INTERLOCAL AGREEMENT TO PERFORM
COMMUNITY HEALTH PARAMEDIC PATIENT NAVIGATION PROGRAM
BETWEEN TRAVIS COUNTY HEALTHCARE DISTRICT D/B/A CENTRAL HEALTH
AND CITY OF AUSTIN
FOR DEMONSTRATION YEAR 5

RECITALS

WHEREAS, the Travis County Healthcare District d/b/a Central Health (“Central Health”) is a Texas hospital district created under Chapter 281 of the Texas Health and Safety Code and the Texas Constitution;

WHEREAS, Central Health created in partnership with Seton Healthcare Family a non-profit corporation, the Community Care Collaborative (“CCC”), of which it is a 51% owner and which is governed in part through a Master Agreement between the parties;

WHEREAS, the City of Austin (“City”) and Central Health have the authority to enter into an Interlocal Agreement by the Texas Constitution, Article 3, Section 64, and “The Interlocal Cooperation Act,” Texas Government Code, Chapter 791;

WHEREAS, Central Health, through its creation of the CCC, is working to improve the availability, accessibility and quality of health services in Travis County to promote better health, lower costs, and to reduce health disparities through an integrated delivery system (“IDS”);

WHEREAS, Central Health has the opportunity through federal funding opportunities for Delivery System Reform Incentive Payment projects (“DSRIP projects”) to pursue critical prioritized improvements for eligible populations to develop infrastructure that will improve the health of Regional Healthcare Partnership (“RHP”) 7 populations;

WHEREAS, the City performed the Community Health Paramedic Patient Navigation Program (“Paramedic Navigation”) DSRIP Project for Demonstration Year (“DY”) 4; and

WHEREAS, Central Health desires to contract with City to perform the Paramedic Navigation DSRIP project and City desires to perform the Paramedic Navigation DSRIP project for DY5 under the direction of the CCC;

NOW, THEREFORE, in consideration of the mutual covenants and agreements set forth herein, the amount and sufficiency of which are acknowledged, Central Health and City agree as follows:

AGREEMENT

I. City of Austin’s Warranties and Representations

II. City shall perform the DSRIP DY5 Paramedic Navigation Services (“Services”) as specified in Attachment A. In providing the Services, City shall be responsible for ensuring that all facilities, equipment, and staff are qualified to provide the Services.

1.2 City warrants and represents that all medical staff, including paramedics, are licensed by the appropriate State of Texas licensing agency and that they maintain their licensure throughout the term of this Agreement. Evidence of such licensing
shall be submitted to CCC within thirty (30) days of the Effective Date and thereafter upon request by CCC.

1.3 City warrants and represents that it shall obtain and maintain all federal, state, and local licenses, certificates, and permits required in connection with the provision of Services identified in Attachment A.

1.4 City warrants and represents that all Services performed under this Agreement shall be consistent with the proper practice of medicine and that such Services shall be performed in accordance with the customary rules of ethics and conduct of the State of Texas and professional licensure boards and agencies.

1.5 City warrants and represents that it is in compliance with all Texas Medical Board rules regarding physician supervision of physician assistants, paramedics and advanced nurse practitioners.

1.6 City shall notify CCC immediately if any licensure(s) required under this Agreement is/are restricted, suspended, or revoked.

1.7 City warrants and represents that Services performed by medical staff are consistent with local, state, and federal health care guidelines, standards, statutes, and regulations.

1.8 City shall periodically test, calibrate, and adjust all equipment used per manufacturer’s guidelines in connection with the Services as necessary to ensure the equipment’s proper and accurate operation.

1.9 City warrants and represents that its physicians:

1.9.1 hold a current DEA narcotic registration certificate, where applicable and a current State narcotics license, where applicable; and

1.9.2 shall maintain all such licensure, compliance, certification, and registration throughout the term of this Agreement.

1.10 Nothing in this Agreement is designed to supplant or replace any services otherwise contracted for between the Central Health and City.

II. Audit and Review

2.1 Upon request, City shall provide CCC with access to clinical records for review of compliance with the quality assurance provisions of federal, state, or local law or regulation and standards.

