

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



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CONTRACTOR LEGAL NAME: Boston Medical Center Health Plan, Inc. (and d/b/a): WellSense Health Plan		COMMONWEALTH DEPARTMENT NAME: Executive Office of Health and Human Services MMARS Department Code: EHS	
Legal Address: (W-9, W-4): 529 Main St., Ste. 500, Charlestown, MA, 02129		Business Mailing Address: One Ashburton Place, 11 th Fl., Boston, MA 02108	
Contract Manager: Nelie Lawless	Phone: 617-791-9346	Billing Address (if different):	
E-Mail: Nelie.Lawless@wellsense.org	Fax:	Contract Manager: Alejandro Garcia Davalos	Phone: 617-838-3344
Contractor Vendor Code: VC7000072388		E-Mail: Alejandro.E.GarciaDavalos@mass.gov	
Vendor Code Address ID (e.g., "AD001"): AD001. (Note: The Address ID must be set up for EFT payments.)		MMARS Doc ID(s): N/A	
<input type="checkbox"/> NEW CONTRACT		<input checked="" type="checkbox"/> CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only) <input type="checkbox"/> Statewide Contract (OSD or an OSD-designated Department) <input type="checkbox"/> Collective Purchase (Attach OSD approval, scope, budget) <input type="checkbox"/> Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) <input type="checkbox"/> Emergency Contract (Attach justification for emergency, scope, budget) <input type="checkbox"/> Contract Employee (Attach Employment Status Form, scope, budget) <input type="checkbox"/> Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		Enter Current Contract End Date <u>Prior</u> to Amendment: March 31, 2023 . Enter Amendment Amount: \$ <u>no change</u> . (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) <input checked="" type="checkbox"/> Amendment to Date, Scope or Budget (Attach updated scope and budget) <input type="checkbox"/> Interim Contract (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> Contract Employee (Attach any updates to scope or budget) <input type="checkbox"/> Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): <input checked="" type="checkbox"/> Commonwealth Terms and Conditions <input type="checkbox"/> Commonwealth Terms and Conditions For Human and Social Services <input type="checkbox"/> Commonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00 . <input checked="" type="checkbox"/> Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) <input type="checkbox"/> Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$ _____.			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days _____% PPD; Payment issued within 15 days _____% PPD; Payment issued within 20 days _____% PPD; Payment issued within 30 days _____% PPD. If PPD percentages are left blank, identify reason: <input checked="" type="checkbox"/> agree to standard 45 day cycle <input type="checkbox"/> statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); <input type="checkbox"/> only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) This Amendment 4 to the Fourth Amended and Restated ACPP Contract with Boston Accountable Care Organization in partnership with Boston Medical Center Health Plan incorporates policy and fiscal updates to the Contract effective January 1, 2023.			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <input type="checkbox"/> 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. <input checked="" type="checkbox"/> 2. may be incurred as of January 1, 2023 , a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. <input type="checkbox"/> 3. were incurred as of _____, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as of March 31, 2023 , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07 , incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: <u>Heather Thiltgen</u> , Date: <u>3/20/23</u> . (Signature and Date Must Be Captured At Time of Signature) Print Name: <u>Heather Thiltgen</u> Print Title: <u>President & CEO</u>		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: <u>Mike Levine</u> , Date: <u>03/27/2023</u> . (Signature and Date Must Be Captured At Time of Signature) Print Name: <u>Mike Levine</u> Print Title: <u>Assistant Secretary for MassHealth</u>	

AMENDMENT #4
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), Amendment #2 (January 1, 2022), and Amendment #3 (December 21, 2022);

WHEREAS, in accordance with **Section 6.8** of the Contract, EOHHS and the Contractor desire to amend the Contract effective January 1, 2023;

