">M.G.L. c. 29, § 23A</a> ); <input type="checkbox"/> only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
<b>BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT:</b> (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 <b>Amendment 3 to the Fourth Amended and Restated ACPP Contract</b> with Boston Accountable Care Organization in partnership with Boston Medical Center Health Plan incorporates policy and fiscal updates to the Contract.			
<b>ANTICIPATED START DATE:</b> (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <input checked="" type="checkbox"/> 1. may be incurred as of the Effective Date (latest signature date below) and <b>no</b> obligations have been incurred <b>prior</b> to the Effective Date. <input type="checkbox"/> 2. may be incurred as of _____, a date <b>LATER</b> than the Effective Date below and <b>no</b> obligations have been incurred <b>prior</b> to the Effective Date. <input type="checkbox"/> 3. were incurred as of _____, a date <b>PRIOR</b> 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.			
<b>CONTRACT END DATE:</b> Contract performance shall terminate as of <b>March 31, 2023</b> , 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.			
<b>CERTIFICATIONS:</b> Notwithstanding verbal or other representations by the parties, the " <b>Effective Date</b> " 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 <a href="#">801 CMR 21.07</a> , incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost-effective contract.			
<b>AUTHORIZING SIGNATURE FOR THE CONTRACTOR:</b> X: _____ Date: <b>12/20/2022</b> (Signature and Date Must Be Captured At Time of Signature) Print Name: _____ Print Title: <b>CFO</b>		<b>AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:</b> X: <u>Amanda Cassel Kraft</u> Date: <u>12/21/2022</u> (Signature and Date Must Be Captured At Time of Signature) Print Name: <b>Amanda Cassel Kraft</b> Print Title: <b>Assistant Secretary for MassHealth</b>	

**AMENDMENT #3**  
**TO THE**  
**FOURTH 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, 2022, (the Fourth Amended and Restated Accountable Care Partnership Plan Contract), and further amended the Contract through Amendment #1 (January 1, 2022) and Amendment #2 (January 1, 2022);

**WHEREAS**, in accordance with **Section 6.8** of the Contract, EOHHS and the Contractor desire to amend the Contract effective upon execution;

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

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

1. **Section 1, Definitions, Contract Year (CY)**, is hereby amended by:
  - a. Deleting “For other Contract Years” and inserting in place thereof “For Contract Years 2 – 5,”; and
  - b. Inserting “For Contract Year 6, a three-month period commencing January 1, 2023, and ending March 31, 2023.” at the end of the definition.
2. **Section 1, Definitions, DSRIP Performance Year (“Performance Year”)**, is hereby amended by:

- a. Deleting “For other Performance Years” and inserting in place thereof “For Performance Years 1 – 4,”; and
  - b. Inserting “For Performance Year 5, the period commencing on January 1, 2022, and ending March 31, 2023.” at the end of the definition.
3. **Section 1, Definitions, Emergency Services Programs (ESPs)**, is hereby amended by adding “Until otherwise notified by EOHHS,” before “Medically necessary services”.
4. **Section 2.5.C.1** is hereby amended by adding a new **Section 2.5.C.1.e** as follows:
  - “e. Ensure that Enrollees receiving care coordination supports are notified of any changes to care coordination supports, including during times when the Contractor is ending an ACO/MCO - CP Agreement or when the Contractor is discontinuing Care Management activities that the Enrollee is engaged in, if applicable.”
5. **Section 2.5.F.2** is hereby amended by adding “, or as further specified by EOHHS” after “as follows”.
6. **Section 2.5.F.2.c** is hereby amended by deleting “form and format” and inserting in place thereof, “form, format, and cadence”.
7. **Section 2.5.G.2** is hereby amended by adding “, or as further specified by EOHHS” after “as follows”.
8. **Section 2.5.G.2.c** is hereby amended by deleting “form and format” and inserting in place thereof, “form, format, and cadence”.
9. Effective January 1, 2023, **Section 2.6.B.4** is hereby amended by deleting **Section 2.6.B.4.e** in its entirety and inserting in place thereof a new **Section 2.6.B.4.e** as follows:
  - “e. [Reserved]”
10. **Section 2.6.E.3** is hereby amended by adding a new **Section 2.6.E.3.m** and a new **Section 2.6.E.3.n** as follows:
  - “m. Prior authorization shall not be required for Community Based Acute Treatment (CBAT), and Intensive Community Based Acute Treatment (ICBAT) as defined in **Appendix C**.
  - n. Providers providing CBAT and ICBAT shall provide the Contractor, within 72 hours of an Enrollee’s admission, with notification of admission of an Enrollee and an initial treatment plan for such Enrollee;”
11. **Sections 2.7.D.6.b.1 and 2.7.D.6.b.2** are hereby amended by deleting “3.5” and inserting in place thereof “3.0”.

12. **Section 2.7.D.6.d.2** is hereby amended by deleting "**Section 4.3.J**" and replacing it with "**Section 4.3.K**".
13. **Section 2.7.D.7.d** is hereby amended by inserting “, including Individualized Treatment Services,” after “(Level 3.7)”.
14. **Section 2.7.D.7.e** is hereby amended by inserting “, including Individualized Treatment Services,” after “(Level 3.5)”.
15. Effective January 1, 2023, **Section 2.7.D.7** is hereby amended by adding a new **Section 2.7.D.7.o** and a new **Section 2.7.D.7.p** as follows:
  - “o. For Structured Outpatient Addiction Program Services and Enhanced Structured Outpatient Addiction Program Services, the Contractor shall establish provider rates at or above the rate floor as set by EOHHS in 101 CMR 306, unless otherwise directed by EOHHS, and shall use procedure codes as directed by EOHHS to provide payment for such services.
  - p. For Opioid Treatment Program services the Contractor shall establish provider rates at or above the rate floor, set by EOHHS in 101 CMR 444, unless otherwise directed by EOHHS, and shall use procedure codes as directed by EOHHS to provide payment for such services.”
16. **Section 2.8.C** is hereby amended by deleting **Section 2.8.C.13** in its entirety and replacing it with a new **Section 2.8.C.13**, as well as adding a new **Section 2.8.C.14** as follows:
  - “13. Community Behavioral Health Center (CBHC) Program  
  
Effective January 3, 2023, the Contractor shall, as further directed by EOHHS:
    - a. Execute and maintain contracts with EOHHS’ designated CBHC network and pay CBHCs using the payment methodology and paying at or above the minimum rate floors as established by EOHHS in 101 CMR 305.
    - b. Not require prior authorization for any services provided under the CBHC program.
  14. Effective January 3, 2023, pay Community Mental Health Centers and Community Behavioral Health Centers for CPT code H0046-HE as defined in 130 CMR 448: *Community Behavioral Health Center Services*. The Contractor shall establish a rate for H0046-HE at or above the rate floor specified by EOHHS in 101 CMR 305: *Rates of Payment for Behavioral Health Services Provided in Community Behavioral Health Centers*.”
17. **Section 2.8.L** is hereby amended as follows:
  - a. Deleting “as defined in the Commonwealth’s State Plan,” in the first paragraph;

- b. Inserting “, or other time period specified by EOHHS” after “Contract Year,” in **Section 2.8.L.1**; and
  - c. In **Section 2.8.L.2.a** deleting “**Section 2.8.M.1**” and inserting in place thereof “**Section 2.8.L.1**”.
18. **Section 2.8** is hereby amended by renumbering **Section 2.8.M** and **Section 2.8.N** to be **Sections 2.8.N** and **2.8.O** and by inserting a new **Section 2.8.M** as follows:
- “M. Clinical Quality Incentive for Acute Hospitals
- The Contractor shall:
- 1. For the performance period of January 1, 2023 - March 31, 2023, collect from its Network Providers who are acute care hospitals information about their execution of the MassHealth Acute Care Hospital RFA as further specified by EOHHS.
  - 2. In return for such Providers providing the Contractor with accurate and complete information specified above, make payments pursuant to 42 CFR 438.6(c) and as specified by EOHHS, to certain providers, identified by EOHHS, that are acute care hospitals that have executed the RFA. The Contractor shall make such payments to such providers within 14 calendar days of receiving payment from EOHHS.”
19. **Section 2.8** is hereby amended by adding a new **Section 2.8.P** as follows:
- “P. Hospital ED-based Crisis Evaluation
- 1. Effective January 3, 2023, the Contractor shall pay hospitals for Emergency Department-based behavioral health crisis evaluations as set forth in **Appendix C** at no less than the rate specified by EOHHS. Hospitals may sub-contract these services out to behavioral health providers, including crisis teams, but hospitals shall be solely responsible for billing the Contractor. In addition, the Contractor shall direct hospitals to deliver ED-based behavioral health crisis evaluations in accordance with the Acute Hospital RFA as specified by EOHHS.
  - 2. Once all hospitals have established procedures for Emergency Department-based behavioral health crisis evaluations, as determined by EOHHS, the Contractor shall not make payments to Emergency Service Programs and Mobile Crisis Intervention teams for ED-based behavioral health crisis evaluations provided in the Emergency Department.”
20. **Section 4.3.D** is hereby amended by deleting **Section 4.3.D.2** in its entirety and inserting in place thereof a new **Section 4.3.D.2** as follows:

- “2. For each Contract Year, or other time period specified by EOHHS, EOHHS shall perform a reconciliation after the end of the Contract Year, or at another time specified by EOHHS, 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.”

21. **Section 4.3** is hereby amended by inserting a new **Section 4.3.L** as follows:

“L. Clinical Quality Incentive for Acute Hospitals Pursuant to **Section 2.8.M**

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.M.2** for the applicable time period.
2. For the performance period specified in **Section 2.8.M**, EOHHS shall perform a reconciliation after the end of the performance period to correct the amount of any payments described in **Section 2.8.M.2**. EOHHS shall remit to the Contractor the full amount of any underpayments it identifies.”

22. Effective January 1, 2023, **Section 4.5** is hereby amended by deleting **Section 4.5.C** in its entirety and inserting in place thereof a new **Section 4.5.C** as follows:

“C. [Reserved]”

23. Effective January 1, 2023, **Section 4.5.D** is hereby amended by deleting “and any Market Corridor adjustment as described in **Section 4.5.C**”.

24. Effective January 1, 2023, **Section 4.5.D** is hereby amended by deleting **Section 4.5.D.2** in its entirety and inserting in place thereof a new **Section 4.5.D.2** as follows:

“2. Plan Corridor Revenue

EOHHS shall first determine the Plan Corridor revenue as follows:

- a. EOHHS shall multiply:
  - 1) The Contractor’s Core Medical Component of the Risk Adjusted Capitation Rate for each Region and Rating Category, as determined by EOHHS, which shall equal the Core Medical Component of the Base Capitation Rates set forth in **Appendix D, Exhibit 1**, by
  - 2) The prospective risk adjustment factor for each Region and Rating Category, by

- 3) The number of Member Months for the quarter for each Region and Rating Category, using the Enrollee Days determined by the reconciliation set forth in **Section 4.4**; and
  - b. Summing the Core Medical Component of the Risk Adjusted Capitation Rate Payments calculated above across all Regions and Rating Categories.”
25. Effective January 1, 2023, **Section 4.5.D.4** is hereby amended by deleting “, subject to the adjustment in **Section 4.5.L** below”.
26. Effective January 1, 2023, **Section 4.5.D** is hereby amended by deleting **Section 4.5.D.5** in its entirety and inserting in place thereof a new **Section 4.5.D.5** as follows:
- “5. If the Contractor incurs a loss that would require EOHHS to make a risk sharing payment to the Contractor, for the purposes of calculating the risk sharing payment described in this section:
- a. If the Contractor has paid an amount for ACO Covered Services that exceeds the amount that EOHHS would have paid for the same services in accordance with EOHHS’s fee schedule, then EOHHS may reprice the Contractor’s paid Claims to reflect EOHHS’s fee schedule; or
  - b. If the Contractor has an approved an Alternative Payment Methodology (APM) for the purposes of Base Capitation Rate development (“approved APM”), EOHHS shall apply an adjustment to the Contractor’s repriced paid claims. Such adjustment shall be determined by an attestation the Contractor submits to EOHHS in a form and format specified by EOHHS and comparable to the lesser of the two adjustments described below. If the Contractor does not complete an attestation, EOHHS shall not apply any adjustment to the Contractor’s repriced paid claims.
    - 1) The approved APM adjustment applied during Base Capitation Rate development or
    - 2) An adjustment based on approved APM expenditures in excess of EOHHS’s fee schedule accrued during the Contract Year as attested to by the Contractor in a form and format specified by EOHHS.
  - c. If such the repricing described in **Section 4.5.D.5.a** or the adjustment described in **Section 4.5.D.5.b** result in the Contractor incurring a gain, EOHHS shall cap the EOHHS share of such gain at \$0.”
27. Effective January 1, 2023, **Section 4.5** is hereby amended by deleting **Section 4.5.L** in its entirety and inserting in place thereof a new **Section 4.5.L** as follows:

“L. [Reserved]”

28. Effective January 1, 2023, **Section 5.1** is hereby amended by deleting **Section 5.1.D** in its entirety and inserting in place thereof a new **Section 5.1.D** as follows:

“D. [Reserved]”

29. Effective January 1, 2023, **Section 5.1.F** is hereby amended by adding a new **Section 5.1.F.9** and new **Section 5.1.F.10** as follows:

“9. The Contractor shall ensure that Enrollees receiving Flexible Services are notified of potential changes to Flexible Services including related to the termination of the Contract.

10. The Contractor shall report to EOHHS about Flexible Services transition plans in a form and format as further specified by EOHHS.”

30. Effective January 1, 2023, **Section 5.2** is hereby amended by deleting **Section 5.2.B** in its entirety and inserting in place thereof a new **Section 5.2.B** as follows:

“B. [Reserved]”

31. Effective January 1, 2023, **Section 5.2** is hereby amended by inserting a new **Section 5.2.J** as follows:

“J. When directed by EOHHS and as further specified by EOHHS, the Contractor shall return to EOHHS all unspent Startup and Ongoing DSRIP Payments, as described in **Section 5.2.A**, and Flexible Services DSRIP Payments, as described in **Section 5.2.C**, including but not limited to amounts rolled over from all previous Performance Years.”

32. **Section 6.6** is hereby amended by deleting “December 31, 2022” and inserting in place thereof “March 31, 2023”.

33. **Appendix A, ACO Reporting Requirements**, is hereby amended by adding the following new report in **Section G: Pharmacy Reports**:

	<b>PH-21 reSET and reSET-O Utilization</b>		
PH-21	PH-21 reSET and reSET-O Utilization (Note: Due by the last business day of the second month following the end of each quarter)	Quarterly	OnBase

34. Effective January 1, 2023, **Appendix B, Quality Improvement Goals**, is hereby deleted and replaced with the attached **Appendix B**.

35. **Appendix C, ACO Covered Services**, is hereby deleted and replaced with the attached **Appendix C**.

36. Effective January 1, 2023, **Appendix D, Payment**, is hereby deleted and replaced with the attached **Appendix D**.



37. **Appendix Q, EOHHS Accountable Care Organization Quality Appendix**, is hereby amended by adding the following paragraph at the end of **Section 1**:

“EOHHS will use the Contractor’s DSRIP Accountability Score for the period January 1, 2022, through December 31, 2022, to determine the proportion of the Contractor’s withheld DSRIP payments the Contractor receives for the period January 1, 2023, through March 31, 2023.”

38. Effective January 1, 2023, **Appendix T, Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule**, is hereby deleted and replaced with the attached **Appendix T**.
39. Effective January 1, 2023, **Appendix AA, Directed Payments to Certain ACO Covered Services**, is hereby deleted and replaced with the attached **Appendix AA**.

## APPENDIX B

### Quality Improvement Goals

#### 1. INTRODUCTION

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

#### 2. QI Goal Improvement Cycle

The QI Goal measurement cycle typically includes a planning/baseline period and up to 2 remeasurement cycles to allow for tracking of improvement gains. For each QI Goal cycle, EOHHS will establish a series of QI goal domains as well as approve and/or designate measurement and quality improvement activities for each of those domains. The following paragraphs outline the CY23 (January 1-March 31, 2023) QI Goal Cycle.

