#### COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the <u>Standard Contract Form Instructions and Contractor Certifications</u>, the <u>Commonwealth Terms and Conditions for Human and Social Services</u> or the <u>Commonwealth IT Terms and Conditions</u> which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms:

COMMONWEALTH DEPARTMENT NAME: Execute Office of health and Human Services (and diffusi):  Legal Address: (W-0, W-4): 10 Chesthut St., Worcester, MA, 01658  Business Kalling Address: One Address Cone Address of Contract Manager Multimy Henoton  Phone: 30 505 9391  Billing Address: Great Address: One Address Department of Contract Manager Multimy Henoton  Facility Manager Multimy Henoton  Facility Manager Multimy Henoton  Phone: 30 505 939 931  Billing Address: One Address Department of Contract Manager Multimy Henotoge Multimy H	https://www.macomptroller.org/forms. Forms are also p	https://www.macomptroller.org/forms. Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.			
Ligal Address: WA W4; 10 Christinut SI, Woocson: MA 07:08 Contract Manager: National Human Human Phone: 508-308-0931 Billing Address: One Ashburton Flaco, 11º F1, Boston: MA 02:08 Contract Vendor Code: Vic800033412 EMBIL: Mathew-Hendon@Balonheath or y For Contract Vendor Code: Vic800033412 EMBIL: National Human	CONTRACTOR LEGAL NAME: Fallon Community Health Plan, Inc.		COMMONWEALTH DEPARTMENT NAME: Executive Office of Health and Human Services		
Centract Manager: Matthew termdon (Stratches)   Fax:	(and d/b/a):		MMARS Department Code: EHS		
EMail: Manager: Alignation Garcia Dariests   Phone: 617-838-3344	Legal Address: (W-9, W-4): 10 Chestnut St., Worces	ter, MA, 01608	Business Mailing Address: One Ashburton Place, 11th Fl., Boston, MA 02108		
Contractor Vendor Code: VC5000230412  FeMail: Alignation E. GarcialDavalos@mass.gov  Fax:  Vendor Code Address ID (e.g., "ADD011: AD005.  MMARS Doc ID(s): NA  REPUP-coursement or Other ID Number: ED-22-1039-EHSD1-ASHWA-71410  REPUP-coursement or Collection of the Contract (IOS) or an OSD-designated Department)  Collective Purchase (Altation (SD) approval, spope, budgen)  Department Procurement (includes all Craits - 25-50ME) (Solicitation Notice or REP. and Response or other procurements supporting documentation.  In the Standard Contract (IASh points and Contract (IASh points (IASh points) (Solicitation Notice or REP. and Response or other procurement supporting documentation.)  Contract Employee (Altation SD) approval, spope, budgen)  Contract Employee (Altation Employeer Status and Contract (IASh points) (IASh poi	Contract Manager: Matthew Herndon	<b>Phone:</b> 508-368-0931	Billing Addres	s (if different):	
Vendor Code Address ID (e.g., "AD001"): AD005.   MARS Doc ID(e): NA   RRPProcurement or Other ID Number: BD-22-1039-EHS01-ASHWA-71410	E-Mail: Matthew.Herndon@fallonhealth.org	Fax:	Contract Mana	ager: Alejandro Garcia Davalos	Phone: 617-838-3344
RFRIProcurement or Other ID Number: 8D-22-1039-EHS01-ASHWA-71410  PROCUREMENT OR EXCEPTION TYPE: (Check one option only)  In Statewide Contract (OSD or an OSD-designated Department)  Department Procurement (Contract (OSD or an OSD-designated Department)  Department Procurement (Contract (OSD or an OSD-designated Department)  Energy or Contract (Facility of Contract))  The Standard Contract (Facility of Contract) of Contract (Facility of Contract))  The Standard Contract (Facility of Contract) of Contract (Facility of Contract) of Contract (Facility of Contract))  The Standard Contract (Facility of Contract) of Contract (Facility of Contract))  The Standard Contract (Facility of Contract) of Contract (Facility of Contract))  The Standard Contract (Facility of Contract) of Contract (Facility of Contract))  The Standard Contract (Facility of Contract) of Contract (Facility of Contract))  The Standard Contract (Facility of Contract) of Contract (Facility of Contract))  The Standard Contract (Facility of Co	Contractor Vendor Code: VC6000230412		E-Mail: Alejan	dro.E.GarciaDavalos@mass.gov	Fax:
NEW CONTRACT	Vendor Code Address ID (e.g., "AD001"): AD005.		MMARS Doc I	D(s): N/A	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)   Statewide Contract (CSD or an OSD-designated Department)   Collective Purchase (Atlach OSD approval, scope, budget)   Department Procurement (includes all Creats - 515 CMR 200) (Solicitation Notice or RFR), and Response or other procurement supporting documentation)   Emergency Contract (Atlach pusitions of the procurement supporting documentation)   Contract Employee (Atlach Employment Status Form, scope, budget)   Other Procurement Exception (Atlach pusitions for emergency, scope) to the specific exemption or earmant, and exception (spitiation) in contract (Atlach) sufficient and updated scope and budget)   The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions of Contract (Atlach and supporting documentation) in the state accounting system by sufficient appropriation sor other non-appropriated by appropriate by a sufficient appropriations or other non-appropriated by appropriate process of the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth Terms and Conditions of Commonwealt	(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procuren	nent or Other ID Number: BD-22-1039-El	HS01-ASHWA-71410
