Children's Mercy
INTEGRATED CARE SOLUTIONS

CHILDREN'S HEALTH NETWORK

Better Care, Smarter Spending, Healthier Children




Provider Value Proposition

February 2016

Children's Health Network
PO Box 411596, Kansas City, MO 64141
1-888-670-7261 • www.cmics.org/chn • ProviderRelations@cmpcn.org

CHILDREN'S HEALTH NETWORK



OUR MISSION

The Mission of Children's Mercy Integrated Care Solutions is to improve the health and well-being of children through integrated pediatric networks in the greater Kansas City area that are value based, community-focused, patient centric, and accountable for the quality and cost of care.

Children's Mercy Integrated Care Solutions (ICS) is an organization that coordinates the medical care of pediatric patients enrolled in various health plans or other payers, including self-insured employers through its integrated pediatric networks. ICS targets the Triple Aim of better care, smarter spending and healthier children. ICS is comprised of two networks and multiple practices that include community pediatric providers and Children's Mercy's employed and contracted pediatricians and pediatric specialists.

Children's Mercy owned and operated a health plan called Family Health Partners for approximately 15 years, managing care and benefits for more than 210,000 Medicaid beneficiaries in Kansas and Missouri. It was in this environment that Children's Mercy developed expertise and the infrastructure necessary to operate in the new population health arena including:

- Key administrative functions and oversight
- Care coordination capabilities such as case management, disease management and utilization management
- Robust Information Technology platform

In 2012, Children's Mercy sold the health plan and formed Children's Mercy Integrated Care Solutions (ICS) and its network for individuals enrolled in Medicaid, known as the Pediatric Care Network (PCN). Beginning in January

2012 PCN contracted and partnered with four Managed Care Organizations (MCO's) in Missouri and Kansas to provide integrated pediatric care to over 100,000 MCO enrollees eligible for Medicaid and the Children's Health Insurance Plan (CHIP). PCN's innovative care and payment delivery model aligns incentives for providers serving the Medicaid and CHIP population. ICS retained all of the critical infrastructure from the health plan operations to provide an efficient and effective care coordination model.

The next step in the evolution of the ICS was the development of a clinically integrated network (CIN) to serve patients and families with commercial health insurance. The CIN model widens the scope of our population health vision to significantly more children in the area. The clinically integrated network is called **Children's Health Network (CHN)**.

