



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 [Standard Contract Form Instructions and Contractor Certifications](#), the [Commonwealth Terms and Conditions for Human and Social Services](#) or the [Commonwealth IT Terms and Conditions](#) 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: <https://www.mass.gov/lists/osd-forms>. Forms are also posted at OSD Forms: <https://www.mass.gov/lists/osd-forms>.

CONTRACTOR LEGAL NAME: Boston Medical Center Health Plan, Inc. (and d/b/a): WellSense Health Plan		COMMONWEALTH DEPARTMENT NAME: Executive Office of Health and Human Services MMARS Department Code: EHS	
Legal Address: (W-9, W-4): 529 Main St., Ste. 500, Charlestown, MA, 02129		Business Mailing Address: One Ashburton Place, 11 th Fl., Boston, MA 02108	
Contract Manager: Nelie Lawless	Phone: 617-791-9346	Billing Address (if different):	
E-Mail: Nelie.Lawless@wellsense.org	Fax:	Contract Manager: Alejandro Garcia Davalos	Phone: 617-838-3344
Contractor Vendor Code: VC7000072388		E-Mail: Alejandro.E.GarciaDavalos@mass.gov	Fax:
Vendor Code Address ID (e.g., "AD001"): AD001. (Note: The Address ID must be set up for EFT payments.)		MMARS Doc ID(s): N/A	
		RFR/Procurement or Other ID Number: BD-17-1039-EHS01-EHS01-10209	
<input type="checkbox"/> NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) <input type="checkbox"/> Statewide Contract (OSD or an OSD-designated Department) <input type="checkbox"/> Collective Purchase (Attach OSD approval, scope, budget) <input type="checkbox"/> Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) <input type="checkbox"/> Emergency Contract (Attach justification for emergency, scope, budget) <input type="checkbox"/> Contract Employee (Attach Employment Status Form, scope, budget) <input type="checkbox"/> Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		<input checked="" type="checkbox"/> CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment: March 31, 2023 . Enter Amendment Amount: \$ <u>no change</u> . (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) <input checked="" type="checkbox"/> Amendment to Date, Scope or Budget (Attach updated scope and budget) <input type="checkbox"/> Interim Contract (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> Contract Employee (Attach any updates to scope or budget) <input type="checkbox"/> Other Procurement Exception (Attach authorizing language/justification and updated 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 option): <input checked="" type="checkbox"/> Commonwealth Terms and Conditions <input type="checkbox"/> Commonwealth Terms and Conditions For Human and Social Services <input type="checkbox"/> 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 815 CMR 9.00 . <input checked="" type="checkbox"/> 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.) <input type="checkbox"/> 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: <input checked="" type="checkbox"/> agree to standard 45 day cycle <input type="checkbox"/> statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); <input type="checkbox"/> 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 1A to the Fifth Amended and Restated MCO Contract with Boston Medical Center HealthNet Plan adds a new Exhibit D, SKSC Capitation Rates for Contract Year 2020, to Attachment 1, Special Kids Special Care Program.			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <input checked="" type="checkbox"/> 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. <input type="checkbox"/> 2. may be incurred as of _____, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. <input type="checkbox"/> 3. were incurred as of _____, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are 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 December 31, 2023 , 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 certifies 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, 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: Date: 9/7/2023 (Signature and Date Must Be Captured At Time of Signature) Print Name: Jim Collins Print Title: WellSense Health Plan CFO		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: Date: 09/08/2023 (Signature and Date Must Be Captured At Time of Signature) Print Name: Mike Levine Print Title: Assistant Secretary for MassHealth	

AMENDMENT #1A
TO THE
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
FIFTH AMENDED AND RESTATED
MANAGED CARE ORGANIZATION CONTRACT
WITH
BOSTON MEDICAL CENTER HEALTH PLAN, INC.

WHEREAS, the Executive Office of Health and Human Services (“EOHHS”) and Boston Medical Center Health Plan, Inc. (“Contractor”) entered into the Contract effective October 2, 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 April 1, 2023, (the Fifth Amended and Restated Managed Care Organization Contract); and further amended the Contract through Amendment #1;

WHEREAS, in accordance with **Section 5.9** of the Contract, EOHHS and the Contractor desire to amend the Contract effective upon execution; and

WHEREAS, EOHHS and the Contractor agree that the terms stated herein are subject to the approval 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. The Contract’s **Table of Contents** is hereby amended by adding the following in the appropriate order to the list of exhibits under Attachment 1: Special Kids Special Care Program:

“Exhibit D: SKSC Capitation Rates for Contract Year 2020”

2. **Attachment 1, Special Kids Special Care Program**, is hereby amended by inserting a new **Exhibit D**, attached hereto, and inserting the following in the appropriate order on the first page of **Attachment 1**: “Exhibit D: SKSC Capitation Rates for Contract Year 2020”.

EXHIBIT D to ATTACHMENT 1
SKSC CAPITATION RATES FOR CONTRACT YEAR 2020

Contract Year 3 (2020)

Listed below are the Per Member Per Month (PMPM) SKSC Capitation Rates for Contract Year 2020 (January 1, 2020 through December 31, 2020) (also referred to as the Rate Year 2020), subject to state appropriation and all necessary federal approvals. For Contract Year 2020, EOHHS has determined that a statewide rate is appropriate; therefore, the rates for the Eastern and Western Regions in the table below are the same.

<u>SKSC Capitation Rates / RC VI Rates</u>			
<u>January 1, 2020 - March 31, 2020</u>			
<u>REGION</u>	<u>MEDICAL COMPONENT</u> <u>(per member per month)</u>	<u>ADMINISTRATIVE COMPONENT</u> <u>(per member per month)</u>	<u>TOTAL BASE CAPITATION RATE</u> <u>(per member per month)</u>
Eastern	\$10,841.39	\$924.30	\$11,765.69
Western	\$10,841.39	\$924.30	\$11,765.69

<u>SKSC Capitation Rates / RC VI Rates</u>			
<u>April 1, 2020 - July 31, 2020</u>			
<u>REGION</u>	<u>MEDICAL COMPONENT</u> <u>(per member per month)</u>	<u>ADMINISTRATIVE COMPONENT</u> <u>(per member per month)</u>	<u>TOTAL BASE CAPITATION RATE</u> <u>(per member per month)</u>
Eastern	\$10,959.59	\$924.30	\$11,883.89
Western	\$10,959.59	\$924.30	\$11,883.89

<u>SKSC Capitation Rates / RC VI Rates</u>			
<u>August 1, 2020 - December 31, 2020</u>			
<u>REGION</u>	<u>MEDICAL COMPONENT</u> <u>(per member per month)</u>	<u>ADMINISTRATIVE COMPONENT</u> <u>(per member per month)</u>	<u>TOTAL BASE CAPITATION RATE</u> <u>(per member per month)</u>
Eastern	\$10,841.39	\$924.30	\$11,765.69
Western	\$10,841.39	\$924.30	\$11,765.69