# ATTACHMENT E

**SAFETY NET CARE POOL PAYMENTS**

**Safety Net Care Pool.** The following charts reflect approved payments under Safety Net Care Pool (SNCP) for the period from July 1, 2017 through June 30, 2022, unless otherwise specified in STCs 52 and 53, consistent with and pursuant to section VIII of the STCs, and subject to the overall budget neutrality limit and the Safety Net Care Pool (SNCP) limits described in section VIII of the STCs. This chart shall be updated pursuant to the process described in STC 74.

# Chart A: Approved SNCP Payments for the period from July 1, 2017 through June 30, 2022, unless otherwise specified in STCs 52 and 53 (projected and rounded in millions).

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| # | **Payment Type** | **Applicable Caps** | **State law or regulation** | **Eligible Providers** | **Total SNCP Payments per SFY** | | | | | **Total SFY 2018-2022** | **Applicable footnotes** |
| **SFY 2018** | **SFY 2019** | **SFY 2020** | **SFY 2021** | **SFY 2022** |
|  | ***System Transformation Incentive Based Pools*** | | | | | | | | | | |
| 1 | Delivery System Reform Incentive Payments (DSRIP) | n/a |  | Participating ACOs, CPs and other uses as specified in STC57-71 | $425.0 | $425.0 | $400.0 | $325.0 | $225.0 | $1,800.0 | (1) |
| 2 | Public Hospital Transformation and Incentive Initiatives (PHTII) | n/a |  | Cambridge Health Alliance | $309.0 | $243.0 | $100.0 | $100.0 | $100.0 | $852.0 |  |
|  | ***System Transformation Incentive Based Pools Subtotal*** | | | | ***$734.0*** | ***$668.0*** | ***$500.0*** | ***$425.0*** | ***$325.0*** | ***$2,652.0*** |  |
|  | ***Disproportionate Share Hospital (DSH) Pool*** | | | | | | | | | | |
| 3 | Public Service Hospital Safety Net Care Payment | DSH |  | Boston Medical Center | $20.0 | $20.0 | $20.0 | $20.0 | $20.0 | $100.0 | (2) |
| 4 | Health Safety Net Trust Fund Safety Net Care Payment | DSH | 101CMR  613.00, 614.00 | All acute hospitals and CHCs | $287.0 | $287.0 | $288.0 | $288.0 | $290.0 | $1,440.0 | (3) |
| 5 | Institutions for Mental Disease (IMD) | DSH | 130 CMR  425.408,  101CMR  346.004 | Psychiatric inpatient hospitals Community- based detoxification centers | $32.0 | $32.0 | $32.0 | $32.0 | $32.0 | $160.0 | (4) |

**ATTACHMENT E**

**SAFETY NET CARE POOL PAYMENTS**

**Safety Net Care Pool.** The following charts reflect approved payments under Safety Net Care Pool (SNCP) for the period from July 1, 2017 through June 30, 2022, unless otherwise specified in STCs 52 and 53, consistent with and pursuant to section VIII of the STCs, and subject to the overall budget neutrality limit and the Safety Net Care Pool (SNCP) limits described in section VIII of the STCs. This chart shall be updated pursuant to the process described in STC 74.

# Chart A: Approved SNCP Payments for the period from July 1, 2017 through June 30, 2022, unless otherwise specified in STCs 50 and 51 (projected and rounded in millions).

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 6 | 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 | $51.0 | $52.0 | $52.0 | $52.0 | $52.0 | $259.0 | (5) |
| 7 | State-Owned Non-  Acute Hospitals Operated by the Department of Mental Health | DSH |  | Cape Cod and  Islands Mental Health Center Corrigan Mental Health Center Quincy Mental Health Center SC Fuller Mental Health  Center Taunton State Hospital Worcester  Recovery Center and Hospital | $105.0 | $107.0 | $107.0 | $107.0 | $107.0 | $533.0 | (5) |
| 8 | Safety Net Provider Payments | DSH |  | Eligible  hospitals outlined in Attachment N | $180.0 | $177.0 | $176.0 | $176.0 | $174.0 | $883.0 |  |
|  | ***Disproportionate Share Hospital (DSH) Pool Subtotal:*** | | | | ***$675.0*** | ***$675.0*** | ***$675.0*** | ***$675.0*** | ***$675.0*** | ***$3,375.0*** |  |
|  | ***Uncompensated Care (UCC) Pool*** | | | | | | | | | | |

**ATTACHMENT E**

**SAFETY NET CARE POOL PAYMENTS**

**Safety Net Care Pool.** The following charts reflect approved payments under Safety Net Care Pool (SNCP) for the period from July 1, 2017 through June 30, 2022, unless otherwise specified in STCs 52 and 53, consistent with and pursuant to section VIII of the STCs, and subject to the overall budget neutrality limit and the Safety Net Care Pool (SNCP) limits described in section VIII of the STCs. This chart shall be updated pursuant to the process described in STC 74.