2.2 CCC may perform quality and utilization reviews/audits upon three (3) business days’ notice to City. Access to City records, including clinical records, financial records, results of patient satisfaction surveys, information regarding patient complaints and feedback, etc., shall be provided to CCC staff contemporaneously with these reviews/audits.

2.3 City shall provide suitable space and communication access for CCC staff to perform on-site reviews in a confidential setting.
III. Quality

3.1 To the extent that providers are not credentialed through other agreements between Central Health and City, City shall ensure that its providers are appropriately credentialed.

3.2 City agrees to adopt appropriate clinical protocols as developed and implemented by the CCC.

IV. Privacy

4.1 City shall enter into an agreement to participate in CCC Organized Health Care Arrangement (“OHCA”). City shall engage in data-sharing activities as directed by the CCC, in compliance with the CCC policies and procedures, and in accordance with applicable federal and state laws and regulations. City shall provide appropriate notice to patients participating in DSRIP projects through its Notice of Privacy Practices regarding data-sharing practices.

V. Access to Information

5.1 City shall timely furnish upon request of Central Health or CCC such records or documentation reasonably related to the DSRIP DY5 Paramedic Navigation project, or a copy thereof within 14 business days of a request from Central Health or CCC.

5.2 Upon request, City shall provide state and Federal agencies, or designated third parties, access to records reasonably related to services rendered to DSRIP projects, and shall provide immediate notice to Central Health or CCC of such requests unless specifically prohibited by law.

5.3 In compliance with all applicable laws, City shall obtain from patients or from other relevant parties any releases that are necessary to permit Central Health, CCC, or state and Federal agencies access to their records.

5.4 The parties acknowledge that Central Health and the City of Austin are subject to the provisions of the Texas Public Information Act (“PIA”). Each party authorizes the other party to submit any information provided under the Agreement or otherwise requested to be disclosed, including information that a party has labeled as confidential or proprietary, to the Office of the Attorney General for a determination as to whether any such information may be excepted from public disclosure under the PIA. Neither party is obligated itself by this Agreement to submit the information to the Attorney General for a determination. Neither party shall have an obligation or duty to advocate the confidentiality of the other party’s material to the Attorney General or to any other person or entity. Each party shall make reasonable efforts to notify the other within five business days of receipt of a Public Information Act request for information. It is each party’s responsibility and obligation to make any legal argument to the Attorney General or court of competent jurisdiction regarding any exceptions of the information in question from disclosure. Each party waives any claim against the other party and releases from liability a disclosing party, its officers, board members, employees, agents, and attorneys with respect to disclosure of information provided under this Agreement or otherwise created, assembled, maintained, or held by another party, including that information.
marked as confidential or proprietary and determined by the Attorney General or a court of competent jurisdiction to be subject to disclosure under the Act. This section shall survive the termination of this Agreement.

5.5 Notwithstanding termination of the Agreement, the access to records that is granted hereunder in this Section shall survive the termination of this Agreement.

VI. Reporting

6.1 City shall report data as further described in Attachment A. City shall have reasonable controls and safeguards established to ensure data reported is accurate, verifiable and can be replicated for third party audit or other means.

6.2 City shall provide a Monthly Report to CCC due by the tenth (10th) of the month which includes the following:

a. The number of patients who are enrolled and successfully discharged through the Paramedic Navigation Program ("Paramedic Navigation Patients");

b. Documentation of each Paramedic Navigation Patient’s 30 day plan of care;

c. Any changes to Paramedic Navigation staff supporting the Paramedic Navigation Program as documented through relevant human resource records;

d. The number of visits for each Paramedic Navigation Patients during the previous month.

6.3 In addition to the required monthly reports in 6.2, the City’s weekly encounter data report is due to CCC each Monday of the following week by 12 p.m. City agrees to cooperate with Central Health or CCC to modify its reporting as reasonably requested, or as otherwise required to achieve compliance with state or federal regulatory rules or regulations.

VII. Compensation

7.1 Not to Exceed Amount. For and in consideration of performance of the Services referred to in Attachment A, Central Health shall pay City of Austin an amount not to exceed $441,073 during the Initial Term of the Agreement. Central Health will pay only those amounts reported by City of Austin for services performed as outlined in Attachment A.

