

# 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.macomptroller.org/forms>. Forms are also posted at OSD Forms: <https://www.mass.gov/lists/osd-forms>.

<b>CONTRACTOR LEGAL NAME:</b> Steward Medicaid Care Network, Inc. (and d/b/a):		<b>COMMONWEALTH DEPARTMENT NAME:</b> Executive Office of Health and Human Services <b>MMARS Department Code:</b> EHS	
<b>Legal Address: (W-9, W-4):</b> 111 Huntington Ave., Ste. 1800, Boston, MA, 02199		<b>Business Mailing Address:</b> One Ashburton Place, 11 <sup>th</sup> Fl., Boston, MA 02108	
<b>Contract Manager:</b> John Donlan	<b>Phone:</b> 781-493-7851	<b>Billing Address (if different):</b>	
<b>E-Mail:</b> c/o Dina.Morrill@steward.org	<b>Fax:</b>	<b>Contract Manager:</b> Aditya Mahalingam-Dhingra	<b>Phone:</b> 617-573-1812
<b>Contractor Vendor Code:</b> VC0000854705		<b>E-Mail:</b> Aditya.Mahalingam-Dhingra@mass.gov	<b>Fax:</b>
<b>Vendor Code Address ID (e.g., "AD001"):</b> AD001. (Note: The Address ID must be set up for EFT payments.)		<b>MMARS Doc ID(s):</b> N/A	
<b>RFR/Procurement or Other ID Number:</b> BD-17-1039-EHS01-EHS01-00000009207			
<input type="checkbox"/> <b>NEW CONTRACT</b>  <b>PROCUREMENT OR EXCEPTION TYPE: (Check one option only)</b> <input type="checkbox"/> <b>Statewide Contract</b> (OSD or an OSD-designated Department) <input type="checkbox"/> <b>Collective Purchase</b> (Attach OSD approval, scope, budget) <input type="checkbox"/> <b>Department Procurement</b> (includes all Grants - <a href="#">815 CMR 2.00</a> ) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) <input type="checkbox"/> <b>Emergency Contract</b> (Attach justification for emergency, scope, budget) <input type="checkbox"/> <b>Contract Employee</b> (Attach Employment Status Form, scope, budget) <input type="checkbox"/> <b>Other Procurement Exception</b> (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		<input checked="" type="checkbox"/> <b>CONTRACT AMENDMENT</b>  Enter Current Contract End Date <u>Prior</u> to Amendment: <u>December 31, 2022</u> . Enter Amendment Amount: \$ <u>no change</u> . (or "no change") <b>AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)</b> <input checked="" type="checkbox"/> <b>Amendment to Date, Scope or Budget</b> (Attach updated scope and budget) <input type="checkbox"/> <b>Interim Contract</b> (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> <b>Contract Employee</b> (Attach any updates to scope or budget) <input type="checkbox"/> <b>Other Procurement Exception</b> (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"/> <a href="#">Commonwealth Terms and Conditions</a> <input type="checkbox"/> <a href="#">Commonwealth Terms and Conditions For Human and Social Services</a> <input type="checkbox"/> <a href="#">Commonwealth IT Terms and Conditions</a>			
<b>COMPENSATION:</b> (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 <a href="#">815 CMR 9.00</a> . <input checked="" type="checkbox"/> <b>Rate Contract.</b> (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"/> <b>Maximum Obligation Contract.</b> Enter total maximum obligation for total duration of this contract (or <i>new</i> total if Contract is being amended). \$ _____.			
<b>PROMPT PAYMENT DISCOUNTS (PPD):</b> 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 ( <a href="#">M.G.L. c. 29, § 23A</a> ); <input type="checkbox"/> only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
<b>BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT:</b> (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 4 to the Third Amended and Restated Primary Care ACO Contract with Steward Medicaid Care Network revises rate and policy provisions, as well as updates appendices.			
<b>ANTICIPATED START DATE:</b> (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <input type="checkbox"/> 1. may be incurred as of the Effective Date (latest signature date below) and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date. <input type="checkbox"/> 2. may be incurred as of <u>____, 20____</u> , a date <u>LATER</u> than the Effective Date below and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date. <input checked="" type="checkbox"/> 3. were incurred as of <u>July 1, 2021</u> , a date <u>PRIOR</u> 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.			
<b>CONTRACT END DATE:</b> 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.			
<b>CERTIFICATIONS:</b> 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 <a href="#">801 CMR 21.07</a> , incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
<b>AUTHORIZING SIGNATURE FOR THE CONTRACTOR:</b>  X: <u>[Signature]</u> Date: <u>12/13/21</u> (Signature and Date Must Be Captured At Time of Signature) Print Name: <u>John Donlan</u> Print Title: <u>President, Steward Health Care Network</u>		<b>AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:</b>  X: <u>[Signature]</u> Date: <u>____</u> (Signature and Date Must Be Captured At Time of Signature) Print Name: <u>Amanda Cassel Kraft</u> Print Title: <u>Assistant Secretary for MassHealth</u>	

