



**MEDICAL CONDITION ASSESSMENT INCENTIVE PROGRAM
TERMS AND CONDITIONS
EFFECTIVE JANUARY 1, 2024**

These Medical Condition Assessment Incentive Program Terms and Conditions (“Terms and Conditions”) govern the Medical Condition Assessment Incentive Program (“MCAIP”). Provider must have received a unilateral amendment or executed and timely returned a bilateral amendment to participate in this Program.

The parties acknowledge that Provider is participating in MA-PCPi for the 2024 MA-PCPi Term.

A Provider that participates in the MCAIP will receive payment from United if the requirements and conditions described in these Terms and Conditions are met.

1. **Eligibility:** With respect to the MCAIP Term, to be eligible to receive a Bonus under these Terms and Conditions, Provider must have access to Practice Assist or any comparable platform identified by United.

Notwithstanding anything in these Terms and Conditions to the contrary, if at the time any Bonus is due the Agreement is no longer in effect, Provider’s eligibility to receive any of the Bonuses in these Terms and Conditions is at United’s discretion.

2. **Medical Condition Assessment Incentive Program Bonus (“MCAIP Bonus”):** Provider will be eligible to receive the MCAIP Bonus for those Suspect Medical Conditions identified in reporting furnished by United that Provider Physician assesses during a care visit with the MCAIP Customer during the MCAIP Term as described below:

- a. If, when completing a care visit with the MCAIP Customer, Provider Physician assesses and determines that the Suspect Medical Condition is present, Provider must timely submit a claim that includes the complete and accurate ICD-10-CM code(s). Claims are considered timely if they are processed and/or paid by United no later than March 31st following the end of the applicable MCAIP Term; or
- b. If, when completing a care visit with the MCAIP Customer, Provider Physician assesses and determines that he or she is unable to diagnose the Suspect Medical Condition at that time, Provider must report that fact and the date of the care visit in a timely manner through Practice Assist. Data submitted in this manner will be considered timely if submitted to United no later than January 10th following the end of the applicable MCAIP Term. United, in its sole discretion, may use other supplemental data sources that meet Centers for Medicare and Medicaid Services (“CMS”) documentation requirements and have been timely submitted to United no later than January 10th following the end of the applicable MCAIP Term.

If, for a given MCAIP Term, Provider qualifies for the MCAIP Bonus, United will calculate Provider’s MCAIP Bonus as \$20.00 multiplied by the total number of Suspect Medical Conditions that Provider Physicians assessed for the MCAIP Customers during the MCAIP Term.

United will pay the MCAIP Bonus to Provider as set forth in the table below:

MCAIP Date of Service	Suspect Medical Conditions Assessed using Practice Assist or Claims Processed and Paid Through	Payment Date*
January 1-March 31	5/31/2024	7/31/2024
April 1-June 30	8/31/2024	10/31/2024
July 1-September 30	11/30/2024	1/31/2025
October 1-December 31	3/31/2025**	5/31/2025

*To ensure Provider is reimbursed as outlined above, United will review Provider's claims and Practice Assist submissions for the previous quarter(s) and make additional payments, if applicable.

**As stated in 2.b., Practice Assist submissions are timely if submitted no later than January 10th following the end of the applicable MCAIP Term.

3. **Fully Assessed MCAIP Customer Bonus:** For each Fully Assessed MCAIP Customer, United will pay Provider an additional bonus of \$10 multiplied by the total number of Suspect Medical Conditions that Provider Physicians assessed for that Fully Assessed MCAIP Customer during the MCAIP Term. United will pay the Fully Assessed MCAIP Customer Bonus quarterly as set forth in the table in Section 2 above, starting with the second quarter payment.
4. **Medical Condition Assessment Superior Bonus:** Provider will be eligible to receive a Medical Condition Assessment Superior Bonus if Provider i) achieves an Average Star Rating within MA-PCPi of at least 4.00 and ii) addresses at least 65% of the Suspect Medical Conditions for MCAIP Customers during the MCAIP Term. United will calculate Provider's Medical Condition Assessment Superior Bonus as the applicable payment amount from the table below multiplied by the total number of MCAIP Customers as identified on the final report. United will pay the Suspect Medical Condition Assessment Superior Bonus no later than 150 days after the end of the MCAIP Term.

