

NMCP Update

Clinically Integrated Networks

WHY FORM A CIN?

Due to antitrust concerns, health care providers who might be considered “competitors” generally cannot come together to jointly negotiate payment rates with managed care organizations.



Clinically Integrated Networks

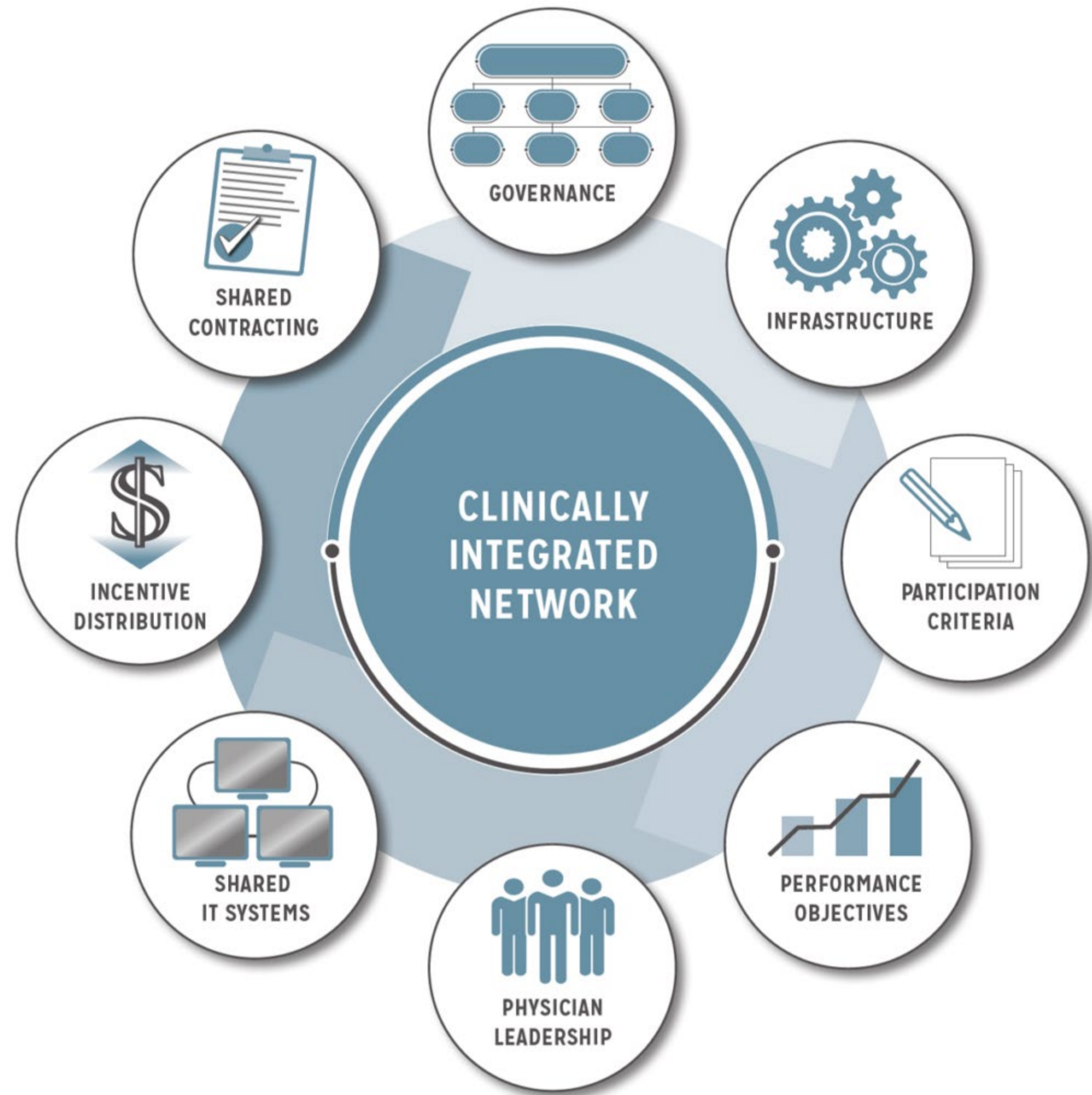


CIN:

By forming what is known as a “clinically integrated network” or “CIN,” providers can leverage their combined size and scope of services to negotiate favorable contract terms (including payment rates) with MCOs.

Until recently, if a group met Federal Trade Commission compliance requirements to be considered a clinically integrated network, the government would provide a “safe harbor” from antitrust scrutiny.

