



COMMONWEALTH OF MASSACHUSETTS CHANGE IN CONTRACTOR IDENTITY FORM

This Change in Contractor Identity Form is jointly issued by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) for use by all Commonwealth Departments. Any changes or electronic alterations, by either the Department or the Contractor, to the official printed language of this form as published by ANF, CTR and OSD shall be void. Any transfer of Contract performance to a successor entity must be made consistent with the original procurement, executed contemporaneously with the Contractor change in identity and prior to the current scheduled termination date of the Contract.

Unless otherwise specified, the Department shall complete all information on this Form.

CURRENT CONTRACTOR NAME: Steward Medicaid Care Network, Inc. Vendor Code: VC0000854705	DEPARTMENT NAME: Executive Office of Health and Human Services
ADDRESS: 1900 North Pearl St., Suite 2400, Dallas, TX 75201	ADDRESS: One Ashburton Place, 11 th Floor, Boston, MA 02108

INDICATE REASON FOR CONTRACTOR IDENTITY CHANGE

The Current Contractor is undergoing a structural change that will result in a change in its Tax Identification Number (TIN). Indicate structural change and resulting change in Contractor identity (e.g., merger, buyout, consolidation, etc.):

Steward Medicaid Care Network, Inc., as part of a larger transaction that included other affiliated entities, was acquired by Rural Healthcare Group (RHG). RHG determined that RHG Medicaid Network LLC, a subsidiary of RHG, will hold the EOHHS First Amended and Restated Primary Care Accountable Care Organization (ACO) Contract, as amended (and corresponding First Amended and Restated State Funded Services Contract for the ACO Program) currently held by Steward Medicaid Care Network, Inc. The EOHHS Primary Care ACO Contract (and corresponding EOHHS State Funded Services Contract for the ACO Program) resulted from RFR/Procurement ID BD-22-1039-EHS01-ASHWA-71410.

A justification statement explaining (a) the Contractor's Change in Identity; (b) that the transfer of contract performance to the successor entity is consistent with original procurement; (c) and is in the best interest of the Department **MUST** be included in the Procurement File.

CURRENT CONTRACTOR INFORMATION:

(Check here if multiple contracts are affected; leave this section blank and attach a completed "Contractor Change Schedule of Multiple Contracts" instead.)

Current Doc. ID Number of Contract Being Amended: N/A

Current Total Contract Dates (Includes Original Contract Start Date and Amendments): START 1/1/23 TERMINATION 12/31/27

Current Total Maximum Obligation of Contract: \$ N/A (Inclusive of ALL Previous Amendments)

CURRENT CONTRACTOR AMENDED INFORMATION

(Check here if multiple contracts are affected; leave this section blank and attach a completed "Contractor Change Schedule of Multiple Contracts" instead.)

Amended Termination Date of Contract Performance for Current Contractor: TERMINATION DATE: 10/29/24

Amended Estimated Maximum Obligation for Current Contractor: \$ N/A (Reflects total of any obligations to date and final payments to be made. Final payments are based upon actual performance and the Department may adjust this remaining Maximum Obligation with written notice to the Current Contractor without further formal amendment.)

NEW CONTRACTOR (SUCCESSOR ENTITY) NAME:

RHG Medicaid Network LLC

ADDRESS:

40 Burton Hills Blvd, Ste 370, Nashville, TN 37215-6287

Vendor Code: VC0001609645

NEW CONTRACTOR INFORMATION:

(Check here if multiple contracts are affected; leave this section blank and complete the attached "Contractor Change Schedule of Multiple Contracts" instead.)

Doc. ID for New Contractor: N/A (For remaining contract period with New Contractor)

Contract Performance Dates for New Contractor: START: 10/30/24 TERMINATION: 12/31/27
(Start Date must comply with 801 CMR 21.00 or other applicable law.)

Estimated Maximum Obligation for New Contractor \$ N/A (This amount does not include remaining amounts to be paid by the Department to the Current Contractor indicated above. The total maximum obligation, transactions and payments will be based upon actual

**COMMONWEALTH OF MASSACHUSETTS
CHANGE IN CONTRACTOR IDENTITY FORM**

performance and any final payments made to the Current Contractor and the Department may adjust the Maximum Obligation and transactions accordingly with written notice to the New Contractor without further amendment.)

REQUIRED ADDITIONAL ATTACHMENTS FOR NEW CONTRACTOR

All applicable items below must be completed and executed by the New Contractor if not currently on file.