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

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

1. **Section 2.6, Covered Services**, is hereby amended by deleting “;” at the end of **Section 2.6.A.2.a** and inserting in place thereof “and/or disability”.
2. **Section 2.6, Covered Services**, is hereby amended by inserting the following: “and for the time period specified by EOHHS.” after “set forth by EOHHS” in **Section 2.6.B.4.a**.
3. **Section 2.6, Covered Services**, is hereby amended by deleting “.” at the end of **Section 2.6.G.3** and inserting in place thereof “or what appears to be an Emergency Medical Condition but does not have the outcomes specified in the definition in **Section 1.**”
4. **Section 2.6, Covered Services**, is hereby amended by adding a new **Section 2.6.G.10** as follows: “10. The Contractor shall not pay for any item or service (other than an emergency item or service, not including items or services furnished in an emergency

room of a hospital) with respect to any amount expended for roads, bridges, stadiums, or any other item or service not included in **Appendix C** as an ACO Covered Service.”

5. **Section 2.7, Provider Network, Provider Contracts, and Related Responsibilities** is hereby amended by inserting in **Section 2.7.D.7.g** “, Pregnancy Enhanced RRS” immediately following “Youth RRS”.
6. **Section 2.8, Network Management**, is hereby amended by deleting from **Section 2.8.L.3** the following: “make value-based payments at a frequency specified by EOHHS, within 3 days of receiving payment from EOHHS,” and inserting in place thereof the following: “make timely value-based payments.”.
7. **Section 2.8, Network Management**, is hereby amended by adding a new **Section 2.8.Q** as follows:

“Q. Directed Payments – General Requirement

All directed payments set forth in this Contract pursuant to 42 CFR 438.6(c)(1)(i)-(iii) shall comply with the requirements in 42 CFR 438.6(c)(2).”

8. **Section 2.11, Marketing Activity Requirements**, is hereby amended by deleting **Section 2.11.F** in its entirety and inserting in place thereof the following new **Section 2.11.F**:

“F. MassHealth Benefit Request and Eligibility Redetermination Assistance

1. As directed by EOHHS, the Contractor or Provider staff may help MassHealth applicants apply for MassHealth eligibility in the following ways. Such staff may:
 - a. Explain the MassHealth Benefit Request (MBR) and Eligibility Redetermination Verification (ERV) forms to applicants;
 - b. Assist MassHealth applicants in completing and submitting MBRs;
 - c. Offer to assist Enrollees with completion of the annual ERV form; and
 - d. Refer MassHealth applicants to the MassHealth Customer Service Center
2. The Contractor is authorized and directed to communicate with Enrollees to help them renew their MassHealth coverage. The Contractor is authorized and directed to make appropriate use of prerecorded or artificial autodialed calls and automated texts in compliance with the Federal Communications Commission January 23, 2023, Declaratory Ruling. The Contractor shall consult its legal counsel about the appropriate use of autodialed calls and automated texts to Enrollees pursuant to the

FCC Declaratory Ruling. The Contractor shall be responsible for complying with the ruling.”

9. **Section 2.14, Data Management, Information Systems Requirements, and Reporting Requirements**, is hereby amended by deleting “;” at the end of **Section 2.14.C.1.c** and inserting in place thereof the following: “and reflects all dates of service through the end of the Contract.”
10. **Section 3.3, Enrollment, Assignment, and Disenrollment Process**, is hereby amended by deleting “;” in **Section 3.3.C.1.a.2** and inserting in place thereof the following:

“. In the case that EOHHS fails to make a disenrollment determination for an Enrollee by the first day of the second month following the month in which the Enrollee requests disenrollment or the Contractor refers the request to the state, the disenrollment shall be considered approved for the effective date that would have been established had EOHHS made a determination in the specified timeframe.”
11. **Section 3.3, Enrollment, Assignment, and Disenrollment Process**, is hereby amended by adding in **Section 3.3.C.1.b.2** “and 130 CMR 508.003(E)(2)” before “;”.
12. **Section 4.6, Performance Incentive Arrangements and Withhold**, is hereby amended by adding “under the same terms of performance” to **Section 4.6.A.3.c** and **Section 4.6.B.2.c** before “;” in each case.
13. **Appendix D, Payment**, is hereby deleted and replaced with the attached **Appendix D**.
14. **Appendix T, Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule**, is hereby deleted and replaced with the attached **Appendix T**.
15. **Appendix AA, Directed Payments Related to Certain ACO Covered Services**, is hereby deleted and replaced with the attached **Appendix AA**.