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Collective Purchase (Attach OSD approval; scope, budget)   Department Procurement (includes all Grants - <u>915 CMR 200</u> ) (Solicitation   Notice or RFR, and Response or other procurement spopting documentation)   Interim Contract And Date of Service of the Procurement (includes all Grants - <u>915 CMR 200</u> ) (Solicitation   Interim Contract And Updated scope and budget)   Interim Contract Employee (Attach any Updated scope and budget)   Interim Contract And Updated Scope and Budget (Date of Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and execption justification, scope and budget)   Interim Contract Cate (Attach authorizing language) (publication with specific exemption or earmark, and execption justification scope and budget)   Interim Contract Cate (Part Procurement Exception (Attach authorizing language) (publication specific exemption or earmark, and execption justification, scope and budget)   Interim Contract Cate (Part Procurement Exception (Attach authorizing language) (publication specific exemption or earmark, and execution scope and budget)   Interim Contract Cate (Part Procurement Exception (Attach authorizing language) (publication specific exemption or earmark, and exception justification scope and budget)   Interim Contract Cate (Part Procurement Exception (Attach authorizing language) (publication scope and budget)   Interim Contract (Part Procurement Exception (Attach authorizing language) (publication with the Interim Contract (Part Procurement Exception (Attach authorizing language) (publication with the Interim Contract (Part Procurement Exception (Attach authorizing language) (publication and publication scope and budget)   Interim Contract (Part Procurement Exception (Attach authorizing) (publication scope and budget)   Interim Contract (Part Procurement Exception (Attach authorizing) (publication scope and budget)   Interim Contract (Part Procurement Exception (Attach authorizing) (publication scope and budget)   Interim Contract (Part				<del></del>	
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□ contract Employee (Attach Employment Status Form, scope, budget) □ contract Employee (Attach Employment Status Form, scope, budget) □ contract Employee (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget) The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding; (Check ONE gold):  ☑ Commonwealth Terms and Conditions Gold Commonwealth Terms and Conditions Gold Commonwealth Terms and Conditions of University (Commonwealth Terms and Conditions Gold Commonwealth Terms and Conditions of University (Commonwealth Terms and Conditions)  □ Maximum Obligation (Commonwealth Terms and Conditions of University (Commonwealth Terms and Conditions) □ Maximum Obligation (Commonwealth Terms and Conditions of University (Commonwealth) □ Maximum Obligation (Commonwealth Terms and Conditions of University (Commonwealth) □ Maximum Obligation (Commonwealth Terms and Conditions of University (Commonwealth) □ Maximum Obligation (Commonwealth Terms and Conditions of University (Commonwealth) □ Maximum Obligation (Commonwealth Terms and Conditions of University (Commonwealth) □ Maximum Obligation (Commonwealth)		, ,	☐ Interim Co	ntract (Attach justification for Interim Contr	ract and updated scope/budget)
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Social Services   Commonwealth IT Terms and Conditions   Commonwealth IT Terms and Conditions   Commonwealth IT Terms and Conditions   CoMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under §15 CMR 9.00.     Rate Contract. (No Maximum Obligation) Attach details of all rates, units, accludations, conditions or terms and any changes frates or terms are being amended.)     Rate Contract. (No Maximum Obligation) Attach details of all rates, units, accludations, conditions or terms and any changes frates or terms are being amended.)     Rate Contract. (No Maximum Obligation) Attach details of all rates, units, accludations, conditions or terms and any changes frates or terms are being amended.)     Rate Contract. (No Maximum Obligation) Attach details of all rates, units, accludations, conditions or terms and any changes frates or terms are being amended.)     Rate Contract. (No Maximum Obligation) Attach details and in the support of the support of payment is used within 10 days % PPD. (Payment issued within 10 days	• ,		scope and	budget)	
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BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation auditrications.)  This Amendment 1 to the First Amended and Restated Contract with Fallon Community Health Plan, Inc., for its Accountable Care Partnership Plan with Reliant Medical Group, Inc., deletes and replaces Appendices D and L effective January 1, 2024.  ANTICIPATED START DATE: (Complete ONE option only) The Department and Contract or certify for this Contract, or Contract Amendment, that Contract obligations:  □ 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.  □ 3. were incurred as of January 1, 2024. a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the delails and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.  CONTRACT END DATE: Contract performance shall terminate as of December 31, 2027, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.  EERIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor					
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authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.  CONTRACT END DATE: Contract performance shall terminate as of <a href="December 31, 2027">December 31, 2027</a> , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.  CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifics that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contracto			_		
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Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  X:     Signature and Date Must Be Captured At Time of Signature)					
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X:   Kidwal Furke . Date:   X:   Kidwal Furke . Date:   Date:   Cignature and Date Must Be Captured At Time of Signature)  Print Name: Richard Burke .   Print Name: Mike Levine   Print Name: _ Mike Levine   Print N	DocuSigned by:	12/14/2023			
Print Name: Richard Burke . Print Name: Mike Levine .	X: NULLAY & DWGL . Date:			ate:	
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#### **AMENDMENT #1**