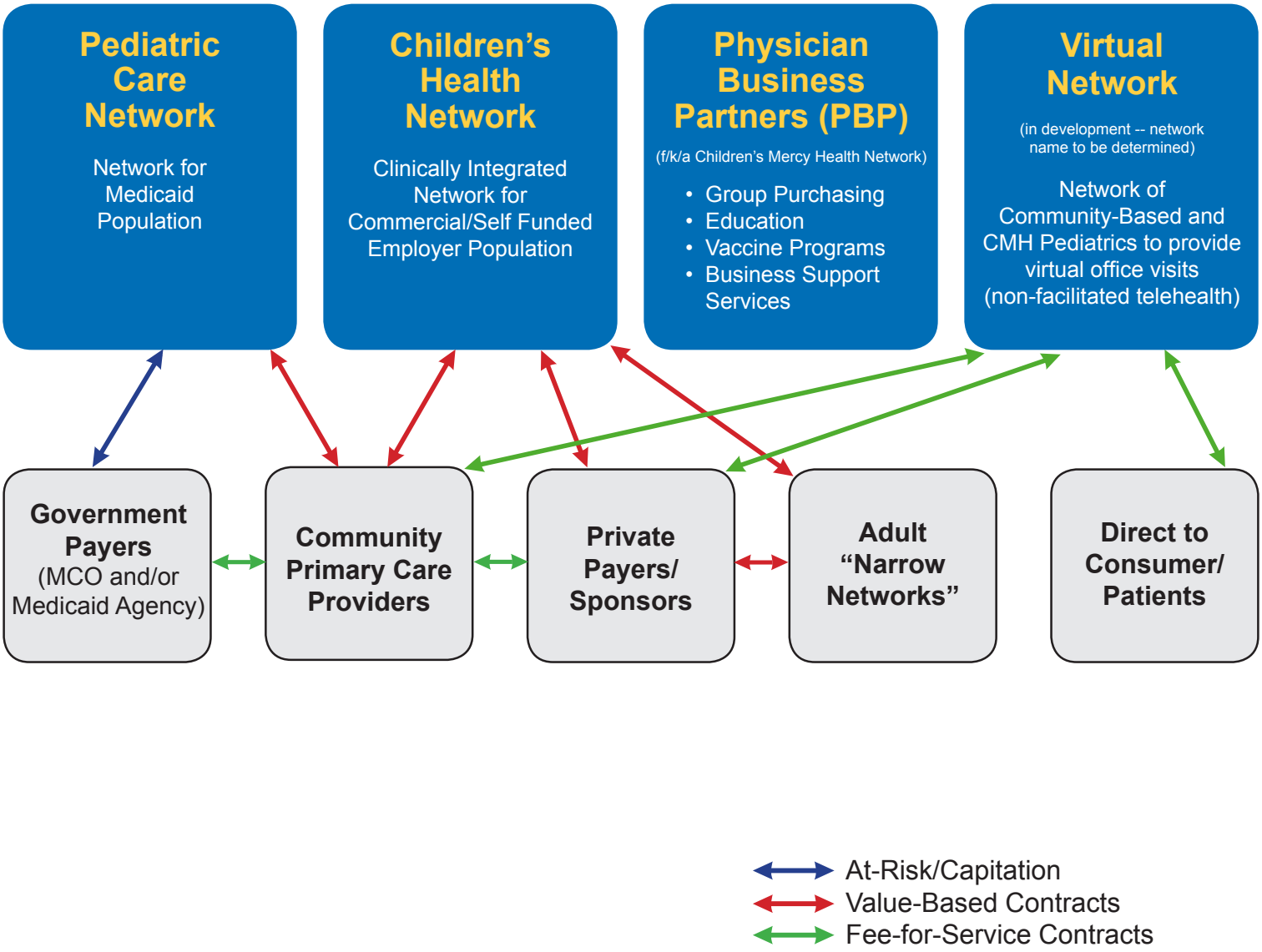
ICS is uniquely qualified to bring like-minded providers together to operate integrated networks whose **sole focus is on pediatric patients**. Community pediatricians provide the majority of primary care services in this region and are vital to the success of a clinically integrated network. Children's Mercy provides a significant portion of the specialty pediatric services in the Kansas City metropolitan area and surrounding communities and is the only freestanding pediatric hospital between St. Louis and Denver. ICS provides services for pediatric patients in Kansas City and the surrounding areas.

Value-Based Care Model

January 2016

Children's Mercy
INTEGRATED CARE SOLUTIONS

(Single entity with multiple lines of business/payer sources)



What is a Clinically Integrated Network (CIN)?

A clinically integrated network (CIN) stated simply, is a network of providers committed to the establishment of protocols and measurements that will increase the quality of care, decrease costs and offer a value driven product that benefits patients, employers and payers in our community.

CHN's objective is to **deliver high-value care which meets the Triple Aim for all children** that includes:

- Better Care
- Smarter Spending
- Healthier Children

CHN believes value-based payment contracts and clinical integration between community and health system providers are necessary to align incentives and create an integrated and coordinated care management approach.