7.2 The parties understand that any payments made directly or indirectly to the City under the provisions set forth in this Section, are not made as an inducement to reduce or limit Medically Necessary services to any specific patient but are intended to improve the accessibility, efficiency and quality of those services.

7.3 City shall submit invoices to Central Health on a monthly basis with the Monthly Report. Invoices shall include the following information:

• Date sent;
• City contact’s name, address, and telephone number;
• Remit to address;
• Date range of encounters/service provided;
• Number of encounters, if applicable;
• Amount billed; and
• Contract number

7.4 **Data Integrity.** It is critical that reported data be accurate, verifiable and replicable, and withstand scrutiny under audit by Central Health, CCC, an independent auditor, or other third party. City shall ensure that all reported data is appropriately compiled and reported using industry standard controls and safeguards. In the event that any reported data is determined to be fraudulent, inaccurate, unverifiable or nonreplicable (“Invalid Reporting”), Central Health shall be entitled to recoup from City any payments made as a result of Invalid Reporting (“Excess Compensation”). Any encounter that is reported invalidly will not count toward the metrics described in Attachment A, Section II. City agrees to remit to Central Health such Excess Compensation promptly after receipt of Central Health’s written request. This provision shall survive termination of this Agreement. Further, should Central Health be subject to audit on this project, City agrees to cooperate fully with Central Health in supplying additional data, verifying data, providing back-up information, or in any other manner required by the audit. In the event an audit on this project results in recoupment for any reason whatsoever, Central Health shall be entitled to recoup from City any payments recouped as a result of the audit.

7.5 **Failure to perform.** In the event that City fails to make a good faith effort to perform under this Agreement, and as a result fails to achieve the anticipated first level metric above baseline as identified in Attachment A, City shall reimburse Central Health for payments made under this Agreement, including Reporting payments.

**VIII. Term and Termination**

8.1 **Term**
This Agreement shall be in effect during the DSRIP Project Period from the date of execution through September 30, 2016 unless it is terminated as provided in Section 8.2. Central Health may, in its sole discretion, extend this Agreement for one or more additional six month terms.

8.2 **Termination**

(a) **Termination without Cause.** Either party may terminate this Agreement without cause by providing at least thirty (30) days written notice to the other.

(b) **Immediate Termination.** Central Health may immediately terminate this Agreement, or City’s Participation in the DSRIP Projects, upon notice to City if Central Health determines, in its sole discretion, that the health, safety or welfare of a patient is in danger as a result of City’s execution of its DSRIP obligations. Any requested review of Central Health’s decision shall not delay the immediate effect of the termination.

(c) **Termination for Cause.** Except as provided in Sections (a) and (b), in the event of a breach of a provision of this Agreement deemed material to the success of the DSRIP project in any giving Demonstration Year, the party claiming the breach will give the other party written notice of termination setting forth the facts
underlying its claim(s) that the other has breached. The party receiving notice of termination shall have forty five (45) days from the date of receipt to remedy or cure the claimed breach to the satisfaction of the other party. Because of fixed performance deadlines under the DSRIP Project years, Central Health may immediately contract with another City at any time, as it determines in its sole discretion.

(d) **No Effect on Other Existing Contracts.** Any modification or termination of rights and duties under this Agreement shall have no effect on other existing contracts or arrangements with the Central Health.

**IX. General Terms and Conditions**

9.1 **Indemnification.** To the extent allowed by law, City of Austin agrees to and shall indemnify and hold harmless Central Health, its officers, agents, and employees, from and against any and all claims, losses, damages, negligence, causes of action, suits, and liability of every kind, including all expenses of litigation, court costs, and attorney's fees, for injury to or death of any person, for any act or omission by City of Austin, or for damage to any property, arising out of or in connection with the work done by City of Austin under this Contract, whether such injuries, death or damages are caused by City of Austin's sole negligence or the joint negligence of City of Austin and any other third party.

9.2 **Subcontracting.** City shall not enter into any subcontracts for any service or activity relating to the scope of work in this Agreement without the prior written approval or the prior written waiver of this right of approval from Central Health. Approval for subcontracting shall not be unnecessarily withheld, and approval shall be granted, if awarded, within a fourteen (14) day time period. To the extent that City has existing subcontracts as of the Effective Date of this Agreement, those subcontracts shall be deemed approved; however, City shall submit to Central Health a list identifying those subcontractors who provide direct patient care services. City need not list existing administration or ancillary service subcontractors.

