### COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



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ttps://www.macomptroller.org/forms. Forms are also p	posted at USD Forms: https://www.	.mass.gov/iists/osd-jonns.	
CONTRACTOR LEGAL NAME: Community Care Cooperative, Inc. (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive O MIMARS Department Code: EHS	flice of Health and Human Services
Legal Address: (W-9, W-4): 75 Federal St., 7th Floor, Boston, MA 02110		Business Mailing Address: One Ashburton Place, 11th Fl., Boston, MA 02108	
Contract Manager: Christina Severin	Phone: 617-852-4709	Billing Address (if different):	
E-Mail: cseverin@communitycarecooperative.org	Fax:	Contract Manager: Aditya Mahalingam-Dhingra	Phone: 617-573-1812
Contractor Vendor Code: VC0000854728		E-Mail: Aditya.Mahatingam-Dhingra@mass.gov	Fax:
Vendor Code Address ID (e.g., "AD001"): AD001.		MMARS Doc ID(s): N/A	
(Note: The Address ID must be set up for EFT pays	ments.)	RFR/Procurement or Other ID Number: BD-17-1039-EH	IS01-EHS01-00000009207
☐ NEW CONTRA	СТ		MENT
PROCUREMENT OR EXCEPTION TYPE: (Check of	one option only)	Enter Current Contract End Date Prior to Amendment:	December 31, 2022.
☐ Statewide Contract (OSD or an OSD-designated	d Department)	Enter Amendment Amount: \$ no change. (or "no change	ח
☐ Collective Purchase (Attach OSD approval, sco		AMENDMENT TYPE: (Check one option only. Attach d	
☐ Department Procurement (includes all Grants -		Amendment to Date, Scope or Budget (Attach upda	ted scope and budget)
Notice or RFR, and Response or other procurer		☐ Interim Contract (Attach justification for Interim Contra	act and updated scope/budget)
<ul> <li>☐ Emergency Contract (Attach justification for eme</li> <li>☐ Contract Employee (Attach Employment Status)</li> </ul>		☐ Contract Employee (Attach any updates to scope or I	oudget)
Other Procurement Exception (Attach authorizi		☐ Other Procurement Exception (Attach authorizing la	nguage/justification and updated
specific exemption or earmark, and exception just		scope and budget)	
reference into this Contract and are legally binding Social Services Commonwealth IT Terms and Co	ng: (Check ONE option):   Commonditions	flowing Commonwealth Terms and Conditions document nonwealth Terms and Conditions   Commonwealth Terms	and Conditions For Human and
supported in the state accounting system by sufficier  ☑ Rate Contract. (No Maximum Obligation) Attach	CONTPENSATION: (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 815 CMR 9.00.  I Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  I Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).		
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: ☑ agree to standard 45 day cycle ☐ statutory/legal or Ready Payments (M.G.L., c. 29, § 23A); ☐ only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)  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 and justifications.)  This Amendment 1 to the Fourth Amended and Restated Primary Care ACO Contract with Community Care Cooperative updates payment and other provisions in the Contract effective January 1, 2022.		
ANTICIPATED START DATE: (Complete ONE option	on only) The Department and Cont	ractor certify for this Contract, or Contract Amendment, that	Contract obligations:
☐ 1. may be incurred as of the Effective Date (latest	t signature date below) and <u>no</u> obli	gations have been incurred <u>prior</u> to the Effective Date.	
$\boxtimes$ 2. may be incurred as of <u>January 1, 2022</u> , a date	LATER than the Effective Date be	low and <u>no</u> obligations have been incurred <u>prior</u> to the Effe	ctive Date.
are authorized to be made either as settlement			
CONTRACT END DATE: Contract performance shall terminate as of <u>December 31, 2022</u> , 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 certifications 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, the Standard 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 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 COMMONWEALTH:  X:			

#### AMENDMENT #1

#### TO THE

# FOURTH AMENDED AND RESTATED CONTRACT PRIMARY CARE ACCOUNTABLE CARE ORGANIZATION CONTRACT FOR THE

### MASSHEALTH ACCOUNTABLE CARE ORGANIZATION PROGRAM

WHEREAS, EOHHS and the Contractor identified in Appendix L ("Contractor") entered into the Contract effective August 25, 2017, and with an Operational Start Date of March 1, 2018, to improve the MassHealth Member experience of care, health of the population, and efficiency of the MassHealth program by substantially shifting towards accountable and integrated models of care and to provide comprehensive health care coverage to MassHealth Members; and

