**NOTICE OF PROPOSED AGENCY ACTION**

**SUBJECT**: MassHealth: Payments to a Non-Acute Chronic Hospital effective October 1, 2019

**AGENCY**: Massachusetts Executive Office of Health and Human Services

**SUMMARY OF PROPOSED ACTION**:

Pursuant to the provisions of M.G.L. c. 118E, section 13A, rates and methods of payment for services rendered by chronic disease and rehabilitation hospitals to patients entitled to medical assistance under M.G.L. c. 118E, section 1 *et seq.* are established by contract between the MassHealth program and participating hospitals. This notice describes the proposed methods and standards utilized by the Executive Office of Health & Human Services (EOHHS) to establish quality incentive payments by contract, effective October 1, 2019, for services rendered by a privately-owned health care facility licensed by the Department of Public Health as a Non-Acute 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. There is currently one facility that meets these criteria, Hebrew Rehabilitation Center (HRC).

**DESCRIPTION OF METHODS AND STANDARDS**

The methods and standards described herein are being proposed to establish quality incentive payments by contract that accurately reflect the adherence with certain standards of care. The methods and standards described herein are projected to result in a 0% increase totaling approximately $0 annual aggregate expenditures in rate year (RY) 2020. However, the actual change in aggregate expenditures may vary depending on actual utilization of services.

Included with this notice are the proposed updated quality metrics effective October 1, 2019 for qualification for RY2020 Quality Incentive Payments. Please send any written comments concerning this notice to Pavel Terpelets, MassHealth Office of Long Term Services and Supports, One Ashburton Place, 5th Floor, Boston, MA 02108.

STATUTORY AUTHORITY:

M.G.L. c. 118E

Related Regulations:

42 CFR, Part 447

**EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES**

**HEBREW REHABILITATION CENTER**

**PROPOSED METHODS AND STANDARDS**

**FOR RATE EFFECTIVE October 1, 2019**

The following sections describe the proposed methods and standards utilized by the Executive Office of Health & Human Services (EOHHS) to establish quality incentive payments by contract, effective October 1, 2019, for services rendered by a privately-owned health care facility licensed by the Department of Public Health as a Non-Acute 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. There is one facility that meets these criteria, Hebrew Rehabilitation Center (HRC).

Quality Performance Incentive Payment

Subject to legislative authorization, compliance with all applicable federal statutes, regulations, state plan provisions, the availability of funds, and full federal financial participation, in RY 2020 EOHHS will make $1.333M in total aggregate quality performance incentive payments to qualifying CDR Hospitals as described herein.

1. Qualification. In order to qualify for a Quality Performance Incentive Payment, a qualifying CDR hospital must meet the following criteria:
   1. Be a CDR Inpatient Hospital located in Massachusetts 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, and that serves MassHealth members; and,

b. Have recorded performance, as of February 2, 2020, on the following Centers for Medicare & Medicaid Services (CMS) Medicare Minimum Data Set measures that exceeds the national average, as reported by CMS: Percent of long-stay high-risk patients with pressure ulcers and percentage of long-stay patients who got an antipsychotic medication.

1. Payment

EOHHS will issue the RY 2020 Quality Performance Incentive Payment to qualifying CDR Hospitals. Payment to qualifying CDR Hospitals will be made during RY2020 as follows: April 2020.