#### TO THE

#### FIRST AMENDED AND RESTATED

#### ACCOUNTABLE CARE PARTNERSHIP PLAN CONTRACT

#### FOR THE

#### MASSHEALTH ACCOUNTABLE CARE ORGANIZATION PROGRAM

WHEREAS, the Executive Office of Health and Human Services ("EOHHS") and the Contractor identified in Appendix R ("Contractor") entered into the Contract effective January 1, 2023, and with an Operational Start Date of April 1, 2023, to serve as an Accountable Care Organization, improve the MassHealth Member experience of care, health of the population, and efficiency of the MassHealth program, and provide comprehensive health care coverage to MassHealth Members; and

WHEREAS, EOHHS and the Contractor last amended and restated the Contract effective January 1, 2024, (the First Amended and Restated Accountable Care Partnership Plan Contract);

WHEREAS, in accordance with Section 5.9 of the Contract, EOHHS and the Contractor desire to amend the Contract effective January 1, 2024; and

WHEREAS, EOHHS and the Contractor agree that the terms stated herein are subject to all required approvals of the federal Centers for Medicare and Medicaid Services (CMS);

**NOW, THEREFORE**, in consideration of the mutual covenants and agreements contained herein, the Contractor and EOHHS agree as follows:

- 1. Appendix D, Payment, is hereby deleted and replaced with the attached Appendix D.
- 2. Appendix L, Sub-Capitation Program Rates for Primary Care Entities, is hereby deleted and replaced with the attached Appendix L.

### APPENDIX D PAYMENT

# EXHIBIT 1 BASE CAPITATION RATES AND ADD-ONS Rate Year 2024

Listed below are the Per Member Per Month (PMPM) Base Capitation Rates for Rate Year 2024 (January 1, 2024, through December 31, 2024) (also referred to as RY24), subject to state appropriation and all necessary federal approvals.

Base Capitation Rates do not include EOHHS adjustments described in Section 4.3 of the Contract.

In addition to the Base Capitation Rates tables below, additional tables include the add-on for the Contract Year, for ABA Services as described in **Section 4.5.E**, for High Cost Drugs as described in **Section 4.5.F** and for SUD Risk Sharing Services as described in **Section 4.5.G**. The add-on for High Cost Drugs, ABA Services and SUD Risk Sharing Services are the same for all Regions and will be added to the Risk Adjusted Capitation Rates as defined in **Section 4.2.E**.

