

Perinatal Quality Improvement Program – Extended Pilot 2018

Letter of Agreement (LOA)

This Perinatal Quality Improvement Program Letter of Agreement (hereinafter referred to as “Perinatal QIP LOA”) is entered into between Partnership HealthPlan of California, a County Organized Health System designated by the State of California to provide Medi-Cal Managed Care Services to designated Medi-Cal beneficiaries in fourteen (14) counties, (hereinafter referred to as “PHC”), and _____, located in _____, CA (hereinafter referred to as “PROVIDER”) hereby enters into this agreement, effective April 1, 2018.

Whereas, PHC and PROVIDER have entered into that certain Health Care Services Agreement and PROVIDER is a contracted provider in PHC’s medical provider network;

Whereas PHC has as its mission to “help our members, and the communities we serve, be healthy,” and;

Whereas the health of PHC members and the community depends on the entire health care delivery system, including CPSP providers, and

Whereas PHC has experience in using targeted Quality Improvement Programs to help incentivize improvement in quality and performance, in other parts of the Health Care delivery system, and

Whereas PHC believes that there are opportunities for improvement of process and health outcomes in CPSP facilities that cannot be addressed through our reimbursement system, and

Whereas PROVIDER shares a commitment to improve the health of PHC members and the community.

NOW, THEREFORE, in consideration of the foregoing, PHC hereby sets forth the following terms under this LOA:

PROVIDER agrees to participate in PHC’s Perinatal QIP – Extended Pilot (hereafter “Perinatal QIP”).

The Perinatal QIP is defined by three components:

1. General Description and Financial policy
2. Measures
3. Specifications of Measures

These three components are attached as addenda. Note that these three are subject to approval of PHC governance, and modification thereafter. PHC will notify PROVIDER of any changes in these addenda by email, fax, or written notice, within sixty (60) days of the change being made.

The initial term of this Perinatal QIP LOA is one (1) measurement year and will be effective from April 1, 2018 through January 31, 2019. For subsequent one (1) year renewal terms, parties will be required to execute an amendment to this Perinatal QIP LOA to extend the PROVIDER's participation in the program for another one (1) year term. Either PHC or PROVIDER can give sixty (60) days' prior written notice to the other party of their intent to terminate without cause this LOA during the initial one (1) year term or during any subsequent one (1) year.

PHC reserves the right to terminate the Perinatal QIP LOA immediately for any PROVIDER if PHC determines that the continuation hereof constitutes a threat to the health, safety or welfare of any PHC Member or if PHC finds that the PROVIDER's medical license is on suspended, revoked or excluded from any governmental program including Medi-Cal and Medicare.

This LOA needs to be activated by March 31, 2018 to be in effect for the 2018 Perinatal QIP.

IN WITNESS WHEREOF, this LOA between PHC and PROVIDER is entered into by and between the undersigned parties.

Signed:

Owner/Operator: _____

Robert L. Moore, MD, MPH, MBA, CMO

PROVIDER Name: _____

Partnership HealthPlan of California

Address: _____

4665 Business Center Drive

Fairfield, CA 94534

Required for Important Program Updates and Communication:

Primary Contact: First and Last Name (owner or designee)	
Title	
Email Address/ Phone	Email: _____ Phone: _____
Secondary Contact: First and Last Name (person responsible for overseeing the program)	
Title	
Email Address/ Phone	Email: _____ Phone: _____
Other Contacts	

Note: All program notifications and reminders will be sent to the primary and secondary contacts listed here. If you would like to add more contacts for program notification, please include their information on this form