

AMENDMENT TO THE VALUE BASED CARE AGREEMENT

THIS AMENDMENT TO THE VALUE BASED CARE AGREEMENT (“Amendment”) is made and entered by and between Molina Healthcare of Washington, Inc. (“Health Plan”), UW Physicians and Valley Medical Center (“Providers”).

Whereas, Health Plan and Providers entered into a Value Based Care Agreement (“Agreement”), January 1, 2021, as amended.

Whereas, Health Plan and Providers hereby agree to amend the Agreement in accordance with the terms and conditions of this Amendment.

Now therefore, in consideration of the rights and obligations contained herein, the parties to this Amendment, intending to be legally bound, do hereby agree as follows:

1. Exhibit 1-G (2022 COVID-19 Care Coordination) is added to the Agreement, attached hereto.
2. Effective Date. This Amendment shall become effective on the date this Amendment is signed by Health Plan, and renew with and under the terms of the Agreement.
3. Use of Defined Terms. Terms utilized in this Amendment shall have the same meaning set forth in the definitions to the Agreement.
4. Full Force and Effect. Except as specifically amended by this Amendment, the Agreement shall continue in full force and effect.

This Amendment is in addition to, and does not replace or supersede, the Agreement between Health Plan and Providers filed with Health Plan. All conditions and provisions of the Agreement, except as specifically modified herein, shall remain binding. If there is any ambiguity or inconsistency between the documents not specifically addressed in this Amendment, the original Agreement shall be operative and enforced.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment by their officers thereunto duly authorized.

UW Medicine

By:

DocuSigned by:

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Jacqueline Cabe

Its:

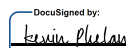
CFO, UW Medicine

Date:

7/13/2022

Molina Healthcare of Washington, Inc.

By:

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Kevin Phelan

Its:


VP, Network Management

Date:

7/21/2022

UW Physicians

By:

DocuSigned by:

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Anthony Dorsch

Its:

Executive Director

Date:

7/12/2022

Valley Medical Center

By:

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Michele Forgues Fisher

Its:

CFO

Date:

7/14/2022

EXHIBIT 1-G
2022 COVID-19 Care Coordination
Effective July 1, 2022 – December 31, 2022

WHEREAS, Provider has agreed to provide care coordination services to VBC Assigned Members to help ensure that members receive necessary screenings and services and follow treatment plans and close gaps in care;

WHEREAS, Health Plan have agreed on a compensation structure to fund these services;

THEREFORE, Health Plan and Provider have agreed to the following Care Coordination Services Agreement for the 2022 plan year (“Current Program Year”):

I. Care Coordination Services

- A. Provider Services: Provider shall provide care coordination services to increase access to care and improve health outcomes for VBC Assigned Members. These services shall include, but not be limited to:
- (i) Identification of and outreach to members who have missing services related to Quality Incentive and Tracking Quality Measures in the VBC report;
 - (ii) Outreach to members to engage them in COVID-19 health screening, provide related health education, and schedule members for vaccinations and other treatments;
 - (iii) Outreach to members who have missed appointments for health examinations and treatments during the COVID-19 pandemic so that treatment plans are continued, and progress and treatment compliance monitored;
 - (iv) Where in-person services are not advisable due to COVID-19, provide services via telehealth or other appropriate means to ensure the accessibility of services to members; and
 - (v) Develop a process to share information with Health Plan about Social Determinants of Health (SDOH) status of VBC Assigned Members no later than April 1, 2023.
- B. Reporting: Upon request, but no later than 90 days of the Current Program Year, Provider shall provide reporting to Health Plan on its care coordination services, including but not limited to reporting on activities in subparagraph A above.
- C. Monitoring: Health Plan will evaluate Provider’s compliance with its obligations, including by monitoring claims encounter data and HEDIS measure performance for Quality Program Assigned Members through monthly VBC reports and quarterly VBC meeting discussions regarding Provider’s performance on Quality Incentive and Tracking Measure performance. Health Plan and Provider shall use best efforts to achieve Quality Incentive and Tracking Measure performance through member outreach and related initiatives under this Agreement.

II. Compensation

- A. Health Plan will use reasonable efforts to pay Provider by the fifteenth (15th) day of each month five dollars and seventy cents (\$5.70) per member per month based on VBC Assigned Members.
- B. Inclusion from Total Cost of Care. The 2022 COVID-19 Care Coordination Fee payment will be included in the calculation of the Provider’s Contract Period Total Cost of Care for the purposes of the 2022 VBC Program.

- C. Health Plan and Provider shall meet and confer on whether to extend this program to the 2023 plan year, and if so, what the compensation will be for that year.

III. Term and termination

The term of this Program is for July 1, 2022 through December 31, 2022 and shall terminate, unless extended by mutual agreement on December 31, 2022.

IV. Miscellaneous

All other terms of the Quality Program Agreement shall apply to this Program Attachment, unless expressly modified herein.