

**ADDENDUM TO  
PRIMARY CARE PHYSICIAN PARTICIPATION AGREEMENT**

<b>PATIENT CENTERED MEDICAL HOME</b>
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This Addendum to the Primary Care Physician Participation Agreement is entered into by and between Physician (hereinafter “Group”) and Corporation on the \_\_\_ day of \_\_\_\_\_, 201\_ (the “Effective Date”).

**A. Background and Purpose**

Group and Corporation are parties to a Primary Care Physician Participation Agreement (“Agreement”) whereby Group participates in the CareFirst BlueChoice Participating Provider Network maintained by Corporation, which has established a voluntary Patient Centered Medical Home Program (the “Program”) for the purpose of rewarding Primary Care Providers (“PCPs), which may include Medical Doctors, Doctors of Osteopathic Medicine and Nurse Practitioners) for providing, arranging, coordinating and managing quality, efficient, and cost-effective health care services for individuals enrolled in health benefit plans issued or administered by Corporation (“Members”).

The Program is based on the premise that PCPs can most effectively assist Members by encouraging them to take appropriate steps to maintain their health, by spending time with them in proportion to their health care needs, by helping them to navigate through the complex range of medical treatment options when they are seriously ill, and by suggesting and arranging timely referrals to efficient, quality specialists, hospitals and other health care providers; and that Members, who have strong relationships with their PCPs, will seek them out for needed primary care and for assistance in finding the most appropriate health care services.

**B. Definitions**

**Patient Centered Medical Home:** A Patient Centered Medical Home, also referred to as a “PCMH” or “Medical Care Panel”, is a group of PCPs formed in one of the following Panel types, which must meet the requirements on size and composition established in the PCMH Program Guidelines:

1. A Virtual Panel is a self-selected team of PCPs, consisting of two or more practices (separate legal entities), that, in total, is comprised of at least five (5) PCPs and not more than fifteen (15) PCPs.
2. An Independent Group Practice Panel consisting of at least five (5) but no more than fifteen (15) PCPs, all of whom practice as members of a single group practice.
3. A Multi-Panel Independent Group Practice is a group practice consisting of more than fifteen (15) PCPs segmented into Panels of five (5) to fifteen (15) PCPs for tracking performance (Debits and Credits in a Member Care Account at the Panel level) and pooling experience at the Panel level for the purpose of calculating an Outcome Incentive Award.
4. A Multi-Panel Health System is under common ownership or control of a hospital or health system and consists of more than fifteen (15) PCPs segmented into Panels of five (5) to fifteen (15) PCPs for tracking

performance (Debits and Credits in a Member Care Account at the Panel level) and pooling experience at the Panel level for the purpose of calculating an Outcome Incentive Award.

**Primary Care Provider or PCP:** A Primary Care Provider or PCP under this Program is a healthcare provider who: (i) is a full time, duly licensed medical practitioner; (ii) has a primary specialty in internal medicine, family practice, general practice, pediatrics, geriatrics, and/or family practice/geriatrics medicine; and (iii) is a participating provider, contracted to render primary care services, in both the CareFirst BlueChoice Participating Provider Network (“HMO”) and the CareFirst Regional Participating Preferred Network (“RPN”).

**Patient Centered Medical Home Participants:** Patient Centered Medical Home Participants (“Participants”) are all PCPs within the Medical Care Panel who must agree to participate in the Program and comply with the terms and conditions of the Program Requirements and Expectations and Program Description and Guidelines (See Items C and D below).

**Patient Centered Medical Home Care Coordination Team:** A Patient Centered Medical Home Care Coordination Team (“PCMH Care Coordination Team”) includes the PCP, the PCP’s Group, all Participants on the PCP’s Medical Care Panel, other treating providers and health care professionals who provide PCMH services to the Medical Care Panel and/or Corporation’s Members.