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<b>AUTHORIZING SIGNATURE FOR THE CONTRACTOR:</b> X: _____ Date: _____ (Signature and Date Must Be Captured At Time of Signature)		<b>AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:</b> X: <u>Amanda Cassel Kraft</u> Date: <u>12/15/21</u> (Signature and Date Must Be Captured At Time of Signature)	
Print Name: _____ Print Title: _____		Print Name: <u>Amanda Cassel Kraft</u> Print Title: <u>Assistant Secretary for MassHealth</u>	

**AMENDMENT #4**  
**TO THE**  
**THIRD AMENDED AND RESTATED**  
**PRIMARY CARE ACCOUNTABLE CARE ORGANIZATION CONTRACT**  
**FOR THE**  
**MASSHEALTH ACCOUNTABLE CARE ORGANIZATION PROGRAM**

**WHEREAS**, the Executive Office of Health and Human Services (“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, 2021, (the Third Amended and Restated Primary Care Accountable Care Organization (ACO) Contract), and further amended the Contract through Amendments #1, #2, and #3;

**WHEREAS**, in accordance with **Section 6.13** of the Contract, EOHHS and the Contractor desire to amend the Contract effective July 1, 2021; 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 deleting, in **Section 2.10.A**, the following:  
  
“for at least the duration of the state of emergency declared via Executive Order No. 591 that began on March 10, 2020, and”
2. **SECTION 6, ADDITIONAL CONTRACT TERMS AND CONDITIONS**, is hereby amended by, in **Section 6.12.A**, deleting “.” at the end of the first sentence in that section and replacing it with “; and, as applicable, the CMS Interoperability and Patient Access Final Rule (CMS-9115-F).”
3. **Appendix A, TCOC Included Services**, is hereby deleted and replaced with an updated **Appendix A** attached hereto.
4. **Appendix I, TCOC Benchmark**, is hereby amended by deleting and replacing **Exhibit 1.1**, attached hereto.

## APPENDIX A

### Exhibit 1: Services Included in TCOC Calculations

✓ Denotes a service included in TCOC Calculations

Each of the Services listed below will be included in Total Cost of Care (TCOC) calculations, except for those listed as Services Not Included in TCOC Calculations or listed as Excluded Services. MassHealth reserves the right to amend or modify this list, including but not limited to further defining the services listed below as well as adding or removing services.

Service	Coverage Types			
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus	
Acupuncture Treatment	✓		✓	
Acute Inpatient Hospital	✓	✓	✓	
Ambulatory Surgery/Outpatient Hospital Care	✓	✓	✓	
Audiologist	✓	✓	✓	
Behavioral Health Services (see below)	✓	✓	✓	
Breast Pumps	✓	✓	✓	
Certain COVID-19 Specimen Collection and Testing	✓	✓	✓	
Chiropractic Services	✓	✓	✓	
Chronic, Rehabilitation Hospital or Nursing Facility Services, up to 100 days per Contract Year, except stays in Commonwealth designated COVID-19 nursing facility, see non-TCOC Included Services in Exhibit 2.	✓	✓	✓	
Emergency Related Dental Services	✓	✓	✓	
Diabetes Self-Management Training	✓	✓	✓	
Dialysis	✓	✓	✓	
Durable Medical Equipment and Medical/Surgical Supplies 1) Durable Medical Equipment 2) Medical/Surgical Supplies	✓	✓	✓	
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services	✓			
Early Intervention	✓	✓		

