

Three-Way Contract for Capitated Model

Contract

Between

**United States Department of Health and Human Services
Centers for Medicare & Medicaid Services**

In Partnership with

**The Commonwealth of Massachusetts
and**

[PLAN NAME]

Effective August 1, 2019

This Contract, effective July 16, 2013, and amended by addendum effective September 10, 2014 and January 7, 2015, amended and restated effective December 28, 2015, further amended by addendum effective July 5, 2016, and June 11, 2018, and further amended and restated effective April 1, 2019, is hereby amended by addendum effective August 1, 2019, and is between the United States Department of Health and Human Services, acting by and through the Centers for Medicare & Medicaid Services (CMS), the Commonwealth of Massachusetts, acting by and through the Executive Office of Health and Human Services (EOHHS) and _____ (the Contractor). The Contractor's principal place of business is _____.

WHEREAS, CMS is an agency of the United States, Department of Health and Human Services, responsible, in relevant part, for the administration of the Medicare, Medicaid, and State Children's Health Insurance Programs under Title XVIII, Title IX, Title XI, and Title XXI of the Social Security Act;

WHEREAS, the Massachusetts Executive Office of Health and Human Services is an agency responsible for operating a program of medical assistance under 42 U.S.C. § 1396 et. seq., and M.G.L. c. 118E, designed to pay for medical services for eligible individuals;

WHEREAS, the Contractor is in the business of providing medical services, and CMS and the Massachusetts Executive Office of Health and Human Services desire to purchase such services from the Contractor;

WHEREAS, the continued provision of covered services contributes to the health and welfare of Enrollees;

WHEREAS, in accordance with **Section 5.8.1** of the Contract, EOHHS and the Contractor desire to amend the Contract;

WHEREAS, the term of the Contract is being extended pursuant to 801 CMR 21.05(5)(b) for the period necessary for EOHHS to complete its new procurement for the services set forth in the Contract;

WHEREAS, the Contractor agrees to furnish these services in accordance with the terms and conditions of this Contract and in compliance with all federal and State laws and regulations;

NOW, THEREFORE, in consideration of the mutual promises set forth in this Contract, the parties agree as follows:

1. This Addendum deletes the definition for “Demonstration Year” in **Section 1.36** and replaces it with the following **Section 1.36**:

“**Demonstration Year** — Demonstration Year 1 runs from the first Effective Enrollment Date through December 31, 2014; Demonstration Year 2 runs from January 1, 2015 through December 31, 2015; Demonstration Year 3 runs from January 1, 2016 through December 31, 2016; Demonstration Year 4 runs from January 1, 2017 through December 31, 2017; Demonstration Year 5 runs from January 1, 2018 through December 31, 2018; Demonstration Year 6 runs from January 1, 2019 through December 31, 2019, and Demonstration Year 7 runs from January 1, 2020 through December 31, 2020.”

2. This Addendum deletes **Subsection 4.1.2** and replaces it with the following **Subsection 4.1.2**:

“B. Demonstration Year Dates

Capitation Rate updates will take place on January 1st of each calendar year. However, savings percentages and quality withhold percentages (see **Sections 4.3.4 and 4.4.5**) will be applied based on Demonstration Years, as follows:

Demonstration Year	Calendar Dates
1	First Effective Enrollment Date – December 31, 2014
2	January 1, 2015 – December 31, 2015
3	January 1, 2016 – December 31, 2016
4	January 1, 2017 – December 31, 2017
5	January 1, 2018 – December 31, 2018
6	January 1, 2019 – December 31, 2019
7	January 1, 2020 – December 31, 2020

3. This Addendum deletes **Subsection 4.3.4.1** and replaces it with the following **Subsection 4.3.4.1**:

“4.3.4.1. Aggregate savings percentages will be applied equally, as follows, to the baseline spending amounts for the Medicare Parts A/B Component and the MassHealth Component of the capitated rate, provided that such savings percentages may be adjusted in accordance with **Section 4.3.4.4**.

4.3.4.1.1. Demonstration Year 1, as divided into the following two time periods:

4.3.4.1.1.1. First six months following the first Effective Enrollment Date: 0%

4,3,4,1,1,2. After the first six months following the first Effective Enrollment Date through December 31, 2014: 1%

4.3.4.1.2. Demonstration Year 2: 0%

4.3.4.1.3. Demonstration Year 3: 0%

4.3.4.1.4 Demonstration Year 4: 0.25%

4.3.4.1.5. Demonstration Year 5: 0.50%

4.3.4.1.6. Demonstration Year 6: 0.50%

4.3.4.1.7. Demonstration Year 7: 0.50%

4. This Addendum deletes **Subsection 4.4.5.6** and replaces it with the following **Subsection 4.4.5.6**:

“4.4.5.6. Withhold Measures in Demonstration Years 2 - 7

4.4.5.6.1.. The quality withhold will be 0% in Demonstration Year 2 and 1% in Demonstration Year 3.

4.4.5.6.2. The quality withhold will be 1.25% in Demonstration Year 4, 1.50% for Demonstration Year 5, and 1.75% in Demonstration Years 6 and 7.

