# Objectives

- Describe how membership in a CIN can improve your agency's clinical performance outcomes while supporting payment structures that allow for the growth of your business.

- Explain how the use of data a CIN can provide will simplify the identification of your practice's approach to understanding your clinical performance measures, patient utilization, and response to patient care in real-time.

- Illustrate how providers working within one network along with Care Management can improve patient care while enhancing the clinician experience.

Alphabet Soup

- LME: Local Management Entity

- MCO: Managed Care Organization

- ACO: Accountable Care Organization

- PLE: Provider Led Entity

- PHP: Prepaid Health Plan

- IPA: Independent Physician Association

- CIN: Clinically Integrated Network

CINs were first defined by the Dept. of Justice and the Federal Trade Commission in 1996

- Physicians must be part of the governance structure.

- Members of the CIN commit to work on various performance improvement components including the Quadruple AIM of healthcare.

  - To improve the patient care experience.

  - To improve patient outcomes.

  - To reduce the cost of healthcare

  - To improve work-life for Providers and Care-Team

- Use data and analytics to drive improvement on defined metrics.

- Demonstrate their value.

Better Outcomes

Improved Patient Experience

Quadruple Aim

Improved Clinician Experience

Lower Costs
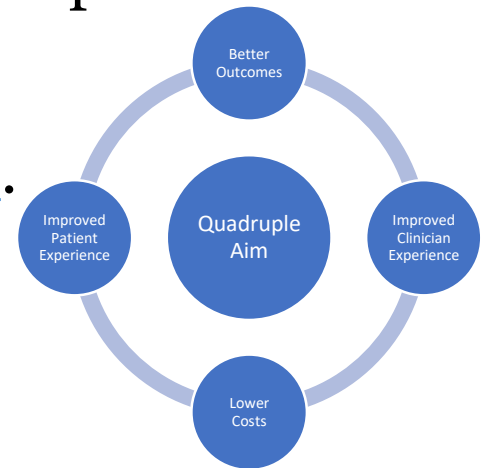
CINs can drive higher reimbursement through group negotiated contracts that include the following:

- Premium base rates — Increased fee-for-service rates based on expected performance

- Performance incentives — Incentive payments made for performance improvement initiatives

- Shared savings — Savings shared based on a reduction in the cost of care

Value of CIN For BH Providers

- Partnering with Physical Health colleagues to work on common goals

- Use data to demonstrate high quality and cost savings to payors

- Participate in value-based contracts

- Preserve independent practice

- Benefit from power purchasing potential

- Single signature contracts

- Decreased burden on individual practices to negotiate contracts that CIN leadership is addressing

