To: CTC-RI (CTC-ri@ctc-ri.org)

From: System of Care \_\_\_\_\_\_\_\_\_\_

RE: Practice participation in CTC-RI Multi-Payer Pediatric Expansion of Patient-Centered Medical Home Kids Initiative

Date:

[Practice name and site] is a member of our System of Care. The practice is interested in participating in the CTC-RI multi-payer primary care practice transformation program that prepares practices to function under the Patient Centered Medical Home (PCMH) model of care.  Participation in CTC-RI will prepare practices to meet the OHIC requirements as a PCMH which entitles the practice to ongoing sustainability payments.  We believe that this practice would benefit from participation in CTC -RI and that the CTC-RI practice transformation service program is complimentary and not duplicative of those support services provided by our system of care.   We understand however, that if accepted into CTC-RI the practice, PMPM payments could be modified based on our current SOC agreements with payers.

As a system of care for the portion of attributed lives covered under agreements that include care management support and/or practice transformation/facilitation support, we will provide the practice with support for (check all that apply):

* Practice reporting :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Nurse Care Manager or Care Coordinator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* NCQA application assistance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Our system of care will collaborate and communicate with CTC-RI to ensure that working together the Service Delivery Requirements are met within designated timeframes.

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Signature of SOC Representative Date Signature of Primary Care Practice Date

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