# Chart A: Approved SNCP Payments for the period from July 1, 2017 through June 30, 2022, unless otherwise specified in STCs 52 and 53 (projected and rounded in millions).

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 9 | Health Safety Net  Trust Fund Safety Net Care Payment | UCC | 101CMR  613.00, 614.00 | All acute hospitals and CHCs | $0.0 | $10.0 | $10.0 | $10.0 | $10.0 | $40.0 | (3) |
| 10 | 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 | $65.0 | $15.0 | $15.0 | $0150 | $150 | $125.0 | (5) |
| 11 | State-Owned Non-  Acute Hospitals Operated by the Department of Mental Health | UCC |  | Cape Cod and  Islands Mental Health Center Corrigan Mental Health Center Quincy Mental Health Center SC Fuller Mental Health  Center Taunton State Hospital Worcester  Recovery Center and Hospital | $147.0 | $75.0 | $75.0 | $75.0 | $75.0 | $447.0 | (5) |
|  | ***Uncompensated Care (UCC) Pool Subtotal:*** | | | | ***$212.0*** | ***$100.0*** | ***$100.0*** | ***$100.0*** | ***$100.0*** | ***$612.0*** |  |
|  | ***ConnectorCare Subsidies*** | | | | | | | | | | |

**ATTACHMENT E**

**SAFETY NET CARE POOL PAYMENTS**

**Safety Net Care Pool.** The following charts reflect approved payments under Safety Net Care Pool (SNCP) for the period from July 1, 2017 through June 30, 2022, unless otherwise specified in STCs 52 and 53, consistent with and pursuant to section VIII of the STCs, and subject to the overall budget neutrality limit and the Safety Net Care Pool (SNCP) limits described in section VIII of the STCs. This chart shall be updated pursuant to the process described in STC 74.

# Chart A: Approved SNCP Payments for the period from July 1, 2017 through June 30, 2022, unless otherwise specified in STCs 50 and 51 (projected and rounded in millions).

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 12 | DSHP – Health  Connector Subsidies | n/a |  | n/a | $250.0 | $250.0 | $250.0 | $250.0 | $250.0 | $1,250.0 | (6) |
|  | *DSHP – Health Connector Subtotal* | | | | *$250.0* | *$250.0* | *$250.0* | *$250.0* | *$250.0* | *$1,250.0* |  |
|  | **Total** | | | | **$1,871.0** | **$1,693.0** | **$1,525.0** | **$1,450.0** | **$1,350.0** | **$7,889.0** |  |
| \*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 will be distributed to participating ACOs, CPs and for other approved uses pursuant to STC57 through STC 71 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 MassHeath 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

# ATTACHMENT E

**SAFETY NET CARE POOL PAYMENTS**

**Safety Net Care Pool.** The following charts reflect approved payments under Safety Net Care Pool (SNCP) for the period from July 1, 2017 through June 30, 2022, unless otherwise specified in STCs 52 and 53, consistent with and pursuant to section VIII of the STCs, and subject to the overall budget neutrality limit and the Safety Net Care Pool (SNCP) limits described in section VIII of the STCs. This chart shall be updated pursuant to the process described in STC 74.

# Chart A: Approved SNCP Payments for the period from July 1, 2017 through June 30, 2022, unless otherwise specified in STCs 52 and 53 (projected and rounded in millions).

centers.

* + 1. 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.
    2. 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.
    3. Expenditures for State-Owned Non-Acute Hospitals Operated by the Department of Mental Health are inclusive of amounts included in capitation payments to One Care enrollees ages 21 and over for payments to the facilities listed in item #5.

# ATTACHMENT E

**SAFETY NET CARE POOL PAYMENTS: CHART B**

**Safety Net Care Pool.** The following charts reflect approved payments under Safety Net Care Pool (SNCP) for the date of the approval letter through June 30, 2017, unless otherwise specified in STCs 52 and 53, consistent with and pursuant to section VIII of the STCs, and subject to the overall budget neutrality limit and the Safety Net Care Pool (SNCP) limits described in section VIII of the STCs. This chart shall be updated pursuant to the process described in STC 74.