**WHEREAS**, EOHHS and the Contractor amended and restated the Contract effective January 1, 2022, (the Fourth Amended and Restated Primary Care Accountable Care Organization Contract);

WHEREAS, in accordance with Section 6.13 of the Contract, EOHHS and the Contractor desire to amend the Contract effective January 1, 2022; 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. **Section 2, Contractor Responsibilities**, is hereby amended by adding a new **Section 2.12** as follows:

### "Section 2.12 COVID-19 Vaccination Incentive for Enrollees Ages 5-17

The Contractor shall make best efforts to maximize vaccinations of their Enrollees ages 5-17 in accordance with the Department of Public Health guidelines. For Contract Year 2022, the Contractor shall receive a COVID-19 Vaccination Incentive Payment as set forth in **Section 4.2.C**, if by April 15, 2022, either:

- A. The Contractor has a minimum of eighty percent (80%) of Enrollees ages 5-17 residing in certain Massachusetts cities and towns, as further specified by EOHHS, who are fully vaccinated against COVID-19; or
- B. Both:

- 1. The Contractor has a minimum of fifty percent (50%) of Enrollees ages 5-17 residing in such cities and towns who are fully vaccinated against COVID-19; and
- 2. The Contractor has one of the top four highest percentages of Enrollees fully vaccinated among all MassHealth Accountable Care Partnership Plans ("ACPP"), Managed Care Organizations ("MCO"), and Primary Care Accountable Care Organizations ("PCACO").
- C. For purposes of this section, an Enrollee ages 5-17 shall be considered an Enrollee who is in the Contractor's plan as of March 15, 2022. An Enrollee who turns age 18 between January 1, 2022, and March 15, 2022, shall still be considered age 17.
- D. For purposes of this section, an Enrollee is considered fully vaccinated if the Enrollee has received all recommended doses of the COVID-19 vaccine regimen for the vaccine administered."
- 2. **Section 4, Payment**, is hereby amended by adding a new **Section 4.2.C** as follows:
  - "C. COVID-19 Vaccination Incentive Payment for Enrollees Ages 5-17
    - 1. For Contract Year 2022, if the Contractor achieves the vaccination target set forth in **Section 2.12**, EOHHS shall pay the Contractor a vaccination incentive payment of \$500,000.
    - 2. The COVID-19 Vaccination Incentive Payment shall not be included in the risk sharing arrangement calculations set forth in **Section 4.3**."
- 3. Section 4, Payment, is hereby amended by deleting the following in Section 4.3.A:
  - a. In **Section 4.3.A.2**, ", plus any supplemental specialized inpatient psychiatric services TCOC Benchmark adjustment made in accordance with **Section 2.7.E.2.j** and related payments or adjustments, as applicable, for each plan,"
  - b. In **Section 4.3.A.3**, ", including those services related to the supplemental specialized inpatient psychiatric services TCOC Benchmark adjustment and related payments or adjustments,"
- 4. **Section 4, Payment,** is hereby amended by deleting in **Section 4.3.E.2.j** in its entirety replacing it with the following **Section 4.3.E.2.j**:
  - "i. [Reserved]."
- 5. **Appendix I, TCOC Benchmarks,** is hereby deleted in its entirety and replaced with a new **Appendix I** attached hereto.

### APPENDIX I TCOC BENCHMARK

# EXHIBIT 1 TCOC BENCHMARKS AND ADMINISTRATIVE PAYMENTS Contract Year 5

Listed below are the Per Member Per Month (PMPM) TCOC Benchmarks and Administrative Payments for Contract Year 5 (January 1, 2022 through December 31, 2022), subject to state appropriation and all necessary federal approvals.

TCOC Benchmarks do not include EOHHS adjustments described in Sections 4.3.E of the Contract.