Clinically Integrated Network: 7 Necessary Components

CIN

- Legal Options
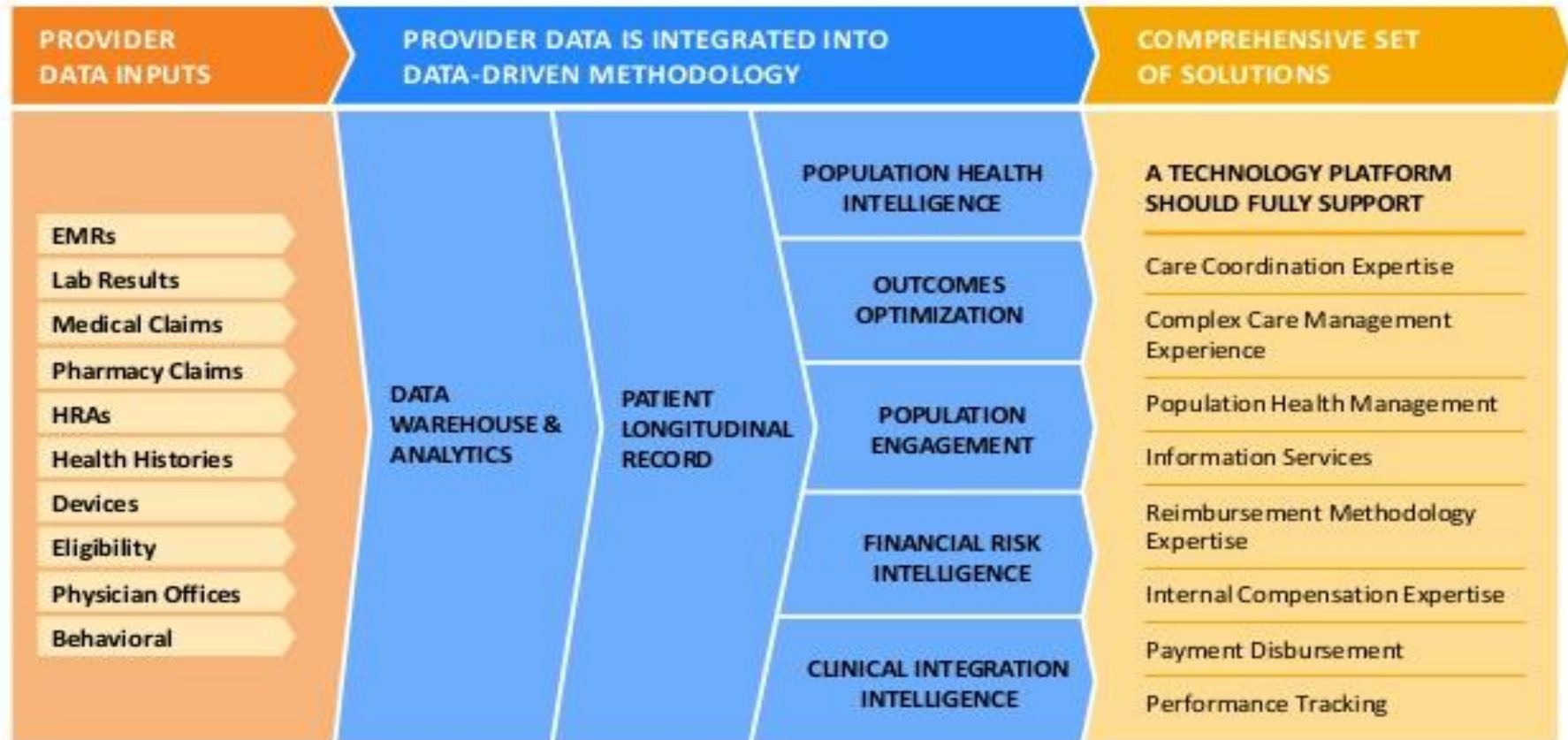- Physician Leadership
- Participation Criteria
