ATTACHMENT E SAFETY NET CARE POOL PAYMENTS

The following charts reflect approved payments under the Safety Net Care Pool (SNCP) for the period from July 1, 2022 through December 31, 2027* unless otherwise specified in STCs 11.2, 11.3, and 11.4, consistent with and pursuant to section 11 of the STCs, and subject to the overall budget neutrality limit and the Safety Net Care Pool (SNCP) limits described in STC 11.6.

Chart A: Approved SNCP Payments for the period from July 1, 2022 through December 31, 2027, unless otherwise specified in STCs 11.2, 11.3, and 11.4 (projected and rounded in millions).

*Attachment E includes the temporary extension period of July 1, 2022 – September 30, 2022 (Demonstration Year (DY) 26) and the current demonstration period of October 1, 2022 – December 31, 2027 (DYs 27 – 32).

#	Payment Types	Applicable	State law	Eligible		Total SNCP Payments per DY								
		Caps	or regulation	Providers	DY 26	DY 27	DY 28	DY 29	DY 30	DY 31	DY 32	DY 27-32	Foot- notes	
	System Transform	nation Incenti	ve Based Poo	ls										
1	Delivery System Reform Incentive Payments (DSRIP)	N/A		Participating ACOs, CPs and other uses as specified in STC 12.1-4	\$55.0	\$45.7	\$74.4	\$0.0	\$0.0	\$0.0	\$0.0	\$120.1	(1)	
2	Delivery System Reform Incentive Payments (DSRIP) Closeout	N/A		Participating ACOs, CPs and other uses as specified in STC 12.1-4	\$0.0	\$0.0	\$49.8	\$48.6	\$34.2	\$0.5	\$0.0	\$133.1	(1)	
3	Public Hospital Transformation and Incentive Initiatives (PHTII) Closeout payments	N/A		Cambridge Health Alliance	\$0.0	\$0.0	\$6.4	\$0.0	\$0.0	\$0.0	\$0.0	\$6.4		
	System Transforma	tion Incentive E	Based Pools Su	btotal	\$55.0	\$45.7	\$130.6	\$48.6	\$34.2	\$0.5	\$0.0	259.6		
	Disproportionate SI	hare Hospital (L	OSH) Pool		T		T							
4	Public Service Hospital Safety Net Care Payment	DSH		Boston Medical Center	\$5.0	\$5.0	\$20.0	\$20.0	\$20.0	\$20.0	\$20.0	\$105.0	(2)	
5	Health Safety Net Trust Fund Safety Net Care Payment	DSH	101 CMR 613.00, 614.00	All acute hospitals and CHCs	\$56.7	\$56.7	\$236.0	\$236.0	\$236.0	\$236.0	\$236.0	\$1,236.7	(3)	
6	Institutions for Mental Disease (IMD)	DSH	130 CMR 425.408,	Psychiatric inpatient hospitals Community-based detoxification centers	\$8.1	\$8.1	\$30.0	\$30.0	\$30.0	\$30.0	\$30.0	\$158.1	(4)	