Through clinical integration, independent and hospital-employed providers can join together in an organization that allows them to:

- Identify and adopt clinical protocols for the treatment of particular disease states
- Develop systems to monitor compliance with the adopted clinical protocols
- Enter into provider directed "pay-for-performance" and other contractual arrangements with health plans to financially recognize providers' efforts to improve health care quality and efficiency

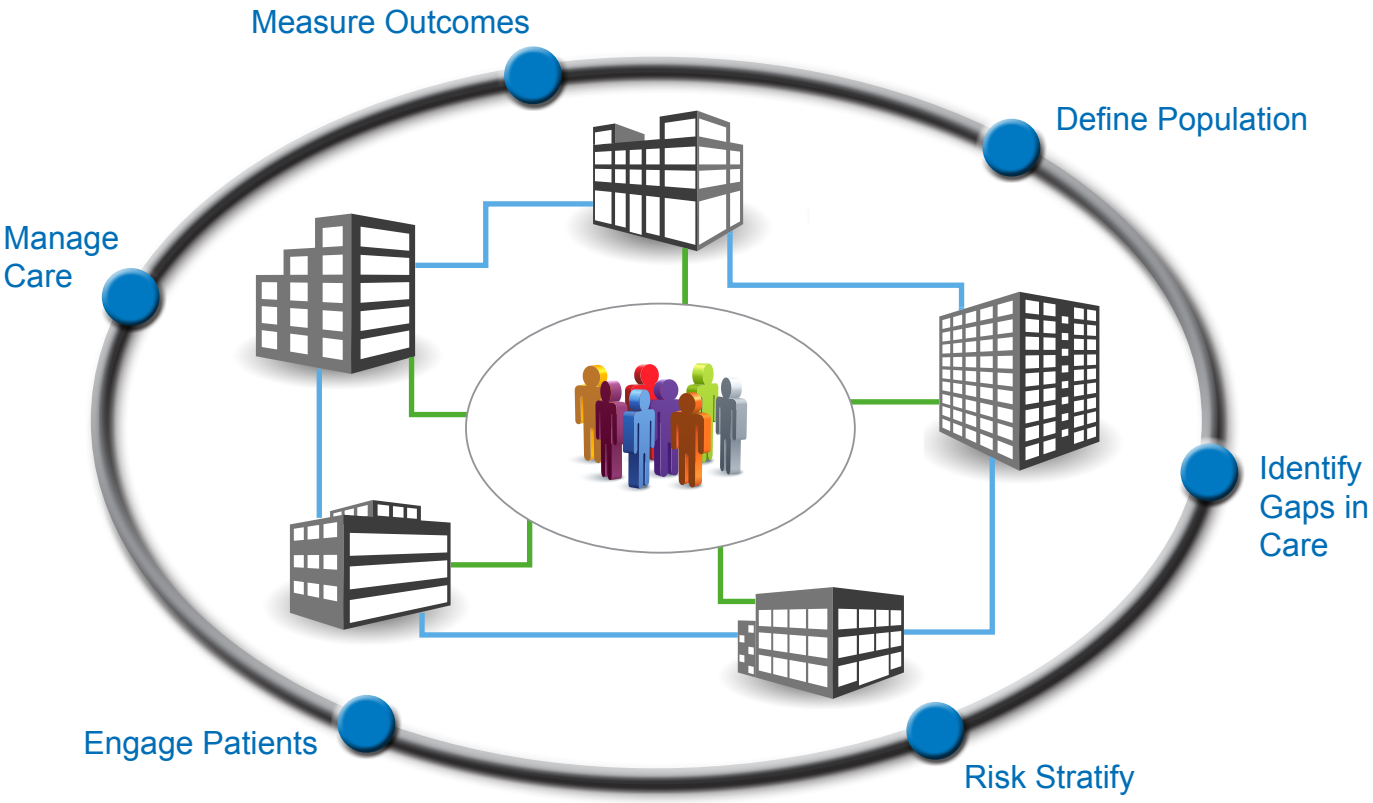
The following highlights some of those important components which are incorporated into the CHN structure:

- Member provider participation and engagement
    - o Active provider involvement in decision making
    - o Providers are informed and involved with clinical integration activities
- High degree of interdependence and cooperation
    - o Active collaboration in decision making