ACOs are expected to conduct and report on a minimum of 2 quality improvement projects (QIPs). QIPs must be conducted in accordance with the QI domains as specified in Appendix B or otherwise be approved by EOHHS. Additionally, all QIPs must also be aligned with the quality performance measures outlined in Appendix Q of the contract, unless otherwise specified or approved by EOHHS. EOHHS will provide standardized forms for all required reporting activities, including Quality Improvement Plans, Progress Reports, and Annual Reports.

##### *a. QI IMPLEMENTATION DETAILS*

The following section provides detailed information about the QI Goal implementation, their associated activities and timelines for Quarter 1 of CY23

TABLE 1: QI PROJECT CLOSEOUT AND ASSOCIATED ACTIVITIES January 1, 2023 – March 31, 2023	
<ul style="list-style-type: none"><li><b><u>January 1-March 31, 2023</u></b></li></ul>	ACOs will conclude Quality Improvement Projects. Activities will include finalizing project activities, analyzing the impacts of interventions, assessing performance between baseline and remeasurement periods using selected indicators, and identifying of any successes and/or barriers.
<ul style="list-style-type: none"><li><b><u>Deliverables</u></b></li></ul>	Submission of final Remeasurement Reports summarizing results of interventions, final assessment of short-term and outcome indicators, and reporting of performance data.

##### *b. ACO QI DOMAIN AREAS*

QIP topics must be consistent with QI domain areas described in Table 2. ACPs may elect to conduct their two required QIPs in the domain area of health equity; otherwise it is expected that ACPs will conduct a QIP from 2 of the 3 domains identified in Table 2.

**Table 2: QI Domain Areas**

<b>Domain 1: Health Equity: Reducing or eliminating health disparities with the goal of attaining the highest level of health for all people.</b>	
<b>January 1-March 31, 2023 Project Focus:</b>	<ul style="list-style-type: none"> <li>Plans may select to focus their PIPs on the following disparity-sensitive measures: <ul style="list-style-type: none"> <li>➤ Controlling High Blood Pressure</li> <li>➤ Comprehensive Diabetes Care</li> <li>➤ Initiation and Engagement in Treatment</li> <li>➤ Childhood Immunization Status</li> <li>➤ Immunizations for Adolescents</li> <li>➤ Prenatal and Postpartum Care.</li> </ul> </li> </ul>
<b>Domain 2: Prevention and Wellness. – Reducing the occurrence and complexity of disease while improving level of functioning and quality of life.</b>	
<b>January 1-March 31, 2023 Project Focus:</b>	<ul style="list-style-type: none"> <li>Increasing vaccinations rates with at least one specific intervention focused on reducing health inequities.</li> </ul>
<b>Domain 3: Access to Care: Ensuring the timeliness and availability of health care services to achieve optimal health outcomes.</b>	
<b>January 1-March 31, 2023 Project Focus:</b>	<ul style="list-style-type: none"> <li>Reducing barriers to accessing telehealth services for either behavioral or physical health.</li> </ul>

### *c. DOMAIN MEASURES AND INTERVENTIONS*

ACOs shall identify specific measures and interventions within their QIPs that are reflective of the quality performance measures identified in **Appendix Q**.

### *d. ACO REPORTS, SUBMISSIONS, AND TEMPLATES*

When requested, ACOs will report Quality Improvement Results using the QI Goals Submission Templates developed and distributed by EOHHS or its designee. QI Goal Reporting submissions shall include quantitative and qualitative data as well as specific progress made on each measure, barriers encountered, and lessons learned. For specific instructions on the submission process and detail on the submission templates, ACOs shall refer to guidance to be distributed by EOHHS or its designee before March 31, 2023.

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

- Rationale for selecting proposed/implemented interventions
- Description of current interventions
- Analysis of short-term indicators, HEDIS rates as applicable, data collection procedures and methodology, and interpretation of results

- Assessment of intervention successes and challenges, and potential intervention modifications for future implementation periods.

**Evaluation of QI Reports:** EOHHS or its designee will review QI Goal Reports using a standardized Evaluation Template. The scoring elements in the Evaluation Template will correspond directly with the elements documented on the reporting templates. Feedback will be provided to the ACOs for each implementation period.

#### **Cultural Competency**

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

### **3. Performance Measures**

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

### **4. Quality Assessment and Performance Improvement Plans**

In accordance with **Section 2.13.B.5** of the Contract, ACPPs must submit to EOHHS an annual QI workplan that broadly describes ACPP QI initiatives that are conducted as part of the plan's comprehensive quality assurance and performance improvement (QAPI) program. The QI plan should minimally include the QIPs and performance measures referenced in **Appendices B and Q**.

**APPENDIX C**  
**Exhibit 1: ACO Covered Services**  
✓ Denotes a covered service

The Contractor shall provide to each Enrollee each of the ACO Covered Services listed below in an amount, duration, and scope that is Medically Necessary (as defined in **Section 1** of this Contract), provided that the Contractor is not obligated to provide any ACO Covered Service in excess of any service limitation expressly set forth below. Except to the extent that such service limitations are set forth below, the general descriptions below of ACO Covered Services do not limit the Contractor's obligation to provide all Medically Necessary services.

Service	Coverage Types			
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus	
<b>Acupuncture Treatment</b> - the insertion of metal needles through the skin at certain points on the body, with or without the use of herbs, an electric current, heat to the needles or skin, or both, for pain relief or anesthesia.	✓	✓	✓	
<b>Acute Inpatient Hospital</b> –all inpatient services such as daily physician intervention, surgery, obstetrics, radiology, laboratory, and other diagnostic and treatment procedures. Coverage of acute inpatient hospital services shall include Administratively Necessary Days. Administratively Necessary Day shall be defined as a day of Acute Inpatient Hospitalization on which an Enrollee's care needs can be provided in a setting other than an Acute Inpatient Hospital and on which an Enrollee is clinically ready for discharge.	✓	✓	✓	
<b>Ambulatory Surgery/Outpatient Hospital Care</b> - outpatient surgical, related diagnostic, medical and dental services.	✓	✓	✓	
<b>Audiologist</b> – audiologist exams and evaluations. See related hearing aid services.	✓	✓	✓	
<b>Behavioral Health Services</b> – see <b>Appendix C, Exhibit 3</b> .	✓	✓	✓	
<b>Breast Pumps</b> – to expectant and new mothers as specifically prescribed by their attending physician, consistent with the provisions of the Affordable Care Act of 2010 and Section 274 of Chapter 165 of the Acts of 2014, including but not limited to double electric breast pumps one per birth or as medically necessary.	✓	✓	✓	
<b>Certain COVID-19 Specimen Collection and Testing</b> – Specimen collection codes G2023 and G2024 billed with modifier CG, used when provider 1) has a qualified ordering clinician	✓	✓	✓	

Service	Coverage Types			
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus	
present at the specimen collection site available to order medically necessary COVID-19 diagnostic tests; and 2) ensures the test results are provided to the patient (along with any initial follow-up counseling, as appropriate), either directly or through the patient's ordering clinician.				
<b>Chiropractic Services</b> – The Contractor is responsible for providing chiropractic manipulative treatment, office visits, and radiology services for all Enrollees. The Contractor may establish a per Enrollee per Contract Year service limit of 20 office visits or chiropractic manipulative treatments, or any combination of office visits and chiropractic manipulative treatments.	✓	✓	✓	
<b>Chronic, Rehabilitation Hospital or Nursing Facility Services</b> – services, for all levels of care, including for eligible Enrollees under the age of 22 in accordance with applicable state requirements, provided at either a nursing facility, chronic or rehabilitation hospital, or any combination thereof, 100 days per Contract Year per Enrollee. The 100-day limitation shall not apply to Enrollees receiving Hospice services and the Contractor may not request disenrollment of Enrollees receiving Hospice services based on the length of time in a nursing facility. The Contractor shall use the following MassHealth admission/coverage criteria for admission into a chronic hospital, rehabilitation hospital and nursing facility, and may not request disenrollment of any Enrollee who meets such coverage criteria until the Enrollee exhausts such 100-day limitation described above. For the applicable criteria, see 130 CMR 456.408, 456.409, 456.410 and 435.408, 435.409 and 435.410 (rehabilitation hospitals). In addition, for Enrollees under the age of 22, the Contractor shall ensure that its contracted nursing facilities comply with the relevant provisions of 105 CMR 150.000, et seq. The Contractor must ensure that its contracted nursing facilities establish and follow a written policy regarding its bed-hold period, consistent with the MassHealth bed-hold policy. For applicable criteria, see 130 CMR 456.425. For clarification purposes, an Enrollee's stay while recovering from COVID-19 in a nursing facility or chronic or rehabilitation hospital, or any combination thereof, shall count towards the 100-day per Contract Year per Enrollee coverage described in this section; provided, however for an Enrollee's stays in a Commonwealth-designated COVID-19 nursing facility, see non-ACO Covered Services in Exhibit 2 below.	✓	✓	✓	

Service	Coverage Types			
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus	
<b>Dental</b> - Emergency related dental services as described under Emergency Services in <b>Appendix C, Exhibit 1</b> and oral surgery which is Medically Necessary to treat a medical condition performed in any setting, including but not limited to an outpatient setting, as described in Ambulatory Surgery/Outpatient Hospital Care in <b>Appendix C, Exhibit 1</b> , as well as a clinic or office setting.	✓	✓	✓	
<b>Diabetes Self-Management Training</b> – diabetes self-management training and education services furnished to an individual with pre-diabetes or diabetes by a physician or certain accredited mid-level providers (e.g., registered nurses, physician assistants, nurse practitioners, and licensed dietitians).	✓	✓	✓	
<b>Dialysis</b> – laboratory; prescribed drugs; tubing change; adapter change; and training related to hemodialysis; intermittent peritoneal dialysis; continuous cycling peritoneal dialysis; continuous ambulatory peritoneal dialysis.	✓	✓	✓	
<b>Durable Medical Equipment and Medical/Surgical Supplies –</b> <b>1) Durable Medical Equipment</b> - products that: (a) are fabricated primarily and customarily to fulfill a medical purpose; (b) are generally not useful in the absence of illness or injury; (c) can withstand repeated use over an extended period of time; and (d) are appropriate for home use. Includes but not limited to the purchase of medical equipment, replacement parts, and repairs for such items as: canes, crutches, wheelchairs (manual, motorized, custom fitted, & rentals), walkers, commodes, special beds, monitoring equipment, and the rental of Personal Emergency Response Systems (PERS). <b>2) Medical/Surgical Supplies</b> - medical/treatment products that: (a) are fabricated primarily and customarily to fulfill a medical or surgical purpose; (b) are used in the treatment of a specific medical condition; and (c) are non-reusable and disposable including, but not limited to, items such as urinary catheters, wound dressings, and diapers.	✓	✓	✓	
<b>Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services</b> – Children, adolescents and young adults who are under 21 years old and are enrolled in MassHealth Standard and CommonHealth are entitled to Early and Periodic Screening, Diagnosis and	✓			

Service	Coverage Types			
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus	
Treatment (EPSDT) services, including Medically Necessary services that are listed in 42 U.S.C. 1396d(a) and (r) and discovered as a result of a medical screening.				
<b>Early Intervention</b> –child visits, center-based individual visits, community child group, early intervention-only child group, and parent-focused group sessions; evaluation/assessments; and intake/screenings. The Contractor may establish a service limit restricting Early Intervention Services to Enrollees aged 3 or under.	✓	✓		
<b>Emergency Services</b> – covered inpatient and outpatient services, including Behavioral Health Services, which are furnished to an Enrollee by a provider that is qualified to furnish such services under Title XIX of the Social Security Act, and needed to evaluate or stabilize an Enrollee’s Emergency Medical Condition.	✓	✓	✓	
<b>Family Planning</b> – family planning medical services, family planning counseling services, follow-up health care, outreach, and community education. Under Federal law, an Enrollee may obtain family planning services from any MassHealth provider of family planning services without the Contractor’s authorization.	✓	✓	✓	
<b>Fluoride Varnish</b> – Pediatricians and other qualified health care professionals (Physician Assistants, Nurse Practitioners, Registered Nurses, and Licensed Practical Nurses) may apply Fluoride Varnish to eligible MassHealth Enrollees under age 21, during a pediatric preventive care visit. This service is primarily intended for children up to age 3; however, the service is allowed for children up to age 21 in those instances where the Enrollee does not have access to a dentist and the service is Medically Necessary as determined by a Caries Assessment Tool (CAT).	✓	✓		
<b>Hearing Aids</b> – The Contractor is responsible for providing and dispensing hearing aids; ear molds; ear impressions; batteries; accessories; aid and instruction in the use, care, and maintenance of the hearing aid; and loan of a hearing aid to the Enrollee, when necessary.	✓	✓	✓	
<b>Home Health Services</b> – skilled and supportive care services provided in the member’s home to meet skilled care needs and associated activities of daily living to allow the member to safely stay in their home. Available services include skilled nursing, medication administration, home health aide, and occupational, physical, and speech/language therapy. See CMR 403.000 and MassHealth Home Health Agency Bulletin 54 (June 2019).	✓	✓	✓	



Service	Coverage Types			
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus	
<b>Hospice</b> – a package of services designed to meet the needs of terminally ill patients such as nursing; medical social services; physician; counseling; physical, occupational and speech language therapy; homemaker/home health aide services; medical supplies, drugs and durable medical equipment and supplies, short term general inpatient care, short term respite care, and room and board in a nursing facility provided, however, that the 100 day limitation on institutional care services shall not apply to an Enrollee receiving Hospice services. Hospice services covered by the Contractor shall include room and board in a nursing facility pursuant to 130 CMR 437.424(B). Hospice is an all-inclusive benefit. The Enrollee has to elect the Hospice benefit and, by electing the Hospice benefit, the Enrollee waives their right to the otherwise independent services that are for the Enrollee included as a part of the Hospice benefit. If an Enrollee elects Hospice, then the Enrollee waives their rights for the duration of the election of hospice care for any services related to the treatment of the terminal condition for which hospice care was elected or that are equivalent to hospice care. However, Enrollees under age 21 who have elected the Hospice benefit shall have coverage for curative treatment and all Medically Necessary ACO and Non-ACO Covered Services for MassHealth Standard and CommonHealth Enrollees.	✓	✓	✓	
<b>Infertility</b> – Diagnosis of infertility and treatment of an underlying medical condition.	✓	✓	✓	
<b>Laboratory</b> – all services necessary for the diagnosis, treatment, and prevention of disease, and for the maintenance of the health of Enrollees. All laboratories performing services under this Contract shall meet the credentialing requirements set forth in <b>Section 2.8.H.4.</b> , including all medically necessary vaccines not covered by the Commonwealth of Massachusetts Department of Public Health.	✓	✓	✓	
<b>Medical Nutritional Therapy</b> – nutritional, diagnostic, therapy and counseling services for the purpose of a medical condition that are furnished by a physician, licensed dietician, licensed dietician/nutritionist, or other accredited mid-level providers (e.g., registered nurses, physician assistants, and nurse practitioners).	✓	✓	✓	
<b>Orthotics</b> – braces (non-dental) and other mechanical or molded devices to support or correct any defect of form or function of the human body. See Subchapter 6 of the Orthotics Manual.	✓	✓	✓	

