



Frequently Asked Questions (FAQs)

Clinical Integration

1. What is a Clinically Integrated Network (CIN)?

Simply, a CIN is a group of providers who, in partnership with a hospital, make a collective commitment to performance improvement with a focus on improving the quality and efficiency of care for the patients they serve. To support these population health efforts, they are able to contract together to help achieve their goals without the risk of violating antitrust laws.

Connected Care, LLC, d/b/a Connected Care Partners (CCP) is a CIN partnership between North Mississippi Health Services (NMHS), the physicians and other providers employed by NMHS, and independent physicians and other advanced practice clinicians.

The legal definition of acceptable Clinical Integration provided by the Federal Trade Commission (FTC) and U.S. Department of Justice in 1996 the statements of Antitrust Enforcement Policy in Health Care states:

“Clinical Integration is an active and ongoing program to evaluate and modify practice patterns by the network’s provider participants and create a high degree of interdependence and cooperation among the providers to control costs and ensure quality. This program may include:

- establishing mechanisms to monitor and control utilization of health care services that are designed to control costs and assure quality of care;
- selectively choosing network providers who are likely to further these efficiency objectives; the significant investment of capital, both monetary and human, in the necessary infrastructure and capability to realize the claimed efficiencies.”

2. What does Connected Care Partners seek to accomplish?

In a collaborative and transparent effort between hospitals, providers, payers (insurers/ employers/government) and patients, our CIN seeks to accomplish the Quadruple Aim:

- **Improve the patient experience**, not just patient satisfaction scores but access to health care through patient portals and access to non-provider members of the health care team who can manage many day-to-day matters of chronic disease management and wellness.
- **Improve the health of the network’s patient population** using evidence-based chronic disease management programs, evidence-based referrals and wellness programs.
- **Reduce the per capita cost of health care** in the covered population by using wellness programs, evidence-based referral, screenings and evidence-based chronic disease management protocols.
- **Improve the work life of health care providers**, including that of clinicians and staff.

Some of the mechanisms that can be used to achieve the above aims include:

- Establish major diagnosis/disease state evidence-based clinical guidelines that are cost-effective while maintaining quality
- Develop a system to communicate clinical guidelines to the entire network and monitor compliance with the guidelines
- Develop a comprehensive patient wellness program
- Develop a communication system, which allows for easy and open communication between all network providers regarding coordination and management of patients' overall health
- Enter into alternative payment arrangements with payers that financially recognize providers' efforts and patient outcomes
- Develop mutually acceptable shared financial goals and risk/incentive systems to reward high quality, cost-effective care
- Focus on attaining the Quadruple Aim (improving the patient experience, improving the health of populations, reducing the per capita cost of health care, improving provider satisfaction)

3. Where has it been done successfully before?

Many health systems have formed networks to manage risk contracting and many of those have evolved into successful CINs. One of the more well-known is the Advocate Physician Partners (APP), a network of physicians associated with the numerous Advocate Health hospitals in the Chicago area. The network has approximately 3,800 physicians now (900 are employed and the rest are independent). Each year they produce a report to the community showing how the network, by the use of quality improvement processes and incentives to the physicians, has improved the health of its patient population with results that are better than other populations in both Chicago and Illinois.

The report can be found on the APP website (<http://www.advocatehealth.com/documents/app/2016APPValueReport.pdf>). Dozens of others are in various stages of development and implementation, and we will continue to provide you opportunities to learn from them. Other mature CIN programs include the Geisinger Health System, Partners Community Health care and the Sutter Health Network.

4. Can Advance Practice Clinicians (APCs) join the Connected Care Partners?

Yes. Given the extremely important and valuable role that APCs play in providing care in Mississippi and Alabama, we believe that they are an invaluable part of any initiatives that aim to improve health outcomes and the health of communities. As such, Connected Care Partners welcomes APCs to join the network.

5. What are some of the key factors in creating a successful CIN?

CINs that were not provider-led have not been as successful as provider-led and provider-accountable networks, a major design principle for Connected Care Partners. Providers must lead these improvements in clinical care in partnership with hospitals and other health care entities and providers that will be part of the overall solution. (Evidence shows that currently only about 55% of patients receive all of the expected care for a given chronic condition). Providers, hospitals and other providers must work together and hold each other accountable to improve the health of our patients.