#	Payment Types	Applicable	State law	Eligible		r	Total SNC	P Paymer	nts per DY	Z .		Total	Appli- cable
		Caps	or regulation	Providers	DY 26	DY 27	DY 28	DY 29	DY 30	DY 31 DY 32		DY 27-32	Foot- notes
			101 CMR 346.004										
7	Special Population State- Owned Non- Acute Hospitals Operated by the Department of Public Health	DSH		Shattuck Hospital Tewksbury Hospital Massachusetts Hospital School Western Massachusetts Hospital	\$11.7	\$11.7	\$46.8	\$49.5	\$49.5	\$49.5	\$49.5	\$256.5	(5)
8	State-Owned Non-Acute Hospitals Operated by the Department of Mental Health	DSH		Cape Cod and Islands Mental Health Center Corrigan Mental Health Center SC Fuller Mental Health Center Taunton State Hospital Worcester Recovery Center and Hospital	\$27.3	\$27.3	\$109.2	\$115.5	\$115.5	\$115.5	\$115.5	\$598.5	(5)
9	Safety Net Provider Payments	DSH		Eligible hospitals outlined in Attachment N	\$62.5	\$74.8	\$299.0	\$299.0	\$299.0	\$299.0	\$299.0	\$1,569.8	
10	Safety Net Provider Payments Closeout Activities	DSH		Eligible hospitals outlined in Attachment N	\$0.0	\$0.0	\$17.0	\$30.4	\$0.0	\$0.0	\$0.0	\$47.4	
	Disproportionate Si		OSH) Pool Sub	total	\$171.3	\$183.6	\$758.0	\$780.4	\$750.0	\$750.0	\$750.0	\$3,972.0	
	Uncompensated Ca	re (UCC) Pool	T		1		1	ı		ı			
11	Health Safety Net Trust Fund Safety Net Care Payment	UCC		All acute hospitals and CHCs	\$0.0	\$0.0	\$10.0	\$10.0	\$10.0	\$10.0	\$10.0	\$50.0	(3)
12	Special Population State- Owned Non- Acute Hospitals Operated by the Department of Public Health	UCC		Shattuck Hospital Tewksbury Hospital Massachusetts Hospital School Western Massachusetts Hospital	\$0.0	\$0.0	\$27.0	\$27.0	\$27.0	\$27.0	\$27.0	\$135.0	(5)
13	State-Owned Non-Acute Hospitals Operated by the Department of Mental Health	UCC		Cape Cod and Islands Mental Health Center Corrigan Mental Health Center SC Fuller Mental Health Center Taunton State Hospital	\$0.0	\$0.0	\$63.0	\$63.0	\$63.0	\$63.0	\$63.0	\$315.0	(5)

#	Payment Types	Applicable	State law	Eligible			Γotal SNC	P Paymer	nts per DY	7		Total	Appli- cable
		Caps	or regulation	Providers	DY 26	DY 27	DY 28	DY 29	DY 30	DY 31	DY 32	DY 27-32	Foot- notes
				Worcester Recovery Center and Hospital									
	Uncompensated Ca	\$0.0	\$0.0	\$100.0	\$100.0	\$100.0	\$100.0	\$100.0	\$500.0				
	ConnectorCare Sul	bsidies											
14	DSHP- Health Connector Premium and Cost Sharing	N/A		N/A	\$17.7	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	(6)
	Connector Care Su	\$17.7	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0				
	Total	\$244.0	\$229.3	\$988.6	\$929.0	\$884.2	\$850.5	\$850.0	\$4,731.6				

^{**}Under section 1902(a)(13)(A)(iv) of the Social Security Act, states are required to make payments that take into account the situation of disproportionate share hospital (DSH) providers. As part of this Demonstration project, CMS has waived the requirements of section 1902(a)(13) and has provided in the STCs that Massachusetts will not make such DSH payments but instead will make provider support payments under the SNCP.

The following notes are incorporated by reference into Chart A:

- (1) The Delivery System Reform Incentive Payments and Delivery System Reform Incentive Closeout Payments will be distributed to participating ACOs, CPs and for other approved uses pursuant to STC 12 and the DSRIP Protocol.
- (2) The provider-specific Public Service Hospital Safety Net Care payments are approved by CMS. Annual payments are for dates of service beginning July 1 and ending June 30 for each fiscal year. The Commonwealth may decrease these payment amounts based on available funding without a demonstration amendment; any increase will require a demonstration amendment.
- (3) Health Safety Net Trust Fund (HSNTF) Safety Net Care Payments are made based on adjudicated claims, and approved by CMS on an aggregate basis. Annual payments are for dates of service beginning July 1 and ending June 30 for each fiscal year. Consequently, actual total and provider- specific payment amounts may vary depending on volume, service mix, rates, and available funding. Only payments for care provided to eligible uninsured patients may be claimed in line 9, under the UC Pool. Expenditures for dental services that wrap to the MassHealth State plan benefit through the HSNTF are inclusive of amounts included in capitation payments to One Care plans for One Care enrollees for dental services beyond those available in the MassHealth State plan.
- (4) IMD claiming is based on adjudicated claims, and approved by CMS on an aggregate basis. Consequently, actual total and provider-specific payment amounts may vary depending on volume, service mix, rates, and available funding. Three payment types make up the IMD category: inpatient services at psychiatric inpatient hospitals, administrative days, and inpatient services at community-based detoxification centers.

