



FREQUENTLY ASKED QUESTIONS

Mission Health Partners is a physician-led network of clinicians, hospitals and other providers working together – using proven protocols and measures – to improve patient care, decrease cost and demonstrate value to the community. Through Mission Health Partners we will provide western North Carolina with quality healthcare that improves the health of our communities, enhances patient experience (including quality and satisfaction) and is more affordable.

1. What is Mission Health Partners?

Mission Health Partners is a network of clinicians and hospitals working together – using proven protocols and measures – to improve patient care, decrease cost and demonstrate value to the community. This collaborative model is designed to respond to the evolving healthcare landscape, both nationally and locally.

2. Why are we forming Mission Health Partners?

We must approach how we deliver care differently. Physicians, hospitals and other providers are facing pressure to reduce fragmented care and move to improved coordination along the care continuum. The shift to value-based payment models underscores the need for more collaboration among providers. A growing focus on improving the health of populations can succeed only if providers work more closely together to coordinate care.

3. How will Mission Health Partners improve care?

There is clear evidence that variations in care increase cost and results in poor outcomes. Working together we can gather the best evidence and design strategies for implementing evidence-based protocols across the entire region and in all settings. A coordinated effort among providers in the community will create an enhanced patient experience and better outcomes while eliminating redundancies and inefficiencies that exist today.

By coordinating patient care across conditions, providers, hospitals and care settings we can achieve care that is safe, timely, effective and patient-focused.

4. Why should physicians participate?

Improving the health of individuals and populations can succeed only if physicians are more closely aligned and coordinated in how they care for the community. Clinical integration through Mission Health Partners contributes by:

- Providing feedback and access to performance data to improve care delivery
- Enhancing patient health through better coordinated care and the enhanced ability to engage in population health management
- Addressing emerging payment models
- Offering enhanced quality of care through tools and resources related to care management and increased data-sharing among providers
- Rewarding providers based on individual performance that delivers on clinical quality and value

5. How does clinical integration benefit patients?

Clinical integration benefits patients by utilizing people, processes and technology to more effectively coordinate care. Clinical integration also:

- Provides better management of at-risk populations and patients with chronic illness.
- Focuses on preventive health and lifestyle changes
- Improves patient access and satisfaction
- Reduces duplicative services
- Increases support for health and wellness
- Improves communication with and amongst providers
- Delivers the right care, at the right time, and in the right place

6. What support will I receive?

Mission Health Partners support will include:

- Care management services
- Access to individual performance data
- Enhanced systems to track and monitor progress toward quality and cost goals
- Training on how to structure quality projects in an office-setting
- Evidence-based protocols
- Aligned compensation models to support quality improvement activities

7. Who can participate in Mission Health Partners?

Mission Health Partners is seeking broad physician participation from independent, contracted and employed physicians who desire to further quality and efficiency of care throughout western North Carolina. Participants must share a passion for quality and patient centeredness. They must be willing to share data and work with other independent practices as well as hospital entities, specialists and others to achieve the Big(ger) Aim.

Mission Health Partners allows community physicians to remain independent while forming a cooperative model. At the outset, Mission Health Partners will be comprised of primary care physicians. Specialists will be added to the network over time.

8. What will it cost me to participate?

There is a nominal fee for participation in Mission Health Partners. The initial fee will be \$500 per physician per year. At this time, there will not be an initial fee for advanced practitioners.

9. Is Mission Health buying my practice?

No. Participation in Mission Health Partners is not an employment or professional services arrangement. It is an agreement between hospitals and providers to share data and work together to improve quality outcomes thereby improving the health of our communities.

10. Do I have to be a member of Mission Health System's medical staff to participate in Mission Health Partners?

No, but member providers must be qualified for the Affiliate Staff category at a Mission Health-affiliated hospital.

11. Who can participate in Mission Health Partners?

Participants should:

- Be qualified for the Affiliate Staff category at a Mission Health-affiliated hospital.
- Use an electronic medical record with functionality as required by the network's Board of Directors.
- Be willing to comply with evidence-based practices and clinical protocols as developed by Mission Health Partners' Quality Committee.
- Be willing to share clinical data with the network, in compliance with policies that will be developed by the Quality Committee.
- Be a participating providers with Medicare and Medicaid, as applicable.
- Agree to meaningfully participate in all care initiatives approved by the physician-led Board.
- Be able to report on 33 ACO measures

- Be on path to patient-centered medical home designation within 18 months (primary care physicians only)
- Be willing to work with care managers
- Maintain performance standards

Network specialists will be asked to accept Medicare and Medicaid and agree to not cap the number of those participants they will accept.

12. If I don't join now, can I join later? What is the absolute deadline for participation in the MSSP for 2015 and for participation with Mission Health employees?

Joining now guarantees that you will be included in the Medicare Shared Savings Program and Mission Health primary care network for 2015. Admission into the network will be based on criteria established by the physician-led Board.