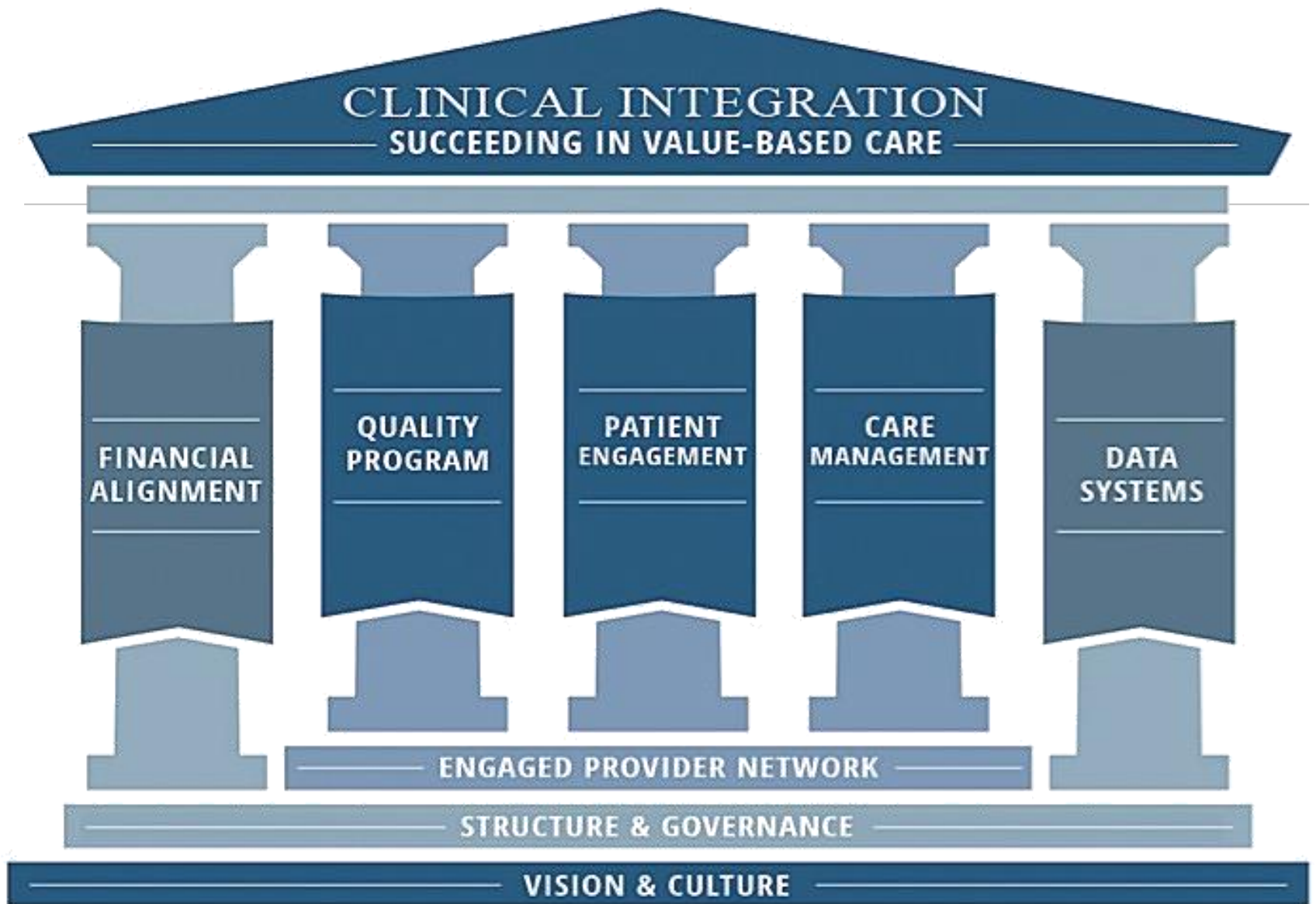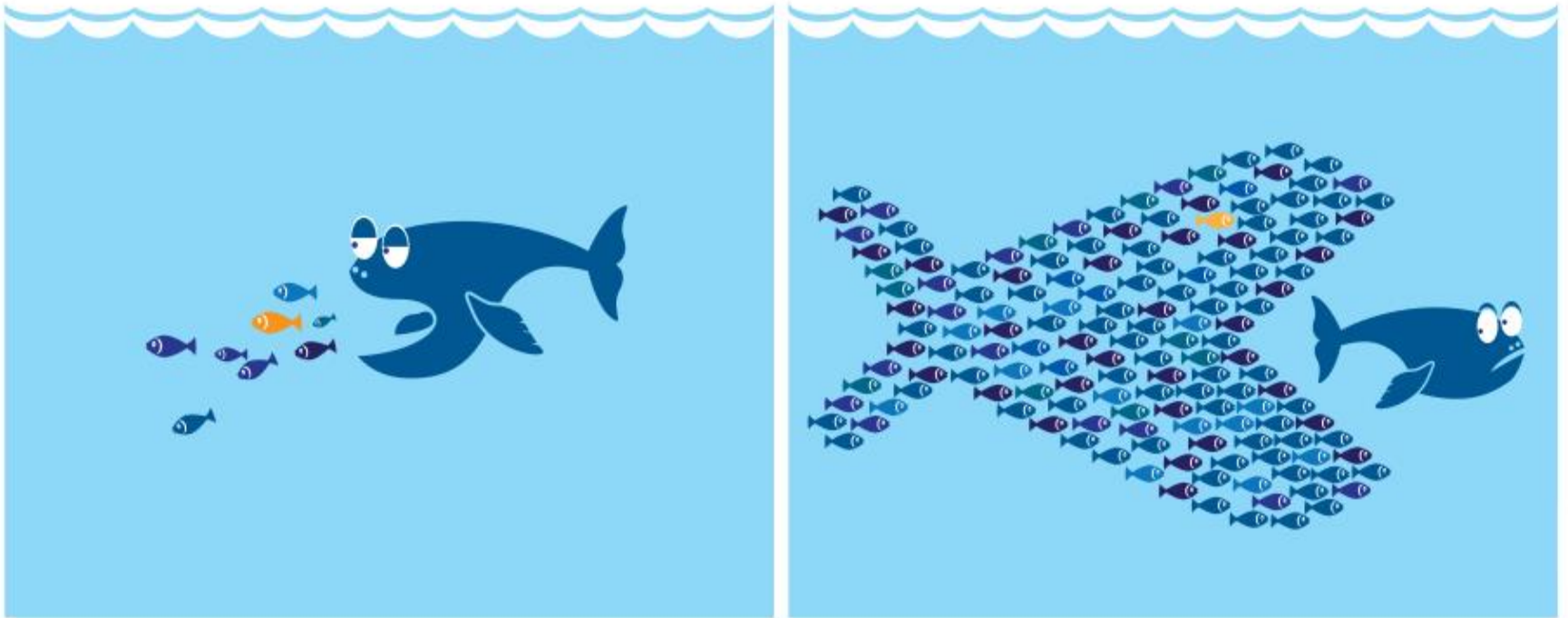- Performance Improvement
- Information Technology
- Contracting Options
- Flow of Funds