ACPP Base Capitation Rates / RC I Adult				
<u>Eff</u>	fective January 1, 20	24 – December 31, 2024 (I	RY24)	
REGION	CORE MEDICAL ADMINISTRATIVE COMPONENT COMPONENT		TOTAL BASE CAPITATION RATE	
	(per member per month)	(per member per month)	(per member per month)	
Northern	\$572.57	\$50.47	\$623.04	
<b>Greater Boston</b>	\$622.63	\$53.25	\$675.88	
Southern	\$629.87	\$52.48	\$682.35	
Central	\$602.40	\$51.31	\$653.71	
Western	\$554.64	\$49.67	\$604.31	

ACPP Base Capitation Rates / RC I Child				
<u>Eff</u>	fective January 1, 20	24 – December 31, 2024 (F	RY24)	
REGION	CORE MEDICAL COMPONENT	ADMINISTRATIVE COMPONENT	TOTAL BASE CAPITATION RATE	
	(per member per month)	(per member per month)	(per member per month)	
Northern	\$253.50	\$40.72	\$294.22	
<b>Greater Boston</b>	\$263.79	\$42.14	\$305.93	
Southern	\$267.16	\$40.86	\$308.02	
Central	\$262.40	\$40.55	\$302.95	
Western	\$278.50	\$41.24	\$319.74	

ACPP Base Capitation Rates / RC II Adult				
Eff	ective January 1, 20	24 – December 31, 2024 (F	RY24)	
REGION	CORE MEDICAL COMPONENT	TOTAL BASE CAPITATION RATE		
	(per member per month)	(per member per month)	(per member per month)	
Northern	\$1,985.78	\$105.04	\$2,090.82	
Greater Boston	\$2,162.77	\$117.17	\$2,279.94	
Southern \$2,113.19 \$110.70		\$110.70	\$2,223.89	
Central	\$1,976.49	\$105.73	\$2,082.22	
Western	\$1,733.35	\$94.27	\$1,827.62	

	ACPP Base Capitation Rates / RC II Child				
<u>Eff</u>	fective January 1, 20	24 – December 31, 2024 (	RY24)		
REGION	CORE MEDICAL COMPONENT	ADMINISTRATIVE COMPONENT	TOTAL BASE CAPITATION RATE		
	(per member per month)	(per member per month)	(per member per month)		
Northern	\$1,144.60	\$92.87	\$1,237.47		
<b>Greater Boston</b>	\$1,223.30	\$109.08	\$1,332.38		
Southern	\$1,043.59	\$87.27	\$1,130.86		
Central	\$1,104.26	\$92.94	\$1,197.20		
Western	\$926.38	\$77.79	\$1,004.17		

	ACPP Base Capitation Rates / RC IX				
<u>Ef</u>	fective January 1, 20	)24 – December 31, 2024 (	RY24)		
REGION	CORE MEDICAL COMPONENT	TOTAL BASE CAPITATION RATE			
	(per member per month)	(per member per month)	(per member per month)		
Northern	\$612.52	\$51.46	\$663.98		
<b>Greater Boston</b>	\$598.63	\$51.90	\$650.53		
Southern	Southern \$691.68 \$55.05 \$746.73				
Central	\$655.69 \$53.21 \$708.90				
Western	\$599.82	\$51.28	\$651.10		

ACPP Base Capitation Rates / RC X				
<u>Ef</u>	fective January 1, 20	24 – December 31, 2024 (I	RY24)	
REGION	CORE MEDICAL COMPONENT	ADMINISTRATIVE COMPONENT	TOTAL BASE CAPITATION RATE	
	(per member per month)	(per member per month)	(per member per month)	
Northern	\$2,087.00	\$110.76	\$2,197.76	
Greater Boston	\$2,281.21	\$124.69	\$2,405.90	
Southern	\$2,122.38	\$113.05	\$2,235.43	
Central	\$1,966.03	\$107.10	\$2,073.13	
Western	\$1,593.09	\$89.33	\$1,682.42	

#### <u>High Cost Drug Add-On to Risk Adjusted Capitation Rates</u> <u>Effective January 1, 2024 – December 31, 2024 (RY24)</u>