Percentage of Suspect Conditions Assessed	Medical Condition Assessment Superior Bonus <i>(PMPY: Per MCAIP Customer per year noted in the final reporting)</i>
95% and above	\$125.00 PMPY
85% - 94%	\$100.00 PMPY
80% - 84%	\$75.00 PMPY
75% - 79%	\$50.00 PMPY
65% - 74%	\$25.00 PMPY
64% and below	\$0.00

5. **Reporting:** United will make available, on a monthly basis, reporting to reflect Provider's activity in assessing the Suspect Medical Conditions. United will also update Practice Assist on a monthly basis to allow Provider to document Suspect Medical Conditions that Provider Physician assesses and determines that he or she is unable to diagnose at the time of a care visit.

No later than 120 days after the end of a MCAIP Term, United will make available to Provider the final report for that MCAIP Term.

6. **Electronic Medical Record Access or Chart Request:** Without limiting any other data access rights set forth elsewhere in the Agreement, Provider will allow identified United employees to have access to electronic medical records or alternatively, Provider will permit United or its designee to conduct chart reviews of Provider's records, specifically for the CMS required data submission, for any or all MCAIP Customers. On a quarterly basis, Provider will also attest to the accuracy of demographic data as described within the UnitedHealthcare Care Provider Administrative Guide. If charts or records are not furnished within the timeframe specified or are incomplete, or if Provider fails to attest to the accuracy of demographic data, United reserves the right to reduce or withhold any or all of the Bonus payments under the MCAIP.
7. **Quality Review:** United reserves the right to conduct quality reviews and withhold payment for assessments if United determines that the Provider Physician has failed to conduct the assessments, if Provider has not complied with relevant risk adjustment standards and requirements related to accurate and complete coding, or if Provider has not used Practice Assist to report Suspect Medical Conditions Provider assessed and was unable to diagnose at the time of a care visit. If Provider fails to timely comply with the requirements of this section, United reserves the right to reduce or withhold payment under the MCAIP.
8. **Training:** United will offer training, at no cost to Provider, regarding required medical record documentation and appropriate coding. The purpose of the training is to improve the accuracy and completeness of United's information and the information United provides to CMS regarding the health status of MCAIP Customers. United will identify any Provider employees who United believes will benefit from this training and notify providers in writing that they have been identified and of the details of the required training. Identified individuals must attend a training session within the timeframe established by United. If the identified individuals fail to timely complete requested training, United reserves the right to reduce or withhold payment under the MCAIP.
9. **Overpayment:** If United notifies Provider of an overpayment under the MCAIP, Provider will repay overpayments within 30 days of written or electronic notice. In addition, Provider will promptly report any overpayment under the MCAIP and will return the overpayment to United within 30 days of discovery. If Provider fails to repay overpayments as specified above, United may recover overpayments by offsets against future payments.
10. **Reconsideration:** Within 30 days after receiving the final reports for the MCAIP Term, Provider agrees to notify United electronically or in writing of any disagreements with their final MCAIP performance results. Provider's written notification must include the following: a) the MCAIP Customer and Suspect Medical Condition at issue; b) detailed information, including any relevant dates, copies from the member's medical chart, and any other relevant information to support the review request. United will only consider complete review requests and will respond to Provider within 90 days after receiving Provider's notification. Reconsideration determinations are final and Provider is not permitted to submit a second reconsideration request. If United does not receive notification within 30 days from the date United provided the final reports, Provider will have been deemed to waive any rights to pursue any dispute relating to that MCAIP Term.
11. **Termination:**
 - a. Provider has the right to terminate Provider's participation in the MCAIP, effective for the next MCAIP Term, by giving notice electronically or in writing within 60 days after the Terms & Conditions for the next MCAIP Term have been communicated. Such termination will not affect the MCAIP payment determination for the MCAIP Term in effect prior to such termination.
 - b. United has the right to terminate Provider's participation in the MCAIP, effective for the next MCAIP Term, by giving notice electronically or in writing at least 30 days prior to the start of the next MCAIP Term. Such termination will not affect the MCAIP payment determination for the MCAIP Term in effect prior to such termination.