- (5) Expenditures for DPH and DMH hospitals in Chart A are based on unreimbursed Medicaid and uninsured costs, and are approved by CMS on an aggregate basis. Annual payments are for dates of service beginning July 1 and ending June 30 for each fiscal year. Consequently, the total and provider-specific amounts expended may vary depending on volume, service mix, and cost growth. Only uninsured costs may be claimed in lines 10-11 under the UC Pool.
- (6) Expenditures for DSHP Health Connector Premium and Cost Sharing Subsidies are approved based on actual enrollment and premium assistance and cost sharing subsidy costs, and HSN Health Connector gap coverage subsidies are approved based on actual enrollment and gap coverage costs.

 Consequently, the amount of total expenditures may vary. Health Connector Subsidies are not subject to the aggregate SNCP cap or any sub-cap.

Chart B: Sources of funding for approved SNCP payments for July 1, 2022 through December 31, 2027*, unless otherwise specified in STCs 11.2, 11.3, and 11.4 (projected and rounded in millions).

*Attachment E includes the temporary extension period of July 1, 2022 – September 30, 2022 (DY 26) and the current demonstration period of October 1, 2022 – December 31, 2027 (DYs 27 – 32).

#	Payment Types	Appli	State	Eligible Total SNCP Payments per DY								Total	Source of non-federal
		cable Caps	law or regulat ion	Providers	DY 26	DY 27	DY 28	DY 29	DY 30	DY 31	DY 32	DY 27-32	share
	System Transformation Incentive Based Pools												
1	Delivery System Reform Incentive Payments (DSRIP)	N/A		Participating ACOs, CPs and other uses as specified in STC 12.1-4	\$55.0	\$45.7	\$74.4	\$0.0	\$0.0	\$0.0	\$0.0	\$120.1	General Fund, including provider assessment funding in the DSRIP Trust Fund
2	Delivery System Reform Incentive Closeout Payments (DSRIP)	N/A		Participating ACOs, CPs and other uses as specified in STC 12.1-4	\$0.0	\$0.0	\$49.8	\$48.6	\$34.2	\$0.5	\$0.0	\$133.1	General Fund, including provider assessment funding in the DSRIP Trust Fund
3	Public Hospital Transformation and Incentive Initiatives (PHTII) Closeout payments	N/A		Cambridge Health Alliance	\$0.0	\$0.0	\$6.4	\$0.0	\$0.0	\$0.0	\$0.0	\$6.4	Intergovernmental Transfer
	System Transformati	on Incen	tive Based .	Pools Subtotal	\$55.0	\$45.7	\$130.6	\$48.6	\$34.2	\$0.5	\$0.0	259.6	
	Disproportionate Sho	are Hospi	tal (DSH) l	Pool			1	ı	ı	ı	ı	ı	
4	Public Service Hospital Safety Net Care Payment	DSH		Boston Medical Center	\$5.0	\$5.0	\$20.0	\$20.0	\$20.0	\$20.0	\$20.0	\$105.0	General Fund
5	Health Safety Net Trust Fund Safety Net Care Payment	DSH	101 CMR 613.00, 614.00	All acute hospitals and CHCs	\$56.7	\$56.7	\$236.0	\$236.0	\$236.0	\$236.0	\$236.0	\$1,236. 7	General Fund, including provider assessment funding in the Health Safety Net Trust Fund

