

Frequently Asked Questions

Community Care Physician Network (CCPN): A Clinically Integrated Network

Q: What is clinical integration?

A: Clinical integration is an effort among physicians to develop clinical initiatives that improve the quality and efficiency of health care services and help control costs.

Q: What are the defining elements of successful clinical integration?

A: Successful clinical integration provides measurable clinical improvements for patients and demonstrates improved practice performance.

Q: What does a clinically integrated network look like?

A: Clinicians who join together in a network to:

- Identify and adopt best practices for the treatment of patients and improvement of care processes.
- Develop clinical guidelines, protocols and measures.
- Adopt data-sharing practices that measure adherence to agreed-upon guidelines and protocols.
- Hold themselves and colleagues accountable for compliance with guidelines, protocols and performance.
- Enter into contractual arrangements with payers and health plans that financially recognize practices efforts to improve the quality, efficiency and cost-effectiveness of care.

Q: Why was CCPN formed?

A: Three North Carolina primary care associations (NC Academy of Family Physicians, NC Pediatric Society and NC Community Health Center Associations) asked Community Care of North Carolina, Inc. to establish a Clinically Integrated Network to help their independent practices meet the demands for delivery and payment reform that is rapidly emerging across all payers and health plans. A key goal of CCPN is to assist providers to prepare for Medicaid reform.

Q: How is CCPN structured?

A: CCPN is a North Carolina limited liability company (LLC) whose members are nonprofit healthcare organizations (CCNC Inc. and CCNC Networks). CCPN is governed by a Board of Managers led by physicians who will have sole authority for developing and implementing clinical integration programs and for negotiating and executing contracts with payers and health plans.

Q: What are the benefits of joining?

A: Collaboration among physicians and other providers is essential to improving quality, efficiency and value. These advances are essential for success under new approaches to physician reimbursement that are coming quickly. CCPN will provide a platform for collaboration and programs and tools that enhance care quality and generate the cost savings. CCPN also gives practices the tools they need to demonstrate their value to payers.

CCPN offers the opportunity for independent practices and other clinicians to:

- Improve outcomes for patients.
- Become part of a preferred provider network.
- Continue access to Community Care of North Carolina's nationally accredited chronic care management services for the Medicaid population post Medicaid reform
- Utilize population health resources and experience for additional payer populations such as Medicare and commercial insurers.

- Develop clinical improvement programs that will be designed, implemented and measured by participating clinicians.
- Secure the data and analytics needed to drive and document performance.
- Receive financial rewards for value-based outcomes and achievements.
- Develop services and supports needed by participating practices.

Q: What do participating clinicians need to do?**A:** *Responsibilities include:*

- Collaborate with colleagues in developing and adopting clinical improvements and integration programs, including guidelines, protocols and measures.
- Adopt data sharing practices that enable adherence to agreed-upon guidelines and protocols.
- Hold themselves and colleagues accountable for compliance with guidelines and protocols.

Q: Who can join?**A:** *CCPN members include:*

- Independent primary care physicians
- Primary care physicians employed by FQHCs, RHCs and public health departments
- Primary care physicians employed by hospitals and health systems
- Family Nurse Practitioners and Physician Assistants
- Specialists – first phase focusing on psychiatrists, psychologists and OB-GYN providers

All providers must be willing to serve Medicaid beneficiaries in a reformed system.

While CCPN is being organized by the primary care physician community, specialists and others may participate through IPAs (Independent Physician Associations), multi—specialty groups, specialty societies, networks or other appropriate criteria determined by the participating providers.

Q: Can independent specialty practices join the CIN?

A: Yes. Initial enrollment focused on primary care physicians (PCPs). The PCPs and CCPN members help identify community specialists to recruit and enroll. The initial focus on specialty enrollment includes psychiatrists, psychologists and OB-GYN providers.

Q: What is the cost to join?

A: For practices with fewer than 15 clinicians, there is a one-time enrollment fee of \$75 per provider. For providers in practices or IPAs with more than 15 clinicians, the one-time enrollment fee is \$50 per provider.

Q: Do I have to accept reimbursement plans that are to be offered to members?

A: No. Each member has the opportunity to opt-out of any reimbursement plan that is offered to members.

Q: Will CCPN negotiate reimbursement rates on behalf of an individual provider or entity?

A: No. CCPN will only negotiate reimbursement plans on behalf of its members and those who have signed its participation agreement and agree to comply with its operating agreement.

Q: What if I want to leave CCPN?

A: You may terminate your participation agreement at any time with proper notice.

Q: Are mid-level providers eligible to be enrolled in the CIN?

A: Yes.