- c. United and Provider each have the right to terminate Provider's participation in the MCAIP immediately upon notice electronically or in writing to the other if the other party fails to comply with any requirement of these Terms and Conditions.
- d. United has the right to terminate Provider's participation in the MCAIP immediately upon notice electronically or in writing if Provider no longer meets United's requirements to participate in the MCAIP.
- e. Unless otherwise authorized by United, if Provider participates in any other incentive program with United or United's Affiliates for the same Medicare Advantage Benefit Plans that are within the scope of the MCAIP, Provider's participation in MCAIP will continue at United's sole discretion. If United terminates MCAIP during a MCAIP Term under paragraph 11, Provider will not be entitled to payment under MCAIP for that Term.

12. **Amendment of the MCAIP Terms and Conditions:** United, in its sole discretion, may amend these Terms and Conditions for any future MCAIP Term by providing to Provider a copy of and/or electronic access to the new Terms and Conditions no later than 30 days prior to the first day of the MCAIP Term to which the new Terms and Conditions will apply. If Provider does not wish to continue participation in the MCAIP after review of the new Terms and Conditions, Provider has the option to terminate participation in the MCAIP as set forth in Paragraph 11 above.

To allow United to efficiently implement new incentive programs or bonus opportunities that allow Provider a chance to earn additional compensation, United will provide notice of new bonus opportunities under MCAIP and Provider will participate in those programs without amendment to these Terms & Conditions so long as those programs provide only the opportunity for increased compensation.

13. **Agreement:** When Provider and United are parties to an Agreement, none of the rights and obligations of Provider and of United under the Agreement will be modified or impaired by these Terms and Conditions, except in the event of a conflict between these Terms and Conditions and the Agreement, in which case the specific conflicting term(s) of these Terms and Conditions will govern with respect to the MCAIP.

When Provider and United are not parties to an Agreement when Provider begins participating in the MCAIP, Provider agrees and acknowledges that it is subject to the additional Terms and Conditions in Paragraph 15 of these Terms and Conditions. Further, Provider acknowledges that each Provider Physician is subject to the terms of the participation agreement or provider contract under which the Provider Physician participates in United's network for Medicare Advantage Benefit Plans.

14. **Defined Terms:** As used in these Terms and Conditions, these capitalized terms have the following meanings:

Agreement: The participation agreement or provider contract to which Provider and United are parties and under which Provider has agreed to participate in United's network for Medicare Advantage Benefit Plans.

Benefit Plan: A certificate of coverage, summary plan description, or other document or agreement, whether delivered in paper, electronic, or other format, under which United is obligated to provide coverage for a Customer.

Customer: A person eligible for, enrolled in and entitled to receive coverage from United for a health care service or product, according to the terms of the United Benefit Plan.

Fully Assessed MCAIP Customer: An MCAIP Customer for whom Provider has assessed each and every Suspect Medical Condition identified in the final reporting furnished by United.

MCAIP Customer: Each Customer eligible for and enrolled in a Medicare Advantage Benefit Plan who is assigned and/or attributed, for a given MCAIP Term, by United to one of Provider Physicians and identified by United on the PCOR as eligible for the MCAIP described in these Terms and Conditions.

MCAIP Term: A calendar year during which Provider is eligible to participate in MCAIP as described in these Terms and Conditions (for example, January 1, 2024 through December 31, 2024).