6. What are the measurements of success for Connected Care Partners?

If the following milestones are achieved, North Mississippi Health Services will have positioned itself for success in the health care reform era:

- Enter a participation agreement with 400 providers who each agree to work collaboratively with the other providers in the network to provide clinically integrated care to the patients served by Connected Care Partners
- Implement systems that will enable Connected Care Partners to measure and report to all constituencies the financial, quality and utilization performance in a contemporaneous fashion
- Establish major diagnosis/disease state evidence-based clinical guidelines that are cost-effective while maintaining or improving quality
- Develop mutually acceptable shared financial goals and risk/incentive systems to reward member providers for achieving set outcomes
- Demonstrate, with data, that patients in Connected Care Partners have better patient care experiences, are healthier and pay less for their care
- Pursue value-based reimbursement contracts with employers and health insurance providers

7. What is the reason that North Mississippi Health Services is interested in partnering with providers to create the CIN and how is that partnership valuable to the providers?

Many health systems and hospitals are now partnering to create CINs. Several reasons for this interest include:

- Preparing for performance-based pay and accountable care
- Creating greater alignment with their medical community
- Partnering with providers to improve hospital and ambulatory care quality
- Attracting payer and employer interest in improving value to patients

The hospital's primary role is to facilitate the provider-led effort and to streamline any barriers on the hospital side that may prevent the CIN from reaching its goals. The health system will establish the initial IT reporting system and provide management staff for the data collection/analysis and may also establish incentive pool funds for hospital-based metrics.

8. Why is it helpful to have the hospital as a partner in the CIN?

Partnering with a health system has several benefits for a CIN. First, the health system has access to the capital necessary to support the quality improvement effort. Second, health systems frequently have quality and process improvement specialists who can be assigned to the network. Third, having the hospital system in the CIN will significantly increase the chances of payers taking interest in collaborating to drive improvements in quality and efficiency. Finally, North Mississippi Health Services as a community not-for-profit organization is led by a community board. We believe community oversight of the network is important for achieving the network's health improvement goals.

9. Is the CIN the same as an ACO?

The CIN is the over-arching term for the network of providers, hospitals and other providers of care that is committed to improving the quality and efficiency of care for patients.

An accountable care organization (or ACO) is a group of providers who come together to manage the cost, quality and utilization of services for a given population of patients such as Medicare patients. Typically, the term ACO is used to refer to the Medicare Shared Savings and Pioneer programs currently being piloted to improve care. ACOs, by specific waivers, are exempt from several federal laws (eg. certain Stark regulations). CINs are not exempt.

10. What is the difference between Health Link PPO and Connected Care Partners?

Health Link is a preferred provider organization (PPO). A PPO is a network of providers that agree to provide services on a fee for service basis. Health Link PPO has been awarded credentialing certification from the National Committee for Quality Assurance (NCQA), an independent, not-for-profit organization dedicated to measuring the quality of America's health care. Health Link's certification is based on a voluntary review of the preferred provider organization, which ensures that its members are receiving high quality care.

Connected Care Partners will have fewer members than the Health Link PPO and will be more exclusive for certain independent and NMHS-employed providers who have made a collective commitment to collaborate, with the goal of improving the quality and lowering the costs of care will be included. Initiatives that will help with this goal include developing a set of common clinical protocols, defining and collecting data on quality measures, and implementing additional programs and initiatives to assist providers in delivering the best care possible to the patients they serve.

Organizational Overview

1. How was Connected Care Partners created?

In March 2016, the North Mississippi Health Services leadership appointed a 28-provider ad hoc group from across the NMHS service area to develop Connected Care Partners. That group, consisting of 16 independent providers from the community and 12 employed NMHS providers, worked for four months to develop a governance model and legal documents (the Operating Agreement and the Participation Agreement), which in turn led to the creation of the network. This network, named Connected Care Partners, plans to go "live" in mid-2016, with the first meeting of the newly appointed Board of Directors.

2. Why was Connected Care Partners created?

Connected Care Partners was created to engage both independent and employed providers to work collaboratively in leading NMHS' efforts to deliver high quality and affordable care. Connected Care Partners will lead the development of a health system organized for population health to accomplish the transformation from volume-based reimbursement to value-based.

This transformation will require significant provider engagement and leadership. This will assure that patient-centered care is delivered and the goals of the Quadruple Aim are reached.