Service	Coverage Types			
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus	
<b>Oxygen and Respiratory Therapy Equipment</b> – ambulatory liquid oxygen systems and refills; aspirators; compressor-driven nebulizers; intermittent positive pressure breather (IPPB); oxygen; oxygen gas; oxygen-generating devices; and oxygen therapy equipment rental.	✓	✓	✓	
<b>Pharmacy</b> – The Contractor is responsible for providing prescription, over-the-counter drugs, and Non-Drug Pharmacy Products as described below. <ul style="list-style-type: none"> <li><b>1) Prescription Drugs:</b> prescription drugs that are approved by the U.S. Food and Drug Administration. The Contractor may limit coverage to those drugs manufactured by companies that have signed rebate agreements with the U.S. Secretary of Health and Human Services pursuant to 42 U.S.C. §1396r-8.</li> <li><b>2) Over-the-Counter Drugs:</b> The Contractor may limit coverage to those drugs manufactured by companies that have signed rebate agreements with the U.S. Secretary of Health and Human Services pursuant to 42 U.S.C. §1396r-8. Except with regard to insulin, the Contractor also may limit over-the-counter drugs for Enrollees aged 21 and over to those necessary for the life and safety of the Enrollee.</li> <li><b>3) Non-Drug Pharmacy Products:</b> non-drug pharmacy products as listed in either the MassHealth ACPP/MCO Unified Pharmacy Product List or in the MassHealth Non-Drug Product List as specified by EOHHS</li> </ul>	✓	✓	✓	
<b>Physician (primary and specialty)</b> – all medical, developmental pediatrician, psychiatry, radiological, laboratory, anesthesia and surgical services, including those services provided by nurse practitioners serving as primary care providers and services provided by nurse midwives.	✓	✓	✓	
<b>Podiatry</b> – The Contractor is responsible for providing services as certified by a physician, including medical, radiological, surgical, and laboratory care. For restrictions regarding coverage of orthotics, see the “Orthotics” service description above.	✓	✓	✓	
<b>Preventive Pediatric Health Screening and Diagnostic Services</b> - children, adolescents and young adults who are under 21 years old and are enrolled in the MassHealth Basic, Essential or Family Assistance Plan are entitled to Preventive Pediatric Healthcare Screening and Diagnosis Services as outlined in 130 CMR 450.150.		✓		

Service	Coverage Types			
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus	
<b>Prosthetic Services and Devices</b> – evaluation, fabrication, fitting, and the provision of a prosthesis. For individuals over age 21, certain limitations apply. See Subchapter 6 of the Prosthetics Manual	✓	✓	✓	
<b>Radiology and Diagnostic Tests</b> – X-rays, portable X-rays, magnetic resonance imagery (MRI) and other radiological and diagnostic services, including those radiation or oncology services performed at radiation oncology centers (ROCs) which are independent of an acute outpatient hospital or physician service.	✓	✓	✓	
<b>Remote Patient Monitoring (COVID-19 RPM)</b> - bundled services to facilitate home monitoring of Enrollees with confirmed or suspected COVID-19 who do not require emergency department or hospital level of care but require continued close monitoring. The COVID-19 RPM bundle includes all medically necessary clinical services required to facilitate seven days of close, in-home, monitoring of members with confirmed or suspected COVID-19. Details around MassHealth’s coverage of the RPM bundle can be found in All Provider Bulletin 294, as may be updated from time to time. The Contractor must cover the RPM bundle of services in the method and manner specified in All Provider Bulletin 294, as may be updated from time to time, when such services are delivered as Medicaid services. The Contractor may determine their own rate of payment for the RPM bundle of services.	✓	✓	✓	
<b>School Based Health Center Services</b> – all ACO Covered Services set forth in this Appendix C delivered in School Based Health Centers (SBHCs).	✓	✓		
<b>Therapy</b> – individual treatment, (including the design, fabrication, and fitting of an orthotic, prosthetic, or other assistive technology device); comprehensive evaluation; and group therapy. <ul style="list-style-type: none"> <li>1) <b>Physical:</b> evaluation, treatment, and restoration to normal or best possible functioning of neuromuscular, musculoskeletal, cardiovascular, and respiratory systems.</li> <li>2) <b>Occupational:</b> evaluation and treatment designed to improve, develop, correct, rehabilitate, or prevent the worsening of functions that affect the activities of daily living that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies, or injuries.</li> </ul>	✓	✓	✓	

Service	Coverage Types			
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus	
<b>3) Speech and Hearing:</b> evaluation and treatment of speech language, voice, hearing, and fluency disorders.				
<b>Tobacco Cessation Services</b> – face-to-face individual and group tobacco cessation counseling as defined at 130 CMR 433.435(B), 130 CMR 405.472 and 130 CMR 410.447 and pharmacotherapy treatment, including nicotine replacement therapy (NRT).	✓	✓	✓	
<b>Transportation (emergent)</b> – ambulance (air and land) transport that generally is not scheduled, but is needed on an Emergency basis, including Specialty Care Transport that is ambulance transport of a critically injured or ill Enrollee from one facility to another, requiring care that is beyond the scope of a paramedic.	✓	✓	✓	
<b>Transportation (non-emergent, to out-of-state location)</b> – ambulance and other common carriers that generally are pre-arranged to transport an Enrollee to a service that is located outside a 50-mile radius of the Massachusetts border.	✓		✓	
<b>Urgent Care Clinic Services</b> – ACO Covered Services set forth in this Appendix C provided by an urgent care clinic consistent with 130 CMR 455.000 and Section 39 of Ch. 260 of the Acts of 2020.	✓	✓	✓	
<b>Vaccine Counseling Services</b>	✓	✓	✓	
<b>Vision Care (medical component)</b> – eye examinations (a) once per 12-month period for Enrollees under the age of 21 and (b) once per 24-month period for Enrollees 21 and over, and, for all Enrollees, whenever Medically Necessary; vision training; ocular prosthesis; contacts, when medically necessary, as a medical treatment for a medical condition such as keratoconus; and bandage lenses.	✓	✓	✓	
<b>Wigs</b> – as prescribed by a physician related to a medical condition.	✓	✓	✓	

## Appendix C

### Exhibit 2: Non-ACO Covered Services

✓ Denotes a Non-ACO Covered Service (wrap service)

The Contractor need not provide, but shall coordinate, for each Enrollee the delivery of all MassHealth services (see 130 CMR 400.000 through 499.000) for which such Enrollee is eligible (see 130 CMR 450.105) but which are not currently ACO Covered Services. Coordination of such services shall include, but not be limited to, informing the Enrollee of the availability of such services and the processes for accessing those services. The general list and descriptions, below, of MassHealth services that are not ACO Covered Services do not constitute a limitation on the Contractor's obligation to coordinate all such services for each Enrollee eligible to receive those services.

Service	Coverage Types			
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus	
<b>Abortion</b> - includes, in addition to the procedure itself, pre-operative evaluation and examination; pre-operative counseling; laboratory services, including pregnancy testing, blood type, and Rh factor; Rh, (D) immune globulin (human); anesthesia (general or local); echography; and post-operative (follow-up) care. Abortion does not constitute a family planning service. The procedure itself is federally funded only in the following situations: (1) if the pregnancy is the result of an act of rape or incest; or (2) in the case where a woman suffers from a physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed. Such services may be provided in a physician's office, clinic, or hospital, subject to limitations imposed by applicable law and administrative and billing regulations.	✓	✓	✓	
<b>Adult Dentures</b> – full and partial dentures, and repairs to said dentures, for adults ages 21 and over.	✓	✓	✓	
<b>Adult Day Health</b> – services ordered by a physician and delivered to an Enrollee in a community-based program setting that is open at least Monday through Friday for eight hours per day and include: nursing and healthcare oversight, therapy, assistance with Activities of Daily Living (ADL), nutritional and dietary, counseling activities and case management. Services provided are based upon an individual plan of care.	✓			

Service	Coverage Types			
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus	
Transportation to and from the Adult Day Health program is arranged and reimbursed by the Adult Day Health program. In order to be eligible for Adult Day Health Services, the Enrollee must be at least 18 years of age or older and require assistance with at least one (1) ADL or one (1) skilled service and meet the eligibility criteria outlined in 130 CMR 404.407.				
<b>Adult Foster Care</b> - services ordered by a physician and delivered to an Enrollee in a home environment that meets the qualified setting as described in 130 CMR 408.435 Services are based upon an individual plan of care and include assistance with Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), and other personal care as needed, nursing services and oversight, and care management. Assistance with ADLs, IADLs and other personal care is provided by a qualified caregiver that lives with the Enrollee in the home environment. Nursing services and oversight and care management are provided by a multidisciplinary team. In order to be eligible for Adult Foster Care services, the Enrollee must be at least 16 years of age or older and require assistance with at least one (1) ADL and meet the eligibility criteria outlined in 130 CMR 408.417.	✓			
<b>Certain Bundled COVID-19 Testing</b> – Bundled COVID-19 testing when billed under the A0999 code by a provider who has executed a special conditions contract with EOHHS.	✓	✓	✓	
<b>Chapter 766</b> – home assessments and participation in team meetings.	✓	✓		
<b>Chronic, Rehabilitation Hospital, or Nursing Facility Services</b> – Both <ol style="list-style-type: none"> <li>1. Services provided at either a nursing facility, chronic or rehabilitation hospital, or any combination thereof, over 100 days per Contract Year per Enrollee; provided, however, that (A) for Enrollees receiving Hospice services, the Contractor shall cover skilled nursing facility services without limitation, and (B) for Enrollees in Family Assistance such coverage is limited to six months consistent with MassHealth policy; and</li> <li>2. Any stay of any duration in a Commonwealth-designated COVID-19 nursing facility.</li> </ol>	✓	✓		

Service	Coverage Types			
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus	
<b>Day Habilitation</b> – services provided in a community based day program setting that is open at least Monday through Friday for six hours per day and includes daily programming based on activities and therapies necessary to meet individual goals and objectives. Goals and objectives are outlined on a day habilitation service plan and are designed to help an Enrollee reach his/her optimal level of physical, cognitive, psychosocial and occupational capabilities. In order to be eligible for Day Habilitation services, the Enrollee must be at least 18 years of age or older; have a diagnosis of mental retardation and/or developmental disability; and meet the eligibility criteria outlined in 130 CMR 419.434.	✓			
<b>Dental</b> - preventive and basic services for the prevention and control of dental diseases and the maintenance of oral health for children and adults as described in 130 CMR 420.000.	✓	✓	✓	
<b>Digital Therapy Products</b> – Digital therapy products designated by EOHHS. Such digital therapy products, even though such products are Non-ACO Covered Services, must be listed on Contractor’s formulary in the same manner as listed on the MassHealth Drug List, with the same prior authorization status, point of sale (POS) rules, age restrictions, step therapy, quantity limit and diagnostic restrictions as MassHealth FFS. Claims for digital therapy products designated by EOHHS, which are Non-ACO Covered Services, must be processed through Contractor’s on-line pharmacy claims processing system and be paid to the pharmacy at \$0 pay, with \$0 cost share for members.	✓	✓	✓	
<b>Group Adult Foster Care</b> - services ordered by a physician delivered to an Enrollee in a group housing residential setting such as assisted living, elderly, subsidized or supportive housing. Group Adult Foster Care services are based upon an individual plan of care and include: assistance with Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), and other personal care as needed, nursing services and oversight and care management. Assistance with ADLs, IADLs and other personal care is provided by a direct care worker that is employed or contracted by the Group Adult Foster Care Provider, Nursing services and oversight and care management are provided by a multidisciplinary team. In order to be	✓			

Service	Coverage Types			
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus	
eligible for Group Adult Foster Care services, the Enrollee must be at least 22 years of age or older and require assistance with at least one (1) ADL.				
<b>Isolation and Recovery Site Services</b> – services received by an Enrollee in an Isolation and Recovery site that are paid for by EOHHS using the payment methodologies described in Administrative Bulletin AB 20-30 or as set forth in the Acute Hospital RFA.	✓	✓	✓	
<b>Keep Teens Healthy</b> - services provided pursuant to EOHHS’s “Keep Teens Healthy” provider agreement.	✓	✓		
<b>Personal Care Attendant</b> – physical assistance with Activities of Daily Living (ADLs) such as: bathing, dressing/grooming, eating, mobility, toileting, medication administration, and passive range of motion exercise for Enrollees who have a chronic or permanent disability requiring physical assistance with two (2) or more ADLs. If an Enrollee is clinically eligible for PCA, an Enrollee may also receive assistance with Instrumental Activities of Daily Living (IADLs), including household management tasks, meal preparation, and transportation to medical providers.	✓			
<b>Private Duty Nursing/Continuous Skilled Nursing</b> – a nursing visit of more than two continuous hours of nursing services. This service can be provided by a home health agency, continuous skilled nursing agency, or Independent Nurse.	✓			
<b>Telehealth Network Provider Services</b> – all services set forth in this <b>Appendix C</b> delivered via telehealth, when such services are rendered by a Telehealth Network Provider in the MassHealth provider network	✓	✓	✓	
<b>Transitional Support Services (TSS) for Substance Use Disorders (Level 3.1)</b> – 24- hour short term intensive case management and psycho-educational residential programming with nursing available for members with substance use disorders who have recently been detoxified or stabilized and require additional transitional stabilization prior to placement in a residential or community based program. Enrollees with Co-Occurring Disorders receive coordination of transportation and referrals to mental health providers to ensure treatment for their co-occurring psychiatric conditions. Pregnant women receive coordination of their obstetrical care.	✓	✓	✓	



Service	Coverage Types			
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus	
<b>Transportation (non-emergent, to in-state location or location within 50 miles of the Massachusetts border)</b> - ambulance (land), chair car, taxi, and common carriers that generally are pre-arranged to transport an Enrollee to a covered service that is located in-state or within a 50-mile radius of the Massachusetts border.	✓		✓	
<b>Vision Care (non-medical component)</b> - prescription and dispensing of ophthalmic materials, including eyeglasses and other visual aids, excluding contacts.	✓	✓	✓	

**Appendix C**  
**Exhibit 3: ACO Covered Behavioral Health Services**

✓ Denotes a covered service

		Coverage Types		
Service		ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
<b>Inpatient Services</b> - 24-hour services, delivered in a licensed or state-operated hospital setting, that provide clinical intervention for mental health or substance use diagnoses, or both. This service does not include continuing inpatient psychiatric care delivered at a facility that provides such services, as further specified by EOHHS. <b>(See details below)</b>				
<b>1. Inpatient Mental Health Services</b> - hospital services to evaluate and treat an acute psychiatric condition which 1) has a relatively sudden onset; 2) has a short, severe course; 3) poses a significant danger to self or others; or 4) has resulted in marked psychosocial dysfunction or grave mental disability.		✓	✓	✓
<b>2. Inpatient Substance Use Disorder Services (Level 4)</b> - hospital services that provide a detoxification regimen of medically directed evaluation, care and treatment for psychoactive substance-abusing Enrollees in a medically managed setting.		✓	✓	✓
<b>3. Observation/Holding Beds</b> - hospital services, for a period of up to 24 hours, in order to assess, stabilize, and identify appropriate resources for Enrollees.		✓	✓	✓
<b>4. Administratively Necessary Day (AND) Services</b> - a day(s) of inpatient hospitalization provided to Enrollees when said Enrollees are clinically ready for discharge, but an appropriate setting is not available. Services shall include appropriate continuing clinical services.		✓	✓	✓
<b>Diversionary Services</b> - those mental health and substance use disorder services that are provided as clinically appropriate alternatives to Behavioral Health Inpatient Services, or to support an Enrollee returning to the community following a 24-hour acute placement; or to provide intensive support to maintain functioning in the community. There are two categories of Diversionary Services, those provided in a 24-hour facility, and those which are provided in a non-24-hour setting or facility. <b>(See detailed services below)</b>				
<b>24-Hour Diversionary Services:</b>				
<b>a. Community Crisis Stabilization</b> – services provided as an alternative to hospitalization, including short-term psychiatric treatment in structured, community-based therapeutic		✓	✓	✓