Provider: Either (i) a physician, medical group, clinic, IPA, or PHO, that is a party to an Agreement and has met the requirements set forth in the opening paragraph of these Terms and Conditions, or (ii) a medical group or clinic that is not a party to an Agreement, but employs or contracts with Provider Physicians, and has met the requirements set forth in the opening paragraph of these Terms and Conditions.

Provider Physician: A physician who is a doctor of medicine or osteopathy, duly licensed and qualified under the laws of the jurisdiction in which he/she provides health services to Customers, or a registered nurse practitioner or physician assistant as permitted by United's credentialing plan and state law, who meets one of the following: (i) is a Provider who is a party to an Agreement, or (ii) practices as a shareholder, partner, employee, or subcontractor of a Provider that is a party to an Agreement, or (iii) where the Provider is not a party to an Agreement, is a party to a United participation agreement or provider contract under which he/she participates in United's network for Medicare Advantage Benefit Plans and is a practicing shareholder, partner, employee, or subcontractor of that Provider. Each Provider Physician is assigned to a specific Provider based on the criteria above.

Suspect Medical Condition: A potential condition that United believes that a MCAIP Customer has but that has not been reported during the MCAIP Term on a claim or encounter.

United: UnitedHealthcare Insurance Company and/or the UnitedHealthcare Insurance Company affiliate(s) as named or identified in the Agreement (if Provider is a party to an Agreement), or in the MCAIP Participation Amendment (if Provider is not a party to an Agreement).

15. **Additional Terms and Conditions:** The additional terms and conditions of this Paragraph only apply when Provider and United are **NOT** parties to an Agreement, as set forth in Paragraph 13 above.
- a. **Authority to Contract.** Provider agrees and acknowledges that it (i) has all requisite corporate power and authority to conduct its business as presently conducted, and to agree to be bound by these Terms and Conditions, and (ii) has the unqualified authority to bind, and does bind, itself and its Provider Physicians to all of these Terms and Conditions.
 - b. **Compliance with Laws and Regulations.** Provider and United will comply with applicable state and federal laws and regulations, including but not limited to the requirements set forth in the Medicare Advantage Regulatory Requirements Appendix and those laws and regulations relating to confidentiality of individually identifiable health information derived from or obtained during the course of the performance of the MCAIP.
 - c. **Confidentiality.** Except as required by an agency of the government or by law, neither United nor Provider will disclose to any third party, including Customers, (i) any proprietary business information, not available to the general public, that it obtains from the other party; or (ii) the specific initiatives and related payment provided for under the MCAIP. Provider will assure that its Provider Physicians are likewise bound by this confidentiality obligation.
 - d. **Dispute Resolution.** The party invoking this provision, whether it be United or Provider, with its Provider Physicians, must provide written notice of any dispute within 180 days of the receipt of final payment under this Program for the MCAIP Term, or within the 60th day following the noticing party's discovery of the action or omission that is the subject of the Dispute, whichever is earlier. Nothing in this section shortens the

period under applicable law or this Terms and Conditions during which United may pursue and complete recovery of an overpayment.

Such written notice must: (i) state that the noticing party is invoking this Terms and Conditions' dispute-resolution process; and (ii) explain the circumstances giving rise to the Disputes and the basis for the noticing party's position regarding the Dispute. A party that receives a valid written notice of a Dispute will promptly arrange for discussions (which may be virtual or telephonic), during which United and Provider, with its Provider Physicians, will work together in good faith to resolve any and all disputes between them (hereinafter referred to as "Disputes") relating to the MCAIP Program. The parties will make reasonable commercial efforts to negotiate and resolve the Disputes. If the parties are unable to resolve any such Dispute within 90 days following the date one party sent written notice of the Dispute to the other party, and if either party wishes to pursue the Dispute, the sole and exclusive means for settling any Dispute not successfully resolved is binding arbitration conducted by the American Arbitration Association ("AAA") in accordance with the AAA Commercial Arbitration Rules, as they may be amended from time to time (see <http://www.adr.org>). Unless otherwise agreed to in writing by the parties, the party wishing to pursue the Dispute must initiate the arbitration within one year after the date on which notice of the Dispute was given or will be deemed to have waived its right to pursue the Dispute in any forum.