### **C. Program Requirements and Expectations**

Participants agree to put forth good faith efforts to meet all Program requirements, goals and expectations. This means that each Participant agrees to:

1. obtain and maintain valid patient consent and authorization for the Member’s participation in the PCMH program including the sharing of medical information between Corporation and the PCMH, including the PCMH Care Coordination Team;
2. actively engage with Members identified in need of care management, including the development, maintenance and oversight of care plans for such Members;
3. timely communicate and cooperate with the PCMH Care Coordination Team and other involved providers in furtherance of care plans and Member health risk mitigation efforts;
4. use high quality, cost-efficient institutions and specialists who are participants in Corporation’s HMO and RPN networks;
5. electronically submit all HIPAA administrative transactions through Corporation’s approved EDI clearinghouse(s) and use best efforts to adopt other web-based electronic information and related information exchanges offered by Corporation in support of the PCMH Program;
6. use Corporation’s web portal capabilities for referrals, care plan development (including care plan templates) and monitoring and retrieval of the Member Health Record and electronic submittal of credentialing information through CAQH (unless credentialing has been delegated);
7. cooperate with other Group members in their Medical Care Panel in arranging health care service coverage for each other’s Members and in sharing information about Members in their Medical Care Panel upon receipt of appropriate consent;
8. deliver high quality and medically appropriate care in a cost-efficient manner;

9. cooperate with Corporation in its efforts to carry out Program rules and requirements as set forth in this Addendum and the Program Description and Guidelines; and
10. not withhold, deny, delay, or provide any underutilization of medically necessary care, nor selectively choose or de-select Members.

**D. Program Description and Guidelines**

The Group and its PCPs agree to comply with the Patient Centered Medical Home Program Description and Guidelines (the “Program Description and Guidelines”) as established by Corporation and as may be amended from time to time.

**E. Program Incentives**

Measurement criteria established by the Corporation and the methodology used in the determination of all Program incentives are set forth in the Program Description and Guidelines which are available to Group, the terms of which are incorporated herein by reference. The Program incentives are designed to reward PCPs for taking actions that are consistent with the delivery of medically appropriate care in a cost-efficient manner and are available only to Participants in the Program. All Program Incentives will be determined on a Panel by Panel basis.

**F. Termination**

A PCP may terminate his/her participation in the Program upon ninety (90) calendar day’s prior written notice to Corporation for any reason. If this termination causes a Medical Care Panel to fall below minimum participation requirements, then this termination will result in the termination of the entire Medical Care Panel from the Program unless the Medical Care Panel sends notice to Corporation of its intent to replace the terminating PCP prior to the PCP’s termination date. In this case, the Medical Care Panel will have up to one (1) year to do so and avoid the termination of the entire Medical Care Panel from the Program. If a PCP in the Group terminates participation in the Program, but does not terminate from the Group, the Group will be terminated from the Program.

A Medical Care Panel may terminate participation in the Program with ninety (90) calendar day’s prior written notice to Corporation for any reason. This will terminate all Participants within such Medical Care Panel from the Program unless they join another Medical Care Panel.

A Virtual Panel may change its self-selected team of PCPs at any time as long as it continues to meet the minimum size requirements of the Program and notifies Corporation. No Practice(s) may be removed from a Virtual Panel without the consent of at least three fifths (3/5ths) of the PCPs in the Virtual Panel.

Corporation may immediately terminate the Group, a PCP and/or a Medical Care Panel from the Program under the following circumstances with written notice, unless the termination is related to the discontinuance of the entire Program which requires ninety (90) calendar days prior written notice:

1. the Group, PCP and/or Medical Care Panel repeatedly fail to comply with the terms and conditions of the Program;

2. the Group, PCP and/or Medical Care Panel has substantial uncorrected quality of care issues;
3. upon termination of either the Master Group Participation Agreement, Appendix A-RPN/Group or the Primary Care Physician Participation Agreement which terminates the Group's, PCP's and/or Medical Care Panel's participation in Corporation's RPN or HMO networks; or
4. for any other termination reason set forth in the termination provisions of the underlying Participation Agreements within the applicable notice periods set forth therein.

The payment of all incentives will immediately terminate upon the effective date of the PCP's, Group's or Medical Care Panel's termination from the Program regardless of the reason for termination.

WHEREFORE, as of the Effective Date:

Agreed to by Group:

Agreed to by Corporation:

By: \_\_\_\_\_

By: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Practice Name

\_\_\_\_\_  
Date