Actionable Data Key to Achieving CIN Success

PROVIDER DATA INPUTS	PROVIDER DATA IS INTEGRATED INTO DATA-DRIVEN METHODOLOGY		COMPREHENSIVE SET OF SOLUTIONS
EMRs	DATA WAREHOUSE & ANALYTICS	PATIENT LONGITUDINAL RECORD	**A TECHNOLOGY PLATFORM SHOULD FULLY SUPPORT**
Lab Results			POPULATION HEALTH INTELLIGENCE — Care Coordination Expertise
Medical Claims			OUTCOMES OPTIMIZATION — Complex Care Management Experience
Pharmacy Claims			Population Health Management
HRAs			POPULATION ENGAGEMENT — Information Services
Health Histories			
Devices			FINANCIAL RISK INTELLIGENCE — Reimbursement Methodology Expertise
Eligibility			Internal Compensation Expertise
Physician Offices			CLINICAL INTEGRATION INTELLIGENCE — Payment Disbursement
Behavioral			Performance Tracking

It's Time to Think Big

Community Care Physician Network (CCPN) Board of Managers

Greg Adams, MD
Boone, NC
Pediatrician

Terry Daniel, MD
Vice Chairman
Eden, NC
Family Medicine

Christoph R. Diasio, MD
Southern Pines, NC
Pediatrician

L. Allen Dobson, Jr., MD
Chairman
Mt. Pleasant, NC
Family Medicine

Beverly Edwards, MD
Ahoskie, NC
Pediatrician

Tagbo Ekwonu, MD
Charlotte, NC
Family Medicine

Conrad Flick, MD
Raleigh, NC
Family Medicine

Stephen S. Hsieh, MD
Lexington, NC
Internal Medicine
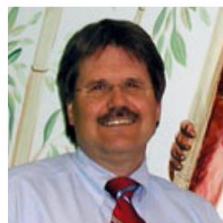
Larry D. Mann, MD
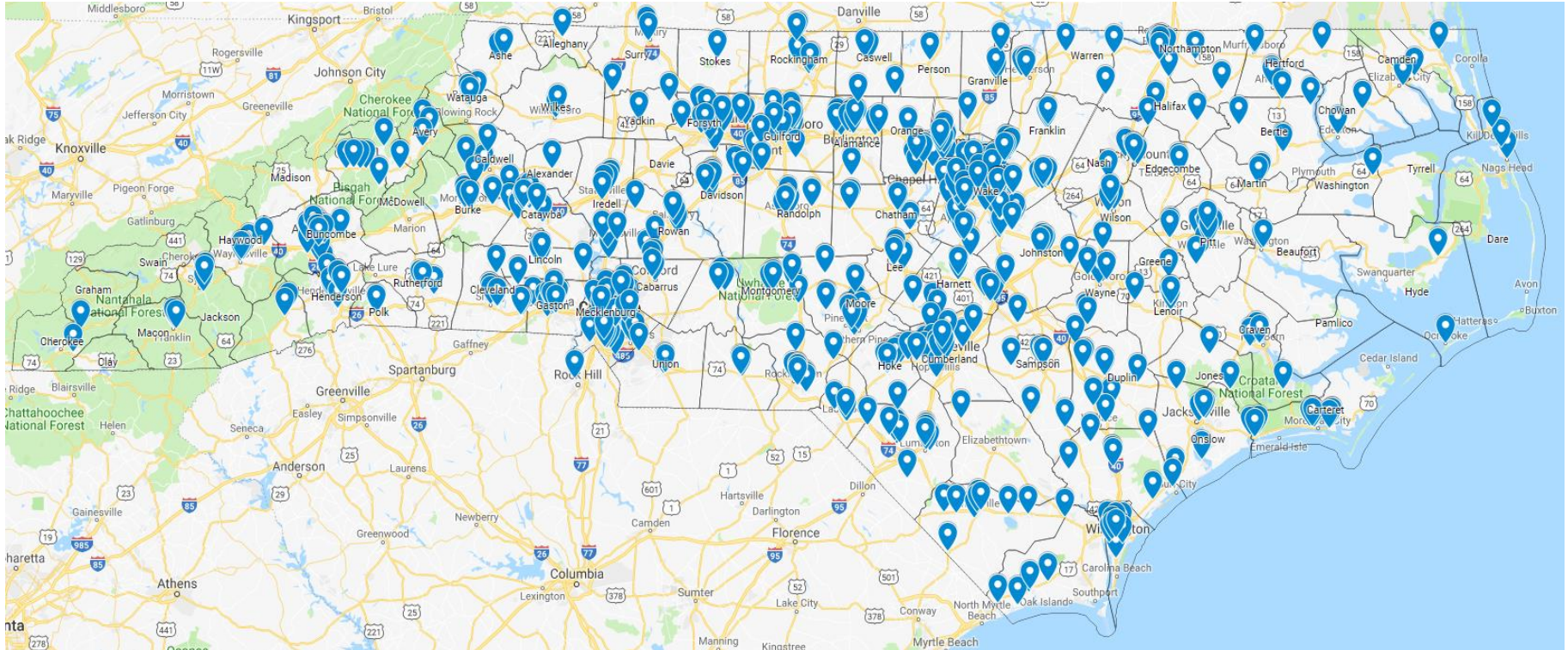**Raleigh, NC**
Pediatrician

Karen Melendez, MD
Dallas, NC
Psychiatrist

Rueben Rivers, M.D.
Fayetteville, NC
Internal Medicine

Community Care Physician Network – October 1, 2019

Number of Practices	Number of Clinicians	Medicaid Beneficiaries Served
+900	+2,700	+720,000

709 Behavioral Health Clinicians

63 Agencies

- DO – 10
- MD – 99
- PhD – 28
- LCAS – 22
- LCAS-A – 11
- LCSW – 166
- LCSW–A – 47

- LMFT – 7
- LMFT-A – 1
- LPA – 10
