

AMENDMENT to the
PARTICIPATING PROVIDER AGREEMENT
between
HAMASPIK CHOICE, INC.
and
SULLIVAN COUNTY PUBLIC HEALTH SERVICES

THIS AMENDMENT (“Amendment”) is to the Participating Provider Agreement (“Agreement”) made and entered into as of January 1, 2018 (“Effective Date”) by and between Hamaspik Choice, Inc. (“MCO”) and Sullivan County Public Health Services (“Provider”). This Amendment is effective as of January 1, 2018.

WHEREAS, MCO is licensed under Article 44 of the New York Public Health Law as a Managed Long Term Care Plan; and

WHEREAS, Provider is a Certified Home Care Services Agency in accordance with Article 36 of the New York Public Health Law and provides home care services to MCO pursuant to the Agreement; and

WHEREAS, the New York State Department of Health (“DOH”) has required that MCO convert participating provider agreements for CHHA services to include MLTC Level 1 VBP arrangements by December 31, 2017; and

WHEREAS, MCO and Provider wish to amend the Agreement to include an MLTC Level 1 VBP arrangement;

NOW, THEREFORE, the MCO and Provider agree as follows:

I. DEFINITIONS

“**Attributed Enrollee**” shall mean an enrollee of MCO that has been attributed to Provider by DOH, based upon an attribution file submitted by MCO to DOH.

“**Measurement Year**” shall mean the measurement period of analysis to which quality measures selected for the purposes of VBP are applied.

“**MLTC Level 1 VBP Arrangement**” shall mean a performance bonus agreement between an MLTC plan and a provider that is based on meeting performance targets for a set of specific quality measures agreed to in a VBP contract between an MLTC Plan and a provider or group of providers.

“**MLTC Quality Incentive**” shall mean the existing program to pay plans according to a quality and efficiency methodology established by DOH.

“**PAH**” shall mean the potentially avoidable hospitalizations measure in use as a performance measure in the Managed Long Term Care incentive, calculated by DOH. PAH is an inpatient

hospitalization that might have been avoided if proper outpatient care was received in a timely manner. Six conditions are covered by the PAH measure: 1) anemia; 2) congestive heart failure; 3) electrolyte imbalance; 4) respiratory infection; 5) sepsis; and 6) urinary tract infection.

“VBP” shall mean the overall goal of the movement toward value based payment in New York State’s Medicaid program.

II. MEASURES

A. Category 1 MLTC VBP Measures for Measurement Years 2017 and 2018. Category 1 MLTC VBP measures for Measurement Years 2017 and 2018 are selected from the existing MLTC Quality Incentive. Category 1 MLTC VBP measures are measures that were identified by the MLTC Clinical Advisory Group (“CAG”), accepted by DOH, and published on the DOH website. PAH is one of the existing Category 1 MLTC VBP Measures.

B. PAH. MCO and Provider agree to include the PAH measure in the MLTC Level 1 VBP Arrangement.

C. Calculation of Measures.

(a) DOH will calculate the PAH for Provider-MCO combinations based on attribution files submitted to DOH by MCO.

(b) DOH will provide the PAH calculations for each Provider-MCO combination to MCO semi-annually.

(c) DOH will calculate all other Category 1 MLTC VBP measures for Measurement Years 2017 and 2018 for Provider-MCO combinations based on attribution files submitted to DOH by MCO.

III. VALUE BASED PAYMENT

A. Goals. Provider and MCO agree that the goals of VBP in New York’s Medicaid program are to improve individual and population health outcomes by providing more integrated care, care coordination, and incentives for high quality care in a financially sustainable delivery system.

B. Attribution.

a. *Provider has 30 or More Attributed Enrollees.* Provider must have thirty (30) or more attributed Enrollees to participate in an individual MLTC Level 1 VBP Arrangement with MCO.

b. *Provider has Less Than 30 Attributed Enrollees.* In the event Provider has less than thirty (30) attributed Enrollees, Provider agrees that it will participate in an MLTC Level 1 VBP Arrangement through participation in MCO’s Aggregated Provider VBP Program, as described herein.