**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**.

<u>ACO Base Capitation Rates / RC I Adult</u>					
<u>Effective January 1, 2023 – March 31, 2023</u>					
<u>REGION</u>	<u>NON-HIGH COST DRUG / NON-HCV MEDICAL COMPONENT</u>	<u>HCV COMPONENT</u>	<u>NON-HCV HIGH COST DRUG COMPONENT</u>	<u>ADMINISTRATIVE COMPONENT</u>	<u>TOTAL BASE CAPITATION RATE</u>
	<u>(per member per month)</u>	<u>(per member per month)</u>	<u>(per member per month)</u>	<u>(per member per month)</u>	<u>(per member per month)</u>
Northern	\$451.32	\$1.65	\$1.93	\$34.63	\$489.53
Greater Boston	\$461.60	\$1.69	\$1.88	\$35.45	\$500.62
Southern	\$513.41	\$2.03	\$3.91	\$36.59	\$555.94
Central	\$425.95	\$1.55	\$3.25	\$34.02	\$464.77
Western	\$426.97	\$1.18	\$1.00	\$33.54	\$462.69

<u>ACO Base Capitation Rates / RC I Child</u>					
<u>Effective January 1, 2023 – March 31, 2023</u>					
<u>REGION</u>	<u>NON-HIGH COST DRUG / NON-HCV MEDICAL COMPONENT</u> <u>(per member per month)</u>	<u>HCV COMPONENT</u> <u>(per member per month)</u>	<u>NON-HCV HIGH COST DRUG COMPONENT</u> <u>(per member per month)</u>	<u>ADMINISTRATIVE COMPONENT</u> <u>(per member per month)</u>	<u>TOTAL BASE CAPITATION RATE</u> <u>(per member per month)</u>
Northern	\$202.82	\$0.01	\$5.24	\$30.09	\$238.16
Greater Boston	\$198.35	\$0.01	\$6.55	\$30.75	\$235.66
Southern	\$208.30	\$0.02	\$4.17	\$29.84	\$242.33
Central	\$194.69	\$0.01	\$7.45	\$29.21	\$231.36
Western	\$198.49	\$0.01	\$1.96	\$29.13	\$229.59

<u>ACO Base Capitation Rates / RC II Adult</u>					
<u>Effective January 1, 2023 – March 31, 2023</u>					
<u>REGION</u>	<u>NON-HIGH COST DRUG / NON-HCV MEDICAL COMPONENT</u> <u>(per member per month)</u>	<u>HCV COMPONENT</u> <u>(per member per month)</u>	<u>NON-HCV HIGH COST DRUG COMPONENT</u> <u>(per member per month)</u>	<u>ADMINISTRATIVE COMPONENT</u> <u>(per member per month)</u>	<u>TOTAL BASE CAPITATION RATE</u> <u>(per member per month)</u>
Northern	\$1,790.00	\$5.48	\$27.35	\$87.04	\$1,909.87
Greater Boston	\$1,902.22	\$9.67	\$23.09	\$92.58	\$2,027.56
Southern	\$1,961.57	\$7.64	\$15.41	\$91.10	\$2,075.72
Central	\$1,736.24	\$6.07	\$23.67	\$84.86	\$1,850.84
Western	\$1,564.31	\$4.83	\$19.75	\$75.78	\$1,664.67