High (	High Cost Drug Add-On to Risk Adjusted Capitation Rates PMPM				PM
REGION	Northern	Greater Boston	Southern	Central	Western
RC I Adult	\$6.04	\$3.57	\$3.79	\$3.40	\$1.32
RC I Child	\$5.98	\$6.97	\$5.80	\$3.71	\$2.87
RC II Adult	\$23.71	\$15.90	\$16.39	\$55.03	\$21.41
RC II Child	\$56.59	\$171.47	\$42.27	\$82.37	\$33.87
RC IX	\$4.90	\$8.70	\$5.08	\$12.77	\$5.20
RC X	\$0.33	\$1.80	\$1.11	\$0.05	\$25.86

### ABA Add-On to Risk Adjusted Capitation Rates Effective January 1, 2024 – December 31, 2024 (RY24)

ABA Add-On to Risk Adjusted			
Capitati	Capitation Rates PMPM		
RC-I	\$44.04		
Child	Child \$11.91		
RC-II	\$240.2E		
Child	\$240.35		

#### <u>SUD Risk Sharing Services Add-On to Risk Adjusted Capitation Rates</u> <u>Effective January 1, 2024 – December 31, 2024 (RY24)</u>

SUD Ris	SUD Risk Sharing Services Add-		
On to R	isk Adjusted Capitation		
	Rates PMPM		
RC-I	\$7.46		
Adult	<b>Φ7.40</b>		
RC-I	\$0.20		
Child	<b>Φ</b> 0.20		
RC-II	\$20.63		
Adult	<b>Ψ20.03</b>		
RC-II	\$0.57		
Child	φυ.5 <i>1</i>		
RC-IX	\$14.05		
RC-X	\$227.67		

## EXHIBIT 2 ADJUSTMENTS OR ADDITIONS TO PAYMENTS Rate Year 2024

The table shows the admission-level stop-loss attachment point for the Contract Year as described in **Section 4.3.B**.

Admission Level Stop-Loss Attachment Point	
\$150,000	

# EXHIBIT 3 RISK SHARING ARRANGEMENTS Rate Year 2024

#### Market-Wide Risk Sharing Arrangement (Market Corridor) (Section 4.5.C)

If the Market Corridor expenditures, as determined by EOHHS in accordance with **Section 4.5.C.3**, are greater than or less than the Market Corridor revenue, as determined by EOHHS in accordance with **Section 4.5.C.2**, the Contractor and EOHHS shall share the resulting loss or gain as follows:

#### 1. Gain on the Market Corridor

Gain	MassHealth Share	Market Share
Absolute value of the Gain less than or equal to	00/	100%
0.75% of the Market Corridor Revenue	0% 1	
Absolute value of the Gain greater than 0.75% of the	OF0/	Γ0/
Market Corridor Revenue	95%	5%

#### 2. Loss on the Market Corridor

Loss	MassHealth Share	Market Share
Absolute value of the Loss less than or equal to 0.75% of the Market Revenue	0%	100%
Absolute value of the Loss greater than 0.75% of the Market Revenue	95%	5%

#### Contract-Wide Risk Sharing Arrangement ("Plan Corridor") (Section 4.5.D)

If the Contractor's Plan Corridor expenditures, as determined by EOHHS in accordance with **Section 4.5.D.3**, is greater than or less than the Contractor's Plan Corridor revenue as determined by EOHHS in accordance with **Section 4.5.D.2**, the Contractor and EOHHS shall share the resulting loss or gain as follows:

#### 1. Gain on the Plan Corridor

Gain	MassHealth Share	Contractor Share
Absolute value of the Gain less than or equal to 5% of Plan Corridor Revenue	0%	100%
Absolute value of the Gain greater than 5% of the Plan Corridor Revenue	95%	5%

#### 2. Loss on the Plan Corridor

Loss	MassHealth Share	Contractor Share
Absolute value of the Loss less than or equal to 5% of Plan Corridor Revenue	0%	100%
Absolute value of the Loss greater than 5% of the Plan Corridor Revenue	95%	5%

First Amended and Restated Accountable Care Partnership Plan Contract Appendix D – Payment Updated as of Amendment 1