4.4.5.6.3. Payment will be based on performance on the quality withhold measures listed in **Figure 4.2**, below.

4.4.5.6.4. If the Contractor is unable to report at least three of the quality withhold measures listed in Figure 4.2 for a given year due to low enrollment or inability to meet other reporting criteria, alternative measures will be used in the quality withhold analysis. Additional information about this policy is available in separate technical guidance.”

Figure 4.2: Quality Withhold Measures for Demonstration Years 2 through 7

Measure	Description	Measure Steward/Data Source	CMS Core Withhold Measure	State-Specified Withhold Measure
Getting Appointments and Care Quickly (for DY 2 only)	<p>Percent of the best possible score the plan earned on how quickly members get appointments and care:</p> <ul style="list-style-type: none"> • In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed? • In the last 6 months, not counting the times when you needed care right away, how often did you get an appointment for your health care at a doctor’s office or clinic as soon as you thought you needed? • In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time? 	AHRQ/CAHPS	X	
Customer Service (for DY 2 only)	<p>Percent of best possible score the plan earned on how easy it is to get information and help when needed:</p> <ul style="list-style-type: none"> • In the last 6 months, how often did your health plan’s customer service give you the information or help you needed? • In the last 6 months, how often did your health plan’s customer service treat you with courtesy and respect? • In the last 6 months, how often were the forms for your health plan easy to fill out? 	AHRQ/CAHPS	X	
Plan all-cause readmissions	<p>The ratio of the plan’s observed readmission rate to the plan’s expected readmission rate. The readmission rate is based on the percent of members discharged from a hospital stay who were readmitted to a hospital within 30 days, either for the same condition as their recent hospital stay or for a different reason.</p>	NCQA/HEDIS	X	
Annual flu vaccine	<p>Percent of plan members who got a vaccine (flu shot) prior to flu season.</p>	AHRQ/CAHPS	X	

Measure	Description	Measure Steward/Data Source	CMS Core Withhold Measure	State-Specified Withhold Measure
Follow-up after hospitalization for mental illness	Percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner.	NCQA/HEDIS	X	
Controlling blood pressure	Percentage of members 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90) for members 18-59 years of age and 60-85 years of age with diagnosis of diabetes or (150/90) for members 60-85 without a diagnosis of diabetes during the measurement year.	NCQA/HEDIS	X	
Part D medication adherence for diabetes medications	Percent of plan members with a prescription for diabetes medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.	CMS	X	
Initiation and engagement of alcohol and other drug dependence treatment	<p>The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received the following:</p> <ul style="list-style-type: none"> • Initiation of AOD Treatment. The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis. • Engagement of AOD Treatment. The percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit. 	NCQA/HEDIS		X
Adults' access to preventive/ambulatory health services (starting in DY 3)	The percentage of members 20 years and older who had an ambulatory or preventive care visit during the measurement year.	NCQA/HEDIS		X

Measure	Description	Measure Steward/Data Source	CMS Core Withhold Measure	State-Specified Withhold Measure
Encounter data (starting in DY 3)	Encounter data submitted accurately and completely in compliance with Contract requirements.	CMS/State defined process measure	X	

5. In **Subsection 4.7.1** this Addendum deletes the sentence “Risk corridors will be established for Demonstration Years 1 through 6.” and replaces it as follows:

“Risk corridors will be established for Demonstration Years 1 through 7.”

6. In **Subsection 4.7.3.3.4**, this Addendum revises the sentence “Demonstration Year 6” to read:

“Demonstration Years 6 and 7”.

7. In **Subsection 4.7.3.4.4**, this Addendum revises the sentence “Demonstration Year 6” to read:

“Demonstration Years 6 and 7”.

8. This Addendum deletes **Subsection 5.7.1** and replaces it with the following **Subsection 5.7.1**:

“5.7.1 Contract Term

This Contract shall be in effect through December 31, 2020, and, so long as the Contractor has not provided CMS with a notice of intention not to renew, and CMS/EOHHS have not provided the Contractor with a notice of intention not to renew, pursuant to 42 C.F.R. § 422.506 or **Section 5.5** above, may be renewed in one year terms subject to CMS/EOHHS approval.”

In Witness Whereof, CMS, EOHHS, and the Contractor have caused this Agreement to be executed by their respective authorized officers:

(Insert Contractor Signatory Name and Title) (Date)

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In Witness Whereof, CMS, EOHHS, and the Contractor have caused this Agreement to be executed by their respective authorized officers:

Francis McCullough

(Date)

Director, Regional Operations Director Group East

Centers for Medicare & Medicaid Services

United States Department of Health and Human Services

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In Witness Whereof, CMS, EOHHS, and the Contractor have caused this Agreement to be executed by their respective authorized officers:

Kathryn Coleman

(Date)

Director

Medicare Drug & Health Plan Contract Administration Group

Centers for Medicare & Medicaid Services

United States Department of Health and Human Services

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In Witness Whereof, CMS, EOHHS, and the Contractor have caused this Agreement to be executed by their respective authorized officers:

Marylou Sudders

Secretary

Executive Office of Health and Human Services

Commonwealth of Massachusetts

(Date)

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