#	Payment Types	Appli	State	Eligible			Total SNC	CP Paymer	nts per DY	•		Total	Source of non-federal
		cable Caps	law or regulat ion	Providers	DY 26	DY 27	DY 28	DY 29	DY 30	DY 31	DY 32	DY 27-32	share
6	Institutions for Mental Disease (IMD)	DSH	130 CMR 425.408 , 101 CMR 346.004	Psychiatric inpatient hospitals Community-based detoxification centers	\$8.1	\$8.1	\$30.0	\$30.0	\$30.0	\$30.0	\$30.0	\$158.1	General Fund
7	Special Population State-Owned Non- Acute Hospitals Operated by the Department of Public Health	DSH		Shattuck Hospital Tewksbury Hospital Massachusetts Hospital School Western Massachusetts Hospital	\$11.7	\$11.7	\$46.8	\$49.5	\$49.5	\$49.5	\$49.5	\$256.5	Certified Public Expenditure
8	State-Owned Non-Acute Hospitals Operated by the Department of Mental Health	DSH		Cape Cod and Islands Mental Health Center Corrigan Mental Health Center SC Fuller Mental Health Center Taunton State Hospital Worcester Recovery Center and Hospital	\$27.3	\$27.3	\$109.2	\$115.5	\$115.5	\$115.5	\$115.5	\$598.5	Certified Public Expenditure
9	Safety Net Provider Payments	DSH		Eligible hospitals outlined in Attachment N	\$62.5	\$74.8	\$299.0	\$299.0	\$299.0	\$299.0	\$299.0	\$1,569. 8	General Fund, including provider assessment funding in the Safety Net Provider Trust Fund
10	Safety Net Provider Payments Closeout Activities	DSH		Eligible hospitals outlined in Attachment N	\$0.0	\$0.0	\$17.0	\$30.4	\$0.0	\$0.0	\$0.0	\$47.4	General Fund
	Disproportionate Sho	\$171.3	\$183.6	\$758.0	\$780.4	\$750.0	\$750.0	\$750.0	\$3,972. 0				
	Uncompensated Care	e (UCC) 1	Pool		1		1	1			1		
11	Health Safety Net Trust Fund Safety Net Care Payment	UCC		All acute hospitals and CHCs	\$0.0	\$0.0	\$10.0	\$10.0	\$10.0	\$10.0	\$10.0	\$50.0	General Fund, including provider assessment funding in the Health Safety Net Trust Fund
12	Special Population State-Owned Non- Acute Hospitals Operated by the	UCC		Shattuck Hospital Tewksbury Hospital Massachusetts Hospital School	\$0.0	\$0.0	\$27.0	\$27.0	\$27.0	\$27.0	\$27.0	\$135.0	Certified Public Expenditure

#	Payment Types	Appli	State	Eligible			Total SNC	P Paymer	nts per DY			Total	Source of non-federal
		cable Caps	law or regulat ion	Providers	DY 26	DY 27	DY 28	DY 29	DY 30	DY 31	DY 32	DY 27-32	share
	Department of Public Health			Western Massachusetts Hospital									
13	State-Owned Non-Acute Hospitals Operated by the Department of Mental Health	UCC		Cape Cod and Islands Mental Health Center Corrigan Mental Health Center SC Fuller Mental Health Center Taunton State Hospital Worcester Recovery Center and Hospital	\$0.0	\$0.0	\$63.0	\$63.0	\$63.0	\$63.0	\$63.0	\$315.0	Certified Public Expenditure
	Uncompensated Car		Pool Subtot	al	\$0.0	\$0.0	\$100.0	\$100.0	\$100.0	\$100.0	\$100.0	\$500.0	
	ConnectorCare Subs	sidies				ı	1			1	1	1	
14	DSHP- Health Connector Premium and Cost Sharing	N/A		N/A	\$17.7	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	Certified Public Expenditure and General Fund, including provider assessment funding in the Health Safety Net Trust Fund
	Connector Care Subsidies Subtotal					\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	
	Total					\$229.3	\$988.6	\$929.0	\$884.2	\$850.5	\$850.0	\$4,731. 6	

^{**}Under section 1902(a)(13)(A)(iv) of the Social Security Act, states are required to make payments that take into account the situation of disproportionate share hospital (DSH) providers. As part of this section 1115 demonstration, CMS has waived the requirements of section 1902(a)(13) and has provided in the STCs that Massachusetts will not make such DSH payments but instead will make provider support payments under the SNCP.