C. Payment Methodology.

a. *Baseline.* The baseline for the PAH measure was shared with MCO for each provider in October 2017, using provider organization performance from July through December 2016.

b. *Comparison for Individual MLTC Level 1 VBP Arrangements.* MCO will compare each PAH measure, as calculated by DOH and provided to MCO for Provider, against the baseline PAH measurement for Provider. In the event that Provider’s PAH measurement has met the targeted measurement criteria, MCO and Provider agree the Provider will receive a performance payment in accordance with the following: [MCO to determine whether this is annual or semi-annual]

Selected Measure	Measurement Criteria	VBP Quality Bonus
Potentially Avoidable Hospitalizations (PAH)	Goal: Provider to decrease their individual unadjusted Plan / Provider-Level PAH Rate by 10% or more from measurement year 2016 to 2017 as calculated by the DOH.	Provider shall receive its proportionate share of 80% of the Quality Incentive Pool funds received by the Plan for the 2017 measurement year, attributable to the Efficiency Measure (historically, 10% of all Quality Incentive funds received). Provider’s proportionate share shall be calculated as the Provider’s Member Days at the Plan / Provider-Level divided by the total Member Days for the Plan for the given measurement year.

c. *Future Comparisons for Individual MLTC Level 1 VBP Arrangements.* Each measurement that is compared against the baseline PAH measurement becomes the baseline measurement for the next comparison.

d. *Comparison for the Aggregated VBP Provider Program.*

In the event Provider has less than thirty (30) attributed Enrollees, Provider agrees that its attributed Enrollees, and its baseline PAH measurement, shall be pooled together with all other CHHAs that are MCO participating providers and which have less than thirty (30) attributed Enrollees. The average of baseline PAH measures shall be used by MCO as the baseline for the Aggregated VBP Provider Program.

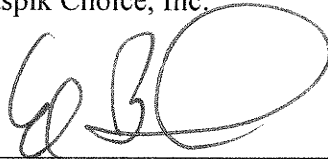
MCO will compare the average baseline PAH measure against the average of each PAH measure, as calculated by DOH and provided to MCO. In the event the overall PAH measurement meets the targeted measurement criteria, MCO and Provider agree the Provider will receive a performance payment in accordance with the following: [MCO to determine whether this is annual or semi-annual]

Selected Measure	Measurement Criteria	VBP Quality Bonus
Potentially Avoidable Hospitalizations (PAH)	Goal: Provider to decrease their individual unadjusted Plan / Provider-Level PAH Rate by 10% or more from measurement year 2016 to 2017 as calculated by the DOH.	Provider shall receive its proportionate share of 80% of the Quality Incentive Pool funds received by the Plan for the 2017 measurement year, attributable to the Efficiency Measure (historically, 10% of all Quality Incentive funds received). Provider's proportionate share shall be calculated as the Provider's Member Days at the Plan / Provider-Level divided by the total Member Days for the Plan for the given measurement year.

e. *Timing of Payments.* [to be determined by MCO and Provider]

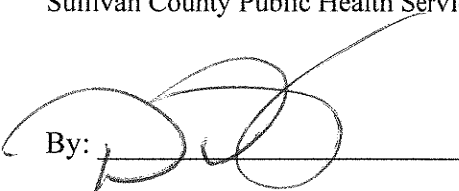
IN WITNESS WHEREOF, the undersigned, with the intent to be legally bound, have caused this Amendment to be duly executed and effective as of the Effective Date.

Hamaspik Choice, Inc.

By: 

Name: Yoel Bernath
 Title: Executive Director
 Date: Apr 27 '18

Sullivan County Public Health Services

By: 

Name: Daniel Depew
 Title: Deputy County Manager
 Date: 2/16/18

APPROVED AS TO FORM:


 IVAN COUNTY ATTORNEY

**RESOLUTION NO. 262-05 INTRODUCED BY HEALTH & FAMILY SERVICES
COMMITTEE TO ENTER INTO PROVIDER AGREEMENTS**

WHEREAS, Sullivan County Public Health Services is a provider of services to clients which are reimbursable by third party payors, and

WHEREAS, Sullivan County Public Health Services desires to continue to enhance third party revenue generation collection, and

WHEREAS, third party payors require written agreements with service providers to allow all payments to be forwarded directly to the provider.

NOW, THEREFORE, BE IT RESOLVED, that the County Manager be authorized to enter into provider agreements with various insurance companies/service providers, and

BE IT FURTHER RESOLVED that said agreements be in such form as approved by the Sullivan County Department of Law.

Moved by Mr. Rouis, seconded by Mr. Gaebel, put to a vote and unanimously carried, and declared duly adopted on motion July 21, 2005.

STATE OF NEW YORK)

COUNTY OF SULLIVAN)

I, ANNMARIE MARTIN, Clerk to the Legislature of the County of Sullivan, do hereby certify that I have compared the foregoing copy of a resolution with the original thereof now on file in my office and that the same is a correct transcript therefrom and of the whole of said original.
WITNESS my hand and seal of said Legislature this 21st day of July 2005.

CLERK TO THE SULLIVAN COUNTY LEGISLATURE