<u>ACO Base Capitation Rates / RC II Child</u>					
<u>Effective January 1, 2023 – March 31, 2023</u>					
<u>REGION</u>	<u>NON-HIGH COST DRUG / NON-HCV MEDICAL COMPONENT</u> <u>(per member per month)</u>	<u>HCV COMPONENT</u> <u>(per member per month)</u>	<u>NON-HCV HIGH COST DRUG COMPONENT</u> <u>(per member per month)</u>	<u>ADMINISTRATIVE COMPONENT</u> <u>(per member per month)</u>	<u>TOTAL BASE CAPITATION RATE</u> <u>(per member per month)</u>
Northern	\$951.56	\$0.04	\$85.81	\$75.17	\$1,112.58
Greater Boston	\$931.99	\$0.09	\$147.95	\$82.65	\$1,162.68
Southern	\$887.68	\$0.07	\$23.83	\$72.06	\$983.64
Central	\$922.12	\$0.04	\$86.06	\$74.02	\$1,082.24
Western	\$690.19	\$0.03	\$24.40	\$57.46	\$772.08

<u>ACO Base Capitation Rates / RC IX</u>					
<u>Effective January 1, 2023 – March 31, 2023</u>					
<u>REGION</u>	<u>NON-HIGH COST DRUG / NON-HCV MEDICAL COMPONENT</u> <u>(per member per month)</u>	<u>HCV COMPONENT</u> <u>(per member per month)</u>	<u>NON-HCV HIGH COST DRUG COMPONENT</u> <u>(per member per month)</u>	<u>ADMINISTRATIVE COMPONENT</u> <u>(per member per month)</u>	<u>TOTAL BASE CAPITATION RATE</u> <u>(per member per month)</u>
Northern	\$578.52	\$3.58	\$6.28	\$39.56	\$627.94
Greater Boston	\$553.16	\$3.09	\$7.56	\$39.28	\$603.09
Southern	\$661.64	\$3.70	\$8.26	\$42.59	\$716.19
Central	\$571.51	\$3.03	\$11.06	\$39.87	\$625.47
Western	\$547.33	\$3.32	\$2.10	\$38.14	\$590.89

<u>ACO Base Capitation Rates / RC X</u>					
<u>Effective January 1, 2023 – March 31, 2023</u>					
<u>REGION</u>	<u>NON-HIGH COST DRUG / NON-HCV MEDICAL COMPONENT</u> <u>(per member per month)</u>	<u>HCV COMPONENT</u> <u>(per member per month)</u>	<u>NON-HCV HIGH COST DRUG COMPONENT</u> <u>(per member per month)</u>	<u>ADMINISTRATIVE COMPONENT</u> <u>(per member per month)</u>	<u>TOTAL BASE CAPITATION RATE</u> <u>(per member per month)</u>
Northern	\$1,837.75	\$13.65	\$4.08	\$91.37	\$1,946.85
Greater Boston	\$1,782.16	\$21.87	\$45.62	\$88.03	\$1,937.68
Southern	\$1,887.76	\$19.04	\$2.54	\$87.50	\$1,996.84
Central	\$1,793.73	\$9.41	\$1.56	\$88.26	\$1,892.96
Western	\$1,661.52	\$10.36	\$3.39	\$80.62	\$1,755.89

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

CBHI Add-On to Risk Adjusted Capitation Rates PMPM	
RC-I Child	\$33.48
RC-II Child	\$187.36

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

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

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

SUD Risk Sharing Services Add-On to Risk Adjusted Capitation Rates PMPM	
RC-I Adult	\$7.20
RC-I Child	\$0.37
RC-II Adult	\$16.66
RC-II Child	\$1.03
RC-IX	\$21.19
RC-X	\$179.43

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**.