Any arbitration proceeding under the MCAIP Program will be conducted in Hennepin County, Minnesota. The arbitrator(s) will be selected from the AAA National Roster (as described in the AAA Commercial Arbitration Rules and Mediation Procedures). In an arbitration of a Dispute in which a party seeks an award of \$1,000,000 or greater, a panel of three arbitrators will be used. The arbitrator(s) may construe or interpret but will not vary or ignore the terms of the MCAIP Program and will be bound by controlling law. The arbitrator(s) will have no authority to award punitive, exemplary, indirect or special damages, except in connection with a statutory claim that explicitly provides for such relief. The decisions and awards of the arbitrator(s) on the Dispute will be final and binding and will not be subject to further review in any forum (including judicial review), and judgment on the award may be entered in any court having jurisdiction thereof. The parties acknowledge that because the MCAIP Program affects interstate commerce the Federal Arbitration Act applies in addition to any applicable state or federal law. Any prejudgment interest awarded by the arbitrator(s) will not exceed 3 percent per year and will only be available when required by applicable law or these Terms and Conditions. The burden of proof in any arbitration will be on the party asserting the claims or defenses in the arbitration.

Except as may be required by law, neither a party (including without limitation, the parties' agents, representatives, consultants and counsel), nor an arbitrator may disclose the existence, content, or results of any arbitration hereunder, or any Confidential Arbitration Information without the prior written consent of all parties. "Confidential Arbitration Information" means any written submissions in an arbitration by either party, discovery exchanged, evidence submitted, transcriptions or other records of hearings in the matter and any orders and awards issued, and any reference to whether either party won, lost, prevailed, or did not prevail against the other party in any arbitration proceeding, as well as any settlement agreement related to an arbitration. However, judgment on the award may be entered under seal in any court having jurisdiction thereof, by either party.

The parties expressly intend that any arbitration be conducted on an individual basis, so that no third parties may be consolidated or joined or allowed to proceed with class arbitration. The parties agree that any ruling by a court allowing class action proceedings or requiring consolidated litigation involving any third party(ies) would be contrary to their intent and would require immediate judicial review of such ruling.

In the event that any portion of this Article or any part of the Terms and Conditions is deemed invalid or unenforceable, such unlawfulness, invalidity or unenforceability will not serve to invalidate any other part of this Article or the Terms and Conditions. In the event any court determines that this arbitration procedure is not binding or otherwise allows litigation involving a Dispute to proceed, the parties hereby waive any and

all right to trial by jury in, or with respect to, such litigation. Such litigation would instead proceed with the judge as the finder of fact.

Failure to timely comply with and exhaust the requirements and processes described in this dispute resolution provision will constitute a waiver of the party's right to review of the Dispute, through any judicial, administrative, or regulatory process, through United's internal processes, or in any other forum (including arbitration and litigation), except as otherwise required by law.

e. Entire Agreement. These Terms and Conditions are the entire agreement between Provider and United with regard to the subject matter herein and supersede any prior written or unwritten agreements between Provider and United with regard to the same subject matter.

f. Relationship Between Parties. The relationship between United and Provider is solely that of independent contractors and nothing in the Terms and Conditions or otherwise will be construed or deemed to create any other relationship, including one of employment, agency or joint venture.

g. Notice. Any notice required to be given under the MCAIP will be in writing and will be deemed to have been given when delivered in person, by electronic communication, by facsimile or, if delivered by first-class United States mail, on the date mailed, proper postage prepaid and properly addressed to Provider or to United, as appropriate.

h. Governing Law. These Terms and Conditions will be construed in accordance with the laws of the State of Minnesota.

i. Survival. Subparagraphs B, C, D, and H of this Paragraph will survive termination of the MCAIP.

THIS PARAGRAPH CONTAINS A BINDING ARBITRATION PROVISION THAT MAY BE ENFORCED BY THE PARTIES.