9.3 **HUB Subcontracting.** If a subcontract is approved, City must make a "good faith" effort to take all necessary and reasonable steps to insure that HUBs (Historically Underutilized Business, as defined in Texas Government Code, Section 2161.001), have a maximum opportunity to be subcontractors under this Contract. City must obtain Central Health approval of all proposed HUB subcontractors. Failure by City to make a good faith effort to employ HUBs as subcontractors constitutes a breach of this Agreement and may result in termination of this Contract.

9.4 **Independent Contractor.** The parties expressly acknowledge and agree that City is an independent Contractor, operating solely in that capacity, and assumes all of the rights, obligations and liabilities applicable to it as an independent Contractor. No employee of City shall be considered an employee of Central Health or the CCC, or gain any rights against Central Health or the CCC pursuant to Central Health’s personnel policies. Both parties expressly acknowledge and agree that none of City’s employees have a contractual relationship with Central Health or the CCC.

9.5 **Notices.** Any notice required or permitted to be given under this Agreement by one party to the other shall be in writing. The notice is deemed to have been given immediately if
delivered in person to the party. The notice is deemed to have been given on the third
day following mailing if placed in the United States Mail, postage prepaid, by registered
or certified mail with return receipt requested, addressed to the party to whom the notice
is to be given at the address set forth in this section.

The address of the Central Health for all purposes under this Agreement is:

    Patricia A. Young Brown (or her successor in office)
    President and CEO
    1111 E. Cesar Chavez St.
    Austin, Texas 78702

The address of the City for all purposes under this Agreement is:

    City Attorney
    P.O. Box 1088
    Austin, Texas 78767-8804

    City Attorney
    City Hall
    30 West 2nd, Fourth Floor
    Austin, Texas 78702
    (if hand delivery)

    Ernesto Rodriquez, Chief
    City of Austin EMS Department
    15 Waller, Second Floor
    Austin, Texas 78702

**Change of Address.** Each party may change the address for notice to it by giving notice
of the change in compliance with this section.

9.6 **Amendments.** This Agreement may be amended only by an instrument in writing that is
signed by both parties. Amendments to this Agreement shall be effective as of the date
stipulated therein. City acknowledges that no Central Health officer, agent, employee, or
representative has any authority to amend this Agreement unless expressly granted that
specific authority by the Central Health Board of Managers. Central Health
acknowledges that no City officer, agent, employee or representative has any authority
to amend this Agreement unless expressly granted that specific authority by the City of
Austin City Council.

9.7 **Assignment.** Central Health may assign any of its obligations under this Agreement.
City may assign any of its rights or obligations under this Contract only with the prior
written consent of Central Health. No official, employee, representative, or agent of
Central Health has the authority to approve any assignment under this Agreement
unless that specific authority is expressly granted by the Central Health Board of
Managers. The Agreement is not intended to confer rights or benefits on any person,
firm, or entity not a party hereto, it being the intention of the parties that there be no
third-party beneficiaries to the Agreement.
9.8 **Attachments.** Attachments “A”, “B”, and “C” to this Agreement are hereby made a part of this Agreement as if set forth verbatim herein and constitute promised performances by the Parties in accordance with all terms of the Agreement. The attachments are: Attachment “A”, Community Health Paramedic Navigation Program; Attachment “B” Specifications for Meeting Quality Improvement Milestones; and Attachment “C,” Chronic Conditions List.

9.9 **Force Majeure.** Neither Central Health nor City will be deemed to have breached this Agreement or be held liable for failure or delay in the performance of all or any portion of its obligations under this Agreement if prevented from doing so by a cause or causes beyond its control. Without limiting the generality of the foregoing, such cause include acts of God or the public enemy, fires, floods, storms, earthquakes, riots, strikes, boycotts, lock-outs, wars and war operations, acts of terrorism, restraints of government, power or communications line failure or other circumstances beyond such party’s control, or by reason of the judgment, ruling, or order of any court or agency of competent jurisdiction, or changes of law or regulation (or change in the interpretation thereof) subsequent to the execution of this Agreement.