# Chart B: Sources of Funding for Approved SNCP payments for the period from the date of the approval letter through June 30, 2022. unless otherwise specified in STCs 52 and 53 (projected and rounded)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| # | **Payment Type** | **Applicable Caps** | **State law or regulation** | **Eligible Providers** | **Total SNCP Payments per SFY** | | | | | **Total SFY 2018-**  **2022** | **Source of non-federal share** |
| **SFY 2018** | **SFY 2019** | **SFY 2020** | **SFY 2021** | **SFY 2022** |
|  | ***System Transformation Incentive Based Pools*** | | | | | | | | | | |
| 1 | Delivery System Reform Incentive Payments (DSRIP) | n/a |  | Participati ng ACOs, CPs and other uses as specified in STC 57  and STC 6o. | $425.0 | $425.0 | $400.0 | $325.0 | $225.0 | $1,800.0 | General Fund, including provider assessment funding in the DSRIP Trust Fund |
| 2 | Public Hospital Transform ation and Incentive Initiatives (PHTII) | n/a |  | Cambridge Health Alliance | $309.0 | $243.0 | $100.0 | $100.0 | $100.0 | $852.0 | Inter-Governmental Transfer |
|  | ***System Transformation Incentive Based Pools***  ***Subtotal*** | | | | ***$734.0*** | ***$668.0*** | ***$500.0*** | ***$425.0*** | ***$325.0*** | ***$2,652.0*** |  |
|  | ***Disproportionate Share Hospital (DSH) Pool*** | | | | | | | | | | |

**ATTACHMENT E**

**SAFETY NET CARE POOL PAYMENTS: CHART B**

**Safety Net Care Pool.** The following charts reflect approved payments under Safety Net Care Pool (SNCP) for the date of the approval letter through June 30, 2017, unless otherwise specified in STCs 52 and 53, consistent with and pursuant to section VIII of the STCs, and subject to the overall budget neutrality limit and the Safety Net Care Pool (SNCP) limits described in section VIII of the STCs. This chart shall be updated pursuant to the process described in STC 74.

# Chart B: Sources of Funding for Approved SNCP payments for the period from the date of the approval letter through June 30, 2022. unless otherwise specified in STCs 52 and 53 (projected and rounded)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 3 | Public Service Hospital Safety Net Care Payment | DSH |  | Boston Medical Center | $20.0 | $20.0 | $20.0 | $20.0 | $20.0 | $100.0 | General Fund |
| 4 | Health Safety Net Trust Fund Safety Net Care Payment | DSH | 101CMR  613.00,  614.00 | All acute hospitals and CHCs | $287.0 | $287.0 | $288.0 | $288.0 | $290.0 | $1,440.0 | General Fund, including provider assessment funding in the Health Safety Net Trust Fund |
| 5 | Institutions for Mental Disease (IMD) | DSH | 130  CMR 425.408,  101CMR  346.004 | Psychiatri c inpatient hospitals Communi ty-based detoxifica tion centers | $32.0 | $32.0 | $32.0 | $32.0 | $32.0 | $160.0 | Certified Public Expenditure and General Fund |
| 6 | Special Population State- Owned Non-Acute Hospitals | DSH |  | Shattuck Hospital Tewksbur y Hospital Massachus etts | $51.0 | $52.0 | $52.0 | $52.0 | $52.0 | $259.0 | Certified Public Expenditure |

**ATTACHMENT E**

**SAFETY NET CARE POOL PAYMENTS: CHART B**

**Safety Net Care Pool.** The following charts reflect approved payments under Safety Net Care Pool (SNCP) for the date of the approval letter through June 30, 2017, unless otherwise specified in STCs 52 and 53, consistent with and pursuant to section VIII of the STCs, and subject to the overall budget neutrality limit and the Safety Net Care Pool (SNCP) limits described in section VIII of the STCs. This chart shall be updated pursuant to the process described in STC 74.

# Chart B: Sources of Funding for Approved SNCP payments for the period from the date of the approval letter through June 30, 2022. unless otherwise specified in STCs 52 and 53 (projected and rounded)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Operated by the Departmen t of Public Health |  |  | Hospital School Western Massachus etts Hospital |  |  |  |  |  |  |  |
| 7 | State- Owned Non-Acute Hospitals Operated by the Departmen t of Mental Health | DSH |  | Cape Cod and Islands Mental Health Center Corrigan Mental Health Center Quincy Mental Health Center SC Fuller Mental Health Center Taunton State Hospital | $105.0 | $107.0 | $107.0 | $107.0 | $107.0 | $533.0 | Certified Public Expenditure |

**ATTACHMENT E**

**SAFETY NET CARE POOL PAYMENTS: CHART B**

**Safety Net Care Pool.** The following charts reflect approved payments under Safety Net Care Pool (SNCP) for the date of the approval letter through June 30, 2017, unless otherwise specified in STCs 52 and 53, consistent with and pursuant to section VIII of the STCs, and subject to the overall budget neutrality limit and the Safety Net Care Pool (SNCP) limits described in section VIII of the STCs. This chart shall be updated pursuant to the process described in STC 74.