- ☒ Commonwealth of Massachusetts Substitute W-9 Form, if not currently on file (mandatory)
- ☒ Applicable Commonwealth Terms and Conditions (Standard or for Human and Social Services) is attached or has been filed with the Office of the Comptroller (mandatory)
- ☒ Contractor Authorized Signatory Listing (mandatory)
- ☒ Authorization for Electronic Funds Transfer (mandatory)
- ☒ Supplier Diversity Program (SDP) Plan Form #1 – SDP Plan Commitment (if required under original RFR)
- ☐ Supplier Diversity Program (SDP) Plan Form #2 – Declaration of SDP Partners (if required under original RFR)
- ☐ Written Disclosure of Current and Anticipated Related Parties Pursuant to 808 CMR 1.04 (if required under RFR)

Additional Requirements or Information:

1. Amendment 3A to the EOHHS First Amended and Restated Primary Care ACO Contract
2. Amendment 1A to the EOHHS First Amended and Restated State Funded Services Contract
3. EOHHS Buyer's Certification signed by RHG Medicaid Network LLC
4. Commonwealth of Massachusetts Standard Contract Form Instructions and Contractor Certifications

IN WITNESS WHEREOF: The Department certifies that this Contractor Change is necessary for the completion of essential Contract performance and is in the best interests of the Department and is consistent with the original Contract Procurement for this Contract. The Department, the Current Contractor and the New Contractor hereby agree to the terms of this Change in Contractor Identity Form and certify under the pains and penalties of perjury that this Change in Contractor Identity Form and any information contained herein, or attached hereto, is complete and accurate and complies with all applicable laws and regulations, as evidenced by the execution by their authorized signatories which shall be effective as of the last date executed by all the parties below. The New Contractor agrees to perform all of the remaining requirements of this Contract in accordance with the terms, requirements and certifications in the applicable Contract under the original procurement, and any amendments thereto, as filed under the "Current Doc. ID Number of Contract" above, and in accordance with any additional terms or requirements included as part of this *Change in Contractor Identity Form*.

CURRENT CONTRACTOR: Steward Medicaid Care Network, Inc.

DEPARTMENT: Executive Office of Health and Human Services

X: 
(Signature)

X: 
(Signature)

NAME: Joseph M. Weinstein, M.D., FACP, FACC

NAME: Mike Levine


TITLE: President and Chief Physician Executive

TITLE: Assistant Secretary for MassHealth

DATE: October 30, 2024

DATE: 10/30/2024

NEW CONTRACTOR: RHG Medicaid Network LLC

X: 
(Signature)

NAME: Tommy Jensen

TITLE: Treasurer

DATE: October 30, 2024

The Department must file the original record copy of any Change in Contractor Identity Form with the original record copy of the Contract being amended.

AMENDMENT #3A
TO THE
FIRST AMENDED AND RESTATED
PRIMARY CARE ACCOUNTABLE CARE ORGANIZATION CONTRACT
FOR THE
ACCOUNTABLE CARE ORGANIZATION PROGRAM

WHEREAS, the Executive Office of Health and Human Services (“EOHHS”) and Steward Medicaid Care Network Inc. (“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 Primary Care Accountable Care Organization Contract);

WHEREAS, EOHHS and the Contractor amended the First Amended and Restated Primary Care Accountable Care Organization Contract through Amendment #1 (January 1, 2024), Amendment #2 (January 1, 2024) and Amendment #3 (January 1, 2024) (collectively, the “Contract”);

WHEREAS, in accordance with **Section 5.12** of the Contract, EOHHS and the Contractor desire to amend the Contract effective October 30, 2024;

WHEREAS, the Contractor wishes to assign all obligations, terms, and conditions of the Contract to RHG Medicaid Network LLC;

WHEREAS, RHG Medicaid Network LLC has made certain representations and assurances to EOHHS through its Buyer’s Certification and corresponding documentation about its qualifications, capabilities, and approach to assuming all obligations, terms, conditions, and liabilities of the Contract;

WHEREAS, relying on those representations and assurances, EOHHS agrees to the assignment of the Contract from Steward Medicaid Care Network Inc. to RHG Medicaid Network LLC; 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 promises herein, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

1. EOHHS and the Contractor consent to the assignment of all obligations, terms, conditions, and liabilities of the Contract from Steward Medicaid Care Network Inc. to RHG Medicaid Network LLC, and the assumption of the Contract by RHG Medicaid Network LLC, subject to the following:
 - a. RHG Medicaid Network LLC shall obtain and maintain a letter of credit with EOHHS as the named beneficiary and guaranteeing payment in an amount equal to or greater than one month of Primary Care Sub-Capitation Payments that EOHHS pays RHG Medicaid Network LLC as set forth in **Section 4.2.B** and **Appendix I** of the Contract. Such letter of credit shall be effective as of October 30, 2024 and expire no sooner than December 31, 2025 or another date specified by EOHHS; and
 - b. RHG Medicaid Network LLC shall receive an unqualified audit opinion for the latest audit of its financial statements by December 31, 2025.
2. All references in the Contract to “Steward Medicaid Care Network Inc.” or “Steward” shall be deleted and replaced with “RHG Medicaid Network LLC”.
3. **Appendix K** is hereby amended by deleting it in its entirety and replacing it with the attached **Appendix K**.

Appendix K
Contractor Information

Contractor Legal Name: RHG Medicaid Network LLC

Contractor ACO Partner Name (if applicable):

Contractor ACO Name (if applicable): Revere Health Choice

Contractor Principal Offices Address: 40 Burton Hills Blvd, Suite 370, Nashville, TN 37215

Contractor Recipient of Written Notices:

Jennie Vital
RHG Medicaid Network LLC
30 Perwal Street
Westwood, MA 02090