Service	Coverage Types			
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus	
environments. Community Crisis Stabilization provides continuous 24-hour observation and supervision for Enrollees who do not require Inpatient Services.				
b. <b>Community-Based Acute Treatment for Children and Adolescents (CBAT)</b> – mental health services provided in a staff-secure setting on a 24-hour basis, with sufficient clinical staffing to insure safety for the child or adolescent, while providing intensive therapeutic services including, but not limited to, daily medication monitoring; psychiatric assessment; nursing availability; Specialing (as needed); individual, group and family therapy; case management; family assessment and consultation; discharge planning; and psychological testing, as needed. This service may be used as an alternative to or transition from Inpatient services.	✓	✓		
c. <b>Acute Treatment Services (ATS) for Substance Use Disorders (Level 3.7)</b> – 24-hour, seven days week, medically monitored addiction treatment services that provide evaluation and withdrawal management. Withdrawal management services are delivered by nursing and counseling staff under a physician-approved protocol and physician-monitored procedures and include: bio-psychosocial assessment; individual and group counseling; psychoeducational groups; and discharge planning. Pregnant women receive specialized services to ensure substance use disorder treatment and obstetrical care. Enrollees with Co-Occurring Disorders receive specialized services to ensure treatment for their co-occurring psychiatric conditions. These services may be provided in licensed freestanding or hospital-based programs.	✓	✓	✓	
d. <b>Clinical Support Services for Substance Use Disorders (Level 3.5)</b> – 24-hour treatment services, which can be used independently or following Acute Treatment Services for substance use disorders, and including intensive education and counseling regarding the nature of addiction and its consequences; outreach to families and significant others; and aftercare planning for individuals beginning to engage in recovery from addiction. Enrollees with Co-Occurring Disorders receive coordination of transportation and referrals to mental health providers to ensure treatment for their co-occurring psychiatric conditions. Pregnant women receive coordination of their obstetrical care.	✓	✓	✓	

Service	Coverage Types			
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus	
<b>e. Transitional Care Unit (TCU)</b> – A community based therapeutic program offering high levels of supervision, structure and intensity of service within an unlocked setting. The program serves children and adolescents, under age 19, who are in the custody of the Department of Children and Families (DCF), who have been determined to need group care or foster care and no longer meet the clinical criteria for continued stay at an acute level of care. The TCU offers comprehensive services, including but not limited to, a therapeutic milieu, psychiatry, aggressive case management, and multidisciplinary, multi-modal therapies.	✓	✓		
<b>Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)</b>				
<b>a. Adult Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)</b> - 24-hour residential environment that provides a structured and comprehensive rehabilitative environment that supports each resident's independence and resilience and recovery from alcohol and/or other drug problems. Scheduled, goal-oriented rehabilitative services are provided in conjunction with ongoing support and assistance for developing and maintaining interpersonal skills necessary to lead an alcohol and/or drug-free lifestyle. Members receive at least five hours of individual or group therapy each week in addition to case management, psychoeducation and milieu based rehabilitative activities. Residential programs licensed and approved to serve pregnant and post-partum women provide assessment and management of gynecological and/or obstetric and other prenatal needs, as well as treatment plans addressing parenting skills education, child development education, parent support, family planning, nutrition, as well as opportunities for parent/child relational and developmental groups. Enrollees with Co-Occurring Disorders receive coordination of transportation and referrals to mental health providers to ensure treatment for their co-occurring psychiatric conditions.	✓	✓	✓	
<b>b. Family Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)</b> - 24-hour residential environment for families in which a parent has a substance use disorder and either is pregnant, has custody of at least one child or has a physical reunification plan with at least one child within 30 days of admission. Scheduled, goal-oriented rehabilitative services intended to support parents and children are provided in conjunction with ongoing	✓	✓	✓	

Service	Coverage Types			
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus	
support and assistance for developing and maintaining interpersonal and parenting skills necessary to lead an alcohol and/or drug-free lifestyle and support family reunification and stability. Enrollees receive at least five hours of individual or group therapy each week in addition to case management, psychoeducation and milieu based rehabilitative activities.				
<b>c. Transitional Age Youth and Young Adult Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)</b> - 24-hour developmentally appropriate residential environment designed specifically for either Transitional Age Youth ages 16-21 or Young Adults ages 18-25 that provides a structured and comprehensive rehabilitative environment for that supports each resident's independence and resilience and recovery from alcohol and/or other drug problems. Scheduled, goal-oriented rehabilitative services are provided in conjunction with ongoing support and assistance for developing and maintaining interpersonal skills necessary to lead an alcohol and/or drug-free lifestyle. Enrollees receive at least five hours of individual or group therapy each week in addition to case management, psychoeducation and milieu based rehabilitative activities. Enrollees with Co-Occurring Disorders receive coordination of transportation and referrals to mental health providers to ensure treatment for their co-occurring psychiatric conditions.	✓	✓	✓	
<b>d. Youth Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)</b> - 24-hour developmentally appropriate residential environment with enhanced staffing and support designed specifically for youth ages 13-17 that provides a structured and comprehensive rehabilitative environment for that supports each resident's independence and resilience and recovery from alcohol and/or other drug problems. Scheduled, goal-oriented rehabilitative services are provided in conjunction with ongoing support and assistance for developing and maintaining interpersonal skills necessary to lead an alcohol and/or drug-free lifestyle. Members receive at least five hours of individual or group therapy each week in addition to case management, psychoeducation and milieu based rehabilitative activities. Enrollees with Co-Occurring Disorders receive coordination of transportation and referrals to mental health providers to ensure treatment for their co-occurring psychiatric conditions.	✓	✓	✓	

Service	Coverage Types			
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus	
<b>e. Co-Occurring Enhanced Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)</b> - 24-hour, safe, structured environment, located in the community, which supports Enrollee's recovery from addiction and moderate to severe mental health conditions while reintegrating into the community and returning to social, vocation/employment, and/or educational roles. Scheduled, goal-oriented clinical services are provided in conjunction with psychiatry and medication management to support stabilization and development of skills necessary to achieve recovery. Clinical services are provided a minimum of five hours a week and additional outpatient levels of care may be accessed concurrently as appropriate. Programs will ensure that Members have access to prescribers of psychiatric and addiction medications.	✓	✓	✓	
<b>f. Population-Specific High Intensity Residential Services (Level 3.3.)</b> Enhanced 24 hour structured addiction treatment to serve Enrollees who require specialized, tailored programming due to cognitive and other functional impairments caused by co-morbid conditions (e.g. brain injury, fetal alcohol spectrum disorder, dementia, IV antibiotic treatment). This service may entail staffing, environment, and clinical programming modifications in order for Enrollees with cognitive or functional impairments to fully participate in treatment activities.	✓	✓	✓	
<b>Non-24-Hour Diversionary Services</b>				
<b>a. Community Support Program (CSP)</b> - an array of services delivered by a community-based, mobile, multi-disciplinary team of professionals and paraprofessionals. These programs provide essential services to Enrollees with a long standing history of a psychiatric or substance use disorder and to their families, or to Enrollees who are at varying degrees of increased medical risk, or to children/adolescents who have behavioral health issues challenging their optimal level of functioning in the home/community setting. Services include outreach and supportive services, delivered in a community setting, which will vary with respect to hours, type and intensity of services depending on the changing needs of the Enrollee.	✓	✓	✓	

Service	Coverage Types			
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus	
<b>b. Partial Hospitalization (PHP)</b> – an alternative to Inpatient Mental Health Services, PHP services offer short-term day mental health programming available five to seven days per week. These services consist of therapeutically intensive acute treatment within a stable therapeutic milieu and include daily psychiatric management.	✓	✓	✓	
<b>c. Psychiatric Day Treatment</b> - services which constitute a program of a planned combination of diagnostic, treatment and rehabilitative services provided to a person with mental illness who needs more active or inclusive treatment than is typically available through a weekly visit to a mental health center, individual Provider's office or hospital outpatient department, but who does not need 24-hour hospitalization.	✓	✓	✓	
<b>d. Structured Outpatient Addiction Program (SOAP)</b> - clinically intensive, structured day and/or evening substance use disorder services. These programs can be utilized as a transition service in the continuum of care for an Enrollee being discharged from Acute Substance Abuse Treatment, or can be utilized by individuals, who need Outpatient Services, but who also need more structured treatment for a substance use disorder. These programs may incorporate the evidence-based practice of Motivational Interviewing into clinical programming to promote individualized treatment planning. These programs may include specialized services and staffing for targeted populations including pregnant women, adolescents and adults requiring 24-hour monitoring.	✓	✓	✓	
<b>e. Intensive Outpatient Program (IOP)</b> - a clinically intensive service designed to improve functional status, provide stabilization in the community, divert an admission to an Inpatient Service, or facilitate a rapid and stable reintegration into the community following a discharge from an inpatient service. The IOP provides time-limited, comprehensive, and coordinated multidisciplinary treatment.	✓	✓	✓	

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
<b>f. Recovery Coaching</b> - a non-clinical service provided by peers with lived Substance Use Disorder experience who have been certified as Recovery Coaches. Eligible Enrollees will be connected with Recovery Coaches at critical junctures in the Enrollees' treatment and recovery. Recovery Coaches meet with Enrollees and facilitate initiation and engagement to treatment and serve as a guide and motivating factor for the Enrollee to maintain recovery and community tenure.	✓	✓	✓
<b>g. Recovery Support Navigators</b> - a specialized care coordination service intended to engage Enrollees with Substance Use Disorder in accessing and continuing Substance Use Disorder treatment. RSNs may be located in a variety of Substance Use Disorder treatment environments, doing outreach and building relationships with individuals in programs, including withdrawal management and step-down services. If an Enrollee accepts RSN services upon leaving a Substance Use Disorder treatment program, the RSN will work with the individual on accessing appropriate treatment and staying motivated for treatment and recovery.	✓	✓	✓
<b>h. Program of Assertive Community Treatment (PACT)</b> – a multi-disciplinary team approach to providing acute, active, ongoing, and long-term community-based psychiatric treatment, assertive outreach, rehabilitation and support. The program team provides assistance to Covered Individuals to maximize their recovery, ensure consumer-directed goal setting, assist individuals in gaining a sense of hope and empowerment, and provide assistance in helping the individuals served become better integrated into the community. Services are provided in the community and are available, as needed by the individual, 24 hours a day, seven days a week, 365 days a year.	✓	✓	✓
<b>Outpatient Services</b> - mental health and substance use disorder services provided in person in an ambulatory care setting such as a mental health center or substance use disorder clinic, hospital outpatient department, community health center, or practitioner's office. The services may be provided at an Enrollee's home or school. <b>(See detailed services below)</b>			



	Coverage Types			
Service	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus	
Standard Outpatient Services – those Outpatient Services most often provided in an ambulatory setting.				
a. <b>Family Consultation</b> - a meeting of at least 15 minutes’ duration, either in person or by telephone, with family members or others who are significant to the Enrollee and clinically relevant to an Enrollee’s treatment to: identify and plan for additional services; coordinate a treatment plan; review the individual’s progress; or revise the treatment plan, as required.	✓	✓	✓	
b. <b>Case Consultation</b> - an in-person or by telephone meeting of at least 15 minutes’ duration, between the treating Provider and other behavioral health clinicians or the Enrollee’s primary care physician, concerning an Enrollee who is a client of the Provider, to: identify and plan for additional services; coordinate a treatment plan; review the individual’s progress; and revise the treatment plan, as required. Case Consultation shall not include clinical supervision or consultation with other clinicians within the same provider organization.	✓	✓	✓	
c. <b>Diagnostic Evaluation</b> - an assessment of an Enrollee’s level of functioning, including physical, psychological, social, educational and environmental strengths and challenges for the purpose of diagnosis and designing a treatment plan.	✓	✓	✓	
d. <b>Dialectical Behavioral Therapy (DBT)</b> - a manual-directed outpatient treatment developed by Marsha Linehan, PhD, and her colleagues that combines strategies from behavioral, cognitive, and supportive psychotherapies for Enrollees with borderline personality disorder who also exhibit chronic, parasuicidal behaviors and adolescents who exhibit these symptoms. DBT may be used for other disorders if the Contractor determines that, based on available research, DBT is effective and meets the Contractor’s criteria for determining medical necessity.	✓	✓	✓	
e. <b>Psychiatric Consultation on an Inpatient Medical Unit</b> - an in- person meeting of at least 15 minutes’ duration between a psychiatrist or Advanced Practice Registered Nurse Clinical Specialist and an Enrollee at the request of the medical unit to assess the Enrollee’s mental	✓	✓	✓	

Service	Coverage Types			
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus	
status and consult on a behavioral health or psychopharmacological plan with the medical staff on the unit.				
<b>f. Medication Visit</b> - an individual visit specifically for psychopharmacological evaluation, prescription, review, and/or monitoring by a psychiatrist or R.N. Clinical Specialist for efficacy and side effects.	✓	✓	✓	
<b>g. Couples/Family Treatment</b> - the use of psychotherapeutic and counseling techniques in the treatment of an Enrollee and his/her partner and/or family simultaneously in the same session.	✓	✓	✓	
<b>h. Group Treatment</b> – the use of psychotherapeutic or counseling techniques in the treatment of a group, most of whom are not related by blood, marriage, or legal guardianship.	✓	✓	✓	
<b>i. Individual Treatment</b> - the use of psychotherapeutic or counseling techniques in the treatment of an individual on a one-to-one basis.	✓	✓	✓	
<b>j. Inpatient-Outpatient Bridge Visit</b> - a single-session consultation conducted by an outpatient provider while an Enrollee remains on an Inpatient psychiatric unit. The Inpatient-Outpatient Bridge Visit involves the outpatient Provider meeting with the Enrollee and the inpatient team or designated inpatient treatment team clinician.	✓	✓	✓	
<b>k. Assessment for Safe and Appropriate Placement (ASAP)</b> - an assessment, required by MGL 119 Sec. 33B, conducted by a diagnostician with specialized training and experience in the evaluation and treatment of sexually abusive youth or arsonists, to evaluate individuals who are in the care and custody of DCF and who have been adjudicated delinquent for a sexual offense or the commission of arson, or have admitted to such behavior, or are the subject of a documented or substantiated report of such behavior, and who are being discharged from Inpatient Psychiatric Unit or Hospital or Community-Based Acute Treatment for Children/Adolescents or Intensive Community Based Acute Treatment for Children/Adolescents to a family home care setting. Services are provided through a DCF designated ASAP provider.	✓	✓		

Service	Coverage Types			
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus	
<b>l. Collateral Contact</b> – a communication of at least 15 minutes’ duration between a Provider and individuals who are involved in the care or treatment of an Enrollee under 21 years of age, including, but not limited to, school and day care personnel, state agency staff, and human services agency staff.	✓	✓		
<b>m. Acupuncture Treatment</b> - the insertion of metal needles through the skin at certain points on the body, with or without the use of herbs, an electric current, heat to the needles or skin, or both, as an aid to persons who are withdrawing from dependence on substances or in recovery from addiction.	✓	✓	✓	
<b>n. Opioid Treatment Services</b> — supervised assessment and treatment of an individual, using FDA approved medications (including methadone, buprenorphine/naloxone, and naltrexone) along with a comprehensive range of medical and rehabilitative services, when clinically necessary, to alleviate the adverse medical, psychological or physical effects incident to opiate addiction. This term encompasses withdrawal treatment and maintenance treatment	✓	✓	✓	
<b>o. Ambulatory Withdrawal Management (Level 2WM)</b> - outpatient services for Members who are experiencing a serious episode of excessive substance use or withdrawal complications. Ambulatory Withdrawal Management is provided under the direction of a physician and is designed to stabilize the Member’s medical condition under circumstances where neither life nor significant bodily functions are threatened. The severity of the individual’s symptoms will determine the setting, as well as the amount of nursing and physician supervision necessary during the course of treatment.	✓	✓	✓	
<b>p. Psychological Testing</b> - the use of standardized test instruments to assess a Covered Individual’s cognitive, emotional, neuropsychological, verbal, and defensive functioning on the central assumption that individuals have identifiable and measurable differences that can be elicited by means of objective testing.	✓	✓	✓	
<b>q. Special Education Psychological Testing</b> - psychological, emotional or neuropsychological testing which is requested by school personnel responsible for initiating referrals for diagnosis and evaluation of children who qualify for special education programs pursuant	✓	✓		