Clinically Integrated Networks



Clinical Integration happens when providers implement an ongoing program to modify practice patterns, control costs, and improve quality:

- Use of clinical guidelines and protocols
- Use and enforcement of quality measures
- Provider involvement in policies and procedures
- Use of shared technology/universal resource commitment

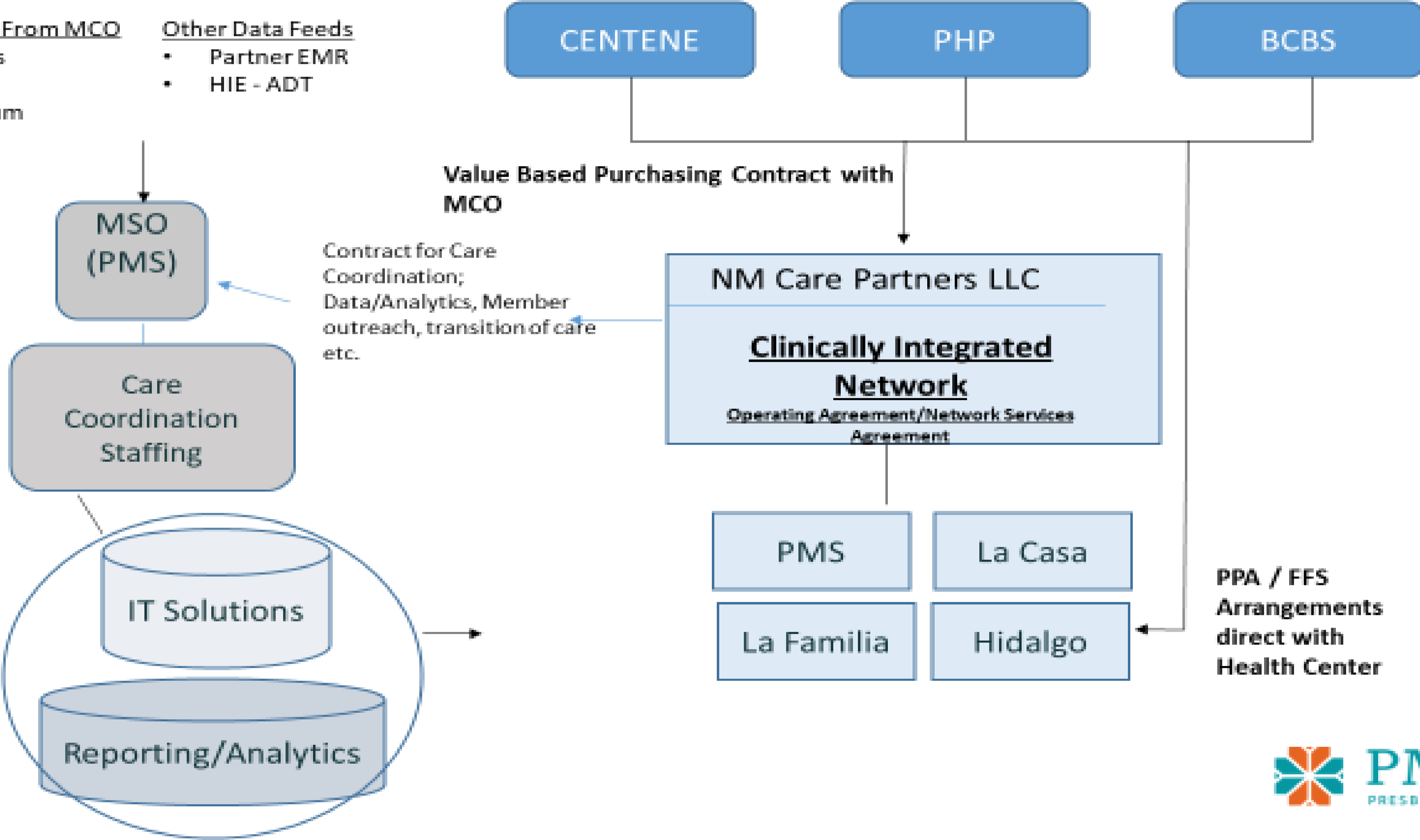
NEW MEXICO CARE PARTNERS CIN

Data Feeds From MCO

- Rosters
- Claims
- Premium

Other Data Feeds

- Partner EMR
- HIE - ADT



NMCP – Attribution

Partner	PHP	BCBS	WSCC	Total
La Familia	2,010	3,575	2,050	7,635
Hidalgo	5,265	5,150	800	11,215
La Casa	1,685	7,650	3,475	12,810
PMS	51,000	21,750	10,750	83,500
Total	59,960	38,125	17,075	115,160



NMCP- Contracting

	Risk (up/down)	Shared Savings	Method	HEDIS Measures Screen	HEDIS Measures Incentive
PHP	X		Percent Premium		X
BCBS		X	Percent Premium	X	
WSCC	X		Percent Premium		X



NMCP- Contracting Principals

- As membership grows consider downside risk in exchange for greater upside.
- Start with small risk Corridors
- Re-evaluate cost of Reinsurance each year
- Require data feeds
- What is important to the Plan should be important to you