Service	Coverage Types			
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus	
Emergency Services	✓	✓	✓	
Family Planning	✓	✓	✓	
Fluoride Varnish	✓	✓		
Hearing Aids	✓	✓	✓	
Home Health Services	✓	✓	✓	
Hospice	✓	✓	✓	
Infertility, related to an underlying medical condition	✓	✓	✓	
Laboratory	✓	✓	✓	
Medical Nutritional Therapy	✓	✓	✓	
Orthotics	✓	✓	✓	
Oxygen and Respiratory Therapy Equipment	✓	✓	✓	
Pharmacy (Please see below for categories of Pharmacy that are not included in TCOC calculations.)				
1) Prescription Drugs	✓	✓	✓	
2) Over-the-Counter Drugs				
3) Non-Drug Pharmacy Products				
Physician (primary and specialty)	✓	✓	✓	
Podiatry	✓	✓	✓	
Preventive Pediatric Health Screening and Diagnostic Services		✓		
Prosthetic Services and Devices	✓	✓	✓	
Radiology and Diagnostic Tests	✓	✓	✓	
Remote Patient Monitoring	✓	✓	✓	
School Based Health Center Services rendered by a hospital or hospital-licensed health center	✓	✓		
Therapy				
1) Physical	✓	✓	✓	
2) Occupational				

Service	Coverage Types			
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus	
<b>3) Speech and Hearing</b>				
<b>Tobacco Cessation Services</b>	✓	✓	✓	
<b>Transportation (emergent)</b>	✓	✓	✓	
<b>Transportation (non-emergent, to out-of-state location)</b>	✓		✓	
<b>Vaccine Counseling Services</b>	✓	✓	✓	
<b>Vision Care (medical component)</b>	✓	✓	✓	
<b>Wigs</b>	✓	✓	✓	



## APPENDIX A

### Exhibit 2: Services Not Included in TCOC Calculations

✓ Denotes a service not included in TCOC calculations (wrap service)

These services, coordinated by, but not provided by, the Contractor are not factored into TCOC calculations.

Service	Coverage Types			
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus	
Abortion	✓	✓	✓	
Adult Dentures	✓	✓	✓	
Adult Day Health	✓			
Adult Foster Care	✓			
Certain Bundled COVID-19 Testing	✓	✓	✓	
Chapter 766	✓	✓		
Chronic, Rehabilitation Hospital, or Nursing Facility Services, both beyond 100 days per Contract Year, consistent with MassHealth policy, and any stay of any duration in a Commonwealth-designated COVID-19 nursing facility	✓	✓		
Day Habilitation	✓			
Preventative and Basic Dental Services	✓	✓	✓	
Group Adult Foster Care	✓			
Isolation and Recovery Site Services	✓	✓	✓	
Keep Teens Healthy	✓	✓		
Personal Care Attendant	✓			
Pharmacy – HCV and Non-HCV High Cost Drugs	✓	✓	✓	
Private Duty Nursing/Continuous Skilled Nursing	✓	✓		
School Based Health Center Services rendered by a Community Health Center (place of service 03) as described by EOHHS.	✓	✓		
Telehealth Network Provider Services	✓	✓	✓	
Transitional Support Services (TSS) for Substance Use Disorders (Level 3)	✓	✓	✓	

Service	Coverage Types			
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus	
Transportation (non-emergent, to in-state location or location within 50 miles of the Massachusetts border)	✓		✓	
Vision Care (non-medical component)	✓	✓	✓	