- LPC – 99
- LPC-A – 55
- NP – 112
- PA – 41
- RN – 1   11/15/19

Shared Savings and Quality Distribution

Develop a model that demonstrates how quality bonus and shared savings will be distributed to CCPN practices

- Model will be transparent and designed by physician-led Board

- Model will aid in recruitment and retention of practices

- Used for messaging by Provider Service Reps

- Used to motivate practices to improve performance

CCPN Philosophy on Bonus Distribution

- Keep it simple
  - Practices must trust the system
- Transparency
- Money goes directly to the people doing the work
- Reward high performers, keep everyone engaged
- Invest in infrastructure that will yield continued revenue
  - Risk Pool
  - Clinical initiatives
  - Analytics

CCPN and Care Management:

Providing care management support for members & practices

What is Care Management Support?

Care Management will work with our CCPN practices to follow up on our most complex members by:

- Identifying Transitional Care members through tracking of admissions/readmissions and transfers using ADT alerts and dashboards via Care Impact

- Identifying high risk members through practice risk stratification methodology

- And, by receiving direct referrals made by the practice and our PHP partners

Care Management Support cont'd.

Care Management Support means we will:

- Provide short term CM support through local care managers

- Complete a comprehensive needs assessment on all members *accepting services*

- Complete medication reconciliation

- Develop care plans and update goals or changes as needed

- Deliver member education and self management support

- Assess for Social Determinants of Health to assist removing barriers that impede positive health outcomes

How do we accomplish this task?