    - Information and data sharing
- Control costs and ensure quality
    - Reduce variations in care and establish common practices where appropriate
    - Identify and share best practices
    - Improve individual patient and population health management
    - Increase the value of care delivered
- Active and ongoing program to evaluate and modify practice patterns
    - Provider committee structure will identify important metrics and goals for network performance
    - Administrative arm will provide scorecards and other valuable data to measure progress toward goals

Partnering with CHN provides distinct advantages to independent providers, including:

- Providing administrative, clinical and analytical expertise and resources
- Leveraging necessary technology infrastructure and expertise
- Broadening the scale and scope of services that providers can provide to patients
- Demonstrating the value of clinical integration to payers and the community



Why Pursue Clinical Integration?

Health care delivery in the United States is in the midst of a transformation as the payment model shifts from a fee-for-service to fee-for-value model. This shift necessitates an integrated approach to care management that is scalable and distributed within a geographic area. Joining CHN's clinically integrated network allows providers across the continuum to achieve these goals and positions themselves for success in a new era of healthcare delivery.

Benefits of joining CHN include:

- Opportunity to define and implement performance improvement initiatives to provide demonstrated value to patients and the market
- Shared infrastructure for population health and financial risk management solutions and services
- Enhanced value to patients, payers and the community by creating a regional network of pediatric providers that improves care and reduces practice variation
- Allows participation in **new value-based payment models** by creating an integrated approach to care management
- A mechanism for providers to **share in savings** when the value of care improves
- A vehicle to partner with other pediatric practices and adult health systems while still remaining independent

- Support for practice transformation following the tenants of the Patient Centered Medical Home (PCMH)

In support of these goals, the CHN, once clinically integrated, will seek to contract with commercial payers and employers through single signature authority on behalf of CHN providers who meet certain requirements.

Children's Health Network (CHN)

Providers and hospitals nationwide are implementing clinical integration programs because of the value proposition.

Clinical integration allows providers to:

- Demonstrate their quality to current and future patients
- Participate in establishing the clinical measures against which they will be evaluated, and reduce their exposure to arbitrary measures imposed by health plans that are often not applicable to pediatrics
- Enhance revenue through patient outreach and better management of chronic, high risk and/or high cost patients
- Collectively build the necessary population health infrastructure

Clinical integration gives hospitals the ability to:

- Demonstrate their quality to current and future patients
- Enlist provider support for quality and efficiency initiatives
- Develop a better, more collaborative relationship with independent providers
- Shift toward and improve performance on pay-for-performance and value-based agreements
- Position themselves as quality leaders in their service areas

Clinical integration provides patients with:

- Better value for their health care dollars
- More effective case management, care coordination and outreach from a trusted source; their provider and practice support staff
- More reliable information to support their choice of providers, hospitals and other clinical services

Clinical integration gives employers:

- The ability to more effectively manage the health care costs of employees and their dependents through the purchase of more efficient health care services
- Increased employee productivity and reduced absenteeism, through better management of chronic diseases and high risk patients
- More reliable information to support conversion to consumer-driven health insurance products

Provider Participation Requirements

Building on the above section and in order to meet the requirements of a clinically integrated network and achieve the objectives of the Triple Aim, the CHN participation criterion for providers includes the following:

- Share clinical and billing data sourced from your practice management system and/or EMR for all patients in the practice.
- Currently possess an Electronic Medical Record (EMR) or have a specific plan to acquire and implement an EMR in the near future.
- Required participation of the entire network in the governance of the organization thru the Operating Board and committee structure, as stated in the Operating Board Charter.
- Expectation to function as partners with the entire network in the development and ongoing management of CHN's clinical integration program and will be responsible for determining the clinical guidelines, quality measures, methods of practice and performance requirements.
- Give CHN contract signature authority for the purpose of third party payer contracting and participate in all CHN payer contracts.
- Agree to comply with CHN's branding and affiliation requirements for office, website and other advertising ventures as appropriate. These branding and affiliation requirements will be developed by the participating providers through the provider committee structure.
- A provider must be recognized by or working towards the National Committee for Quality Assurance

Active participation of the entire network is key to the success of the program.