Exhibit 1.1: ACO TCOC Benchmarks (per member per month) Effective January 1, 2022 – December 31, 2022

RC I Adult Effective January 1, 2022 – June 30, 2022	
REGION	TCOC BENCHMARK
Northern	\$525.36
<b>Greater Boston</b>	\$530.85
Southern	\$578.53
Central	\$482.70
Western	\$468.24

<u>RC I Child</u> Effective January 1, 2022 – June 30, 2022	
REGION	TCOC BENCHMARK
Northern	\$228.92
<b>Greater Boston</b>	\$213.59
Southern	\$217.34
Central	\$211.10
Western	\$209.88

RC II Adult Effective January 1, 2022 – June 30, 2022	
REGION	TCOC BENCHMARK
Northern	\$1,893.63
<b>Greater Boston</b>	\$2,002.98
Southern	\$2,057.60
Central	\$1,832.55
Western	\$1,607.06

RC II Child Effective January 1, 2022 – June 30, 2022	
REGION	TCOC BENCHMARK
Northern	\$962.94
<b>Greater Boston</b>	\$950.56
Southern	\$864.02
Central	\$907.45
Western	\$662.87

RC IX Effective January 1, 2022 – June 30, 2022	
REGION	TCOC BENCHMARK
Northern	\$608.41
<b>Greater Boston</b>	\$581.18
Southern	\$668.51
Central	\$600.44
Western	\$539.80

<u>RC X</u> Effective January 1, 2022 – June 30, 2022	
REGION	TCOC BENCHMARK
Northern	\$1,932.78
Greater Boston	\$1,842.00
Southern	\$1,945.09
Central	\$1,893.27
Western	\$1,640.07

RC I Adult Effective July 1, 2022 – December 31, 2022	
REGION	TCOC BENCHMARK
Northern	\$519.39
<b>Greater Boston</b>	\$526.07
Southern	\$571.59
Central	\$477.31
Western	\$462.39

RC I Child		
Effective Jul	Effective July 1, 2022 – December 31, 2022	
<u>REGION</u> <u>TCOC BENCHMARK</u>		
Northern	\$224.45	
<b>Greater Boston</b>	\$210.47	
Southern	\$213.24	
Central	\$207.39	
Western	\$205.70	

RC II Adult Effective July 1, 2022 – December 31, 2022	
REGION	TCOC BENCHMARK
Northern	\$1,864.60
<b>Greater Boston</b>	\$1,978.34
Southern	\$2,030.21
Central	\$1,807.70
Western	\$1,584.54

RC II Child Effective July 1, 2022 – December 31, 2022	
REGION	TCOC BENCHMARK
Northern	\$946.33
<b>Greater Boston</b>	\$937.23
Southern	\$849.41
Central	\$893.29
Western	\$650.77

RC IX Effective July 1, 2022 – December 31, 2022	
REGION	TCOC BENCHMARK
Northern	\$599.68
<b>Greater Boston</b>	\$572.42
Southern	\$658.14
Central	\$591.36
Western	\$530.10

RC X Effective July 1, 2022 – December 31, 2022		
REGION TCOC BENCHMARK		
Northern	\$1,901.69	
Greater Boston	\$1,809.40	
Southern	\$1,906.91	
Central	\$1,860.64	
Western	\$1,606.18	

**Exhibit 1.2: ACO Administrative Payments (per member per month)** 

	ACO Administrative Payments Effective January 1, 2022 – December 31, 2022					
REGION	RC I Adult	RC I Child	RC II Adult	RC II Child	<u>RC IX</u>	RC X
Northern	\$12.54	\$10.80	\$30.62	\$25.81	\$12.59	\$25.70
Greater Boston	\$12.31	\$10.63	\$30.52	\$29.07	\$12.36	\$25.23
Southern	\$12.82	\$10.33	\$30.36	\$24.18	\$12.90	\$25.17
Central	\$11.82	\$10.62	\$29.25	\$26.23	\$13.14	\$26.30
Western	\$11.41	\$10.28	\$24.77	\$19.66	\$11.86	\$22.13

# EXHIBIT 2 STOP-LOSS ATTACHMENT POINT Contract Year 5

The table below indicates the admission-level stop-loss attachment point as described in **Section 4.5.E** for the Contract Year.

Admission Level Stop-Loss Attachment Point		
<b>#1.5</b> 0.000		
\$150,000		

# EXHIBIT 3 MINIMUM SAVINGS AND LOSSES THRESHOLD SELECTION Contract Year 5

The table below indicates the Contractor's selected minimum savings and losses threshold as described in **Section 4.3.C** for the Contract Year.

