

Exhibit A

Allocation Agreement

This narrative does not address the mechanics of the RAE operations i.e. when is capitation paid, how are recoupments to be managed, but rather gives general guidance to Partner allocations.

The Risk Partners (the Certified Behavioral Health Centers ('CBHC') and the administrative agent ('Beacon')) will post the required risk-based capital, projected to be \$4,000,000, equally among the Risk Partners. Each Risk Partner will post their required \$800,000 no later than June 1, 2018.

BEHAVIORAL HEALTH

A. Encounter-Based Services

Encounter-Based Services include CBHC encounters and IPN claims.

The CBHCs will be paid capitation dollars each month based upon their actual encounters submitted and accepted by Beacon valued at each CBHCs most recent unit cost as submitted to and approved by HCPF plus the CPI for the most recent two years. Encounters previously submitted will not be re-priced at updated rates. The unit cost used to value and submit encounters will be updated on July 1 of each year.

The behavioral health Independent Provider Network (IPN) claims will be paid monthly by Health Colorado. There will be no set-aside budget for the IPN. IPN utilization and cost will be monitored monthly at each Health Colorado board meeting.

A distribution of 2% of the gross behavioral health capitated revenue will be distributed to all CBHC's on a monthly basis based upon their membership in rural counties ('Rural Investment'). Health Colorado will solicit this funding directly from HCPF during the rate-setting process, but if unable to secure the funds, will proceed with the distribution.

An IPN risk corridor will be established on July 1, 2018 and will be adjusted annually. The risk corridor will relate to the baseline percentage of IPN paid claims as a percentage of total IPN paid claims and CBHC encounters. The baseline percentage is approximately 20% based upon fiscal 2017 data. The baseline will be recalculated and adjusted upon completion of each fiscal year (as of November 15 following the completion of the previous fiscal year).

For the first 3% variance above or below the baseline percentage, no payments will be made by the Risk Partners. Therefore, no payments among partners will occur if IPN paid claims fall between 17% and 23% of total paid claims and encounters, based on FY17 data.

If IPN paid claims exceed the first 3% variance from the baseline percentage of total paid claims and encounters (23%, based on FY17 data), Beacon will pay 50% of the IPN claim amount in excess of the 3% variance directly to the CBHC partners in proportion to each center's IPN claims as a percentage of total IPN claims.

If IPN paid claims are less than the first 3% variance from the baseline percentage of total paid claims and encounters (17%, based on FY17 data), the CBHC partners will pay 50% of the IPN claim amount less than 3% variance to Beacon in proportion to each center's IPN claims as a percentage of total IPN claims.

Payments for the IPN risk corridor will be calculated monthly by Health Colorado based on IPN claims with a date of service no later than 4 months from the month of review to ensure that a majority of the possible claims are considered.

All IPN risk corridor payments between Beacon and the CBHC's will occur outside of Health Colorado, directly between the Risk Partners, on a monthly basis.

B. Non-Encounter-Based Services

Should requirements for these types of services arise, the board will decide how these services will be funded such that each partner will be compensated for their costs.

C. Risk pool

The Risk Partners (Beacon and the CBHCs) will decide on a quarterly basis how to invest any behavioral health capitation dollars remaining after payment of administrative fees to Beacon and Health Colorado, Rural Investment, non-encounter-based services and Encounter-Based Services. These funds will be distributed to the CBHC partners in proportion to the value of the encounters each has submitted and been paid for during the fiscal year if the board has not decided on a different distribution methodology based on how the funds are to be utilized to grow and enhance services. The funds will be distributed in a manner that is in compliance with the HCPF contract with the RAE.

If adequate funds are not available after the monthly payment of administrative fees, Rural Investment, Encounter-Based Services and non-encounter-based services, each Risk Partner shall contribute capital adequate to cover all non-partner-based expenses in proportion to the value of the encounters (and IPN claims as it relates to Beacon) each has submitted and been paid for during the month when the capital call is required.

D. Administrative Fees

Administrative compensation will be paid to Beacon Health Options on a monthly basis at 11% of the gross behavioral health capitation funding.

E. Performance Incentives

Any performance incentives earned by Health Colorado will be distributed 50% to a community reinvestment fund and 50% to the Risk Partners pursuant to a model to be designed taking into account each partner's contribution level.

Performance Incentive funds will be distributed after receipt from the State.

CARE COORDINATION

F. Primary Care Medical Provider ('PCMP') Care Coordination Payments

Care coordination payments to PCMP's will be paid monthly on a tiered schedule with the providers serving the Tier I being paid \$5.00 per member per month ('PMPM'), the providers serving the Tier II being paid \$4.00 PMPM and the providers serving Tier III being paid \$3.00 PMPM.

Valley Wide will be compensated at Tier I for attributed members.

G. Additional Care Management

Valley Wide will also be compensated approximately \$1,000,000 per year for PCMP non-delegated care coordination support based upon the Accountable Provider Rate, paid on a monthly basis. The Accountable Provider Rate is determined by the board on an annual basis depending on the program priorities for the coming year. The current estimated Accountable Provider Rate based on FY17 membership and services is \$6.77 PMPM.

The four CBHC's will be compensated approximately \$4,500,000 per year based on each center's respective total member count for PCMP non-delegated care coordination support at the Accountable Provider Rate, paid on a monthly basis.

H. Administrative Fees

Administrative compensation will be paid to Beacon Health Options on a monthly basis at 15% of the gross per member per month administrative fee for care coordination funding.

I. Care Coordination Innovation

All partners (Beacon, Valley Wide and the CBHC's) will decide on a quarterly basis how to invest any care coordination dollars remaining after payment of administrative fees to Beacon and Health Colorado, care coordination and care management services. These funds are to be spent on a list of outside programs that were included in the Health Colorado proposal to HCPF. The funds will be utilized in a manner that is in compliance with the HCPF contract with the RAE.

J. Care Management Incentive

Any KPI's earned by Health Colorado will be distributed 50% to a community reinvestment fund and 50% to the partners pursuant to a model to be designed taking into account each partner's contribution level.

KPI funds will be distributed after receipt from the State.