(NCQA) OR such other accrediting body as may be designated by the Operating Board, as a Patient Centered Medical Home. A practice may choose to participate in CMICS's Patient Centered Medical Home (PCMH) development program with a specified and agreed upon target date to achieve NCQA recognition; however a practice does not have to have NCQA recognition to join CHN.

- Participate in CHN's medical management, disease management and case management programs when medical management is delegated.
- Pay an annual standard per-physician fee that will be used to maintain the professionally managed infrastructure necessary to achieve CHN goals and objectives. The membership fee will be reviewed annually or as needed. Any other assessments will be approved by the Operating Board.
- Continued participation in the CHN will be contingent upon meeting the above requirements and other requirements as outlined and approved by the Operating Board. These requirements may be reevaluated to determine ongoing eligibility for participation.

CHN will provide support and access to medical information and other technology designed to help the practice achieve quality outcomes for its patient panel. CHN will also provide the necessary technological and administrative support needed for CHN practices to control costs and ensure quality.

CHN believes value-based payment contracts and clinical integration between community and health system providers are necessary to align incentives and create an integrated and coordinated care management approach.

Information Technology

Information technology is a foundational requirement and an enabler of clinical integration. CHN has invested in the necessary solutions and infrastructure to support clinical integration, including data information exchange, patient registries, analytics, a provider portal and care management solutions.

Practices will benefit from CHN's internal information technology infrastructure that has been developed over nearly 20 years of running a health plan and providing delegated case management, disease management and utilization management services for various managed care organizations. CHN's information technology architecture and expertise will be critical to effectively use and analyze payer data to enhance the network's population health and care coordination capabilities.

CHN practices will also have access to Valence Health's Vision platform, a technology solution that integrates clinical and financial data in near real-time across the network and all care settings. Vision will serve as CHN's clinical integration platform for measuring and facilitating efficiency and quality improvement, tracking care against evidence-based guidelines and providing risk stratification to support targeted interventions for the highest risk and highest cost patients.

For nearly 20 years, Valence Health has helped dozens of provider organizations assume financial control while improving

quality through clinical integration, population management and value-based payment models. Valence Health has emerged as a pediatrics leader, working with numerous pediatric clients across the nation, including physician groups, standalone Children's Hospitals, Children's Health Plans and multi-entity networks. In fact, Valence clients represent more than half of the free-standing children's hospitals in the country. In total, Valence Health serves more than 39,000 physicians and 130 hospitals, helping to manage the health of 20 million patients nationwide.

In summary, Valence Health's solutions and CHN's information technology infrastructure will provide the following services and functionality.

- Cross-Continuum Data Integration – Combining Financial and Clinical Data
- Evidence-Based Registry & Outreach Functionality
- Care Management & Care Navigation Services and Solution
- Advanced Analytics and Reporting
- CHN Provider Portal