Minimum Savings and Losses Rate	Minimum Savings and Losses Rate Selection ✓= Selected; X = Not Selected
1%	✓
2%	X

# EXHIBIT 4 RISK TRACK SELECTION Contract Year 5

The table below indicates the Contractor's selected Risk Track as described in **Section 4.3.C** for the Contract Year.

Risk Track	Risk Track Selection  ✓= Selected; X = Not Selected
Risk Track 1 – Shared Accountability	X
Risk Track 2 – Full Accountability	✓

### EXHIBIT 5 RISK SHARING ARRANGEMENTS

## Market-Wide Risk Sharing Arrangement ("Market Corridor")

### 1. Gain on the Market Corridor

The amount of the Gain on the Market Corridor ("Market Corridor Gain") shall be defined as the difference between the Market Corridor revenue (as set forth in **Section 4.3.B**) for the Contract Year and the Market Corridor expenditures (as set forth in **Section 4.3.B**) for the Contract Year, if such Market Corridor expenditures are less than such Market Corridor revenue. The EOHHS share and the Market share of the Market Corridor Gain shall be calculated as set forth in the table below. The Contractor's share of the Market share of the Market Corridor Gain shall be a TCOC Benchmark adjustment as set forth in **Section 4.3.B**. Such Market Corridor TCOC Benchmark adjustment shall be directly proportional to the Contractor's share of the Market Corridor Revenue.

Gain	EOHHS Share	Market Share
Absolute value of the Gain less	0%	100%
than or equal to 0.75% of the		
Market Corridor Revenue		
Absolute value of the Gain greater than 0.75% of the Market	95%	5%
Corridor Revenue		

#### 2. Loss on the Market Corridor

The amount of the Loss on the Market Corridor (Market Corridor Loss) shall be defined as the difference between the Market Corridor revenue (as defined in Section 4.3.B) for the Contract Year and the Market Corridor expenditures (as defined in Section 4.3) for the Contract Year, if such Market Corridor expenditures are greater than such Market Corridor revenue. The EOHHS share and the Market share of the Market Corridor Loss shall be calculated as set forth in the table below. The Contractor's share of the Market share of the Market Corridor Loss shall be a TCOC Benchmark adjustment as set forth in **Section 4.3.B**. Such Market Corridor TCOC Benchmark adjustment shall be directly proportional to the Contractor's share of the Market Corridor Revenue.

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

### **TCOC Shared Savings/Shared Losses (Plan Corridor)**

### Risk Track 1 – Shared Accountability

If the Contractor selects Risk Track 1 – Shared Accountability, then subject to the provisions in **Section 4.3.C.2.a**, the Contractor's Shared Savings payment or Shared Losses payment, prior to modifying for the Contractor's Quality Score as described in **Section 4.3.D**, shall be as follows:

Contract Year	Savings	MassHealth Share	Contractor Share
Contract Years 4-5	Absolute value of savings less than or equal to 3% of the TCOC Benchmark	30%	70%
	Absolute value of savings greater than 3% of the TCOC benchmark	65%	35%

Contract Year	Losses	MassHealth Share	Contractor Share
Contract Years 4-5	Absolute value of losses with an absolute value less than or equal to 3% of TCOC Benchmark	30%	70%
	Absolute value of losses with an absolute value greater than 3% of the TCOC Benchmark	65%	35%

# Risk Track 2 – Full Accountability

If the Contractor selects Risk Track 2 – Full Accountability, then subject to the provisions in **Section 4.3.C.2.a**, the Contractor's Shared Savings payment or Shared Losses payment, prior to modifying for Contractor's Quality Score as described in **Section 4.3.D**, shall be as follows:

<b>Contract Year</b>	Savings	MassHealth Share	Contractor Share
Contract Years 4-5	Absolute value of savings less than or equal to 3% of the TCOC Benchmark	0%	100%
	Absolute value of savings greater than 3% of the TCOC benchmark	50%	50%

Contract Year	Losses	MassHealth Share	Contractor Share
Contract Years 4-5	Absolute value of losses with an absolute value less than or equal to 3% of TCOC Benchmark	0%	100%
	Absolute value of losses with an absolute value greater than 3% of the TCOC Benchmark	50%	50%