**Appendix A**  
**Exhibit 3: Behavioral Health Services Included in TCOC Calculations**

✓ Denotes a service included in TCOC Calculations

	Coverage Types		
Service	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
Inpatient Services			
1. Inpatient Mental Health Services	✓	✓	✓
2. Inpatient Substance Use Disorder Services (Level 4)	✓	✓	✓
3. Observation/Holding Beds	✓	✓	✓
4. Administratively Necessary Day (AND) Services	✓	✓	✓
Diversiónary Services			
24-Hour Diversiónary Services			
a. Community Crisis Stabilization	✓	✓	✓
b. Community-Based Acute Treatment for Children and Adolescents (CBAT)	✓	✓	
c. Acute Treatment Services (ATS) for Substance Use Disorders (Level 3.7)	✓	✓	✓
d. Clinical Support Services for Substance Use Disorders (Level 3.5)	✓	✓	✓
e. Transitional Care Unit (TCU)	✓	✓	
f. Residential Rehabilitation Services (Level 3.1)			
1. Adult Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	✓	✓	✓
2. Family Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	✓	✓	✓
3. Transitional Age Youth and Young Adult Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	✓	✓	✓
4. Youth Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	✓	✓	✓
5. Co-Occurring Enhanced Residential Rehabilitation Services (Level 3.1)	✓	✓	✓

Service	Coverage Types			
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus	
<b>6. Population-Specific High Intensity Residential Services (Level 3.3.)</b>	✓	✓	✓	
<b>Non-24-Hour Diversionary Services</b>				
a. Community Support Program (CSP)	✓	✓	✓	
b. Partial Hospitalization (PHP)	✓	✓	✓	
c. Psychiatric Day Treatment	✓	✓	✓	
d. Structured Outpatient Addiction Program (SOAP)	✓	✓	✓	
e. Intensive Outpatient Program (IOP)	✓	✓	✓	
f. Recovery Coaching	✓	✓	✓	
g. Recovery Support Navigators	✓	✓	✓	
h. Program of Assertive Community Treatment (PACT)	✓	✓	✓	
<b>Outpatient Services</b>				
<b>Standard Outpatient Services</b>				
a. Family Consultation	✓	✓	✓	
b. Case Consultation	✓	✓	✓	
c. Diagnostic Evaluation	✓	✓	✓	
d. Dialectical Behavioral Therapy (DBT)	✓	✓	✓	
e. Psychiatric Consultation on an Inpatient Medical Unit	✓	✓	✓	
f. Medication Visit	✓	✓	✓	
g. Couples/Family Treatment	✓	✓	✓	
h. Group Treatment	✓	✓	✓	
i. Individual Treatment	✓	✓	✓	
j. Inpatient-Outpatient Bridge Visit	✓	✓	✓	
k. Assessment for Safe and Appropriate Placement (ASAP)	✓	✓		
l. Collateral Contact	✓	✓		
m. Acupuncture Treatment	✓	✓	✓	

Service	Coverage Types			
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus	
n. Opioid Treatment Services	✓	✓	✓	
o. Ambulatory Withdrawal Management (Level 2WM)	✓	✓	✓	
p. Psychological Testing	✓	✓	✓	
q. Special Education Psychological Testing	✓	✓		
r. Applied Behavioral Analysis for members under 21 years of age (ABA Services)	✓	✓		
s. Early Intensive Behavioral Intervention (EIBI)	✓	✓		
t. Preventive Behavioral Health Services	✓	✓		
<b>Intensive Home or Community-Based Services for Youth</b>				
a. Family Support and Training	✓			
b. Intensive Care Coordination	✓			
c. In-Home Behavioral Services				
1) Behavior Management Therapy	✓			
2) Behavior Management Monitoring				
d. In-Home Therapy Services				
1) Therapeutic Clinical Intervention	✓	✓		
2) Ongoing Therapeutic Training and Support				
e. Therapeutic Mentoring Services	✓			
<b>Emergency Services Program (ESP)</b>				
1. ESP Encounter, provided by contracted ESPs and by outpatient hospital emergency departments as further directed by EOHHS	✓	✓	✓	
2. Youth Mobile Crisis Intervention	✓	✓		
<b>Other Behavioral Health Services</b>				
1. Electro-Convulsive Therapy (ECT)	✓	✓	✓	
2. Repetitive Transcranial Magnetic Stimulation (rTMS)	✓	✓	✓	
3. Specializing	✓	✓	✓	

## **APPENDIX A**

### **Exhibit 4: MassHealth Excluded Services – All Coverage Types**

Except as otherwise noted or determined Medically Necessary by EOHHS, the following services are not covered under MassHealth and as such are not included in the Contractor's TCOC.