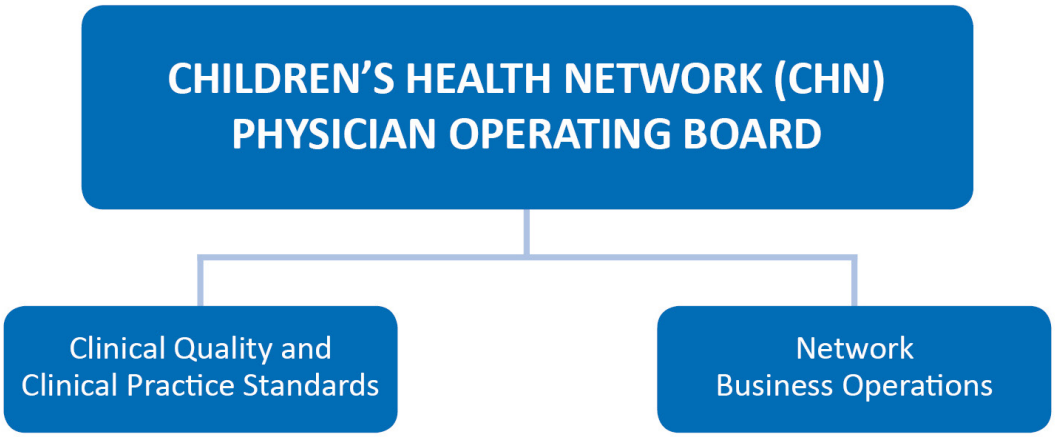
CHN Operating Board Charter

Physician leadership, provider participation and professional management of CHN are essential to achieving the Triple Aim of:

- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of health care.

The Operating Board Charter sets forth the structure, duties and functions of the CHN Physician Operating Board (the "Operating Board") and its committees. The membership of the Operating Board and committees is designated below. Each member of the Operating Board, the Clinical Quality and Clinical Practice Standards Committee, and the Network Business Operations Committee will be required to participate in at least 75% of the meetings of the Operating Board or applicable Committee held during each annual period ending September 30.

The Operating Board and Committee structure, duties and functions are as follows:



Definitions

A "community-based Primary Care Physician" means a pediatric primary care physician who is a member of a CHN Provider. A "community-based Primary Care Physician" does not include physicians employed by CMH.

"CHN" means the Children's Health Network, consisting of CHN Providers who have entered into Provider Agreements with CMICS for the purposes of participating in the network.

The "CHN Development Plan" is the plan for development of the CHN, as set forth in the CHN Provider Agreements.

"CHN Provider" means a provider practice that has entered into a CHN Provider Agreement.

"CHN Provider Agreement" means the agreement entered into by each CHN Provider with CMICS for the purposes of such CHN Provider participating in the CHN.

"CMH" means The Children's Mercy Hospital.

"CMICS" means Children's Mercy Integrated Care Solutions, Inc.

CHN Physician Operating Board

The Voting Members of the Operating Board will consist of:

- The Chairs of the Network Business Operations Committee and the Clinical Quality and Clinical Practice Standards Committee, who will serve ex officio
- Five elected members who are community-based Primary Care Physicians
- One CMH Ambulatory Specialist, appointed by CMICS
- The CMICS Medical Director, who will serve ex officio, and who also will serve as Medical Director of the CHN

No more than two community-based Primary Care Physicians from any single CHN Provider may serve as members of the Operating Board at the same time. This limitation is referred to as the "Board Membership Limit."

In addition the Executive Director of CMICS will be a Non-Voting, Ex-Officio Member of the Operating Board.

Responsibility: The Operating Board will provide leadership to the CHN as contemplated by the CHN Provider Agreements, including the CHN Development Plan. The Operating Board shall exercise those duties and make decisions as provided in this Charter and the CHN Provider Agreements.

Election and Appointment: The initial election for the elected members of the Operating Board will be conducted by vote of all community-based Primary Care Physicians who are in the CHN on September 1, 2015. All community-based Primary Care Physicians will be eligible for election. The vote will be scheduled and coordinated by CMICS as soon as possible following September 1, 2015. The vote will be conducted electronically, and polling will remain open for seven days. Each community-based Primary Care Physician will be entitled to vote for five individuals. There will be no cumulative voting. The vote will be by plurality, with the five individuals receiving the five highest numbers of votes being elected, subject to the Board Membership Limit. If the results of the vote would cause the number of Operating Board members from a CHN Provider to exceed the Board Membership Limit, the individual(s) from such CHN Provider receiving the lowest number of votes will not serve on the Operating Board, and the individual(s) from other CHN Providers receiving the next highest numbers of votes will be elected. CMICS will announce the results of the election as soon a practicable following the vote. Elected members will serve for a term of two years. Each two-year term will end on September 15 of the applicable years. Regular elections, following the process

outlined above, will be held no less than 30 days prior to the end of each term. Special elections to fill any vacancies created by an elected member's resignation, death or loss of status as a community-based Primary Care Physician will be held as needed.

