***Commonwealth of Massachusetts***

***Executive Office of Health and Human Services***

***Office of Medicaid***

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MassHealth

# Chronic Disease and Rehabilitation Inpatient Hospital Bulletin 101

September 2023

**TO**: Chronic Disease and Rehabilitation Inpatient Hospitals Participating in MassHealth

**FROM**: Mike Levine, Assistant Secretary for MassHealth [signature of Mike Levine]

RE: Quality Performance Incentive Payments for Discharge Planning

## Introduction

In response to ongoing challenges around patient discharge from Chronic Disease and Rehabilitation (CDR) hospitals, MassHealth will continue the Quality Performance Incentive Payments for Discharge Planning program for CDR hospitals. To qualify for this payment, a CDR hospital must meet the criteria specified in this bulletin and certain reporting and documentation requirements.

To qualify for this incentive payment, a CDR hospital must:

1. be a CDR hospital (other than a pediatric CDR hospital or nonacute chronic hospital) with no fewer than 500 licensed beds as of June 30, 2005; with no fewer than 150,000 Medicaid patient days in the state fiscal year ended June 30, 2006; and with an established geriatric teaching program for physicians, medical students, and other health professionals;

2. be in Massachusetts and serve MassHealth members;

3. demonstrate to the Executive Office of Health and Human Services (EOHHS) that it makes full and complete efforts to discharge MassHealth members; and

4. bill for administrative days during the 45-day nonpayment period using appropriate billing codes, as designated by MassHealth.

## Reporting and Documentation Requirements

To qualify for the discharge planning incentive payment, a qualifying CDR hospital must also submit member and discharge-related information in the form and manner prescribed by EOHHS for each MassHealth member:

1. who entered the 45-day nonpayment period in the CDR hospital pursuant to 130 CMR 435.407(G); and
2. for whom the hospital is seeking a Quality Performance Incentive Payment for Discharge Planning.

The above information must be submitted quarterly for MassHealth members for whom the hospital is seeking a Quality Performance Payment for Discharge Planning, and must be submitted using the [Quality Performance Incentive Payment for Discharge Planning Form](https://www.mass.gov/lists/masshealth-provider-forms-by-provider-type-a-d?_gl=1*1btomz4*_ga*Mjk4MDE2MDM3LjE3MDQ0ODQ2NDQ.*_ga_MCLPEGW7WM*MTcwNDgxMDI4MC4xMC4xLjE3MDQ4MTEwMTcuMC4wLjA.#chronic-disease-and-rehabilitation-hospital-). Information submitted by the 15th day of the second month following the end of a quarter will be accepted and reviewed, as outlined in this table.

| **Nonpayment period**  | **Forms must be submitted between:**  |
| --- | --- |
| October 1st – December 31st  | January 1st – February 15th |
| January 1st – March 31st | April 1st – May 15th |
| April 1st– June 30th | July 1st – August 15th |
| July 1st – September 30th | October 1st – November 15th |

## MassHealth Website

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## Questions

If you have questions about the information in this bulletin, please contact the Long-Term Services and Supports (LTSS) Provider Service Center.

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