9.10 **Waiver of Default or Breach.** No waiver by either of the parties hereto of any failure by the other party to keep or perform any provisions, covenant, or condition of this Agreement shall be deemed to be a waiver of any preceding or succeeding breach of the same or any other provision, covenant, or condition.

9.11 **Law and Venue.** The laws of the State of Texas (without giving effect to its conflicts of law principles) govern all matters arising out of or relating to this Agreement and all of the transactions it contemplates, including, without limitation, its validity, interpretation, construction, performance, and enforcement. Venue for any dispute arising out of this Agreement is in Travis County, Texas.

9.12 **Severability.** If any portion of this Agreement is ruled invalid, illegal, or unenforceable in any respect by a court of competent jurisdiction, the remainder of the Agreement shall remain valid and binding.

9.13 **DISPUTE RESOLUTION**

9.13.1 **Definition of Dispute.** “Dispute” means any and all disagreements, questions, claims, or controversies arising out of or relating to this Agreement, including the validity, construction, meaning, performance, effect, or breach of the Agreement.

9.13.2 **Negotiation.** In the event of a Dispute between the parties, the parties shall promptly, amicably, and in good faith attempt to resolve the Dispute through informal negotiations. A disputing party shall give written notice of the Dispute to the other party that shall contain a brief statement of the nature of the Dispute. If the parties are unable to resolve the Dispute within thirty (30) days of the receipt by the adverse party of the written notice of Dispute, the parties may submit to mediation as set forth herein.

9.13.3 **Mediation.** If a Dispute arises between the parties that cannot be resolved through negotiation, the parties may submit that Dispute to mediation. The parties agree to use a mutually agreed upon mediator for mediation as described in Section 154.023 of the Texas Civil Practice and Remedies Code. Unless both
parties are satisfied with the result of the mediation, the mediation will not constitute a final and binding resolution of the dispute. All communications within the scope of the mediation shall remain confidential as described in Section 154.073 of the Texas Civil Practice and Remedies Code, unless both parties agree, in writing, to waive the confidentiality.

9.14 **No Third Party Beneficiary.** No provision of this Agreement is intended to benefit any person or entity, nor shall any person or entity not a party to this Agreement have any right to seek to enforce or recover any right or remedy with respect hereto.

9.15 **Compliance with Applicable Federal and State Law.** The parties enter into this Agreement with the intent of conducting their relationship in full compliance with applicable federal, state and local law, including but not limited to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Electronic and Clinical Health Act (HITECH), amendments or implementing regulations (HIPAA Rules), the federal Stark law and regulations, the federal Anti-Kickback Act and regulations, the federal civil money penalties law and regulations, and similar state law and regulatory prohibitions, including but not limited to the Texas Health & Safety Code illegal remuneration law, other Medicare and Medicaid Anti-Fraud and Abuse laws, the Texas Occupations Code Anti-Patient Solicitation law, and Section 501(c)(3) of the Internal Revenue Code. Notwithstanding any unanticipated effect of any of the provisions herein, neither party will intentionally conduct itself under the terms of this Agreement in a manner to constitute a violation of such laws or similar prohibitions.

9.16 **No Referral Obligation.** The parties acknowledge and agree that this Agreement does not require, and shall not be construed to require (directly or indirectly, explicitly or implicitly): (a) Central Health, CCC or their respective members’ use of any service related to City, or the referral of any patients treated by Central Health, CCC or their respective members to City; or (b) City’s use of any services related to Central Health, CCC or their respective members, or the referral of any patients treated by City to Central Health, CCC or their respective members. This Agreement does not prohibit a party or the CCC or any employee of a party or the CCC from obtaining membership on the medical staff of any other hospital or health care entity or from referring patients to or utilizing the services of any other hospital or health care entity.

9.17 **Fair Market Value Determination.** The parties acknowledge and agree that the fees payable by Central Health to City for the Services provided by City pursuant to this Agreement are consistent with fair market value, were negotiated and reached pursuant to an arms-length transaction, and were not determined in a manner that takes into account the volume or value of any referrals or business otherwise generated between the parties for which payment may be made in whole or in part under Medicare, Medicaid or other Federal health care programs. The parties further acknowledge and agree that the aggregate Services provided by City pursuant to this Agreement do not exceed that which is reasonably necessary to accomplish the commercially reasonable business purpose of the Agreement.

