UNDERSTANDING YOUR CLINIC'S CURRENT STRENGTHS AND POTENTIAL IN THE CONTEXT OF D.C.'S MEDICAID MCOS' LEGAL OBLIGATIONS TO DHCF

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The source of funding for this grant award is District appropriated funds earned based on the American Rescue Plan Act (ARPA) of 2021.The obligated amount funded by Grantor shall not exceed \$999,000 in the first year per year, and one option year of up to \$500,000 unless changes in the obligated amount are executed in accordance with ARTICLE XV of this agreement.









COMMUNITY-BASED PROVIDERS OFTEN POSSESS COMPETITIVE ADVANTAGES OVER OTHER HEALTH CARE DELIVERY MODELS THAT CAN LEVERAGED TO MAKE THEM MORE ATTRACTIVE TO D.C. MEDICAID MCOS. TO HELP PROVIDERS AND ORGANIZATIONS SPOT LANGUAGE IN VBP CONTRACT(S) THAT POSE A RISK



All rights and ownership are through the District of Columbia Government, Department of Health Care Finance, Health Care Reform, and Innovation Administration.

WALKING THROUGH THE CONTRACT





Identify language posing risk

Identify mitigation approaches



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NEIGHBORHOOD BEHAVIORAL HEALTH CLINIC: RELEVANT FACTS

85% of patients have income at or below 100% of FPG

50% of patients have used the ER more than 4 times in the past year for behavioral health symptoms

40% of patients have A1C above 8 Most common behavioral health diagnoses

- Major depression
- Severe anxiety
- PTSD



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("Company") and Neighborhood Behavioral Health Clinic ("Provider"), enter into this participant provider agreement, inclusive of the general terms and conditions and appendices attached, below (the "Agreement") as of the effective date set forth below.

Effective Date: Oct. 1, 2024

1. Performance Withhold

1.1. Company will withhold no more than 5% of reimbursement rate (set forth in payment section 5.1 below) if the following benchmarks are not achieved within the performance year (Oct. 1, 2024 – Sept. 30, 2025) for patients receiving treatment from the Provider.

1.2. Benchmarks

- 1.2.1. Cost avoidance metrics such as:
 - Avoidable Emergency Room Utilization
 - Reduction in readmission within 30-days of discharge from a psychiatric inpatient stay
 - Reduction in A1C by 1 point
 - Reduction in severity of mental health symptoms

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 - Reduction in severity of mental health symptoms

CONTRACT LANGUAGE

- 1. Performance Withhold
- Company will withhold no more than 5% <u>3%</u> of reimbursement rate (set forth in payment section 5.1 below) if the following benchmarks are not achieved within the performance year (Oct. 1, 2024 Sept. 30, 2025) for patients receiving treatment from <u>attributed to</u> the Provider <u>for the full performance year</u>.
- 3. Benchmarks
 - 1. Cost avoidance metrics such as:
 - 1.<u>Reduction in a</u>Avoidable Emergency Room Utilization <u>by 25% for patients attributed to the</u> <u>Provider for the full performance year.</u>
 - 2. Reduction in readmission by <u>50%</u> within 30-days of discharge from a psychiatric inpatient stay <u>for patients attributed to the Provider for the full performance year.</u>
 - 3. Reduction in A1C by 1 point 50% of Provider's attributed patients establish a primary care provider as measured by patient attendance all scheduled visits.
 - 4. Reduction in severity of mental health symptoms <u>50% of Provider's attributed patients</u> report no worsening of symptoms during performance year.