Interdisciplinary Team approach which includes certified licensed clinical and non-licensed support staff:
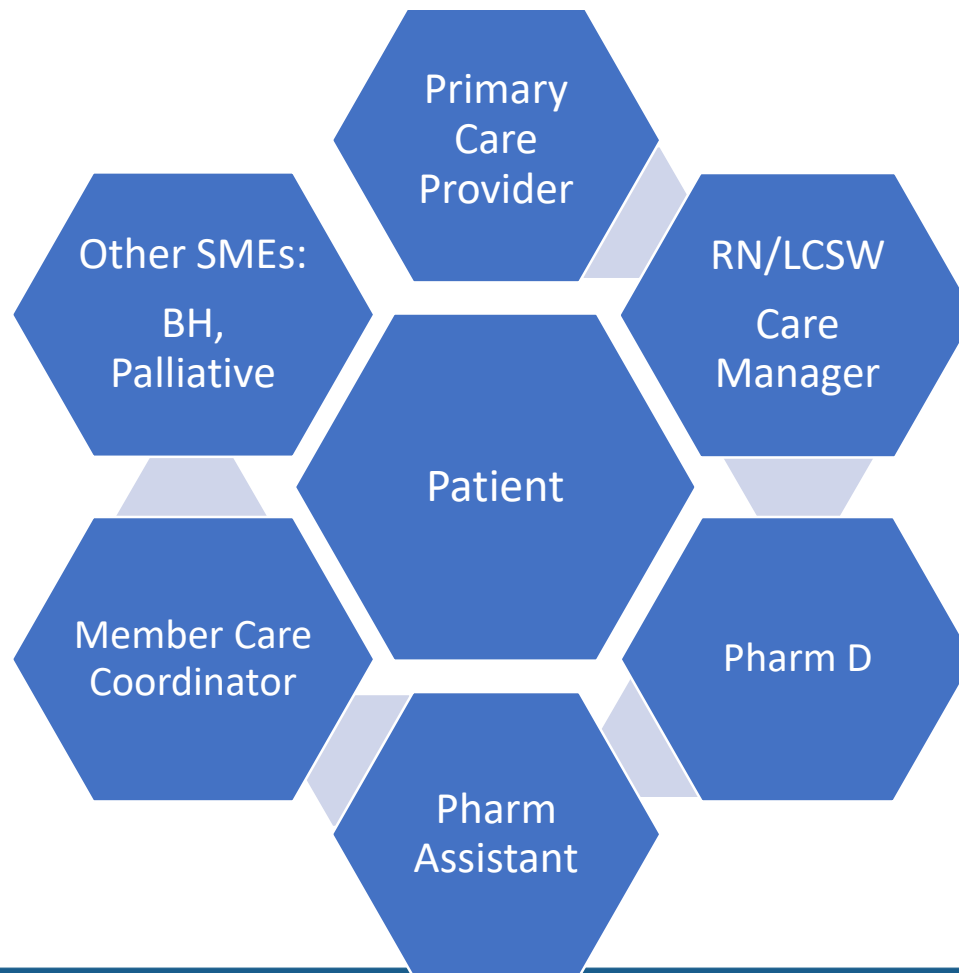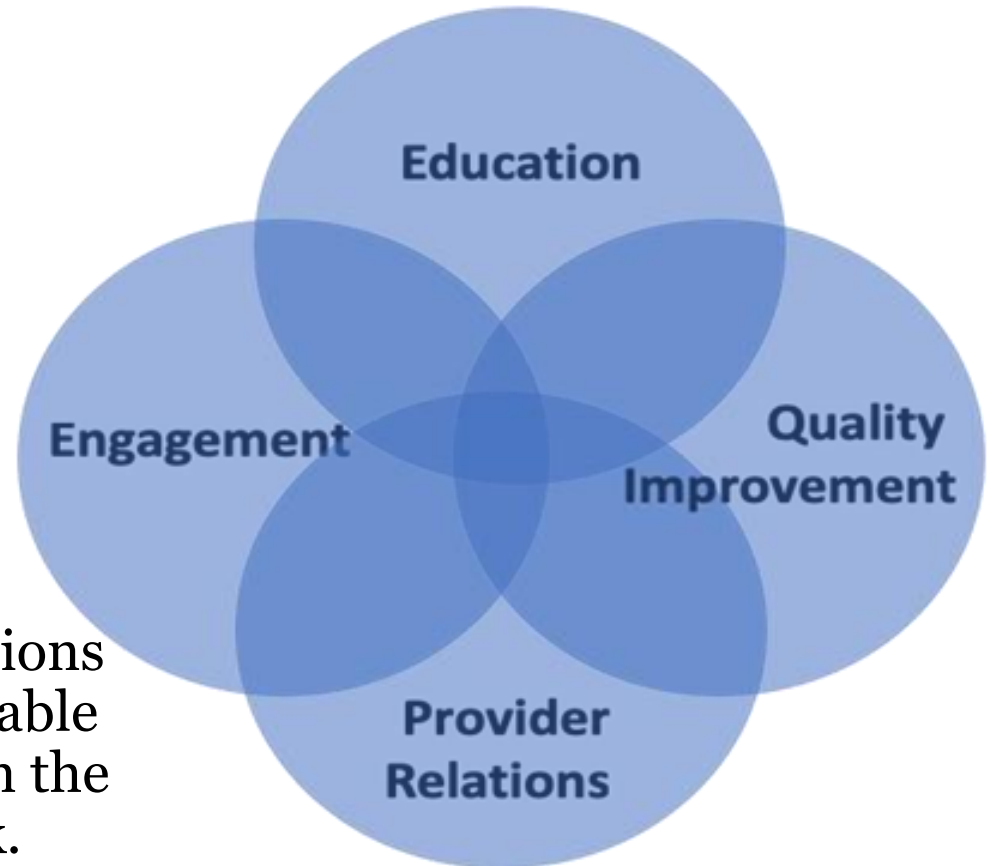
CCPN Provider Relations Support Model

