



Welcome to Connected Care Partners Clinically Integrated Network

Colleagues,

Welcome to the Connected Care Partners (CCP) Clinically Integrated Network. Along with close to 825 of your colleagues, you are part of a provider-driven network that will collaborate to improve the quality of health care and the health of our patients, all while reducing the costs of care. Moreover, we aim to respond collectively, and more effectively, to health care reform in which quality and cost effectiveness are driving factors.

The network was created to engage providers in this important transformation of care, and we are delighted that you have joined us in this new and exciting venture. "Care" and "Partners" are not just part of our name; they are at the core of all we do. We want to partner with you to deliver excellence in clinical care and patient experience. Thank you for becoming a founding member of Connected Care Partners and joining our new network. We will provide regular updates on our developing network, research and upcoming events via our newsletter, mailings and website (www.ccppartnerscin.com). Please call the office at (662) 377-7811 should you have any questions.

Sincerely,

William "Bo" Calhoun
Chairman
Connected Care Partners Board of Directors

Meet the Connected Care Partners Board of Directors



Steven Brandon, M.D.
Family Medicine, Starkville

William "Bo" Calhoun, M.D.
Cardiology, Tupelo

Troy Cappleman, M.D.
Family Medicine, Ripley

Erik Dukes, M.D.
Family Medicine, Booneville

Ken Harvey, M.D.
Internal Medicine, Tupelo

Edward Ivancic, M.D.
Pediatrics, Tupelo

Allen Justice, M.D.
Gastroenterology, Tupelo

Raymond Orgler, M.D.
General Surgery, Tupelo

Don Robertson, D.O.
Internal Medicine, Iuka

Vishal Sachdev, M.D.
Cardiothoracic Surgery

Sue Simmons, M.D.
Family Medicine, Maben

Robert Stewart, M.D.
Pulmology, Tupelo

Wanda Stroupe, APC
Family Nurse
Practitioner, Ripley

Wayne Slocum, M.D.
Obstetrics-Gynecology,
Tupelo

David Barber
President, NMMCI

Lee Greer, M.D.
Geriatrics, Tupelo

Shane Spees
CEO, NMHS

CK White, M.D.
Chief Medical Officer
Obstetrics-Gynecology,
Tupelo

MISSION

Our mission is twofold:

- Deliver care in an organized manner focusing on improving care through a series of clinical initiatives and performance measures as established by the Connected Care Partners Board of Directors and its committees. These committees are composed of local and regional practicing providers making decisions about quality and efficiency of care.
- Contract with payers through Connected Care Partners for the purpose of recognizing and rewarding value created through cost effective,

quality care.

VISION

Connected Care Partners will:

- Improve the patient care experience
- Improve the health of the communities we serve.
- Efficiently provide the highest quality, evidence-based care and enter into payer contracts that will reward high quality and cost-effective care.
- Be committed to innovation, value-based care and ongoing performance improvement.
- Assist with promoting provider satisfaction through integration and sharing of best practices for quality and efficiency.

Connected Care Partners Committees

The **Professional Standards & Credentialing Committee** will develop and recommend policies, processes and procedures for adoption by the Board of Directors that will:

- promote the professionalism of the group as it relates to patient care, conduct with colleagues and staff, and relationships with non-CIN entities
- promote strategic growth and recruiting of the Network in accordance with FTC guidelines and
- allow the Network to credential and onboard new participants. In addition, this Committee will function as the CIN Peer Review Committee and will review professionalism, conduct issues and participation issues brought before it by CIN leadership and management.

The **Primary Care Collaborative** will be organized to create an engaged forum for the primary care providers to work together to design and deliver patient-centered ambulatory care in a manner that will increase quality, improve efficiency and ensure timely access to primary care services. The delivery of care will be assessed within the context of thriving in today's value-based purchasing models and in preparation for future provider-risk economics.

The **Performance Metrics & Quality Committee** will develop and implement the Performance Improvement Plan. This also includes providing oversight of the clinical performance management IT system (CPMS) to assure success in meeting our data requirements.

The purpose of the **CCP Payer Strategy & Contracting Committee** is to create a group of subject matter experts to advise the Connected Care Partners Board of Directors on issues related to payer strategies and value-based contracting, including pay-for-performance, bundled payments, shared-savings and other risk-based contracts arrangements.

The **IT/Analytics Committee** will develop and vet a strategy and oversee implementation of that strategy for establishing IT and analytic capabilities needed to support our goals, including improving quality, coordination and efficiency of care and succeeding under value-based reimbursement arrangements.

The **Nominating Committee** will select and recommend to the Member or Board of Directors, as appropriate, candidates to serve on the Board of Directors and Committees of the Board of Directors and perform such other functions as may be requested by the Member or the Board of Directors.

MACRA Overview: How MACRA Will Impact You

Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) will cause significant changes in physician practices over the next 10 years. At a very high level, MACRA:

- Repeals the flawed Medicare sustainable growth rate formula that calculated payment cuts for physicians
- Creates a new framework for rewarding providers that provide high quality care. It establishes two tracks for payment:
 - Merit-based Incentive Payment System (MIPS)
 - Advanced Alternative Payment Models
- Consolidates three existing quality reporting programs, PQRS, Value-Based Payment Modifier and Meaningful Use, plus adds a new performance category, called improvement activities.

MIPS will be the most commonly used program for providers in the coming years. It will require providers to submit quality measures, demonstrate adherence to advancing care information requirements, participate in recognized performance improvement activities and practice cost-effective care.

Who am I compared to?

All MIPS eligible providers will be compared to each other and against a performance threshold.

What are the reporting requirements under MIPS?

Quality

In the quality performance category, you must report at least six measures. One of these measures must be an outcome measure. These measures will be similar to the PQRS measures that were previously reported. In addition, for groups with more than 16 providers, CMS will calculate a hospital readmission rate for the group.

Cost

CMS will calculate the performance in this category using claims data. In

2017, the cost component has a 0% weighting, but cost will become an increasingly important component of the MIPS program in subsequent years.

Improvement Activities

Patient-Centered Medical Homes and similar programs will be recognized as an approved performance improvement activity.

Advancing Care Information

Eligible providers will receive a base score and performance score in the Advancing Care Information (ACI) performance category. The objectives and measurements are based on the 2015 EHR Incentive Program requirements. These requirements will evolve in subsequent years.

How will I be paid under MIPS?

Beginning in 2019, providers participating in MIPS will be eligible for positive or negative Medicare Part B payment adjustments that start at 4% and increase to 9% by 2022.

Contact Us

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Please share this email with anyone who would find the information helpful.
To add someone to the distribution list, please email alallen1@nmhs.net