

Patient Centered Practice Model Specialist Physician Individual Opt-In Agreement

THIS OPT-IN AGREEMENT is made on the ___day of _____ 20__ and effective as of the ___ day of _____ 20__ (the “Effective Date”) by and between **Connecticut State Medical Society – IPA, Inc.** (“IPA”) and _____ (“Physician”)

WITNESSETH:

WHEREAS, IPA and Physician are parties to a certain Participating Provider Agreement (“Participation Agreement”); and

WHEREAS, IPA has established a Patient Centered Practice Model (“PCPM”) pursuant to its arrangements with various health plans and payers to increase communication and care coordination between physicians and patients and to facilitate increased quality of patient care and elevate the role of and reimbursement to primary care physicians; and

WHEREAS, the IPA desires Physician to participate in the PCPM and Physician desires to so participate.

NOW THEREFORE, in consideration of the mutual covenants and agreements contained herein, and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, it is understood and agreed by and between the parties as follows:

- (1) **PCPM.** By opting-in to the PCPM, Physician will become eligible for certain bonus sharing opportunities offered by IPA for those health plans and payers contracted with the IPA, provided that Physician is in compliance with the terms and conditions of this Opt-In Agreement and the Participation Agreement. Physician will not be subject to any financial risk or any withhold on fee-for-service payments by virtue of this Opt-In Agreement. Physician acknowledges and agrees that: (a) non-compliance with this Agreement may result in a decrease or elimination of any bonus sharing opportunities; (b) this Opt-In Agreement does not guarantee any specific bonus sharing opportunities will be offered to Physician; and (c) this Opt-In Agreement does not guarantee any bonus sharing revenue will be realized by Physician.
- (2) **Professional Services.** Subject to the applicable terms and conditions of the Participation Agreement and the Health Plan opt-in, Physician shall provide professional health care services to members of those IPA contracted health plans/payer arrangements in which Physician elects to participate or opt into (“Health Plan(s)”). Physician shall (a) assure the timeliness of urgent, emergent, sick and preventative care to Health Plan members in accordance with the applicable provider manual and any applicable government program requirements; (b) inform Health Plan members of specific health care needs that require follow up; and (c) instruct Health Plan members on measures they may take to promote their own health.
- (3) **Health Plan Policies.** Physician shall be and remain in compliance with all applicable rules, policies and procedures of Health Plans and IPA, and federal and state laws, rules and regulations.
- (4) **Hierarchical Condition Category (HCC) Coding Education & Monitoring.** Physician will make best efforts to use appropriate HCC coding at all times during participation in the PCPM. Physician will participate in HCC coding review and education, as directed by IPA and/or Health Plan. Physician will also cooperate in all IPA or Health Plan coding reviews, as reasonably requested by IPA or Health Plan from time-to-time
- (5) **Adoption of Health Information Technology (HIT).** Physician will make best efforts to implement an electronic prescribing system and have other HIT systems in place by December 31, 2011 that allow for the

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meaningful use and exchange of health care information, as defined by CMS. Physician may be eligible to participate in IPA's electronic prescribing and/or its Physician Quality Reporting Initiative (PQRI) Technology Assistance Implementation Programs, which may allow Physician to defer the upfront costs of implementing electronic prescribing and PQRI systems until Physician receives federal incentive funds for such implementation.

- (6) Web-based Notification. Physician will provide professional medical services according to the scope of the web-based notification from a patient's primary care physician and will communicate his findings and recommendations to the primary care physician in a timely manner to increase communication, improve quality of care and reduce duplication of services. Upon request of IPA or Health Plan, Physician may be required to include a tracking number on claims submitted to Health Plan.
- (7) Imaging. Physician agrees to utilize a web-based application for ordering high-end imaging studies, such as CT, MRI, PET scans and Nuclear Cardiology testing, as offered by IPA and an IPA partner. This application will allow Physician to receive additional education related to appropriateness of imaging studies for the vast majority of clinical conditions.
- (8) Termination. The IPA may, in its sole discretion, immediately terminate this Opt-In Agreement if: (a) the Participation Agreement is terminated for any reason; (b) Physician's participation with applicable Health Plans is terminated for any reason; (c) Physician breaches the terms of this Opt-In; or (d) IPA ceases to administer or offer its PCPM program. Physician may terminate this Opt-In Agreement for any reason by providing thirty (30) days prior written notice to IPA.

IN WITNESS WHEREOF, the undersigned Physician has executed this Opt-In Agreement as of the date below, to be effective the later of the date set forth below and the Effective Date of the Agreement.

[INSERT PHYSICIAN LEGAL ENTITY]

By: _____ Date: _____
Its:

E-mail Address: _____