3. What is the vision of Connected Care Partners?

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

4. What are the goals of Connected Care Partners?

The three main goals are to:

- Transform care delivery by creating a provider-led CIN with NMHS that is accountable for the full continuum of care.
- Lead the market in high quality, cost effective care through population health management that includes engaging patients in the ownership of their care.
- Become the preferred partner for providers in our communities through a culture of collaboration.

5. Why is Connected Care Partners a good idea and necessary for our future?

In addition to addressing some of the requirements of health care reform, Connected Care Partners will address the needs of payers and employers to stabilize premiums and decrease costs.

In a collaborative and transparent effort between health systems, providers, payers (insurers/employers/government) and patients, Connected Care Partners seeks to accomplish, at a minimum, the following:

- Maintain or reduce health care costs
- Improve quality of care and patient outcomes
- Maintain or improve the overall health of defined populations
- Establish major diagnosis/disease state evidence-based clinical guidelines that are cost effective and yield more reliable quality and results
- Develop a Connected Care Partners CIN-wide system to communicate and evaluate performance within clinical guidelines
- Develop a comprehensive patient wellness program for preventive care
- Develop a communication system that allows for transparent communication between all network providers regarding coordination and management of the individual patient's overall health
- Explore alternate reimbursement methodologies that are more based in outcomes than only fee-for-service care
- Develop mutually acceptable shared financial goals and risk/incentive systems to incentivize established outcomes

6. What is the organizational and leadership structure of Connected Care Partners?

Connected Care, LLC, d/b/a Connected Care Partners operates as a wholly owned subsidiary of NMHS and has a board of 17, which includes 14 providers and three NMHS appointed leaders. The Connected Care Partners chair is elected by the CCP Board of Directors. The provider members are recommended to the NMHS Board of Directors by the CIN nominating committee for approval.

In addition to the board, there are six committees that are in the process of being created and will be populated primarily with providers. The proposed committees are (1) Nominating Committee, (2) Performance Improvement and Quality Committee, (3) Payer Strategy and Contracting Committee, (4) Professional Standards and Credentialing Committee, (5) Primary Care Collaborative and (6) IT/Analytics Committee.

Membership and Participation

1. What will be the benefits to my practice if I join Connected Care Partners?

Connected Care Partners membership includes a number of benefits including:

- Participation in a network of providers that seeks to improve the health of their community in measurable terms by being part of the solution to spiraling health care costs
- Participation in the decisions on which quality/cost initiatives to pursue
- Access to a clinical performance management system (CPMS) to measure your practice's patient care performance relative to your peers and to help you achieve the Connected Care Partners goals
- The quality improvement and reporting infrastructure established for the CIN will also help independent practices perform well in MIPS, part of the new Medicare reimbursement program (MACRA) being instituted in 2017.
- Potential access to a number of incentive contracts with payers and major employers
- Financial incentives for practices to help transition to a value-based payment system
- Access to patients and employers who value a network with demonstrated quality care

2. Will joining Connected Care Partners help me with MACRA, MIPS and APM?

Yes, Connected Care Partners will help providers with MACRA, which includes two paths: MIPS and APM. The regulation is certainly top of mind for many providers – it's coming up fast, with the first measurement year starting in January 2017, and early analyses suggest that the smaller the practice size, the more likely the practice is to get hit with a MIPS penalty.

Connected Care Partners will be investing in centralized quality improvement infrastructure that would support practices participating in the MIPS pathway. Moreover, there may be an opportunity to eventually be in an APM, which would qualify for guaranteed 5% reimbursement lift.

3. What are the participation requirements?

The newly created provider-led Connected Care Partners Board of Directors has the responsibility to establish criteria for participation in the CIN. At a minimum, participating members must satisfy certain standard credentialing requirements, which at this time are consistent with the Health Link credentialing requirements. In the future, quality measures will be part of the threshold requirements for participation. Participating members must also have a desire to clinically integrate their practices with NMHS hospitals and facilities and other providers participating in Connected Care Partners. This clinical integration is necessary to satisfy the ultimate goal and objective of Connected Care Partners, which is to provide outstanding medical care to our communities at the lowest possible cost.

Currently, qualifications to join Connected Care Partners are:

- Active professional license
- Malpractice insurance per requirements in the Participation Agreement
- Board Certified (or Board eligible) as applicable
- Commitment to improving quality and efficiency as directed by the CIN
- Approval by Connected Care Partners Board
- Compliance with Connected Care Partners policies and procedures that will be forthcoming as developed by Connected Care Partners Board of Directors.
- DEA (as applicable)

As Connected Care Partners matures, requirements to meet minimum performance on Connected Care Partners endorsed quality and utilization metrics may be used in credentialing and membership decisions.