#### ABA Services Risk Sharing Arrangement (Section 4.5.E)

If the amount paid to the Contractor, as determined by the calculation described in **Section 4.5.E.2**, is greater than or less than the Contractor's adjusted expenditures, as determined by the calculation described in **Section 4.5.E.3**, then the Contractor shall be considered to have experienced a gain or a loss with respect to ABA Services for the Contract Year. EOHHS and the Contractor shall share such gain or loss as follows:

#### 1. Gain on the ABA Add-On to the Risk Adjusted Capitation Rate

Gain	MassHealth Share	Contractor Share
Gain up to \$100,000	99%	1%
Gain of more than \$100,000	100%	0%

#### 2. Loss on the ABA Add-On to the Risk Adjusted Capitation Rate

Loss	MassHealth Share	<b>Contractor Share</b>
Loss up to \$100,000	99%	1%
Loss of more than \$100,000	100%	0%

#### High Cost Drug Add-On Risk Sharing Arrangement (Section 4.5.F)

#### 1. Gain on the High Cost Drug Add-On to the Risk Adjusted Capitation Rate Payment

If the actual High Cost Drug expenditures, as determined by EOHHS in accordance with **Section 4.5.F.3**, is greater than or less than the High Cost Drug Add-On to the Risk Adjusted Capitation Rate Payment for the Contract Year, as determined by EOHHS in accordance with **Section 4.5.F.2**, the Contractor and EOHHS shall share the resulting loss or gain as follows:

Gain	MassHealth Share	Contractor Share
Gain up to \$100,000 for the High Cost Drug Add-On to the Risk Adjusted Capitation Rate payment	99%	1%
Gain of more than \$100,000 for the High Cost Drug Add-On to the Risk Adjusted Capitation Rate payment	100%	0%

#### 2. Loss on the High Cost Drug Add-On to the Risk Adjusted Capitation Rate Payment

Loss	MassHealth Share	Contractor Share
Loss up to \$100,000 for the High Cost Drug Add-On to the Risk Adjusted Capitation Rate payment	99%	1%
Loss of more than \$100,000 for the High Cost Drug Add-On to the Risk Adjusted Capitation Rate payment	100%	0%

#### **SUD Services Risk Sharing Arrangement (Section 4.5.G)**

If the amount paid to the Contractor, as determined by the calculation described in **Section 4.5.G.2**, is greater than or less than the Contractor's adjusted expenditures, as determined by the calculation described in **Section 4.5.G.3**, then the Contractor shall be considered to have experienced a gain or a loss with respect to SUD Risk Sharing Services for the Contract Year. EOHHS and the Contractor shall share such gain or loss as follows:

#### 1. Gain on the SUD Risk Sharing Services Add-On to the Risk Adjusted Capitation Rate

Gain	MassHealth Share	Contractor Share
Gain up to \$100,000	99%	1%
Gain of more than \$100,000	100%	0%

#### 2. Loss on the SUD Risk Sharing Services Add-On to the Risk Adjusted Capitation Rate

Loss	MassHealth Share	Contractor Share
Loss up to \$100,000	99%	1%
Loss of more than \$100,000	100%	0%

#### **APPENDIX L**

### SUB-CAPITATION PROGRAM RATES FOR PRIMARY CARE ENTITIES Contract Year 2

Listed below are the Per Member Per Month (PMPM) Primary Care Entity (PCE) Primary Care Sub-Capitation Rates, developed by EOHHS, for Contract Year 2 (January 1, 2024, through December 31, 2024) (also referred to as Rate Year 2024 or RY24). The table below sets forth PMPM amounts by PCE, across all Regions and Rating Categories. Please refer to **Section 2.23.A.1.h** for information on how the Contractor shall pay each PCE during the Contract Year.

PCE-specific Primary Care Sub-Capitation Rates			
<u>January 1, 2024 – December 31, 2024 (RY24)</u>			
PCE (as defined by EOHHS)	PCE SUB-CAPITATION RATE COMPONENT: BASE SUB- CAPITATION RATE	PCE SUB-CAPITATION RATE COMPONENT: TIER ENHANCED PAYMENT	TOTAL PCE SUB- CAPITATION RATE (see Section 2.23.A.1.h)
	(per member per month)	(per member per month)	(per member per month)
XXXXX2266	\$ 28.01	\$ 12.07	\$ 40.08