Service	Coverage Types			
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus	
to Mass Gen. Law 71B, and which shall be utilized toward the development of an Individualized Educational Plan (IEP). Special Education Psychological Testing shall not be administered more than once a year unless new events have significantly affected the student's academic functioning.				
<b>r. Applied Behavioral Analysis for members under 21 years of age (ABA Services)</b> – A MassHealth service that focuses on the analysis, design, implementation, and evaluation of social and other environmental modifications to produce meaningful changes in human behavior. This service provides for the performance of behavioral assessments; interpretation of behavior analytic data; development of a highly specific treatment plan; supervision and coordination of interventions; and training other interveners to address specific objectives or performance goals in order to treat challenging behaviors that interfere with a youth's successful functioning. See 101 CMR 358.00.	✓	✓		
<b>s. Early Intensive Behavioral Intervention (EIBI)</b> - provided to children under three years of age who have a diagnosis of autism spectrum disorder (ASD) and meet clinical eligibility criteria. Such services shall be provided only by DPH-approved, Early Intensive Behavioral Intervention Service Providers.	✓	✓		
<b>t. Preventative Behavioral Health Services</b> - short-term interventions in supportive group, individual, or family settings, recommended by a physician or other licensed practitioner, practicing within their scope of licensure, that cultivate coping skills and strategies for symptoms of depression, anxiety, and other social/emotional concerns, which may prevent the development of behavioral health conditions for members who are under 21 years old who have a positive behavioral health screen (or, in the case of an infant, a caregiver with a positive post-partum depression screening), even if the member does not meet criteria for behavioral health diagnosis. Preventive behavioral health services are available in group sessions when delivered in community-based outpatient settings, and in individual, family, and group sessions when provided by a behavioral health clinician practicing in an integrated pediatric primary care setting.	✓	✓		

	Coverage Types			
Service	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus	
<b>Intensive Home or Community-Based Services for Youth</b> – mental health and substance use disorder services provided to Enrollees in a community-based setting such as home, school, or community service agency. The services provided are more intensive than services that may be provided through a standard outpatient service. <b>(See detailed services below)</b>				
<b>a. Family Support and Training:</b> a service provided to the parent /caregiver of a youth (under the age of 21), in any setting where the youth resides, such as the home and other community settings. Family Support and Training is a service that provides a structured, one-to-one, strength-based relationship between a Family Support and Training Partner and a parent/caregiver. The purpose of this service is for resolving or ameliorating the youth’s emotional and behavioral needs by improving the capacity of the parent /caregiver to parent the youth so as to improve the youth’s functioning. Services may include education, assistance in navigating the child serving systems; fostering empowerment, including linkages to peer/parent support and self-help groups; assistance in identifying formal and community resources, support, coaching, and training for the parent/caregiver.	✓			
<b>b. Intensive Care Coordination:</b> a service that provides targeted case management services to individuals under 21 with a Serious Emotional Disturbance including individuals with co-occurring conditions. This service includes assessment, development of an individualized care plan, referral and related activities to implement the care plan and monitoring of the care plan.	✓			
<b>c. In-Home Behavioral Services</b> – this service usually includes a combination of behavior management therapy and behavior management monitoring, as follows: <b>C1. Behavior Management Therapy:</b> This service includes assessment, development of the behavior plan, and supervision and coordination of interventions to address specific behavioral objectives or performance. This service addresses challenging behaviors which interfere with the child’s successful functioning. The Behavior management therapist develops and monitors specific behavioral objectives and interventions, including a crisis-response strategy, that are incorporated into the child’s treatment plan. The therapist may also provide short-term counseling and assistance, depending on the child’s performance and	✓			

Service	Coverage Types			
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus	
<p>level of intervention required. Phone contact and consultation may be provided as part of the intervention.</p> <p><b>C2. Behavior Management Monitoring.</b> This service includes implementation of the behavior plan, monitoring the child's behavior, reinforcing implementation of the plan by parents or other caregivers and reporting to the behavior management therapist on implementation of the plan and progress toward behavioral objectives or performance goals. Phone contact and consultation may be provided as part of the intervention.</p>				
<p><b>d. In-Home Therapy Services.</b> This service is a therapeutic clinical intervention and ongoing training and therapeutic support, as follows:</p> <p><b>D1.</b> The Therapeutic Clinical Intervention is a structured, consistent, therapeutic relationship between a licensed clinician and the child and family for the purpose of treating the child's mental health needs including improving the family's ability to provide effective support for the child to promote healthy functioning of the child within the family. The clinician develops a treatment plan and, using established psychotherapeutic techniques, works with the entire family or a subset of the family, to enhance problem-solving, limit-setting, communication, emotional support or other family or individual functions. The Therapeutic Clinical Intervention is provided by a qualified licensed clinician who will often work in a team that includes one or more qualified paraprofessionals.</p> <p><b>D2.</b> Ongoing Therapeutic Training and Support is a service provided by a paraprofessional to support implementation of the licensed clinician's treatment plan to achieve the goals of the treatment plan. The paraprofessional assists a licensed clinician in implementing the therapeutic objectives of the treatment plan designed to address the child's mental health and emotional challenges. This service includes teaching the child to understand, direct, interpret, manage and control feelings and emotional responses to situations, and to assist the family in</p>	✓	✓		

Service	Coverage Types			
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus	
supporting the child in addressing his or her emotional and mental health needs. Phone contact and consultation may be provided as part of the intervention.				
<b>e. Therapeutic Mentoring Services:</b> This service provides a structured, one-to-one mentoring relationship between a therapeutic mentor and a child or adolescent for the purpose of addressing daily living, social and communication needs. Each child or adolescent will have goals and objectives that are designed to support age-appropriate social functioning or ameliorate deficits in the child or adolescent's age-appropriate social functioning. These goals and objectives are developed by the child or adolescent, as appropriate, and his/her treatment team and are incorporated into the treatment plan. The service includes supporting, coaching and training the child or adolescent in age-appropriate behaviors, interpersonal communication, problem-solving and conflict resolution and relating appropriately to other children and adolescents, as well as adults, in recreational and social activities. The therapeutic mentor works with the child or adolescent in such settings as their home, school or social or recreational activities.	✓			
<b>Emergency Services Program (ESP)</b> – Until otherwise notified by EOHHS, services provided through designated contracted ESPs, and which are available seven days per week, 24 hours per day to provide treatment of any individual who is experiencing a mental health crisis. <b>In addition to contracted ESPs, ESP Encounter services (not Youth Mobile Crisis Intervention services) may also be provided by outpatient hospital emergency departments as further directed by EOHHS. (See detailed services below.)</b>				
<b>1. ESP Encounter</b> - each 24-hour period an individual is receiving ESP Services. Each ESP Encounter shall include at a minimum: crisis assessment, intervention and stabilization. <ul style="list-style-type: none"> <li><b>a. Assessment</b> - a face-to-face evaluation of an individual presenting with a behavioral health emergency, including assessment of the need for hospitalization, conducted by appropriate clinical personnel;</li> <li><b>b. Intervention</b> – the provision of psychotherapeutic and crisis counseling services to an individual for the purpose of stabilizing an emergency; and</li> </ul>	✓	✓	✓	

Service	Coverage Types			
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus	
<p><b>c. Stabilization</b> – short-term behavioral health treatment in a structured environment with continuous observation and supervision of individuals who do not require hospital level of care.</p> <p>In addition, medication evaluation and specialing services shall be provided if Medically Necessary.</p>				
<p><b>2. Youth Mobile Crisis Intervention:</b> a short term mobile, on-site, and face-to-face therapeutic service provided for youth experiencing a behavioral health crisis and for the purpose of identifying, assessing, treating, and stabilizing the situation and reducing the immediate risk of danger to the youth or others consistent with the youth’s risk management/safety plan, if any. Services are available 24 hours a day, 7 days a week.</p>	✓	✓		
<p><b>Crisis Services</b> - Crisis Services are available seven days per week, 24 hours per day to provide treatment of any individual who is experiencing a mental health crisis. (See detailed services below)</p>				
<p><b>1. Adult Mobile Crisis Intervention (AMCI) Encounter</b> – each 24-hour period an individual is receiving AMCI Services. Each AMCI Encounter shall include at a minimum: crisis assessment, intervention and stabilization.</p> <p><b>a. Assessment</b> - a face-to-face evaluation of an individual presenting with a behavioral health emergency, including assessment of the need for hospitalization, conducted by appropriate clinical personnel;</p> <p><b>b. Intervention</b> –the provision of psychotherapeutic and crisis counseling services to an individual for the purpose of stabilizing an emergency; and</p> <p><b>c. Stabilization</b> – short-term behavioral health treatment in a structured environment with continuous observation and supervision of individuals who do not require hospital level of care.</p> <p>In addition, medication evaluation and specialing services shall be provided if Medically Necessary</p>	✓	✓	✓	



Service	Coverage Types			
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus	
<b>2. Youth Mobile Crisis Intervention (YMCI)</b> - a short term mobile, on-site, and face-to-face therapeutic service provided for youth experiencing a behavioral health crisis and for the purpose of identifying, assessing, treating, and stabilizing the situation and reducing the immediate risk of danger to the youth or others consistent with the youth's risk management/safety plan, if any. Services are available 24 hours a day, 7 days a week.	✓	✓		
<b>3. Emergency Department-based Crisis intervention Mental Health Services:</b> Crisis interventions include the crisis evaluation, stabilization interventions, and disposition coordination activities for members presenting to the ED in a behavioral health crisis. Elements of crisis evaluations include: <ul style="list-style-type: none"> <li>a. <b>Crisis Evaluation:</b> Behavioral Health crisis assessment by a qualified behavioral health professional to individuals within 60 minutes of time of the member's readiness to receive such an assessment. Qualified behavioral health professionals include: qualified behavioral health professional, a psychiatrist, and other master's and bachelor's-level clinicians and staff sufficient to meet the needs of members served which may include certified peer specialists and recovery coaches.</li> <li>b. <b>Crisis Stabilization Interventions:</b> Observation, treatment, and support to individuals experiencing a behavioral health crisis</li> <li>c. <b>Discharge Planning and Care Coordination:</b> A disposition plan that includes discharge planning to identify and secure an appropriate level of care and goals for that level of care</li> </ul>	✓	✓	✓	
<b>Other Behavioral Health Services</b> - Behavioral Health Services that may be provided as part of treatment in more than one setting type.				
<b>1. Electro-Convulsive Therapy (ECT)</b> - a therapeutic service which initiates seizure activity with an electric impulse while the individual is under anesthesia. It is administered in a facility that is licensed to provide this service by DMH.	✓	✓	✓	
<b>2. Repetitive Transcranial Magnetic Stimulation (rTMS)</b> - a noninvasive form of neurostimulation in which rapidly changing magnetic fields are applied to the surface of the scalp through a copper wire coil connected to a magnetic stimulator. The therapeutic service is used to treat	✓	✓	✓	

		Coverage Types		
Service	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus	
depression that has not responded to standard treatment such as medications and psychotherapy.				
<b>3. Specialing</b> - therapeutic services provided to an Enrollee in a variety of 24-hour settings, on a one-to-one basis, to maintain the individual's safety.	✓	✓	✓	

## APPENDIX C

### Exhibit 4: MassHealth Excluded Services – All Coverage Types

Except as otherwise noted or determined Medically Necessary by EOHHS, the following services are not covered under MassHealth and as such are not covered by the Contractor.

1. Cosmetic surgery, except as determined by the Contractor to be necessary for:
  - a. correction or repair of damage following an injury or illness;
  - b. mammoplasty following a mastectomy; or
  - c. any other medical necessity as determined by the Contractor.

All such services determined by the Contractor to be Medically Necessary shall constitute an ACO Covered Service under the Contract.

2. Treatment for infertility, including in-vitro fertilization and gamete intra-fallopian tube (GIFT) procedures.
3. Experimental treatment.
4. Personal comfort items including air conditioners, radios, telephones, and televisions (effective upon promulgation by EOHHS of regulations at 130 CMR regarding non-coverage of air conditioners).
5. Services not otherwise covered by MassHealth, except as determined by the Contractor to be Medically Necessary for MassHealth Standard or MassHealth CommonHealth Enrollees under age 21. In accordance with EPSDT requirements, such services constitute an ACO Covered Service under the Contract.
6. A service or supply which is not provided by or at the direction of a Network Provider, except for:
  - a. Emergency Services as defined in **Section 1** of this Contract;
  - b. Family Planning Services; and
7. Non-covered laboratory services as specified in 130 CMR 401.411.

**APPENDIX D  
PAYMENT**

**EXHIBIT 1  
BASE CAPITATION RATES AND ADD-ONS  
Contract Year 6**

Listed below are the Per Member Per Month (PMPM) Base Capitation Rates for Contract Year 6 (January 1, 2023, through March 31, 2023) (also referred to as Rate Year Q1 2023 or RYQ123), subject to state appropriation and all necessary federal approvals;

Base Capitation Rates do not include EOHHS adjustments described in **Sections 4.2.C** and **4.2.E.** of the Contract.

In addition to the Base Capitation Rates tables below, additional tables include the add-ons for the Contract Year for CBHI Services as described in **Section 4.5.D**, for ABA Services as described in **Section 4.5.E**, and for SUD Risk Sharing Services as described in **Section 4.5.I**. The add-ons for CBHI Services, ABA Services and SUD Risk Sharing Services are the same for all Regions and will be added to the Risk Adjusted Capitation Rates as defined in **Section 4.2.E**.

<b><u>ACO Base Capitation Rates / RC I Adult</u></b>					
<b><u>Effective January 1, 2023 – March 31, 2023</u></b>					
<b><u>REGION</u></b>	<b><u>NON-HIGH COST DRUG / NON-HCV MEDICAL COMPONENT</u></b>	<b><u>HCV COMPONENT</u></b>	<b><u>NON-HCV HIGH COST DRUG COMPONENT</u></b>	<b><u>ADMINISTRATIVE COMPONENT</u></b>	<b><u>TOTAL BASE CAPITATION RATE</u></b>
	<b><u>(per member per month)</u></b>	<b><u>(per member per month)</u></b>	<b><u>(per member per month)</u></b>	<b><u>(per member per month)</u></b>	<b><u>(per member per month)</u></b>
<b>Northern</b>	<b>\$455.11</b>	<b>\$1.65</b>	<b>\$1.93</b>	<b>\$34.58</b>	<b>\$493.27</b>
<b>Greater Boston</b>	<b>\$466.05</b>	<b>\$1.69</b>	<b>\$1.88</b>	<b>\$35.41</b>	<b>\$505.03</b>
<b>Southern</b>	<b>\$516.57</b>	<b>\$2.03</b>	<b>\$3.91</b>	<b>\$36.52</b>	<b>\$559.03</b>
<b>Central</b>	<b>\$429.03</b>	<b>\$1.55</b>	<b>\$3.25</b>	<b>\$33.97</b>	<b>\$467.80</b>
<b>Western</b>	<b>\$429.40</b>	<b>\$1.18</b>	<b>\$1.00</b>	<b>\$33.48</b>	<b>\$465.06</b>

<b><u>ACO Base Capitation Rates / RC I Child</u></b>					
<b><u>Effective January 1, 2023 – March 31, 2023</u></b>					
<b><u>REGION</u></b>	<b><u>NON-HIGH COST DRUG / NON-HCV MEDICAL COMPONENT</u></b>  <b><u>(per member per month)</u></b>	<b><u>HCV COMPONENT</u></b>  <b><u>(per member per month)</u></b>	<b><u>NON-HCV HIGH COST DRUG COMPONENT</u></b>  <b><u>(per member per month)</u></b>	<b><u>ADMINISTRATIVE COMPONENT</u></b>  <b><u>(per member per month)</u></b>	<b><u>TOTAL BASE CAPITATION RATE</u></b>  <b><u>(per member per month)</u></b>
Northern	\$205.25	\$0.01	\$5.24	\$30.08	\$240.58
Greater Boston	\$200.95	\$0.01	\$6.55	\$30.74	\$238.25
Southern	\$210.17	\$0.02	\$4.17	\$29.82	\$244.18
Central	\$196.58	\$0.01	\$7.45	\$29.19	\$233.23
Western	\$201.06	\$0.01	\$1.96	\$29.11	\$232.14