Mission Health Partners is required to submit a listing of network providers to CMS by July 31, 2014 for participation in MSSP beginning January 2015.

13. Can I leave the network after I join?

The Participation Agreement runs for three years. Participants may opt out at the end of each calendar year with 90 days prior notice.

14. Do I have to have an electronic health record (EMR) to join?

We have made no specifications at this time as to which specific systems are allowed. Your willingness to share data is among the most essential aspects of the network. Sharing may be accomplished through an interface, through a web-based registry (Health Catalyst), or through other reasonable means.

15. Will I have to "give my data" to Mission?

Sharing quality data is necessary to measure progress to achieving quality outcome goals set by the Network. As we continue to develop our capabilities, you will be able to see the full spectrum of care that is being delivered to your patients. This coordination and collaboration of care will provide better outcomes, lower costs and a better patient experience for your patients.

16. Who pays to interface my EHR and pull my quality data? Is this included the \$500 participation fee?

Mission Health Partners will take responsibility for building the interface between approved EMRs. If an interface is not practical or possible, Mission Health Partners will develop a reasonable alternative that will enable data sharing.

17. What are the possible financial gains?

We believe that by coordinating transitions of care and actively managing patients even if they are not physically in the office, we will see improved care as well as cost savings. Those savings will be distributed among the providers based on achievement of metrics as determined by the network. Providers who perform best will achieve a greater share of the savings. Distribution will be weighted towards primary care as the bulk of this work will be done in the primary care setting.

18. What are my risks?

Right now, there is little risk for participants. Initially, payer arrangements will be structured with incentives if the network achieves quality metrics and cost savings. The network will not be penalized if it doesn't meet those objectives.

As the network matures, however, we anticipate that it will seek risk-based contracts. Decisions about the types of contracts and the degrees of risk that we wish to assume will be decided by Mission Health Partners' physician-led Board.

19. What payers will be involved?

Those providers who join will participate in all contracts entered into by Mission Health Partners.

Initially the network will engage in a Medicare Shared Savings Program, Medicaid ACO and with the Mission employee insurance program. Once the quality program matures to a threshold of demonstrated clinical integration we hope to begin negotiations with commercial payers for value-based reimbursement contracts.

20. I've got good private payer contracts. Why should I let Mission Health Partners negotiate my fees? Will participation affect my current insurance contracts?

Mission Health Partners will not be negotiating fee schedules. We will negotiate the quality improvement, pay-for-performance programs; gain-share agreements; capitation models; and other such performance-based contracts. The direction for contracting efforts will be determined by Mission Health Partners' physician-led Board.

21. What is the Medicare Shared Saving Program?

The Centers for Medicare & Medicaid Services (CMS) has established a Medicare Shared Savings Program) to facilitate coordination and cooperation among providers to improve the quality of care for Medicare Fee-For-Service (FFS) beneficiaries and reduce unnecessary costs. Eligible providers, hospitals, and suppliers may participate in the Shared Savings Program by creating or participating in an Accountable Care Organization (ACO).

22. If I don't join, will I lose the ability to see Mission employees as patients (or see them "in network")? If so, when will that happen?

Beginning in January 2015, Mission Health Partners will serve as the primary care network for beneficiaries of the Mission Health employee plan. We encourage physicians who currently care or would like to care for Mission Health employees and their dependents to consider joining Mission Health Partners.

23. Will Mission Health System employees be required to use Mission Health Partners physicians exclusively?

Mission Health system's employee health plan is being enhanced to better align with the Mission Health Partners' strategy for improved quality, better outcomes and a better patient experience. New plan designs and new incentives will be utilized to encourage employees to use the Mission Health Partners' network.

24. How will Mission Health Partners be governed?

Active engaged physician leadership is essential to our success. Physicians will lead the development of clinical protocols, quality metrics and other care components of the network. The high percentage of physicians on the board will ensure the clinical and practice insights are central to our decisions.

We have developed a robust governance structure. Sixty (60) percent of Mission Health Partners' Board will be physician representatives; the remainder, representatives of Mission Health System – some of whom will also be physicians. This structure will ensure that actions will move forward only if supported by both the physicians and the health system.

25. Who owns Mission Health Partners?

Mission Health Partners will be structured as a Hospital-Affiliate model, meaning that Mission Health System will be the sole owner and advance all funds required to develop and operate the entity.

26. How do I get involved in Mission Health Partners?

The Mission Health Partners Board will be happy to answer questions about the initiative and its operation.

For more information, please contact Amanda Gerlach via email at Amanda.Gerlach@msj.org by calling 828-213-5384. Additional information is also available at www.mission-health.org\mhp.

Providers who want to join Mission Health Partners must sign and return a Participation Agreement and Credentialing Authorization Form by **July 8, 2014**. **The forms can be found in this packet or on-line at www.mission-health.org\mhp.** You can also get forms from a member of the Board.