

Attachment V

Massachusetts Hospital Quality and Equity Initiative Related Provider Payment Increase Assessment – Attestation Table		
The reported data and attestations pertain to Hospital Quality and Equity Initiative related provider payment increase requirements for the demonstration period of performance DY 27 thru DY 32		
Category of Service	Medicaid Fee-for-Service to Medicare Fee-for-service Ratio	Medicaid Managed Care to Medicare Fee-for-service Ratio
Primary Care Services	96%	90%
	Ratio determined by calculating the MassHealth percent of each individual primary care service (effective 8/1/2021) of the corresponding 2022 Medicare rate (CMS RVU File link: https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-relative-value-files/rvu22b), and taking the weighted average of all percents, as described in STC 21.1(a). The codes for primary care services are the same codes listed in Zuckerman et al., 2021, appendix exhibit 1.	The ratio was determined by extracting encounters for managed care primary care codes (effective 11/1/22). The codes for primary care services are the same codes listed in Zuckerman et al., 2021, appendix exhibit 1.
	The ratio includes primary care services in group practice organizations, community health centers, hospital licensed health centers, and the primary care subcapitation rates for PCPs participating in a Primary Care ACO effective April, 2023.	The ratio includes primary care services in group practice organizations, community health centers, hospital licensed health centers, and the primary care subcapitation rates for PCPs participating in an Accountable Care Partnership Plan effective April, 2023.
Obstetric Care Services	87%	87%
	Ratio determined by calculating the MassHealth percent of each individual obstetric care service (effective 8/1/2021) of the corresponding 2022 Medicare rate (CMS RVU File link: https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-relative-value-files/rvu22b), and taking the	The ratio was determined by extracting encounters for managed care obstetric care codes (effective 11/1/22). The codes for obstetric care services are the same codes listed in Zuckerman et al., 2021, appendix exhibit 1.

	weighted average of all percents, as described in STC 21.1(a). The codes for obstetric care services are the same codes listed in Zuckerman et al., 2021, appendix exhibit 1.	MassHealth used the 2022 Medicare rate (CMS RVU File link: https://www.cms.gov/medicaremedicare-fee-service-paymentphysicianfeeschedpfs-relative-value-files/rvu22b) in our analysis.
Behavioral Health Care Services	86%	98%
	Ratio determined by calculating the MassHealth percent of each individual behavioral health services (effective 8/1/2021) of the corresponding 2022 Medicare rate (CMS RVU File link: https://www.cms.gov/medicaremedicare-fee-service-paymentphysicianfeeschedpfs-relative-value-files/rvu22b), and taking the weighted average of all percents, as described in STC 21.1(a). The codes for behavioral health services are codes listed in ClemansCope et al., 2021	The ratio was determined by extracting encounters for managed care behavioral health codes (effective 11/1/22). The codes for behavioral health services are codes listed in Clemans-Cope et al., 2021 MassHealth used the 2022 Medicare rate (CMS RVU File link: https://www.cms.gov/medicaremedicare-fee-service-paymentphysicianfeeschedpfs-relative-value-files/rvu22b) in our analysis.
<p>In accordance with STCs 21.1 through 21.12, including that the Medicaid provider payment rates used to establish the ratios do not reflect fee-for-service supplemental payments or Medicaid managed care pass-through payments under 42 CFR § 438.6(a) and 438.6(d), I attest that at least a two percentage point payment rate increase will be applied to each of the services in each of the three categories with a ratio below 80 percent in both fee-for-service and managed care delivery systems as applicable to the Commonwealth's Medicaid or demonstration service delivery model. Such provider payment increases for each service will be effective beginning on <i>[insert date]</i> and will not be lower than the highest rate for that service code in DY 28 plus a two percentage point increase relative to the rate for the same or similar Medicare billing code through at least <i>[insert date]</i>.</p> <p>For the purpose of deriving the Medicaid to Medicare provider payment rate ratio, and to apply the rate increase as may be required under a fee-for-service delivery system or under managed care delivery system, as applicable, the Commonwealth agrees to define primary care, behavioral health and obstetric care, and to identify applicable service codes and providers types for each of these service categories in a manner consistent with other state and federal Medicaid program requirements, except that inpatient behavioral health services may be excluded from the Commonwealth's definition.</p> <p>The services that comprise each service category to which the rate increase must be applied will include all service codes that fit under the Commonwealth's definition of the category, except the behavioral health codes do not have to include inpatient care services.</p>		

For provider payment rates paid under managed care delivery system, the data and methodology for any one of the service categories as provided in STC 21.6(b) will be based on Medicaid managed care provider payment rate and utilization data.

[Select the applicable effective date, must check either a. or b. below]

☒ a. The effective date of the rate increases is the first day of DY27 and will be at least sustained, if not higher, through DY32

☐ b. Massachusetts has a biennial legislative session that requires provider payment approval and the timing of that session precludes the Commonwealth from implementing the payment increase on the first day of DY [3, *provide the actual year*]. Massachusetts will effectuate the rate increases no later than the CMS approved date of [*insert date*], and will sustain these rates, if not made higher, through DY [5, *provide the accrual year*].

Massachusetts does make Medicaid state plan fee-for-service payments for the following categories of service for at least some populations: primary care, behavioral health, and / or obstetric care.

For any such payments, as necessary to comply with the Hospital Quality and Equity Initiative STCs, I agree to submit by no later June 2023 for CMS review and approval the Medicaid state plan fee-for-service payment increase methodology, including the Medicaid code set to which the payment rate increases are to be applied, code level Medicaid utilization, Medicaid and Medicare rates for the same or similar Medicare billing codes, and other data used to calculate the ratio, and the methodology, as well as other documents and supporting information (e.g., state responses to Medicaid financing questions) as required by applicable statutes, regulations and CMS policy, through the submission of a new state plan amendment, following the normal SPA process including publishing timely tribal and public notice and submitting to CMS all required SPA forms (e.g., SPA transmittal letter, CMS-179, Attachment 4.19-B pages from the state), by no later than June 2023

Massachusetts does include the following service categories within a Medicaid managed care delivery system for which the managed care plans make payments to applicable providers for at least some populations: primary care, behavioral health, and or obstetric care.

For any such payments, as necessary to comply with the Hospital Quality and Equity Initiative STCs, I agree to submit the Medicaid managed care plans' provider payment increase methodology, including the information listed in STC 21.7 through the state directed payments submission process and in accordance with 42 CFR 438.6(c), as applicable, by no later than June 2023

If the Commonwealth utilizes a managed care delivery system for the applicable service categories, then in accordance with STC 21.8, I attest that necessary arrangements will be made to assure that 100 percent of the two percentage point managed care plans' provider payment increase will be paid to the providers of those service categories and none of this payment rate increase is retained by the managed care plans.

Massachusetts further agrees not to decrease provider payment rates for other Medicaid- or demonstration-covered services to make state funds available to finance provider rate increases required under this STC Section 21.

I, Mohamed Sesay, *Chief Financial Officer*, attest that the above information is complete and accurate.

Mohamed Sesay, March 6, 2023

Mohamed Sesay