Provider Services Operating Model

Guiding Principles

- Physician-led

- Patient-centered

- Local

- Relationship based:

    - Transparent

    - Mutually beneficial

    - Collaborative

- Relevant

- Improvement focused

Provider Services Essential Functions

Provider Relations
Engagement
Education
Quality Improvement

Although many of these functions are discrete, there is considerable overlap across functions given the integrative nature of the work.

Quality Reporting & CareImpact^{SM} Dashboard

Overview

- CCPN Prepaid Health Plan (PHP) Contract Measures

- Value-Based Contracting

- Performance Snapshot

- Success with *CareImpact Practice Perfect*

CareImpact Practice Dashboard

- The CareImpact Practice Dashboard is designed to enable your success in value-based contracts in Medicaid Managed Care.

  - Claims and performance data from all <u>five</u> PHPs aggregated into <u>one</u> platform to identify open care gaps, real-time hospital visits and quality measure performance.

  - Connection to care managers and care plans through VirtualHealth link to meet requirements for AMH Tier 3.

CareImpact^{SM} Practice Dashboard Overview Video

communitycarephysiciannetwork.com
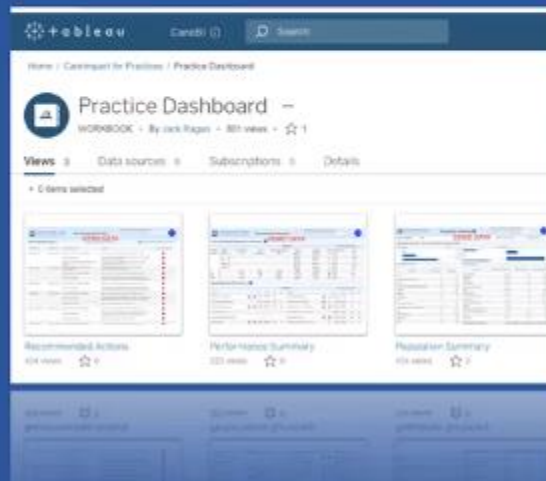
Medicaid PHP Contract Variables

New Medicaid PHP Plan

- $x.00 pmpm Quality Pool

- Shared Savings

  - Year 2

  - % MLR

  - % / % split

  - Net value pool

CCPN – Beyond Medicaid

- Have contracts with all Medicaid Payers
- What's next?
  - Medicare Advantage
  - Medicare Advantage Dual-Eligible Special Need Plans (MA DSNP)
  - Commercial Plans
    - Self-funded through TPA
  - Traditional
  - Exchange Products