4. What are the obligations expected of providers after they join Connected Care Partners?

First, Connected Care Partners is provider-led and governed. Not all participating providers will desire or be expected to serve on the Board of Directors or in various committees. However, the providers who participate will be able to ensure the network operates in the best interests of patients.

Second, as a CIN, providers will have access to patient information that will help improve the quality of a patient's care across all specialties and facilities. In the future, certain payer contracts entered into by Connected Care Partners will have metrics that require providers to use evidence-based protocols to achieve the goals. Patients who are seen by providers in the network will more likely achieve the network goals, and this could potentially change provider referral patterns. Connected Care Partners providers will share the same values as the referring provider and will be aligned by the same incentives around quality and costs. Over time, the benefits of referring to providers with whom you are clinically integrated will be obvious and in the best interest of patient care.

5. How will Connected Care Partners change the way I practice medicine?

Over time, all Connected Care Partners members will be part of a deployment of a web-based disease management registry or Clinical Performance Management System (CPMS) that will give you access to data about your patient population. You will be asked to use evidence-based protocols endorsed by your colleagues within Connected Care Partners for certain common diseases when possible and review your patients' data as part of your practice pattern to ensure that your patients are receiving all of the care needed for their conditions. NMHS and Connected Care Partners believe that health care in the future will require much more teamwork and interdependent activities.

6. Are there any entry fees or annual dues to join Connected Care Partners?

No, at this time.

7. Do I have to stop my privileges at any non-NMHS hospital?

No, Connected Care Partners does not require exclusive privileges at only NMHS hospitals. However, not all non-NMHS hospitals will be in CCP.

8. Do I have to join Connected Care Partners?

Joining Connected Care Partners is voluntary – no one is required to join the CIN. If you don't join, you can still continue with your privileges at NMHS hospitals and with your individual relationships with payers. However, not being a member will limit your ability to (1) improve the environment in which you'll want to work, (2) be a part of a network with common goals, and (3) have more impact on improving health care in north Mississippi.

9. Can I join other networks?

Yes, both primary care providers and specialists are allowed to join other networks although it may be complicated for a practice to use more than one registry and work to improve clinical metrics of more than one network.

10. Are there EHR or Information Technology requirements in place? Will I need to purchase a new EHR?

At present, your office is not required to have an EHR. However, this may change in the future and at a minimum, your office must have an electronic claims submission or billing system so information from that system and other electronic billing warehouses can be obtained.

As the CIN evolves and the IT and Analytics Committee begins to meet, we will be developing protocols or strategies to collect, analyze and distribute quality data in the most efficient manner possible. While the details have yet to be finalized, the goal will be to make this process as easy for the independent practices as possible. Over time the CIN anticipates that technology will aid in the interface of both the collection and distribution of quality related data.

11. What medical record data will I be required to share with Connected Care Partners?

Connected Care Partners participants will be required to contribute some patient information to the patient registry or Clinical Performance Management System. Some data, such as diagnoses and laboratory information, will come from other electronic systems including claims systems.

12. How will Connected Care Partners impact me?

Health care reform is happening, and all industry stakeholders will be affected over the next few years. (The MACRA Medicare reimbursement program with significant downside risk for ALL providers is a good example; this program starts in 2017). Providers and hospitals will need to work together in a collaborative fashion to improve the health of the population as payment for care changes from volume based to value based incentives. Connected Care Partners will need providers to get involved in that transformation to improve the quality and the coordination of care that will increase efficiency and cost-effectiveness. Through involvement in Connected Care Partners, you have the opportunity to influence collaboratively the selection of the quality initiatives and the measures by which success will be determined.

13. How will Connected Care Partners affect my compensation?

The primary goal of Connected Care Partners is to improve the quality and efficiency of care for patients served by the providers who are part of the CIN. In the future, Connected Care Partners will negotiate incentive contracts on your behalf that have quality and utilization incentive goals. If you achieve the goals, you may receive incentive payments. In the future, Connected Care Partners may also accept risk, either sharing in the savings if costs are reduced, or sharing in incentives from improvements in quality and efficiency with bundled payment and capitated contracts.

