



**MassHealth**  
**Managed Care Entity Bulletin 84**  
**March 2022**

**TO:** Managed Care Entities Participating in MassHealth

**FROM:** Amanda Cassel Kraft, Assistant Secretary for MassHealth

**RE: Payment, Coverage, and Reporting Requirements related to Community Health Centers**

**Applicable Managed Care Entities and PACE Organizations**

- Accountable Care Partnership Plans (ACPPs)
- Managed Care Organizations (MCOs)
- MassHealth's behavioral health vendor
- One Care Plans
- Senior Care Organizations (SCOs)
- Program of All-inclusive Care for the Elderly (PACE) Organizations

**Background**

Effective January 1, 2022, MassHealth is investing in federally qualified health centers (FQHCs) enrolled in the MassHealth program as community health centers (CHCs) through amendments to the MassHealth rate structure for CHCs. The new rate structure includes an updated prospective payment system (PPS) rate methodology to set a new individual PPS rate for each FQHC that is a CHC. Additionally, MassHealth is increasing rates as part of an alternative payment methodology (APM) that requires payment at or above the individual PPS rates, pursuant to the federal Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA). These investments in CHCs are consistent with MassHealth's commitment to invest in primary care and behavioral health treatment.

Specifically, MassHealth is taking the following actions through rate regulation amendments to 101 CMR 304.00:

- Increasing rates for individual medical visits, group medical visits, individual mental health visits, group mental health visits, nurse midwife visits, and early and periodic screening, diagnostic and treatment services (EPSDT) visits, as such terms are defined in 101 CMR 304.02, as listed in the table below;
- Establishing new rates and codes for individual behavioral health visits and group behavioral health visits, as defined in 101 CMR 304.02;
- Implementing four new CHC services: medication therapy management (MTM), collaborative drug therapy management (CDTM), behavioral health integration (BHI), and collaborative care management (CoCM) services.

The table below sets forth the MassHealth fee-for-service (FFS) rates available to CHCs for the services and visits described in the bullets above.

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Through this bulletin, MassHealth is directing accountable care partnership plans (ACPPs), managed care organizations (MCOs), senior care organizations (SCOs), the state’s managed behavioral health vendor, and One Care plans (referred to collectively here as “managed care entities” or “MCEs”) to institute certain policies to align with MassHealth. One Care Plans and SCOs should first follow guidance provided by Medicare on these topics for enrollees with Medicare, including billing and coding instructions. SCOs must follow the requirements in this bulletin for Medicaid-only enrollees.

**Minimum Payment Rates, Billing, and Out-of-Network Claims for CHC Services**

Effective for dates of service beginning January 1, 2022, MCEs must:

- Conform their coverage policies with respect to medication therapy management (MTM), collaborative drug therapy management (CDTM), behavioral health integration (BHI), and collaborative care management (CoCM) services to align with MassHealth’s coverage policies.
- Require CHCs to bill for services and visits listed in this bulletin using the codes in Table 1, below.
- Pay claims submitted by CHCs for the codes listed below at a rate equal to or above the MassHealth FFS rate in Table 1, below.
- Pay for out-of-network CHC claims submitted by CHCs for the codes set forth below at a rate equal to or above the MassHealth FFS rate in Table 1, below.

Nothing in this bulletin should be construed to prevent MCEs from rejecting claims in accordance with their claims review processes or conducting standard program integrity assessments or claims reviews, such as reviews to monitor for medical necessity, billing errors, or fraud.

**Table 1**

<b>Code in 101 CMR 304.00</b>	<b>2022 Rate in 101 CMR 304.00</b>	<b>Corresponding Service or Visit as described in 101 CMR 304.00</b>
T1015	\$216.00	Individual medical visit
T1015 - HQ	\$43.20	Group medical visit
T1015 - TH	\$216.00	Nurse midwife visit
T1040	\$140.00	Individual behavioral health visit
T1040 - HQ	\$28.00	Group behavioral health visit
G0469	\$216.00	Individual mental health visit – new patient
G0470	\$216.00	Individual mental health visit – existing patient
99381	\$222.00	EPSDT visit

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<b>Code in 101 CMR 304.00</b>	<b>2022 Rate in 101 CMR 304.00</b>	<b>Corresponding Service or Visit as described in 101 CMR 304.00</b>
99382	\$222.00	EPSDT visit
99383	\$222.00	EPSDT visit
99384	\$222.00	EPSDT visit
99385	\$222.00	EPSDT visit
99391	\$222.00	EPSDT visit
99392	\$222.00	EPSDT visit
99393	\$222.00	EPSDT visit
99394	\$222.00	EPSDT visit
99395	\$222.00	EPSDT visit
99605	\$52.00	MTM or CDTM service
99606	\$34.00	MTM or CDTM service
99607	\$24.00	MTM or CDTM service
G0511	\$56.98	BHI service
G0512	\$124.07	CoCM service

**Payment for Other Community Health Center Services**

The rates, codes, billing procedures and coverage for all other services provided by CHCs not listed in Table 1 remain unchanged and are not affected by this bulletin or the amendments to regulation 101 CMR 304.00.

**Review of Encounter Data and Penalties for Noncompliance**

MassHealth may review MCE encounter data to monitor compliance with the requirements in this bulletin. If MassHealth determines that an MCE failed to pay at or above the MassHealth FFS rates in Table 1 for the visits and services in this bulletin and in 101 CMR 304.00, that MCE must reconcile any discrepancy in paid amounts. An MCE that fails to reconcile a discrepancy identified by MassHealth within a reasonable time as determined by MassHealth may be subject to financial penalty.

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**MassHealth Compliance with BIPA**

Additionally, MassHealth will review MCEs' encounter data quarterly or otherwise as necessary to determine the total number of claims submitted to MCEs through the codes listed in Table 1 each quarter, as well as the quarterly total aggregate amounts paid by MCEs for all services and visits listed in Table 1. This review is necessary for MassHealth's continued compliance with BIPA, to ensure that, in aggregate, total payments under the APM, including MCE and FFS payments, to CHCs for the service and visits listed in the table above are at or above what MassHealth would have paid under the individual PPS rates for each CHC.

**Additional Reporting Requirement**

When directed by MassHealth, MCEs must provide, in the form and format specified by MassHealth, any additional information or data requested regarding claims and payments related to the codes for CHC services and visits set forth in Table 1.

**MassHealth Website**

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**Questions**

If you have any questions about the information in this bulletin, please contact the MassHealth Customer Service Center at (800) 841-2900, email your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to (617) 988-8974.