



June 12, 2017

Re: Affiliation Agreement, relating to your participation in the Delivery System Reform Incentive Payment Program through the Suffolk Care Collaborative

Dear _____:

On behalf of all our colleagues at SB Clinical Network IPA, LLC d/b/a Suffolk Care Collaborative (“**SCC**”), it gives us great pleasure to learn that you are interested in participating as an affiliate (an “**Affiliate**”) in the implementation phase of our participation with the New York State Delivery System Reform Incentive Payment program (the “**DSRIP Program**”), including through project 2(a)(i). We are excited about the prospects of working together with you and our other Affiliates and coalition partners to improve the effectiveness and efficiency of health care delivery for Medicaid beneficiaries and uninsured individuals in Suffolk County.

SCC aims to create an integrated, collaborative and accountable service delivery structure that incorporates the full continuum of care, eliminating service fragmentation while increasing the opportunity to align provider incentives. Participation in the project will facilitate the creation of this structure by incorporating the medical, behavioral health, post-acute, long term care, ambulatory care, social service organizations, community-based organizations and payers to transform the current service delivery system from one that is institutionally-based to one that centers on community-based and preventive care. Our integrated delivery system (“**IDS**”) will be accountable for delivering accessible evidence-based, high quality care in the right setting, at the right time, at the appropriate cost. Your participation in the IDS will include supporting the planning, development and implementation of comprehensive population health management strategies (special projects as defined by SCC) and preparing for active engagement in New York State’s payment reform efforts.

Reducing avoidable hospital activity requires a new vision, with the formation of an integrated delivery system that is community-oriented and incorporates the full continuum of patient care needs including medical, behavioral, long term care, post-acute and social. In this system, avoidable hospital activity will be defined by potentially preventable admissions and readmissions (PPAs and PPRs) that can be addressed early with the right community-based services and interventions. This new vision will require an organizational structure with committed leadership, clear governance and communication channels, a clinically integrated provider network, and will be designed to incentivize and sustain interventions to holistically address the health of the attributed populations.

Your participation in the IDS as an Affiliate will further demonstrate how we function as a “coordinated network” and not as configuration of independent organizations. It is also anticipated that, over time, the IDS will grow and the relationships across providers and organizations will become formalized. Your participation will support (1) expanded access to high quality primary care, (2) payment reform, (3) the rebalancing and restructuring of health delivery, and (4) the enhancement of community-based services and behavioral health services. Your participation will be driven by measurable community needs and quality improvement activities.

In order to most effectively cooperate with our Affiliates, we have developed this Affiliation Agreement (the “**Agreement**”) to set forth the basic expectations that we have of our Affiliates. The effective date of this Agreement shall be as of [REDACTED] (the “**Effective Date**”). By signing this Agreement, you agree:



- to support SCC’s goal of meeting the requirements of the Triple Aim Initiative: improving patient experience of care, improving the health of populations and reducing the per capita cost of healthcare;
- to collaborate with SCC on such projects that you deem appropriate in your sole discretion; and
- to abide by the “Terms and Conditions for Affiliates” (hereinafter, “**Terms and Conditions**”) located on our web site at https://suffolkcare.org/affiliates_on_boarding, and attached hereto for your convenience, as may be amended from time to time with prior notice to Affiliates before the amended terms take effect; and
- to abide by the terms of this Agreement, and where applicable as defined in Section 9 of the Terms and Conditions, to abide by the terms of the Business Associate Agreement, attached to the Terms and Conditions.

SCC agrees:

- to create opportunities to work with other Affiliates to meet the requirements of the Triple Aim Initiative, in such a manner as SCC deems appropriate;
- to collaborate with the Affiliate on such projects that Affiliate deems appropriate in its sole discretion;
- to give notice to the Affiliate of any changes to the Terms and Conditions for Affiliates within a reasonable timeframe, in any event before the amended terms take effect; and
- to abide by the terms of this Agreement, and where applicable as defined in Section 9 of the Terms and Conditions, to abide by the terms of the Business Associate Agreement, attached to the Terms and Conditions.

This Agreement shall be effective as of the Effective Date. SCC or Affiliate may terminate this agreement for any reason with at least thirty (30) days’ notice by submitting a written notice of termination to the other party, as described in Section 4.1 of the Terms and Conditions.

Please direct any questions or concerns you may have to Alyssa Scully, Sr. Director, Project Management Office at alysa.scully@stonybrookmedicine.edu or (631) 638-1369. We look forward to working with you on this exciting project going forward.

Very truly yours,

SB CLINICAL NETWORK IPA, LLC dba Suffolk
Care Collaborative

Linda Efferen, MD
Interim COO & Medical Director
Office of Population Health

Date: _____



ACCEPTED AND AGREED TO:

The undersigned acknowledges and agrees that it is participating as an Affiliate of SCC.

Affiliate Name: _____

Signature: _____

Signatory Name: _____

Signatory Title: _____

Date: _____

Legal Name of Affiliate: _____

d/b/a Name of Affiliate: _____

Affiliate FEIN: _____

Affiliate NPI (if applicable): _____

Affiliate MMIS (if applicable): _____

Street Address L1: _____

City, State, Zip Code: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____