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

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

EXHIBIT 3 RISK SHARING ARRANGEMENTS

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

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.E)

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:

Gain	MassHealth Share	Contractor Share
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:

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

ABA Services Risk Sharing Arrangement (Section 4.5.F)

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:

Gain	MassHealth Share	Contractor Share
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:

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

HCV Risk Sharing Arrangement (Section 4.5.G)

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

In accordance with **Section 4.5.G**, 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. EOHHS and the Contractor shall share such Gain in accordance with the table below:

Gain	MassHealth Share	Contractor Share
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

In accordance with **Section 4.5.G**, 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. EOHHS and the Contractor shall share such Loss in accordance with the table below:

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

For the avoidance of doubt, the Gain and Loss for the HCV Risk Sharing Arrangement for Rate Years 2020-2022, shall be calculated in accordance with Section 4.5.F (RY2020) and Section 4.5.G (RY2021 and RY2022).

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

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

In accordance with **Section 4.5.H**, 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. EOHHS and the Contractor shall share such Gain in accordance with the table below:

Gain	MassHealth Share	Contractor Share
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

In accordance with **Section 4.5.H**, 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. EOHHS and the Contractor shall share such Loss in accordance with the table below:

Loss	MassHealth Share	Contractor Share
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%

For the avoidance of doubt, the Gain and Loss for the Non-HCV High Cost Drug Risk Sharing Arrangement for Rate Years 2020-2022, shall be calculated in accordance with Section 4.5.G (RY2020) and Section 4.5.H (RY2021 and RY2022).

SUD Services Risk Sharing Arrangement (Section 4.5.J)

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:

Gain	MassHealth Share	Contractor Share
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:

Loss	MassHealth Share	Contractor Share
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

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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	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

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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	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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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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* 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	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	H0037	U2-Autism Diagnosis	Community Psychiatric Supportive Treatment Program, per diem (CBAT Autism Speciality)	\$ 1,093.70
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.)	\$ 695.29
Crisis Intervention Services	S9485	HE-Mental Health Program	Crisis intervention mental health services, per diem. (Adult Mobile Crisis Intervention provided at CBHC site. Inclusive of initial evaluation and first day crisis interventions.)	101 CMR 305

Amendment #4 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
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.)	\$ 695.29
Other Outpatient	90870	N/A	Electroconvulsive therapy (includes necessary monitoring)	\$ 630.95
Other Outpatient	96112	AH-Doctoral Level (PhD, PsyD, EdD)	Developmental Testing administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour (Learning Disorders)	\$ 180.72
Other Outpatient	96113	AH-Doctoral Level (PhD, PsyD, EdD)	Add-On Code; Each additional 30 minutes (List separately in addition to code for primary procedure) (Developmental/Behavioral Screening and Testing)	\$ 90.36
Other Outpatient	96116	AH-Doctoral Level (PhD, PsyD, EdD)	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	\$ 120.46
Other Outpatient	96121	AH-Doctoral Level (PhD, PsyD, EdD)	Add-On Code; Each additional hour (List separately in addition to code for primary procedure)	\$ 120.46
Other Outpatient	96130	AH-Doctoral Level (PhD, PsyD, EdD)	Psychological testing evaluation services by physician or other qualified health care professional, including integrating of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	\$ 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

Amendment #4 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	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
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

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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
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	H0004		Behavioral health counseling and therapy, per 15 minutes (individual counseling)	101 CMR 346
MH and SA OP Services	H0005		Alcohol and/or drug services; group counseling by a clinician (per 45 minutes, group counseling, one unit maximum per day)	101 CMR 346
MH and SA OP Services	H0005	HG	Alcohol and/or drug services group counseling by a clinician (per 90-minute unit) (one unit maximum per day)	101 CMR 346
MH and SA OP Services	T1006		Alcohol and/or substance abuse services; family/couple counseling (per 30 minutes, one unit maximum per day)	101 CMR 346
MH and SA OP Services	T1006	HF	Alcohol and/or substance abuse services; family/couple counseling (per 60 minutes, one unit maximum per day)	101 CMR 346

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

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
Psychological Testing	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)