14. What is the role of providers employed by NMMCI or NMHS?

Those providers employed by NMMCI (North Mississippi Medical Clinics) or NMHS are expected to participate and be early adopters of the initiatives of Connected Care Partners.

15. How would my practice actually join?

Participation involves signing a formal agreement (the Connected Care Partners Participation Agreement) that is a commitment to collaboration with the policies and procedures of the CIN. Someone from Connected Care Partners will contact your practice in the near future.

16. Is there a penalty for not achieving the goals?

The goal is to help all providers improve the gaps in care and/or achieve the efficiencies that will lead to lower costs of care. However, if participating providers are not actively engaged or are not adopting the policies and procedures established by Connected Care Partners to achieve the performance metrics, the Professional Standards and Credentialing Committee may require a corrective action plan or assess sanctions. Ultimately, the provider could be asked to leave Connected Care Partners by the provider-led Board if other efforts to correct the deficiencies fail.

17. Is Connected Care Partners interested in one-person or small practices?

Yes, Connected Care Partners is open to provider practices of every size. In fact, smaller practices may benefit more than large practices due to the increased access to data which may not be practical for smaller practices to invest in on their own. Moreover, under the new MACRA regulation most small practices will fall under MIPS, which has rather onerous reporting requirements. Studies suggest that the smaller the practice size the more likely they are to get hit with a MIPS penalty, at least in year 1. By partnering with a CIN, small practices will have the infrastructure to better meet reporting requirements and lower the likelihood of facing penalties.

18. If I join, do I keep my staff?

Provider practices joining Connected Care Partners will continue to do business in much the same way as they do today. Staff will be trained to help access the data to ensure that patients follow the approved protocols, but they will still be your staff and you will still manage your office and accounts receivables as you do now. Again, participation in Connected Care Partners does not itself create an employment relationship with NMHS.

19. Can I leave the CIN if I choose?

Yes, you can choose to leave the CIN by providing written notice of the intent to terminate the Participation Agreement not less than 120 days prior to the end of the then-current term (last calendar day of the year).

20. How can I get involved?

Numerous opportunities will arise for interested providers to serve on Connected Care Partners Committees and Task Forces. Please email Connected Care Partners at spenkova@nmhs.net to discuss your interests.

Contracting

1. When will Connected Care Partners enter into risk contracts with payers or employers?

Connected Care Partner's first contract will be with the NMHS employee health plan (administered by Acclaim); however, this will not be a traditional contract and will evolve into an incentive contract as the CIN sets quality targets, builds informatics infrastructure and expertise develops within Connected Care Partners.

Early pay for performance contracts will have only potential for performance improvement and pay for performance shared savings arrangements. Eventually, Connected Care Partners may enter into well considered full risk contracts when systems are in place to manage risk.

2. Will Connected Care Partners apply to become a Medicare ACO?

At present, Connected Care Partners is not and has no immediate plans to be an Accountable Care Organization (ACO). Connected Care Partners' immediate focus will be insurers and employers in Mississippi. This focus does not preclude Connected Care Partners' involvement in Medicare Advantage Programs. A Connected Care Partners membership does not preclude the individual member's involvement in federal programs.

3. Will Connected Care Partners pursue Medicaid contracts?

Managed Medicaid contracts will be reviewed on a case by case basis but will not be a targeted payer.

4. Will there be reimbursement reform, i.e. pay for performance, bundled payments, episodic payments, capitation?

Eventually, Connected Care Partners may seek contracts with the value proposition that could include bundled payments, episodic payments or capitation. However, the initial focus of the contracting will be contracts that focus on pay for performance on clinical improvement or efficiency metrics and shared savings programs that reward overall decrease in the costs of care. Later as Connected Care Partners matures in its informatics and quality capability, more complex incentive contracts may be considered based on the needs of payers and employers.

5. Can I opt out of payer contracts that Connected Care Partners negotiates?

1. Primary care providers (physicians and advanced practice clinicians) may only participate as a full participating member. Specialists have the option to join as a full participating member. Connected Care Partners will contract on behalf of the member with health plans, third party payers and government health care programs for both incentive and non-incentive programs.
2. Or, specialty providers may join as a limited incentive participating member. As a limited incentive participating member, specialty physicians will retain independent contracting authority with health plans, third party payers and governmental programs, but agree to participate in all incentive programs. However, participation in any contracts is not guaranteed and will be decided on a case by case basis.