[Signature page follows]
IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their authorized representatives to be effective upon the date of the last signature:

CITY OF AUSTIN

_____________________________________  ________________________
Patricia A. Young Brown
President and CEO

_________________________  ________________________
Date                       Date

CENTRAL HEALTH

Patricia A. Young Brown
President and CEO
ATTACHMENT A

2.6 – COMMUNITY HEALTH PARAMEDIC NAVIGATION PROGRAM

I. **Eligibility.** City shall provide services for the Target Population identified as patients:
   
   a. who reside in Travis County;
   b. whose household income is at or below 200% of FPL;
   c. who are uninsured;
   d. who have been in the emergency room of a local hospital two or more times in a 30-day period within the last 12 months;
   e. who are diagnosed with two or more chronic conditions listed on Attachment “D” (Chronic Conditions); and
   f. who are NOT enrolled in Medicare or the Children’s Health Insurance Program (CHIP).

Patients who are enrolled in Medicaid, a Health Insurance Marketplace plan, are dual eligibles as that term is defined by CMS, or receive services through the Medical Access Program (MAP) are included in the Target Population. Nothing in this agreement is intended to restrict City’s ability to provide services to patients as defined in Section 1 Eligibility.

II. **Description of Services.**

Services shall mean providing paramedic navigation services to the target population.

III. **Milestones/Metrics.**

1. City shall accomplish the following milestones and metrics:
   
   a. Provide services to 525 eligible patients as defined in Section I of this Attachment A, uploading care plans during treatment;
   b. Participate in at least 2 evaluation/workflow analysis processes led by either the CCC or ATCEMS, and provide a written report for each evaluation on the results and action plan for improving processes;
   c. Participate in Learning Collaboratives and complete post-Collaborative lessons learned activities.

IV. **Compensation.**

A. **Not to Exceed Amount.** For and in consideration of performance of the Services referred to in this Attachment A, Central Health shall pay City of Austin an amount not to exceed $441,073 during the Initial Term of the Agreement. Central Health will pay only those amounts reported by City for services performed as outlined in this Attachment A.

B. City shall receive the following compensation for participation in the this Project:

1. Central Health shall pay City $64,234 if City submits to CCC a comprehensive project plan within sixty (60) days of contract execution.
2. **Participation.** Central Health shall pay City $5,000 for attending both Learning Collaboratives. Participants will be provided at least two weeks’ notice of the date of the Learning Collaboratives. Central Health shall provide the total amount to City within 30 days of attendance of the final Learning Collaborative and submission of an invoice with appropriate attendance documentation. Central Health shall pay City $10,000 for completing all Process Redesign Activities. Central Health shall provide payment to City within thirty (30) days of submission of appropriate completion documentation.

3. **Pay for Performance.**

   a. City shall receive $40,787 upon receipt of documentation demonstrating that City has provided Paramedic Navigation services to a total of 88 Paramedic Navigation Patients. Payment will be made within 30 days of receipt of complete and satisfactory documentation that the encounter requirements have been met.

   b. City shall receive $40,787 upon receipt of documentation demonstrating that City has provided Paramedic Navigation services to a total of 176 Paramedic Navigation Patients. Payment will be made within 30 days of receipt of complete and satisfactory documentation that the encounter requirements have been met.

   c. City shall receive $40,787 upon receipt of documentation demonstrating that City has provided Paramedic Navigation services to a total of 264 Paramedic Navigation Patients. Payment will be made within 30 days of receipt of complete and satisfactory documentation that the encounter requirements have been met.

   d. City shall receive $40,787 upon receipt of documentation demonstrating that City has provided Paramedic Navigation services to a total of 352 Paramedic Navigation Patients. Payment will be made within 30 days of receipt of complete and satisfactory documentation that the encounter requirements have been met.

   e. City shall receive $54,382 upon receipt of documentation demonstrating that City has provided Paramedic Navigation services to a total of 440 Paramedic Navigation Patients. Payment will be made within 30 days of receipt of complete and satisfactory documentation that the encounter requirements have been met.