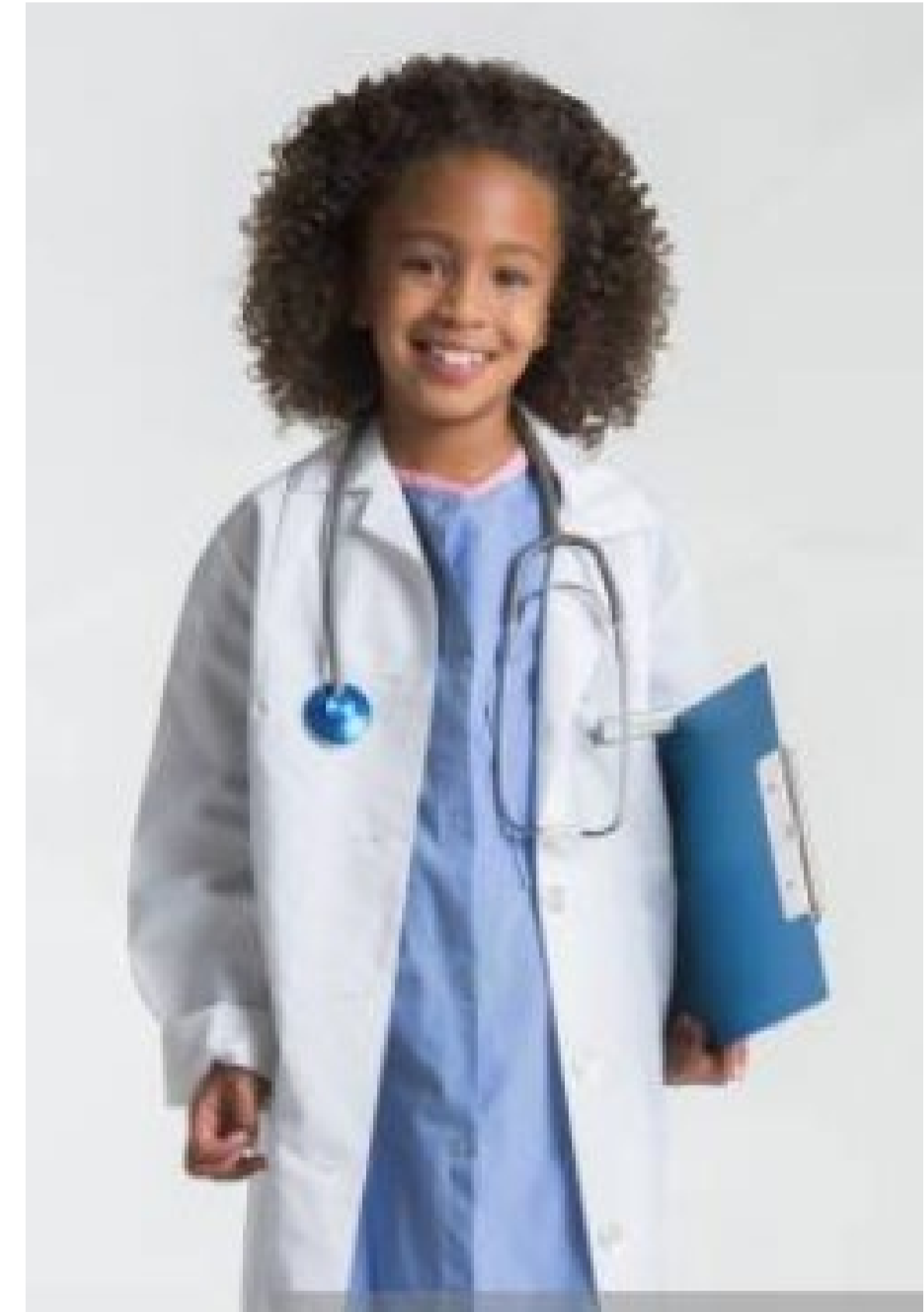


NMCP- Clinical Integration

Clinical Committee made up of Medical Directors from each partner organization meets quarterly.

Three Clinical Guidelines created based on evidence-based practices:

- Diabetes
- Depression
- Hypertension



NMCP- Care Coordination

Philosophy of Care Coordination

- Patient Identification, Selection and Engagement in Care Coordination
- Patient Assessment
- Development of the Care Plan
- Implementation and Coordination of the Care Plan
- Monitoring, Evaluation and Modification of the Care Plan based on regular reviews
- Closure of Care Coordination Services



Care Coordination

NMCP- Care Coordination moving forward

- Leverage information technology to improve patient engagement and to develop and implement objective and manageable outcome metrics
- Integrate Care Coordinators with clinics to become valued members of care team
- Design and implement pilot program for provider referrals direct to Care Coordination
- Improve exchange of actionable care coordination information within NMCP





Questions/Contact

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