<b><u>ACO Base Capitation Rates / RC II Adult</u></b>					
<b><u>Effective January 1, 2023 – March 31, 2023</u></b>					
<b><u>REGION</u></b>	<b><u>NON-HIGH COST DRUG / NON-HCV MEDICAL COMPONENT</u></b>  <b><u>(per member per month)</u></b>	<b><u>HCV COMPONENT</u></b>  <b><u>(per member per month)</u></b>	<b><u>NON-HCV HIGH COST DRUG COMPONENT</u></b>  <b><u>(per member per month)</u></b>	<b><u>ADMINISTRATIVE COMPONENT</u></b>  <b><u>(per member per month)</u></b>	<b><u>TOTAL BASE CAPITATION RATE</u></b>  <b><u>(per member per month)</u></b>
Northern	\$1,795.49	\$5.48	\$27.35	\$86.73	\$1,915.05
Greater Boston	\$1,909.78	\$9.67	\$23.09	\$92.27	\$2,034.81
Southern	\$1,969.73	\$7.64	\$15.41	\$90.79	\$2,083.57
Central	\$1,743.07	\$6.07	\$23.67	\$84.56	\$1,857.37
Western	\$1,572.00	\$4.83	\$19.75	\$75.54	\$1,672.12

<b><u>ACO Base Capitation Rates / RC II Child</u></b>					
<b><u>Effective January 1, 2023 – March 31, 2023</u></b>					
<b><u>REGION</u></b>	<b><u>NON-HIGH COST DRUG / NON-HCV MEDICAL COMPONENT</u></b>  <b><u>(per member per month)</u></b>	<b><u>HCV COMPONENT</u></b>  <b><u>(per member per month)</u></b>	<b><u>NON-HCV HIGH COST DRUG COMPONENT</u></b>  <b><u>(per member per month)</u></b>	<b><u>ADMINISTRATIVE COMPONENT</u></b>  <b><u>(per member per month)</u></b>	<b><u>TOTAL BASE CAPITATION RATE</u></b>  <b><u>(per member per month)</u></b>
Northern	\$958.54	\$0.04	\$85.81	\$75.05	\$1,119.44
Greater Boston	\$943.08	\$0.09	\$147.95	\$82.58	\$1,173.70
Southern	\$893.65	\$0.07	\$23.83	\$71.94	\$989.49
Central	\$928.73	\$0.04	\$86.06	\$73.90	\$1,088.73
Western	\$698.06	\$0.03	\$24.40	\$57.42	\$779.91

<b><u>ACO Base Capitation Rates / RC IX</u></b>					
<b><u>Effective January 1, 2023 – March 31, 2023</u></b>					
<b><u>REGION</u></b>	<b><u>NON-HIGH COST DRUG / NON-HCV MEDICAL COMPONENT</u></b>  <b><u>(per member per month)</u></b>	<b><u>HCV COMPONENT</u></b>  <b><u>(per member per month)</u></b>	<b><u>NON-HCV HIGH COST DRUG COMPONENT</u></b>  <b><u>(per member per month)</u></b>	<b><u>ADMINISTRATIVE COMPONENT</u></b>  <b><u>(per member per month)</u></b>	<b><u>TOTAL BASE CAPITATION RATE</u></b>  <b><u>(per member per month)</u></b>
Northern	\$580.06	\$3.58	\$6.28	\$39.46	\$629.38
Greater Boston	\$554.53	\$3.09	\$7.56	\$39.18	\$604.36
Southern	\$662.44	\$3.70	\$8.26	\$42.46	\$716.86
Central	\$571.88	\$3.03	\$11.06	\$39.75	\$625.72
Western	\$546.39	\$3.32	\$2.10	\$37.99	\$589.80

<b><u>ACO Base Capitation Rates / RC X</u></b>					
<b><u>Effective January 1, 2023 – March 31, 2023</u></b>					
<b><u>REGION</u></b>	<b><u>NON-HIGH COST DRUG / NON-HCV MEDICAL COMPONENT</u></b>  <b><u>(per member per month)</u></b>	<b><u>HCV COMPONENT</u></b>  <b><u>(per member per month)</u></b>	<b><u>NON-HCV HIGH COST DRUG COMPONENT</u></b>  <b><u>(per member per month)</u></b>	<b><u>ADMINISTRATIVE COMPONENT</u></b>  <b><u>(per member per month)</u></b>	<b><u>TOTAL BASE CAPITATION RATE</u></b>  <b><u>(per member per month)</u></b>
Northern	\$1,838.94	\$13.65	\$4.08	\$91.00	\$1,947.67
Greater Boston	\$1,778.14	\$21.87	\$45.62	\$87.60	\$1,933.23
Southern	\$1,881.76	\$19.04	\$2.54	\$87.03	\$1,990.37
Central	\$1,790.36	\$9.41	\$1.56	\$87.81	\$1,889.14
Western	\$1,657.37	\$10.36	\$3.39	\$80.17	\$1,751.29

**CBHI Add-On to Risk Adjusted Capitation Rates**  
**Effective January 1, 2023 – March 31, 2023**

<b>CBHI Add-On to Risk Adjusted Capitation Rates PMPM</b>	
<b>RC-I Child</b>	<b>\$28.74</b>
<b>RC-II Child</b>	<b>\$164.53</b>

**ABA Add-On to Risk Adjusted Capitation Rates**  
**Effective January 1, 2023 – March 31, 2023**

<b>ABA Add-On to Risk Adjusted Capitation Rates PMPM</b>	
<b>RC-I Child</b>	<b>\$8.77</b>
<b>RC-II Child</b>	<b>\$202.61</b>

**SUD Risk Sharing Services Add-On to Risk Adjusted Capitation Rates**  
**Effective January 1, 2023 – March 31, 2023**

<b>SUD Risk Sharing Services Add-On to Risk Adjusted Capitation Rates PMPM</b>	
<b>RC-I Adult</b>	<b>\$6.49</b>
<b>RC-I Child</b>	<b>\$0.34</b>
<b>RC-II Adult</b>	<b>\$15.09</b>
<b>RC-II Child</b>	<b>\$0.94</b>
<b>RC-IX</b>	<b>\$19.14</b>
<b>RC-X</b>	<b>\$163.11</b>



**EXHIBIT 2**  
**ADJUSTMENTS OR ADDITIONS TO PAYMENTS**  
**Contract Year 6**

The tables below include the Supplemental Maternity Payment per Delivery Event for the Contract Year as described in **Section 4.3.B** and the admission-level stop-loss attachment point for the Contract Year as described in **Section 4.3.C**.

<b><u>Supplemental Maternity Payment</u></b> <b><u>All Rating Categories</u></b>	
<b><u>Effective January 1, 2023- March 31, 2023</u></b>	
<b>Region</b>	<b>Supplemental Payment per Delivery Event</b>
<b>Northern</b>	<b>\$8,784.19</b>
<b>Greater Boston</b>	<b>\$9,267.59</b>
<b>Southern</b>	<b>\$8,900.22</b>
<b>Central</b>	<b>\$8,690.21</b>
<b>Western</b>	<b>\$8,400.66</b>

<b><u>Admission Level Stop-Loss Attachment Point</u></b>
<b>\$150,000</b>

### EXHIBIT 3 RISK SHARING ARRANGEMENTS

#### Contract-Wide Risk Sharing Arrangement (“Plan Corridor”) (Section 4.5)

##### 1. Gain on the Plan Corridor

The amount of Gain on the Plan Corridor for the Contract Year shall be defined as the difference between the Plan Corridor Revenue for the Contract Year and the Contractor’s Plan Corridor Expenditures for ACO Covered Services for the Contract Year, if such actual expenditures are less than such Plan Corridor Revenue. EOHHS and the Contractor shall share such Gain in accordance with the table below:

<u>Gain</u>	<u>MassHealth Share</u>	<u>Contractor Share</u>
<u>Absolute value of the Gain less than or equal to 2% of Plan Corridor Revenue</u>	<u>0%</u>	<u>100%</u>
<u>Absolute value of the Gain greater than 2% of the Plan Corridor Revenue</u>	<u>95%</u>	<u>5%</u>

##### 2. Loss on the Plan Corridor

The amount of the Loss on the Plan Corridor shall be defined as the Plan Corridor Revenue for the Contract Year and the Contractor’s Plan Corridor Expenditures for ACO Covered Services for the Contract Year, if such actual expenditures are greater than the Plan Corridor revenue for the Contract Year. EOHHS and the Contractor shall share such Loss in accordance with the table below:

<u>Loss</u>	<u>MassHealth Share</u>	<u>Contractor Share</u>
<u>Absolute value of the Loss less than or equal to 2% of Plan Corridor Revenue</u>	<u>0%</u>	<u>100%</u>
<u>Absolute value of the Loss greater than 2% of the Plan Corridor Revenue</u>	<u>95%</u>	<u>5%</u>

#### CBHI Services Risk sharing arrangement (Section 4.5.D)

##### 1. Gain on the CBHI Add-On to the Risk Adjusted Capitation Rate

If the amount paid to the Contractor, as determined by the calculation described in **Section 4.5.D.1.a** is greater than the Contractor’s adjusted expenditures, as determined by the calculation described in **Section 4.5.D.1.b** then the Contractor shall be considered to have experienced a gain with respect to CBHI Services for the Contract Year. EOHHS and the Contractor shall share such gain in accordance with the table below:

<b>Gain</b>	<b>MassHealth Share</b>	<b>Contractor Share</b>
Gain up to \$100,000	99%	1%
Gain of more than \$100,000	100%	0%

## 2. Loss on the CBHI Add-On to the Risk Adjusted Capitation Rate

If the amount paid to the Contractor, as determined by the calculation described in **Section 4.5.D.1.a**, is less than the Contractor's adjusted expenditures, as determined by the calculation described in **Section 4.5.D.1.b**, then the Contractor shall be considered to have experienced a loss with respect to CBHI Services for the Contract Year. EOHHS and the Contractor shall share such loss in accordance with the table below:

<b>Loss</b>	<b>MassHealth Share</b>	<b>Contractor Share</b>
Loss up to \$100,000	99%	1%
Loss of more than \$100,000	100%	0%

## ABA Services Risk Sharing Arrangement (Section 4.5.E)

### 1. Gain on the ABA Add-On to the Risk Adjusted Capitation Rate

If the amount paid to the Contractor, as determined by the calculation described in **Section 4.5.E.1.a** above, is greater than the Contractor's adjusted expenditures, as determined by the calculation described in **Section 4.5.E.1.b** above, then the Contractor shall be considered to have experienced a gain with respect to ABA Services for the Contract Year. EOHHS and the Contractor shall share such gain in accordance with the table below:

<b>Gain</b>	<b>MassHealth Share</b>	<b>Contractor Share</b>
Gain up to \$100,000	99%	1%
Gain of more than \$100,000	100%	0%

### 2. Loss on the ABA Add-On to the Risk Adjusted Capitation Rate

If the amount paid to the Contractor, as determined by the calculation described in **Section 4.5.E.1.a** above, is less than the Contractor's adjusted expenditures, as determined by the calculation described in **Section 4.5.E.1.b** above, then the Contractor shall be considered to have experienced a loss with respect

to ABA Services for the Contract Year. EOHHS and the Contractor shall share such loss in accordance with the table below:

<b>Loss</b>	<b>MassHealth Share</b>	<b>Contractor Share</b>
Loss up to \$100,000	99%	1%
Loss of more than \$100,000	100%	0%

**HCV Risk Sharing Arrangement (Section 4.5.F)**

**1. Gain on the HCV Medical Component of the Risk Adjusted Capitation Rate Payment**

The amount of the Gain on the HCV Medical Component of the Risk Adjusted Capitation Rate Payment for the Contract Year shall be defined as the difference between the HCV Medical Component of the Risk Adjusted Capitation Rate Payment for the Contract Year and the Contractor's actual HCV medical expenditures for ACO Covered Services for the Contract Year, if such actual expenditures are less than the HCV Medical Component of the Risk Adjusted Capitation Rate Payment for the Contract Year. The Gain shall be calculated in aggregate across all Regions by Rating Category groups set forth in Appendix D, Exhibit 3.

<b>Gain</b>	<b>MassHealth Share</b>	<b>Contractor Share</b>
Gain up to \$100,000	99%	1%
Gain of more than \$100,000	100%	0%

**2. Loss on the HCV Medical Component of the Risk Adjusted Capitation Rate Payment**

The amount of the Loss on the HCV Medical Component of the Risk Adjusted Capitation Rate Payment for the Contract Year shall be defined as the difference between the HCV Medical Component of the Risk Adjusted Capitation Rate Payment for the Contract Year and the Contractor's actual HCV medical expenditures for ACO Covered Services for the Contract Year, if such actual expenditures are greater than the HCV Medical Component of the Risk Adjusted Capitation Rate Payment for the Contract Year. The Loss shall be calculated in aggregate across all Regions by Rating Category groups set forth in Appendix D, Exhibit 3.

<b>Loss</b>	<b>MassHealth Share</b>	<b>Contractor Share</b>
Loss up to \$100,000	99%	1%
Loss of more than \$100,000	100%	0%

**Non-HCV High Cost Drug Risk Sharing Arrangement (Section 4.5.G)**

**1. Gain on the Non-HCV High Cost Drug Component of the Risk Adjusted Capitation Rate Payment**

The amount of the Gain on the Non-HCV High Cost Drug Component of the Risk Adjusted Capitation Rate Payment for the Contract Year shall be defined as the difference between the Non-HCV High Cost Drug Component of the Risk Adjusted Capitation Rate Payment for the Contract Year and the Contractor's actual Non-HCV High Cost Drug expenditures for ACO Covered Services for the Contract Year, if such actual expenditures are less than the Non-HCV High Cost Drug Component of the Risk Adjusted Capitation Rate Payment for the Contract Year. The Gain shall be calculated in aggregate across all Regions by Rating Category groups set forth in Appendix D, Exhibit 3.

<b>Gain</b>	<b>MassHealth Share</b>	<b>Contractor Share</b>
Gain less than or equal to 2% of the Non-HCV High Cost Drug Component of the Risk Adjusted Capitation Rate payment	0%	100%
Gain of more than 2% of the Non-HCV High Cost Drug Component of the Risk Adjusted Capitation Rate payment	100%	0%

**2. Loss on the Non-HCV High Cost Drug Component of the Risk Adjusted Capitation Rate Payment**

The amount of the Loss on the Non-HCV High Cost Drug Component of the Risk Adjusted Capitation Rate Payment for the Contract Year shall be defined as the difference between the Non-HCV High Cost Drug Component of the Risk Adjusted Capitation Rate Payment for the Contract Year and the Contractor's actual Non-HCV High Cost Drug expenditures for ACO Covered Services for the Contract Year, if such actual expenditures are greater than the Non-HCV High Cost Drug Component of the Risk Adjusted Capitation Rate Payment for the Contract Year. The Loss shall be calculated in aggregate across all Regions by Rating Category groups set forth in Appendix D, Exhibit 3.