   f. City shall receive $54,382 upon receipt of documentation demonstrating that City has provided Paramedic Navigation services to a total of 525 Paramedic Navigation Patients. Payment will be made within 30 days of receipt of complete and satisfactory documentation that the encounter requirements have been met.
4. **Quality Improvements.** Central Health shall pay City for timely meeting quality improvement criteria within the Demonstration Year 5 (DY5). The Parties, however, recognize and agree that payment for quality improvements will be determined by data that may not be available for as much as 3 months after the current demonstration year ends. During the term of this Agreement and for up to 9 months after its termination, Central Health shall provide the City monthly reports tracking this DSRIP project’s DY5 quality improvement metrics (“QI Report”). Central Health shall provide City with a copy of the QI report within 30 days of receiving and compiling the relevant quality improvement data. The QI Report shall determine whether the City has met the quality improvement milestones and is eligible for payment under this Section. The terms of this Section IV(A)(4) of Attachment A shall survive the termination of this agreement and shall continue until Central Health has reported all relevant DY5 quality improvement data to City in a QI Report.

   a. Central Health shall pay City $16,058 if 85% of CCC DSRIP Eligible MAP patients with a Chronic Condition avoid emergency department (“ED”) utilization for Ambulatory Care Sensitive Conditions (ACSCs) for 30 days post initial DY5 program enrollment by a member of the CHP team. Central Health shall pay City the amounts owed under this Section 4 within 90 days of providing a QI Report demonstrating achievement of this quality improvement metric.

   b. Central Health shall pay City an additional $16,058 if 90% of CCC DSRIP Eligible MAP patients with a Chronic Condition avoid ED utilization for ACSCs for 30 days post initial DY5 program enrollment by a member of the CHP team. Central Health shall pay City the amounts owed under this Section 4 within 90 days of providing a QI Report demonstrating achievement of this quality improvement metric.

   c. Central Health shall pay City an additional $32,117 if 95% or greater of CCC DSRIP Eligible MAP patients with a Chronic Condition avoid ED utilization for ACSCs for 30 days post initial DY5 program enrollment by a member of the CHP team. Central Health shall pay City the amounts owed under this Section 4 within 90 days of providing a QI Report demonstrating achievement of this quality improvement metric.

   d. At the end of DY5, MAP patient claims data will be analyzed to determine the percentage of CHP patients who visited the ED for an ambulatory care sensitive condition 30 days post initial DY5 enrollment by CHP.

5. **Achievement.** If City meets all established metrics and provides timely and complete reporting and demonstrates favorable outcomes, Central Health may in its sole discretion determine that City is eligible to receive additional funds of up to $25,694.

6. **Quality Improvement Specifications.** The Category 3 outcome measurements for Attachment A are detailed in Attachment C to the Agreement.
The chronic conditions list pertaining to Attachment A are detailed in Attachment C to the Agreement.
QUALITY IMPROVEMENTS

Ensure CCC DSRIP-eligible CHP patients on MAP avoid ED utilization for ambulatory care sensitive conditions (ACSCs) for 30 days post initial DY5 program enrollment.

- 85% do not visit the ED within 30 days of initial visit by a member of the CHP team for an ambulatory care sensitive condition.
- 90% do not visit the ED within 30 days of initial visit by a member of the CHP team for an ambulatory care sensitive condition.
- 95% or greater do not visit the ED within 30 days of initial visit by a member of the CHP team for an ambulatory care sensitive condition.

Ambulatory Care Sensitive Conditions are defined as:

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<th>Indicator</th>
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<td>Grand mal status and other epileptic convulsions</td>
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<td>G40.A01, G40.A09</td>
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<td>Chronic obstructive pulmonary diseases</td>
<td>ICD-10-CM</td>
<td>J20.9 (only with secondary diagnosis of J41.0, J43.9, J44.9, J47.9), J41.0, J43.9, J44.9, J47.9, J44.0, J44.1, J44.9, J45.20, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998</td>
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<td>Heart failure and pulmonary edema</td>
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Diabetes ICD-10-CM

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<td>Other spinal muscular atrophies and related syndromes</td>
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<td>Oth resp cond due to chemicals, gases, fumes and vapors</td>
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