



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)

**MassHealth**  
**Managed Care Entity Bulletin 35**  
**June 2020**

**TO:** One Care Plans, Senior Care Organizations (SCOs), and Program of All-Inclusive Care for the Elderly (PACE) Organizations

**FROM:** Amanda Cassel Kraft, Acting Medicaid Director

**RE: Temporary Rate Increases due to COVID-19 National Emergency**

### **Background**

MassHealth's mission is to improve the health outcomes of our diverse members and their families by providing access to integrated health care services that sustainably and equitably promote health, well-being, independence and quality of life. In support of that mission, MassHealth provides broad coverage of medically necessary health care services to its members. MassHealth partners with a wide variety of service providers, including vital safety net providers, in order to offer its members access.

In light of the state of emergency declared in the Commonwealth due to the 2019 novel Coronavirus (COVID-19) outbreak, MassHealth is disbursing critical stabilization funding to support health care providers impacted by and responding to COVID-19. These providers are on the front lines of caring for MassHealth members. MassHealth has temporarily increased fee-for-service rates for impacted providers as part of the stabilization efforts. Additionally through this bulletin, MassHealth is directing One Care plans, Senior Care Organizations (SCOs), and PACE organizations (referred to here collectively as "integrated care plans") to institute temporary rate increases as set forth in this bulletin. These directed payments will ensure that providers receive this crucial stabilization funding for serving members enrolled in integrated care plans. Integrated care plans' capitation payment rates are being updated to support the increased provider rates.

MassHealth may provide additional guidance regarding more financial stabilization funding through the integrated care plans.

### **Temporary Rate Increases**

MassHealth is directing integrated care plans to increase payment rates temporarily to providers of the services specified in the table below. The rate increases apply to services delivered in-person and via telehealth, as applicable. The integrated care plan must apply the percentage increases indicated in the table to the integrated care plan's current contracted rates with providers, regardless of whether or not those rates are the same as the MassHealth fee-for-service rates.

If an integrated care plan has sub-capitated or Alternative Payment Methodology (APM) arrangements with providers, the sub-capitated or APM payments to providers should be increased by the equivalent of the rate increases that would be required for fee for service payments. Plans shall not subject the required rate increases to any withhold arrangement with providers; the plans shall ensure that providers receive the full rate increases in payments made for the services listed in the table below.

MassHealth will amend the plans' contracts as needed to reflect these rate increase requirements.

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**Rate Increases by Service**

Medicaid Covered Service	Increase	Rate Increase Effective Date	Rate Increase End Date	One Care	SCO	PACE
Program for Assertive Community Treatment (PACT) (Appendix A)	10% rate increase	4/1/2020	7/31/2020	✓		✓
Acute Treatment Services (ATS) (Appendix B)	10% rate increase	4/1/2020	7/31/2020	✓	✓	✓
Clinical Stabilization Services (CSS) (Appendix C)	10% rate increase	4/1/2020	7/31/2020	✓	✓	✓
Residential Rehabilitative Services (RRS)* (Appendix D)	10% rate increase	4/1/2020	7/31/2020	✓		✓
	15% incremental rate increase	5/1/2020	6/30/2020			
Continuous Skilled Nursing (CSN) Services (Appendix E)	10% rate increase	4/1/2020	7/31/2020	✓	✓	✓
	10% incremental rate increase	5/1/2020	7/31/2020	✓	✓	✓

\*The “Residential Rehabilitation Services” rate increases will apply additively to payment between 5/1/2020 – 6/30/2020 (i.e., for Residential Rehabilitation Services in Appendix D, payment will be multiplied as follows: April: 1.1X; May: 1.25X; June: 1.25X; July: 1.1X).

**Additional Requirements for Temporary Rate Increases**

Plans must implement these rate increases and begin disbursing funds to providers by June 30, 2020. Integrated care plans must pay claims at the increased rate for services delivered on or after the rate increase effective date in the table above, including retroactively adjusting claims submitted prior to the effective date of this bulletin. All rate increases are effective through the end date in the table above. All encounter file claim paid amounts with dates of service between the rate increase effective date and the rate increase end date must reflect the specified rate increases no later than August 1, 2020.

Integrated care plans shall certify on a monthly basis in a form and format specified by MassHealth to compliance with the rate increase requirements described in this bulletin. Such certification shall include certification that the plan has made timely payments which include these required increases, with no offsets to provider payments through withholds, sub-capitated payment arrangements, or other APMs.

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**Appendix A**

**Codes for Certain Program for Assertive Community Treatment (PACT) Services**

<b>Service</b>	<b>Code</b>	<b>Description</b>
Program for Assertive Community Treatment	H0040	Assertive community treatment program, per diem (PACT programs with 50 slots)
Program for Assertive Community Treatment	H0040	Assertive community treatment program, per diem (PACT programs with 80 slots)
Program for Assertive Community Treatment	H0040	Assertive community treatment program, per diem (Forensic program)

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**Appendix B**

**Codes for Certain Acute Treatment Services (ATS)**

<b>Service</b>	<b>Code</b>	<b>Description</b>
Acute Treatment Services	H0011*	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient) (Medically Monitored Inpatient Detoxification Services, Facility)

\*Note: the rate increases described above apply to all code(s) used by integrated care plans for this service.

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**Appendix C**

**Codes for Certain Clinical Stabilization Services (CSS)**

<b>Service</b>	<b>Code</b>	<b>Description</b>
Clinical Stabilization Services	H0010*	Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient) (Clinically Managed Detoxification Services)

\*Note: the rate increases described above apply to all code(s) used by integrated care plans for this service.

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**Appendix D**

**Codes for Certain Residential Rehabilitative Services (RRS)**

<b>Service</b>	<b>Code</b>	<b>Description</b>
Adult Residential Rehabilitation Services	H0019	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (substance abuse program)
Family Residential Rehabilitation Services	H0019-HR	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (substance abuse program)
Adult Residential Rehabilitation Services	H0019	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (substance abuse program)
Family Residential Rehabilitation Services	H0019-HR	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (substance abuse program)
Transitional Age Youth and Young Adult Residential Rehabilitation Services	H0019-HF	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (substance abuse program)
Pregnant Residential Rehabilitation Services	H0019-TH	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem
Co-Occurring Enhanced Residential Rehabilitation Services	H0019-HH	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem

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**Appendix E**

**Code for Certain Continuous Skilled Nursing (CSN) Services**

<b>Service</b>	<b>Description</b>	<b>Shift</b>	<b>Procedure Code</b>
RN Services	Single Patient: Per 15 minutes	Weekday	T1002
		Nights	T1002, UJ
		Holidays	T1002
	Two Publicly Aided Patients: Per 15 minutes	Weekday	T1002, TT
		Nights	T1002, U1
		Holidays	T1002, TT
	Three Publicly Aided Patients: Per 15 minutes	Weekday	T1002, U2
		Nights	T1002, U3
		Holidays	T1002, U2
	Overtime: Per 15 minutes	Weekday	T1002, TU
		Nights	T1002, U4
		Holidays	T1002, TU
LPN Services	Single Patient: Per 15 minutes	Weekday	T1003
		Nights	T1003, UJ
		Holidays	T1003
	Two Publicly Aided Patients: Per 15 minutes	Weekday	T1003, TT
		Nights	T1003, U1
		Holidays	T1003, TT
	Three Publicly Aided Patients: Per 15 minutes	Weekday	T1003, U2
		Nights	T1003, U3
		Holidays	T1003, U2
	Overtime: Per 15 minutes	Weekday	T1003, TU
		Nights	T1003, U4
		Holidays	T1003, TU