Commercial

- Self-Funded through TPA
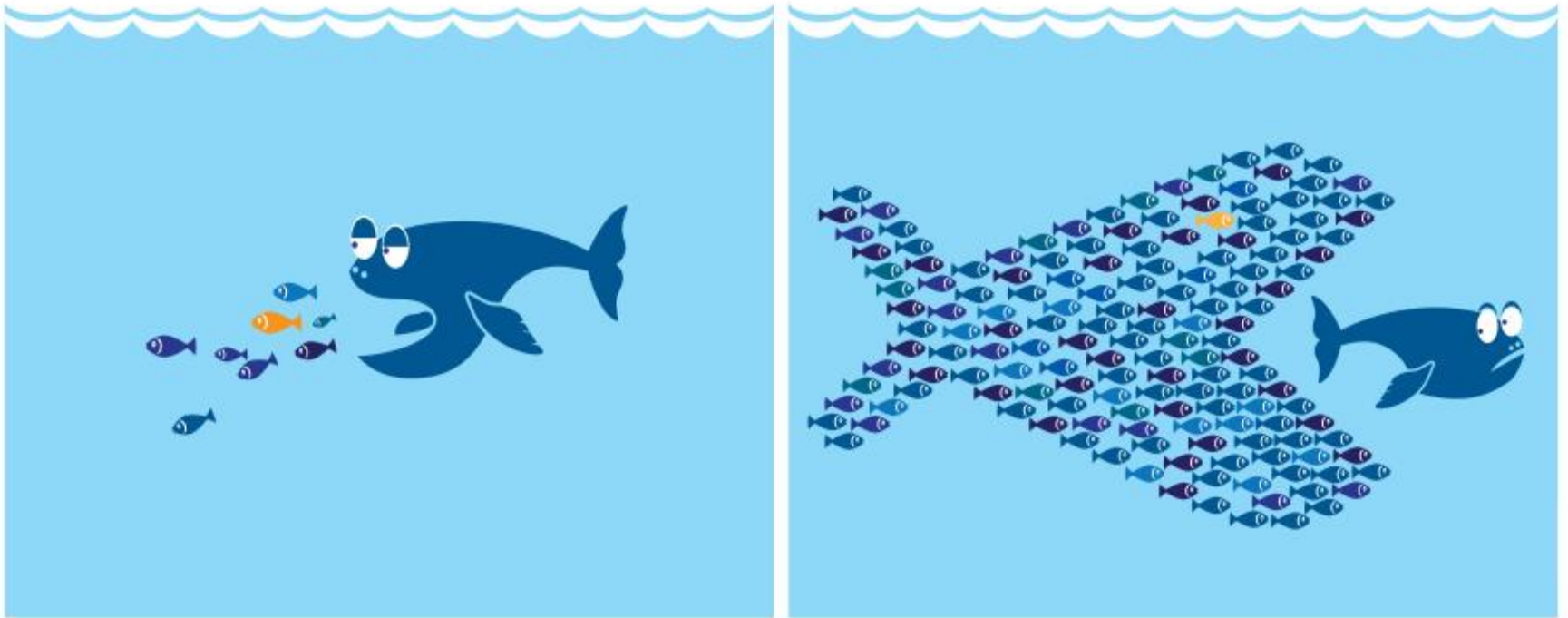
- State Health Plan

- Exchange Products

It's Time to Think Big

www.communitycarephysiciannetwork.com

CCPNSupport@communitycarenc.org

Reference Slides Available Upon Request

More Information on Medicaid Reform

- Medicaid Transformation website:
  https://www.ncdhhs.gov/assistance/medicaid-transformation

- Advanced Medical Home Program:
  https://medicaid.ncdhhs.gov/advanced-medical-home

- Provider Support in Transition to Managed Care:
  https://www.ncdhhs.gov/supporting-provider-transition-medicaid-managed-care

- Medicaid RFP:
  https://www.ncdhhs.gov/request-information

- DHHS Medicaid Managed Care Policy Papers:
  https://www.ncdhhs.gov/policy-papers