1. Cosmetic surgery, except as determined by the Contractor to be necessary for:
  - a. correction or repair of damage following an injury or illness;
  - b. mammoplasty following a mastectomy; or
  - c. any other medical necessity as determined by the Contractor.
2. Treatment for infertility, including in-vitro fertilization and gamete intra-fallopian tube (GIFT) procedures.
3. Experimental treatment.
4. Personal comfort items including air conditioners, radios, telephones, and televisions (effective upon promulgation by EOHHS of regulations at 130 CMR regarding non-coverage of air conditioners).
5. Non-covered laboratory services as specified in 130 CMR 401.411.
6. Services not otherwise covered by MassHealth, except as determined by EOHHS to be Medically Necessary for MassHealth Standard or MassHealth CommonHealth Enrollees under age 21. In accordance with EPSDT requirements, such services will be included in the Contractor's TCOC under the Contract.

**APPENDIX I  
TCOC BENCHMARK**

**EXHIBIT 1  
TCOC BENCHMARKS AND ADMINISTRATIVE PAYMENTS  
Contract Year 4**

Listed below are the Per Member Per Month (PMPM) TCOC Benchmarks and Administrative Payments for Contract Year 4 (January 1, 2021 through December 31, 2021), 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, 2021 – December 31, 2021**

<b><u>RC I Adult</u></b> <b><u>Effective January 1, 2021 – June 30, 2021</u></b>	
<b><u>REGION</u></b>	<b><u>TCOC BENCHMARK</u></b>
<b>Northern</b>	<b>\$453.86</b>
<b>Greater Boston</b>	<b>\$456.57</b>
<b>Southern</b>	<b>\$503.00</b>
<b>Central</b>	<b>\$434.62</b>
<b>Western</b>	<b>\$416.91</b>

<b><u>RC I Child</u></b> <b><u>Effective January 1, 2021 – June 30, 2021</u></b>	
<b><u>REGION</u></b>	<b><u>TCOC BENCHMARK</u></b>
<b>Northern</b>	<b>\$202.36</b>
<b>Greater Boston</b>	<b>\$199.96</b>
<b>Southern</b>	<b>\$201.27</b>
<b>Central</b>	<b>\$190.62</b>
<b>Western</b>	<b>\$193.32</b>

<b><u>RC II Adult</u></b> <b><u>Effective January 1, 2021 – June 30, 2021</u></b>	
<b><u>REGION</u></b>	<b><u>TCOC BENCHMARK</u></b>
Northern	\$1,652.73
Greater Boston	\$1,774.89
Southern	\$1,792.63
Central	\$1,607.64
Western	\$1,471.49

<b><u>RC II Child</u></b> <b><u>Effective January 1, 2021 – June 30, 2021</u></b>	
<b><u>REGION</u></b>	<b><u>TCOC BENCHMARK</u></b>
Northern	\$874.14
Greater Boston	\$893.72
Southern	\$856.08
Central	\$849.80
Western	\$626.61

<b><u>RC IX</u></b> <b><u>Effective January 1, 2021 – June 30, 2021</u></b>	
<b><u>REGION</u></b>	<b><u>TCOC BENCHMARK</u></b>
Northern	\$587.06
Greater Boston	\$557.11
Southern	\$642.78
Central	\$571.79
Western	\$535.35

<b><u>RC X</u></b> <b><u>Effective January 1, 2021 – June 30, 2021</u></b>	
<b><u>REGION</u></b>	<b><u>TCOC BENCHMARK</u></b>
Northern	\$1,637.73
Greater Boston	\$1,553.60
Southern	\$1,725.84
Central	\$1,676.45
Western	\$1,453.31