<b>Loss</b>	<b>MassHealth Share</b>	<b>Contractor Share</b>
Loss less than or equal to 2% of the Non-HCV High Cost Drug Component of the Risk Adjusted Capitation Rate payment	0%	100%
Loss of more than 2% of the Non-HCV High Cost Drug Component of the Risk Adjusted Capitation Rate payment	100%	0%

**SUD Services Risk Sharing Arrangement (Section 4.5.I)**

**1. Gain on the SUD Risk Sharing Services Add-On to the Risk Adjusted Capitation Rate**

If the amount paid to the Contractor, as determined by the calculation described in **Section 4.5.I.2**, is greater than the Contractor's expenditures, as determined by the calculation described in **Section 4.5.I.3**, then the Contractor shall be considered to have experienced a gain with respect to SUD Risk Sharing Services for the Contract Year. EOHHS and the Contractor shall share such gain in accordance with the table below:

<b>Gain</b>	<b>MassHealth Share</b>	<b>Contractor Share</b>
Gain up to \$100,000	99%	1%
Gain of more than \$100,000	100%	0%

**2. Loss on the SUD Risk Sharing Services Add-On to the Risk Adjusted Capitation Rate**

If the amount paid to the Contractor, as determined by the calculation described in **Section 4.5.I.2**, is less than the Contractor's expenditures, as determined by the calculation described in **Section 4.5.I.3**, then the Contractor shall be considered to have experienced a loss with respect to SUD Risk Sharing Services for the Contract Year. EOHHS and the Contractor shall share such loss in accordance with the table below:

<b>Loss</b>	<b>MassHealth Share</b>	<b>Contractor Share</b>
Loss up to \$100,000	99%	1%
Loss of more than \$100,000	100%	0%

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

APPENDIX T - Commonwealth of Massachusetts Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Unique Code/Modifier Combinations				
Rate Floors 1/1/23 – 3/31/23				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	90791	UG - Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation	\$ 208.27
MH and SA OP Services	90791	U6 - Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation	\$ 167.15
MH and SA OP Services	90791	AH - Doctoral Level (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation	\$ 143.48
MH and SA OP Services	90791	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation	\$ 144.66
MH and SA OP Services	90791	HO-Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Psychiatric Diagnostic Evaluation	\$ 130.48
MH and SA OP Services	90791	U3 - Intern (PhD, PsyD, EdD) / or MAT	Psychiatric Diagnostic Evaluation	\$ 81.83
MH and SA OP Services	90791	U4 - Intern (Master's)	Psychiatric Diagnostic Evaluation	\$ 72.20
MH and SA OP Services	90791	HA-CANS; UG-Doctoral Level (Child Psychiatrist)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$ 223.27
MH and SA OP Services	90791	HA-CANS; U6-Doctoral Level (MD / DO)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$ 182.15
MH and SA OP Services	90791	HA-CANS; AH-Doctoral Level (PhD, PsyD, EdD)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$ 158.48
MH and SA OP Services	90791	HA-CANS; SA, UF -Nurse Practitioner/Board Certified RNCS and APRN-BC	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$ 159.66
MH and SA OP Services	90791	HA-CANS; HO-Master's Level	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$ 145.48
MH and SA OP Services	90791	HA-CANS; U3-Intern (PhD, PsyD, EdD)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$ 96.83
MH and SA OP Services	90791	HA-CANS; U4-Intern (Master's)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$ 87.20
MH and SA OP Services	90792	UG - Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation with Medical Services	\$ 131.80
MH and SA OP Services	90792	U6-Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation with Medical Services	\$ 114.31
MH and SA OP Services	90792	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation with Medical Services	\$ 104.57
MH and SA OP Services	90832	UG-Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 20-30 minutes	\$ 69.60
MH and SA OP Services	90832	U6-Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 20-30 minutes	\$ 69.60

Amendment #3 to the Fourth 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

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	90832	AH-Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 20-30 minutes	\$ 59.16
MH and SA OP Services	90832	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Individual Psychotherapy, approximately 20-30 minutes	\$ 59.16
MH and SA OP Services	90832	HO-Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Individual Psychotherapy, approximately 20-30 minutes	\$ 52.20
MH and SA OP Services	90832	U7-Certified Addiction Counselor / Certified Alcohol & Drug Abuse Counselor	Individual Psychotherapy, approximately 20-30 minutes	\$ 52.20
MH and SA OP Services	90832	U3-Intern (PhD, PsyD, EdD) / or MAT	Individual Psychotherapy, approximately 20-30 minutes	\$ 35.49
MH and SA OP Services	90832	U4-Intern (Master's)	Individual Psychotherapy, approximately 20-30 minutes	\$ 31.32
MH and SA OP Services	90833	U6-Doctoral Level (MD / DO)	Add-On Code; Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service	\$ 63.83
MH and SA OP Services	90833	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Add-On Code; Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service	\$ 54.25
MH and SA OP Services	90834	UG-Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 45 minutes	\$ 115.70
MH and SA OP Services	90834	U6-Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 45 minutes	\$ 101.66
MH and SA OP Services	90834	AH-Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 45 minutes	\$ 95.89
MH and SA OP Services	90834	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Individual Psychotherapy, approximately 45 minutes	\$ 95.46
MH and SA OP Services	90834	HO-Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Individual Psychotherapy, approximately 45 minutes	\$ 95.46
MH and SA OP Services	90834	U3-Intern (PhD, PsyD, EdD) / or MAT	Individual Psychotherapy, approximately 45 minutes	\$ 47.98
MH and SA OP Services	90834	U4-Intern (Master's)	Individual Psychotherapy, approximately 45 minutes	\$ 47.26
MH and SA OP Services	90836	U6-Doctoral Level (MD / DO)	Add-On Code; Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service	\$ 82.90
MH and SA OP Services	90836	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Add-On Code; Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service	\$ 82.90
MH and SA OP Services	90837	UG-Doctoral Level (Child Psychiatrist)	Psychotherapy, 60 minutes	\$ 135.04
MH and SA OP Services	90837	U6-Doctoral Level (MD / DO)	Psychotherapy, 60 minutes	\$ 135.04

Amendment #3 to the Fourth 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

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	90837	AH-Doctoral Level (PhD, PsyD, EdD)	Psychotherapy, 60 minutes	\$ 127.53
MH and SA OP Services	90837	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 60 minutes	\$ 125.69
MH and SA OP Services	90837	HO-Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Psychotherapy, 60 minutes	\$ 125.69
MH and SA OP Services	90837	U3-Intern (PhD, PsyD, EdD) / or MAT	Psychotherapy, 60 minutes	\$ 68.87
MH and SA OP Services	90837	U4-Intern (Master's)	Psychotherapy, 60 minutes	\$ 60.77
MH and SA OP Services	90838	U6-Doctoral Level (MD / DO)	Add-On Code; Psychotherapy, 60 minutes, when Performed with an Evaluation and Management Service	\$ 106.08
MH and SA OP Services	90838	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Add-On Code; Psychotherapy, 60 minutes, when Performed with an Evaluation and Management Service	\$ 91.42
MH and SA OP Services	90846	UG-Doctor Level (Child Psychiatrist)	Family Psychotherapy (without patient present)	\$ 141.42
MH and SA OP Services	90846	U6-Doctor Level (MD/DO)	Family Psychotherapy (without patient present)	\$ 107.62
MH and SA OP Services	90846	AH-Doctoral Level (PhD, PsyD, EdD)	Family Psychotherapy (without patient present)	\$ 100.47
MH and SA OP Services	90846	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Family Psychotherapy (without patient present)	\$ 97.55
MH and SA OP Services	90846	HO-Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Family Psychotherapy (without patient present)	\$ 101.43
MH and SA OP Services	90846	U3-Intern (PhD, PsyD, EdD) / or MAT	Family Psychotherapy (without patient present)	\$ 50.23
MH and SA OP Services	90846	U4-Intern (Master's)	Family Psychotherapy (without patient present)	\$ 48.77
MH and SA OP Services	90847	UG-Doctoral Level (Child Psychiatrist)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 141.42
MH and SA OP Services	90847	U6-Doctoral Level (MD / DO)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 107.62
MH and SA OP Services	90847	AH-Doctoral Level (PhD, PsyD, EdD)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 101.43
MH and SA OP Services	90847	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 101.43
MH and SA OP Services	90847	HO-Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 101.43

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

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

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	90847	U3-Intern (PhD, PsyD, EdD) / or MAT	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 50.23
MH and SA OP Services	90847	U4-Intern (Master's)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 48.77
MH and SA OP Services	90849	UG-Doctor Level (Child Psychiatrist)	Multi-family group psychotherapy	\$ 46.29
MH and SA OP Services	90849	U6-Doctor Level (MD/DO)	Multi-family group psychotherapy	\$ 38.84
MH and SA OP Services	90849	AH-Doctoral Level (PhD, PsyD, EdD)	Multi-family group psychotherapy	\$ 35.86
MH and SA OP Services	90849	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Multi-family group psychotherapy	\$ 33.00
MH and SA OP Services	90849	HO-Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Multi-family group psychotherapy	\$ 27.69
MH and SA OP Services	90849	U3-Intern (PhD, PsyD, EdD) / or MAT	Multi-family group psychotherapy	\$ 17.96
MH and SA OP Services	90849	U4-Intern (Master's)	Multi-family group psychotherapy	\$ 16.50
MH and SA OP Services	90853	UG-Doctoral Level (Child Psychiatrist)	Group psychotherapy (other than of a multiple-family group)	\$ 46.29
MH and SA OP Services	90853	U6-Doctoral Level (MD / DO)	Group psychotherapy (other than of a multiple-family group)	\$ 38.84
MH and SA OP Services	90853	AH-Doctoral Level (PhD, PsyD, EdD)	Group psychotherapy (other than of a multiple-family group)	\$ 35.86
MH and SA OP Services	90853	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Group psychotherapy (other than of a multiple-family group)	\$ 33.12
MH and SA OP Services	90853	HO-Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Group psychotherapy (other than of a multiple-family group)	\$ 33.12
MH and SA OP Services	90853	U3-Intern (PhD, PsyD, EdD) / or MAT	Group psychotherapy (other than of a multiple-family group)	\$ 17.96
MH and SA OP Services	90853	U4-Intern (Master's)	Group psychotherapy (other than of a multiple-family group)	\$ 16.50
MH and SA OP Services	90882	UG-Doctoral Level (Child Psychiatrist)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 51.11
MH and SA OP Services	90882	U6-Doctoral Level (MD / DO)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 44.33
MH and SA OP Services	90882	AH-Doctoral Level (PhD, PsyD, EdD)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 23.97
MH and SA OP Services	90882	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 38.36

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

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

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	90882	HO-Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 23.63
MH and SA OP Services	90882	U3-Intern (PhD, PsyD, EdD) / or MAT	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 12.00
MH and SA OP Services	90882	U4-Intern (Master's)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 11.81
MH and SA OP Services	90887	UG-Doctoral Level (Child Psychiatrist)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$ 79.19
MH and SA OP Services	90887	U6-Doctoral Level (MD / DO)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$ 79.19
MH and SA OP Services	90887	AH-Doctoral Level (PhD, PsyD, EdD)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$ 67.32
MH and SA OP Services	90887	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$ 67.32
MH and SA OP Services	90887	HO-Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$ 59.40
MH and SA OP Services	90887	U3-Intern (PhD, PsyD, EdD) / or MAT	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$ 40.39
MH and SA OP Services	90887	U4-Intern (Master's)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$ 35.64
MH and SA OP Services	96372	U6 - Doctoral Level (MD / DO)	Therapeutic, Prophylactic or Diagnostic Injection; subcutaneous or intramuscular	\$ 31.25
MH and SA OP Services	96372	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Therapeutic, Prophylactic or Diagnostic Injection; subcutaneous or intramuscular	\$ 23.22
MH and SA OP Services	97810	N/A	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-to-one contact	\$ 19.84

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

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

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	97811	N/A	Add-On Code; Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-to-one contact with re-insertion of needle(s).	\$ 19.84
MH and SA OP Services	99202	UG-Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 15-29 minutes	\$ 75.25
MH and SA OP Services	99202	U6-Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 15-29 minutes	\$ 67.91
MH and SA OP Services	99202	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 15-29 minutes	\$ 60.78
MH and SA OP Services	99203	UG- Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 30-44 minutes	\$ 108.55
MH and SA OP Services	99203	U6-Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 30-44 minutes	\$ 103.65
MH and SA OP Services	99203	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 30-44 minutes	\$ 88.11
MH and SA OP Services	99204	UG-Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 45-59 minutes	\$ 164.00
MH and SA OP Services	99204	U6-Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 45-59 minutes	\$ 153.89
MH and SA OP Services	99204	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 45-59 minutes	\$ 133.25
MH and SA OP Services	99205	UG-Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 60-74 minutes	\$ 203.69
MH and SA OP Services	99205	U6-Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 60-74 minutes	\$ 203.31
MH and SA OP Services	99205	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 60-74 minutes	\$ 172.81
MH and SA OP Services	99211	UG-Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 5 minutes	\$22.06
MH and SA OP Services	99211	U6-Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 5 minutes	\$22.06
MH and SA OP Services	99211	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 5 minutes	\$18.75
MH and SA OP Services	99212	UG-Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 10-19 minutes	\$52.73
MH and SA OP Services	99212	U6-Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 10-19 minutes	\$52.73
MH and SA OP Services	99212	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 10-19 minutes	\$44.82
MH and SA OP Services	99213	UG-Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 20-29 minutes	\$84.11
MH and SA OP Services	99213	U6-Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 20-29 minutes	\$84.11
MH and SA OP Services	99213	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 20-29 minutes	\$71.49

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

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	99214	UG-Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 30-39 minutes	\$143.98
MH and SA OP Services	99214	U6-Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 30-39 minutes	\$118.51
MH and SA OP Services	99214	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 30-39 minutes	\$100.73
MH and SA OP Services	99215	UG-Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 40-54 minutes	\$166.57
MH and SA OP Services	99215	U6-Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 40-54 minutes	\$166.57
MH and SA OP Services	99215	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 40-54 minutes	\$141.58
MH and SA OP Services	99231	UG-Doctoral Level (Child Psychiatrist)	Subsequent Hospital Care for Eval and Management, 15 minutes	\$ 78.07
MH and SA OP Services	99231	U6-Doctoral Level (MD / DO)	Subsequent Hospital Care for Eval and Management, 15 minutes	\$ 59.27
MH and SA OP Services	99231	AH-Doctoral Level (PhD, PsyD, EdD)	Subsequent Hospital Care for Eval and Management, 15 minutes	\$ 56.89
MH and SA OP Services	99231	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Subsequent Hospital Care for Eval and Management, 15 minutes	\$ 47.47
MH and SA OP Services	99232	UG-Doctoral Level (Child Psychiatrist)	Subsequent Hospital Care for Eval and Management, 25 minutes	\$ 117.11
MH and SA OP Services	99232	U6-Doctoral Level (MD / DO)	Subsequent Hospital Care for Eval and Management, 25 minutes	\$ 88.19
MH and SA OP Services	99232	AH-Doctoral Level (PhD, PsyD, EdD)	Subsequent Hospital Care for Eval and Management, 25 minutes	\$ 84.66
MH and SA OP Services	99232	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Subsequent Hospital Care for Eval and Management, 25 minutes	\$ 70.63
MH and SA OP Services	99233	UG-Doctoral Level (Child Psychiatrist)	Subsequent Hospital Care for Eval and Management, 35 minutes	\$ 156.16
MH and SA OP Services	99233	U6-Doctoral Level (MD / DO)	Subsequent Hospital Care for Eval and Management, 35 minutes	\$ 117.59
MH and SA OP Services	99233	AH-Doctoral Level (PhD, PsyD, EdD)	Subsequent Hospital Care for Eval and Management, 35 minutes	\$ 112.88
MH and SA OP Services	99233	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Subsequent Hospital Care for Eval and Management, 35 minutes	\$ 94.18
MH and SA OP Services	99251	UG-Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation, 20 minutes	\$ 104.74
MH and SA OP Services	99251	U6-Doctoral Level (MD / DO)	Initial Inpatient Consultation, 20 minutes	\$ 79.50
MH and SA OP Services	99251	AH-Doctoral Level (PhD, PsyD, EdD)	Initial Inpatient Consultation, 20 minutes	\$ 76.32
MH and SA OP Services	99251	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation, 40 minutes	\$ 63.67
MH and SA OP Services	99252	UG-Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation, 40 minutes	\$ 157.11
MH and SA OP Services	99252	U6-Doctoral Level (MD / DO)	Initial Inpatient Consultation, 40 minutes	\$ 118.32
MH and SA OP Services	99252	AH-Doctoral Level (PhD, PsyD, EdD)	Initial Inpatient Consultation, 40 minutes	\$ 113.58

