**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 50 and 51, 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 53(a).

Chart A: Approved SNCP Payments for the period from the date of the approval letter through June 30, 2017, unless otherwise specified in STCs 50 and 51 (projected and rounded in millions).

#	Туре	Applicable caps	State law or regulation	Eligible providers		Total for SFY	Appli-				
					SFY 2015	SFY 2016	SFY 2017	SFY 2018 **	SFY 2019 **	- for SFY 15-17*	cable foot- notes
1	Public Service	Provider		Cambridge Health Alliance	\$52.0	\$52.0	\$52.0	TBD	TBD	\$156.0	(1)
	Hospital Safety Net Care Payment			Boston Medical Center	\$88.0	\$88.0	\$88.0	TBD	TBD	\$264.0	(1)
2	Health Safety Net Trust Fund Safety Net Care Payment	Provider	101 CMR 613.00, 614.00	All acute hospitals	\$169.2	\$156.3	\$156.3	TBD	TBD	\$481.8	(2)
3	Institutions for Mental Disease (IMD)	Provider	130 CMR 425.408, 101 CMR 346.004	Psychiatric inpatient hospitals Community-based detoxification centers	\$17.9	\$35.9	\$36.7	TBD	TBD	\$90.5	(3)
4	Special Population State-Owned Non- Acute Hospitals Operated by the Department of Public Health	Provider		Shattuck Hospital Tewksbury Hospital Massachusetts Hospital School Western Massachusetts Hospital	\$39.5	\$41.0	\$51.9	TBD	TBD	\$132.4	(4)
5	State-Owned Non- Acute Hospitals Operated by the Department of Mental Health	Provider		Cape Cod and Islands Mental Health Center Corrigan Mental Health Center Quincy Mental Health Center SC Fuller Mental Health	\$98.0	\$108.8	\$127.1	TBD	TBD	\$333.9	

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			Center Taunton State Hospital Worcester Recovery Center and Hospital							
6	Delivery System Transformation Initiatives	n/a	Eligible hospitals outlined in Attachment I	\$209.3	\$213.8	\$211.3	TBD	TBD	\$634.4	(5)
7	Public Hospital Transformation and Incentive Initiatives	n/a	Cambridge Health Alliance	\$220.0	\$220.0	\$220.0	TBD	TBD	\$660.0	(6)
8	Designated State Health Programs (DSHP) – Other State Funded Programs	DSHP	n/a	\$365.7	\$257.0	\$123.3	TBD	TBD	\$746.0	(7)
9	DSHP – Connector Care subsidies*	n/a	n/a	\$31.4	\$99.0	\$173.4	\$198.0	\$208.0	\$709.8	(8)
11	DSHP – CommCare Orderly Closeout	n/a	n/a	\$172.7	n/a	n/a	n/a	n/a	\$172.7	(9)
12	Designated State Health Programs – Temporary Coverage	n/a	n/a	\$474.8	n/a	n/a	n/a	n/a	\$474.8	(10)
13	Infrastructure and Capacity-Building	Infra- structure	Hospitals and CHCs, primary care practices, and physicians	\$20.0	\$0.0	\$26.0	TBD	TBD	\$46.0	(11)
	Total			\$1,958.5	\$1,271.8	\$1,266.0	\$198.0	\$208.0	\$4,902.3	
			Health Connector Subsidies Security Act, states are requi			hat take into	account	the situa	tion of	

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disproportionate share hospital (DSH) providers. As part of this Demonstration project, CMS has waived the requirements of section 1902(a)(13) for DY 18-20, and has provided in the STCs that Massachusetts will not make such DSH payments in DY 18-20, but instead will make provider support payments under the SNCP. In DYs 21 and 22 Massachusetts is not currently authorized to make SNCP provider payments. Massachusetts and CMS will collaborate to reach agreement on a redesigned SNCP structure for DYs 21 and 22. If an amendment to the demonstration for restructured SNCP provider payments for DYs 21 and 22 is not approved, Massachusetts will resume making DSH payments in accordance with an approved State plan pursuant to section 1902(a)(13)(A)(iv) of the Social Security Act.

The following notes are incorporated by reference into chart A

- (1) 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.
- (2) 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.
- (3) IMD claiming is 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. Three payment types make up the IMD category; inpatient services at psychiatric inpatient hospitals, administrative days, and inpatient services at community-based detoxification centers.
- (4) Expenditures for items #4-5 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.

**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 50 and 51, 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 53(a).

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- (5) Delivery System Transformation Initiative funds will be distributed to participating hospitals pursuant to STCs 50 and 52.
- (6) Public Hospital Transformation and Incentive Initiative Funding will be distributed to Cambridge Health Alliance pursuant to section VIII.
- (7) DSHP specified state funded programs are described in Chart C with dates of service beginning as of date of approval letter through June 30, 2017.
- (8) Expenditures for DSHP Health Connector Subsidies are approved beginning January 1, 2014 and based on actual enrollment and premium assistance costs. Consequently, the amount of total expenditures may vary. The Health Connector Subsidies are authorized for five additional years, SFYs 2015-2019. Beginning November 4, 2016, the Health Connector Subsidies will include expenditures for point of service cost-sharing subsides in addition to the existing premium assistance subsides. The Health Connector Subsidies are not subject to the overall SNCP cap or the DSHP cap. Here are the projected totals (in millions) during the renewal period for the Health Connector Subsidies by SFY. SFY 2015: \$41.8 SFY 2016: \$75.2 SFY 2017: \$188.3 SFY 2017: \$188.3 SFY 2018: \$197.9
  - SFY 2019 \$207.7
- (9) Expenditures for DSHP CommCare Transitional Coverage are provided effective January 1, 2014 through February 28, 2015, and are based on actual enrollment. Consequently, the amount may vary. These expenditures are not subject to the DSHP cap.
- (10) Expenditures for DSHP Temporary Coverage are approved effective January 1, 2014 through February 28, 2015, and are based on actual enrollment. Consequently, the amount may vary. These expenditures are not subject to the DSHP cap.
- (11) Infrastructure and Capacity-Building (ICB) funds support Commonwealth-defined health systems improvement projects, and are approved by CMS pursuant to section VIII. Participating providers (including hospitals, community health centers, primary care practices and physicians)

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and ACOs as well as provider-specific amounts are determined based on a formal request for applications (RFA) process or regulation. Spending for ICB is subject to the limit described in section VIII.