<b><u>RC I Adult</u></b> <b><u>Effective July 1, 2021 – December 31, 2021</u></b>	
<b><u>REGION</u></b>	<b><u>TCOC BENCHMARK</u></b>
Northern	\$458.92
Greater Boston	\$460.67
Southern	\$508.99
Central	\$439.49
Western	\$422.04

<b><u>RC I Child</u></b> <b><u>Effective July 1, 2021 – December 31, 2021</u></b>	
<b><u>REGION</u></b>	<b><u>TCOC BENCHMARK</u></b>
Northern	\$206.55
Greater Boston	\$203.03
Southern	\$205.22
Central	\$194.08
Western	\$197.35

<b><u>RC II Adult</u></b> <b><u>Effective July 1, 2021 – December 31, 2021</u></b>	
<b><u>REGION</u></b>	<b><u>TCOC BENCHMARK</u></b>
Northern	\$1,677.99
Greater Boston	\$1,797.19
Southern	\$1,817.67
Central	\$1,629.67
Western	\$1,492.90



<b><u>RC II Child</u></b>	
<b><u>Effective July 1, 2021 – December 31, 2021</u></b>	
<b><u>REGION</u></b>	<b><u>TCOC BENCHMARK</u></b>
<b>Northern</b>	<b>\$889.79</b>
<b>Greater Boston</b>	<b>\$906.65</b>
<b>Southern</b>	<b>\$870.73</b>
<b>Central</b>	<b>\$863.84</b>
<b>Western</b>	<b>\$638.56</b>

<b><u>RC IX</u></b>	
<b><u>Effective July 1, 2021 – December 31, 2021</u></b>	
<b><u>REGION</u></b>	<b><u>TCOC BENCHMARK</u></b>
<b>Northern</b>	<b>\$595.16</b>
<b>Greater Boston</b>	<b>\$564.74</b>
<b>Southern</b>	<b>\$652.22</b>
<b>Central</b>	<b>\$579.71</b>
<b>Western</b>	<b>\$544.45</b>

<b><u>RC X</u></b>	
<b><u>Effective July 1, 2021 – December 31, 2021</u></b>	
<b><u>REGION</u></b>	<b><u>TCOC BENCHMARK</u></b>
<b>Northern</b>	<b>\$1,666.43</b>
<b>Greater Boston</b>	<b>\$1,581.83</b>
<b>Southern</b>	<b>\$1,759.08</b>
<b>Central</b>	<b>\$1,704.41</b>
<b>Western</b>	<b>\$1,481.54</b>

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

<b><u>ACO Administrative Payments</u></b> <b><u>Effective January 1, 2021 – December 31, 2021</u></b>						
<b><u>REGION</u></b>	<b><u>RC I Adult</u></b>	<b><u>RC I Child</u></b>	<b><u>RC II Adult</u></b>	<b><u>RC II Child</u></b>	<b><u>RC IX</u></b>	<b><u>RC X</u></b>
<b>Northern</b>	<b>\$10.96</b>	<b>\$10.71</b>	<b>\$26.31</b>	<b>\$24.68</b>	<b>\$12.74</b>	<b>\$23.34</b>
<b>Greater Boston</b>	<b>\$10.55</b>	<b>\$10.42</b>	<b>\$26.10</b>	<b>\$27.59</b>	<b>\$12.31</b>	<b>\$22.48</b>
<b>Southern</b>	<b>\$11.48</b>	<b>\$10.41</b>	<b>\$25.73</b>	<b>\$24.39</b>	<b>\$13.11</b>	<b>\$24.04</b>
<b>Central</b>	<b>\$10.77</b>	<b>\$10.44</b>	<b>\$24.96</b>	<b>\$25.02</b>	<b>\$13.00</b>	<b>\$25.09</b>
<b>Western</b>	<b>\$10.28</b>	<b>\$10.32</b>	<b>\$21.99</b>	<b>\$19.08</b>	<b>\$12.18</b>	<b>\$20.83</b>