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

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	99252	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation, 40 minutes	\$ 94.77
UG-MH and SA OP Services	99253	UG-Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation, 55 minutes	\$ 209.47
MH and SA OP Services	99253	U6-Doctoral Level (MD / DO)	Initial Inpatient Consultation, 55 minutes	\$ 157.74
MH and SA OP Services	99253	AH-Doctoral Level (PhD, PsyD, EdD)	Initial Inpatient Consultation, 55 minutes	\$ 151.44
MH and SA OP Services	99253	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation, 55 minutes	\$ 126.35
MH and SA OP Services	99254	UG-Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation, 80 minutes	\$ 280.95
MH and SA OP Services	99254	U6-Doctoral Level (MD / DO)	Initial Inpatient Consultation, 80 minutes	\$ 210.98
MH and SA OP Services	99254	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation, 80 minutes	\$ 169.00
MH and SA OP Services	99255	UG-Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation - Comprehensive, 110 minutes	\$ 370.12
MH and SA OP Services	99255	U6-Doctoral Level (MD / DO)	Initial Inpatient Consultation - Comprehensive, 110 minutes	\$ 277.57
MH and SA OP Services	99255	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation - Comprehensive, 110 minutes	\$ 222.33
MH and SA OP Services	99281	U6-Doctoral Level (MD/DO)	Emergency Department visit for the evaluation and management of a patient, which requires 3 key components: A problem-focused history; A problem-focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.	\$ 20.14
MH and SA OP Services	99282	UG-Doctoral Level (Child Psychiatrist)	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem-focused history; An expanded problem-focused examination; and Medical decision-making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.	\$ 35.37

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

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	99282	U6-Doctoral Level (MD/DO)	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.	\$ 33.68
MH and SA OP Services	99282	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.	\$ 32.70
MH and SA OP Services	99283	UG-Doctoral Level (Child Psychiatrist)	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.	\$ 53.52
MH and SA OP Services	99283	U6-Doctoral Level (MD/DO)	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.	\$ 50.97

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

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	99283	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.	\$ 49.49
MH and SA OP Services	99284	UG-Doctoral Level (Child Psychiatrist)	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.	\$ 100.58
MH and SA OP Services	99284	U6-Doctoral Level (MD/DO)	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.	\$ 95.80
MH and SA OP Services	99284	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.	\$ 93.01



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

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	99285	UG-Doctoral Level (Child Psychiatrist)	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.	\$ 148.78
MH and SA OP Services	99285	U6-Doctoral Level (MD/DO)	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.	\$ 141.69
MH and SA OP Services	99285	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.	\$ 136.30
MH and SA OP Services	99402	AH-Doctoral Level (PhD, PsyD, EdD)	Preventative Medicine Counseling , 30 minutes (Psychological Testing)	\$ 40.98
MH and SA OP Services	99402	U3-Intern (PhD, PsyD, EdD) / or MAT	Preventative Medicine Counseling, 30 minutes (Psychological Testing)	\$ 20.50
MH and SA OP Services	99404	U6-Doctoral Level (MD / DO)	Preventative Medicine Counseling, 60 minutes (Counseling and/or Risk Factor Reduction Intervention)	\$ 194.82
MH and SA OP Services	99404	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Preventative Medicine Counseling, 60 minutes (Counseling and/or Risk Factor Reduction Intervention)	\$ 168.60
MH and SA OP Services	99417	U6-Doctoral Level (MD / DO)	Add-On Code; Prolonged office or other outpatient evaluation and management service, requiring total time with or without direct patient contact beyond usual service, on the date of the primary service (e.g., 99205 or 99215), each 15 minutes	\$ 26.08

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

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	99417	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Add-On Code; Prolonged office or other outpatient evaluation and management service, requiring total time with or without direct patient contact beyond usual service, on the date of the primary service (e.g., 99205 or 99215), each 15 minutes	\$ 26.08
Diversionary Services	H0037	N/A	Community Psychiatric Supportive Treatment Program, per diem (Community Based Acute Treatment - CBAT)	\$ 654.13
Diversionary Services	H0038	HF-Substance Abuse Program	Recovery Coaching – A non-clinical service provided (in 15 minutes increments) by a trained recovery advocate who provides guidance and coaching for individuals to meet their recovery goals	101 CMR 346
Diversionary Services	H2012	N/A	Behavioral Health Day Treatment, per hour (Psychiatric Day Treatment)	101 CMR 307.00
Diversionary Services	H2012	N/A	Behavioral Health Day Treatment, per hour (Enhanced Psychiatric Day Treatment)	101 CMR 307.00
Diversionary Services	H2015	N/A	Comprehensive community support services, per 15 minutes (Community Support Program)	\$ 13.97
Diversionary Services	H2015	HF-Substance Abuse Program	Recovery Support Navigator – Self-help/peer service by a recovery advocate trained in Recovery Coaching. Rate is in 15-minutes increments.	101 CMR 444.00
Diversionary Services	H2016	HH-Integrated Mental Health/Substance Abuse Program	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
Diversionary Services	H2016	HM-Less than bachelor degree level	Comprehensive community support program, per diem (Enrolled Client Day) (recovery support service by a recovery advocate trained in Recovery Coaching)	101 CMR 346.00
Diversionary Services	H2020	N/A	Therapeutic behavioral services, per diem (Dialectical Behavior Therapy )	\$ 26.50
Diversionary Services	H2022	HE-Mental Health Program	Intensive Hospital Diversion Services for Children, per diem	\$ 175.19
Diversionary Services	S9484	N/A	Crisis intervention mental health services, per hour (Urgent Outpatient Services)	\$ 147.57
MH and SA OP Services	H0014	N/A	Alcohol and/or drug services; ambulatory detoxification (Adult or Adolescent)	\$ 227.65
Crisis Intervention Services	S9485	ET-Emergency Services	Crisis intervention mental health services, per diem. (Adult Community Crisis Stabilization per day rate)	101 CMR 305
Crisis Intervention Services	S9485	ET-Emergency Services; HA-Child/Adolescent Program	Crisis intervention mental health services, per diem. (Youth Community Crisis Stabilization Per day rate)	101 CMR 305
Crisis Intervention Services	S9485	HB-Adult Program, non-geriatric	Crisis intervention mental health services, per diem. (Adult Mobile Crisis Intervention provided at hospital emergency department. Inclusive of initial evaluation and all follow-up intervention. Use Place of Service code 23.)	101 CMR 305

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

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
Crisis Intervention Services	S9485	HE-Mental Health Program	Crisis intervention mental health services, per diem. (Adult Mobile Crisis Intervention provided at CBHC site. Inclusive of initial evaluation and first day crisis interventions.)	101 CMR 305
Crisis Intervention Services	S9485	HA-Child/Adolescent Program; HE-Mental Health Program	Crisis intervention mental health services, per diem. (Youth Mobile Crisis Intervention provided at CBHC site. Inclusive of initial evaluation and first day crisis interventions.)	101 CMR 305
Crisis Intervention Services	S9485	U1-MCI - Mobile Non-Emergency Department / or MAT	Crisis intervention mental health services, per diem. (Adult Mobile Crisis Intervention provided at community-based sites of service outside of the CBHC site. Inclusive of initial evaluation and first day crisis interventions. Use Place of Service 15.)	101 CMR 305
Crisis Intervention Services	S9485	HA-Child/Adolescent Program; U1-MCI - Mobile Non-Emergency Department / or MAT	Crisis intervention mental health services, per diem. (Youth Mobile Crisis Intervention provided at community-based sites of service outside of the CBHC site. Inclusive of initial evaluation and first day crisis interventions Use Place of Service code 15.)	101 CMR 305
Crisis Intervention Services	S9485		Crisis intervention mental health services, per diem. (BH Crisis evaluation provided at hospital emergency department by hospital. Inclusive of initial evaluation and all follow-up interventions over 24-hour period.)	\$ 632.08
Crisis Intervention Services	S9485	U1-ESP - Mobile Non-Emergency Department / or MAT	Crisis intervention mental health service, per diem (Emergency Service Program Mobile Non-Emergency Department - Uninsured)	\$ 931.49
Crisis Intervention Services	S9485	HE-Mental Health Program	Crisis intervention mental health services, per diem (Emergency Service Program Community Based - Uninsured)	\$ 632.08
Other Outpatient	90870	N/A	Electroconvulsive therapy (includes necessary monitoring)	\$ 630.95
Other Outpatient	96112	AH-Doctoral Level (PhD, PsyD, EdD)	Developmental Testing administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour (Learning Disorders)	\$ 180.72
Other Outpatient	96113	AH-Doctoral Level (PhD, PsyD, EdD)	Add-On Code; Each additional 30 minutes (List separately in addition to code for primary procedure) (Developmental/Behavioral Screening and Testing)	\$ 90.36
Other Outpatient	96116	AH-Doctoral Level (PhD, PsyD, EdD)	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	\$ 120.46
Other Outpatient	96121	AH-Doctoral Level (PhD, PsyD, EdD)	Add-On Code; Each additional hour (List separately in addition to code for primary procedure)	\$ 120.46

Amendment #3 to the Fourth Amended and Restated ACPD 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

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
Other Outpatient	96130	AH-Doctoral Level (PhD, PsyD, EdD)	Psychological testing evaluation services by physician or other qualified health care professional, including integrating of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	\$ 91.39
Other Outpatient	96131	AH-Doctoral Level (PhD, PsyD, EdD)	Add-On Code; Each additional hour (List separately in addition to code for primary procedure)	\$ 91.39
Other Outpatient	96132	AH-Doctoral Level (PhD, PsyD, EdD)	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	\$ 91.39
Other Outpatient	96133	AH-Doctoral Level (PhD, PsyD, EdD)	Add-On Code; Each additional hour (List separately in addition to code for primary procedure)	\$ 91.39
Other Outpatient	96136	AH-Doctoral Level (PhD, PsyD, EdD)	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes (Test administration and scoring by professional)	\$ 45.70
Other Outpatient	96137	Doctoral Level (PhD, PsyD, EdD)	Add-On Code; Each additional 30 minutes (List separately in addition to code for primary procedure) (Test administration and scoring by professional)	\$ 45.70
Other Outpatient	96138	N/A	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	\$ 22.85
Other Outpatient	96139	N/A	Add-On Code; Each additional 30 minutes (List separately in addition to code for primary procedure) (Test administration and scoring by technician)	\$ 22.85
Other Outpatient	H0032	HO-HO-Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Mental health service plan development by a nonphysician (Bridge consultation inpatient/outpatient)	\$ 166.67
Other Outpatient	H0046	UG-Doctoral Level (Child Psychiatrist)	Mental health services, not otherwise specified (Collateral Contact)	\$ 46.46
Other Outpatient	H0046	U6-Doctoral Level (MD/DO)	Mental health services, not otherwise specified (Collateral Contact)	\$ 40.30
Other Outpatient	H0046	AH-Doctoral Level (PhD, PsyD, EdD)	Mental health services, not otherwise specified (Collateral Contact)	\$ 21.79
Other Outpatient	H0046	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Mental health services, not otherwise specified (Collateral Contact)	\$ 34.87

Amendment #3 to the Fourth 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

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
Other Outpatient	H0046	HO-Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Mental health services, not otherwise specified (Collateral Contact)	\$ 21.48
Other Outpatient	H0046	U7-Certified Addiction Counselor / Certified Alcohol & Drug Abuse Counselor	Mental health services, not otherwise specified (Collateral Contact)	\$ 21.48
Other Outpatient	H0046	U3-Intern (PhD, PsyD, EdD) / or MAT	Mental health services, not otherwise specified (Collateral Contact)	\$ 10.91
Other Outpatient	H0046	U4-Intern (Master's)	Mental health services, not otherwise specified (Collateral Contact)	\$ 10.74
Other Outpatient	H0046	HE-Mental Health Program	Mental health services, not otherwise specified (Certified Peer Specialist)	101 CMR 305
Other Outpatient	H2028	N/A	Sexual offender treatment service, per 15 minutes (ASAP - Assessment for Safe and Appropriate Placement)	\$ 22.79
MH and SA OP Services	H0001	U1-ESP - Mobile Non-Emergency Department / or MAT	MAT - Alcohol and/or drug assessment (buprenorphine and naltrexone medication evaluation by physician and/or midlevel practitioner)	\$ 146.93
MH and SA OP Services	H0047	N/A	MAT-Alcohol and/or other drug abuse services, not otherwise specified; oral medication preparation and administration (buprenorphine and associated drug screens); may not be combined with H0033; may be billed once per each day a member receives medication	\$ 10.36
MH and SA OP Services	J0571	N/A	MAT-Buprenorphine, oral, 1 mg (maximum 32 mg per day) (prior authorization required)	\$ 0.80
MH and SA OP Services	J0572	N/A	MAT-Buprenorphine/naloxone, oral, less than or equal to 3 mg (maximum of one unit per day; may be combined with J0573 as medically necessary)	\$ 4.34
MH and SA OP Services	J0573		MAT-Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg; (may be billed in sufficient increments to achieve appropriate dose, may be combined with one unit of J0572 as medically necessary)	\$ 7.76
MH and SA OP Services	J2315		MAT-Injection, naltrexone, depot form, 1 mg (maximum of 380 mg. per month)	\$ 2.83
MH and SA OP Services	J3490		MAT-Unclassified drugs (Naltrexone, oral)	\$ 1.20

## Appendix AA

### Directed Payments Related to Certain ACO Covered Services

#### Exhibit 1: HCBS Temporary Rate Increases by Service

##### Exhibit 1A Summary of HCBS Rate Increases

Covered Service	Increase	Rate Increase Effective Date	Rate Increase End Date
Independent nurses / Continuous Skilled Nursing services provided to Special Kids Special Care enrollees	10%	1/1/2023	3/31/2023
Home Health Services	10%	1/1/2023	3/31/2023

The Contractor shall refer to the following MassHealth Provider Manual sections for additional detail on applicable codes for each service:

- <https://www.mass.gov/doc/independent-nurse-in-subchapter-6-0/download>
- <https://www.mass.gov/doc/home-health-agency-hha-subchapter-6/download>
- [www.mass.gov/doc/continuous-skilled-nursing-agency-csn-subchapter-6-0/download](https://www.mass.gov/doc/continuous-skilled-nursing-agency-csn-subchapter-6-0/download)

##### Exhibit 2: Summary of Behavioral Health Services Rate Increases by Service

Covered Service*	Increase	Rate Increase Effective Date	Rate Increase End Date
Acute Treatment Services (ATS) for Substance Use Disorders and Clinical Support Services for Substance Use Disorders (including Individualized Treatment Services)	10%	1/1/2023	3/31/2023
Community-Based Acute Treatment for Children and Adolescents (CBAT)	10%	1/1/2023	3/31/2023
Community Support Program (CSP)	10%	1/1/2023	3/31/2023
Intensive Outpatient Program (IOP)	10%	1/1/2023	3/31/2023
Partial Hospitalization (PHP)	10%	1/1/2023	3/31/2023
Program of Assertive Community Treatment (PACT)	10%	1/1/2023	3/31/2023
Psych Day Treatment	10%	1/1/2023	3/31/2023
Residential Rehabilitation Services for Substance Use Disorders, including Transitional Age Youth and Young Adult Residential, Youth Residential, and Pregnancy Enhanced Residential	10%	1/1/2023	3/31/2023
Structured Outpatient Addiction Program (SOAP)	10%	1/1/2023	3/31/2023

Covered Service*	Increase	Rate Increase Effective Date	Rate Increase End Date
Transitional Care Unit (TCU)	10%	1/1/2023	3/31/2023

\*Such covered services include the services set forth in Appendix T except as set forth below as well as the following services:

CBAT – Community Based Acute Treatment (Rev Code 1001), TCU – Transitional Care Unit (Rev codes 0100, 0114, 0124, 0134, 0144, 0154), IOP – Intensive Outpatient Psychiatric (Rev Code 0905, 0906 CPT 90834), , PACT – Program of Assertive Community Treatment (H0040, ATS H0011 or rev code 1002 for MBHP), RSS (H0019), CSS (H0010 or rev code 907 for MBHP), CSP-SIF – Community Support Program - Social Innovation Financing for Chronic Homelessness Program (H2016 SE), CSP-CHI – Community Support Program for Chronically Homeless Individuals (H2016 HK)

Such covered services do not include the following services set forth in Appendix T:

Certain Consult codes and E&M codes (99231, 99232, 99233, 99251, 99252, 99253, 99254, 99255, 99281, 99282, 99283, 99284, 99285), Specialing (T1004), ASAP (H2028), SUD medication (J0571, J0572, J0573, J2315, J3490)