# Chart B: Sources of Funding for Approved SNCP payments for the period from the date of the approval letter through June 30, 2022. unless otherwise specified in STCs 52 and 53 (projected and rounded)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | Worcester Recovery Center and Hospital |  |  |  |  |  |  |  |
| 8 | Safety Net Provider Payments | DSH |  | Eligible hospitals outlined in Attachmen t N | $180.0 | $177.0 | $176.0 | $176.0 | $174.0 | $883.0 | General Fund |
|  | ***Disproportionate Share Hospital (DSH) Pool***  ***Subtotal:*** | | | | ***$675.0*** | ***$675.0*** | ***$675.0*** | ***$675.0*** | ***$675.0*** | ***$3,375.0*** |  |
|  | ***Uncompensated Care (UCC) Pool*** | | | | | | | | | | |
| 9 | Health Safety Net Trust Fund Safety Net Care Payment | UCC | 101CMR  613.00,  614.00 | All acute hospitals and CHCs | $0.0 | $10.0 | $10.0 | $10.0 | $10.0 | $40.0 | General Fund, including provider assessment funding transferred to the HSN Trust Fund |
| 10 | Special Population State- Owned Non-Acute Hospitals Operated by the Departmen | UCC |  | Shattuck Hospital Tewksbur y Hospital Massachus etts Hospital School Western | $65.0 | $15.0 | $15.0 | $15.0 | $15.0 | $125.0 | Certified Public Expenditure |

# ATTACHMENT E

**SAFETY NET CARE POOL PAYMENTS: CHART B**

**Safety Net Care Pool.** The following charts reflect approved payments under Safety Net Care Pool (SNCP) for the date of the approval letter through June 30, 2017, unless otherwise specified in STCs 52 and 53, consistent with and pursuant to section VIII of the STCs, and subject to the overall budget neutrality limit and the Safety Net Care Pool (SNCP) limits described in section VIII of the STCs. This chart shall be updated pursuant to the process described in STC 74.

# Chart B: Sources of Funding for Approved SNCP payments for the period from the date of the approval letter through June 30, 2022. unless otherwise specified in STCs 52 and 53 (projected and rounded)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | t of Public Health |  |  | Massachus etts Hospital |  |  |  |  |  |  |  |
| 11 | State- Owned Non-Acute Hospitals Operated by the Departmen t of Mental Health | UCC |  | Cape Cod and Islands Mental Health Center Corrigan Mental Health Center Quincy Mental Health Center SC Fuller Mental Health Center Taunton State Hospital  Worcester Recovery Center and Hospital | $147.0 | $75.0 | $75.0 | $75.0 | $75.0 | $447.0 | Certified Public Expenditure |

# ATTACHMENT E

**SAFETY NET CARE POOL PAYMENTS: CHART B**

**Safety Net Care Pool.** The following charts reflect approved payments under Safety Net Care Pool (SNCP) for the date of the approval letter through June 30, 2017, unless otherwise specified in STCs 52 and 53, consistent with and pursuant to section VIII of the STCs, and subject to the overall budget neutrality limit and the Safety Net Care Pool (SNCP) limits described in section VIII of the STCs. This chart shall be updated pursuant to the process described in STC 74.

# Chart B: Sources of Funding for Approved SNCP payments for the period from the date of the approval letter through June 30, 2022. unless otherwise specified in STCs 52 and 53 (projected and rounded)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | ***Uncompensated Care (UCC) Pool Subtotal:*** | | | | ***$212.0*** | ***$100.0*** | ***$100.0*** | ***$100.0*** | ***$100.0*** | ***$612.0*** |  |
|  | ***ConnectorCare Subsidies*** | | | | | | | | | | |
| 12 | DSHP –  Health Connector Premium and Cost Sharing Subsidies | n/a |  | n/a | $250.0 | $250.0 | $250.0 | $250.0 | $250.0 | $1,250.0 | Certified Public Expenditure and General Fund, including provider assessment funding in the Health Safety Net Trust Fund |
|  | ***DSHP – Health Connector Subtotal*** | | | | ***$250.0*** | ***$250.0*** | ***$250.0*** | ***$250.0*** | ***$250.0*** | ***$1250.0*** |  |
|  | **Total** | | | | **$1,871.0** | **$1,693.0** | **$1,525.0** | **$1,450.0** | **$1,350.0** | **$7,889.0** |  |
| \*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. | | | | | | | | | | | |

Demonstration Approval Period: July 1, 2017 through June 30, 2022

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**Designated State Health Programs (DSHP).** The following programs are authorized for claiming as DSHP, subject to the overall budget neutrality limit. No demonstration amendment is required for CMS approval of updates to Chart C of Attachment E to include additional DSHP programs. This chart shall be updated pursuant to the process described in STC 74.

# Chart C: Approved Designated State Health Programs (DSHP)

These DSHPs are not subject to the overall SNCP cap.

|  |  |
| --- | --- |
| **Agency** | **Program Name** |
| Health Connector | Health Connector Premium Assistance and Cost Sharing Subsidies, and HSN- Health Connector Gap Coverage Subsidies |