A Chair shall by elected by the Operating Board at its first regular meeting. The Chair will serve for a term of one year.

Meeting Frequency: Regular meetings of the Operating Board will be held once a quarter. The Operating Board will hold its initial meeting within 30 days following the announcement of the results of the initial election and the appointment of members. Special meetings of the Operating Board will be held upon 10 days' notice to the members at the call of the Chair or of two or more other members.

Committees: The Network Business Operations Committee and the Clinical Quality and Clinical Practice Standards Committee each will be a committee of the Operating Board. The committees will have the membership set forth below. The committees' responsibilities will generally be as described below for each committee; provided that the Operating Board shall have the authority to supplement or otherwise modify such responsibilities from time to time. Committee decisions will be subject to review and approval by the Operating Board. Committee decisions approved by the Operating Board will have the force and effect of decisions of the Operating Board.

Network Business Operations

The Voting Members of the Network Business Operations Committee will be:

- A Chair elected by the full committee. The Chair may be a community-based Primary Care Physician, or the practice manager of a CHN Provider. Each Chair will serve for a term of one year.
- A representative appointed by each CHN Provider. The representative appointed by a CHN Provider may be a community-based Primary Care Physician or the practice manager of such CHN Provider.

In addition one or more CMICS staff members designated by CMICS will be Non-Voting, Ex-Officio Members of the Network Business Operations Committee.

Responsibility: The Network Business Operations Committee will be responsible for review and recommending to the Operating Board action with respect to the business operations of the CHN including, but not limited to, development of performance measures, proposed contracts with payers, and initiatives to achieve clinical integration.

Meeting Frequency: Regular meetings of the Network Business Operations Committee will be held once a month. The committee will hold its initial meeting within 30 days following the appointment of the committee members by the CHN Providers. Special meetings of the committee will be held upon 10 days' notice to the members at the call of the Chair or of two or more other members.

Clinical Quality and Clinical Practice Standards

Voting Members of the Clinical Quality and Clinical Practice Standards Committee will be:

- A Chair elected by the full committee. The Chair will be a community-based Primary Care Physician. Each Chair will serve for a term of one year.
- A representative appointed by each CHN Provider. The representative appointed by a CHN Provider will be a community-based Primary Care Physician.

In addition one or more CMICS staff members designated by CMICS will be Non-Voting, Ex-Officio Members of the Clinical Quality and Clinical Practice Standards Committee. Such CMICS staff members may include CMH quality and evidence based medicine subject matter experts.

Responsibility: The Clinical Quality and Clinical Practice Standards Committee will be responsible for review and recommending to the Operating Board action with respect to the clinical quality initiatives and practice standards of the CHN including, but not limited to, selected clinical focus areas for targeted improvement, development of clinical practice standards and measures, and monitor performance of CHN Providers against such standards and measures to support continuous improvement. As part of its work, the committee may form working groups to focus on specific matters and report back to the full committee.

Meeting Frequency: Regular meetings of the Clinical Quality and Clinical Practice Standards Committee will be held once a month. The committee will hold its initial meeting within 30 days following the appointment of the committee members by the CHN Providers. Special meetings of the committee will be held upon 10 days' notice to the members at the call of the Chair or of two or more other members.

General Procedures Applicable to the Operating Board and its Committees

Decision Process: In order to achieve the goals of CHN it is important that decisions are reached by consensus. At each meeting of the Operating Board and of each of its committees, at least two-thirds (2/3s) of the members of the Operating Board or committee (as the case may be) must be present for a quorum. A decision of the Operating Board or committee will require the presence of a quorum, and the affirmative vote of at least two-thirds (2/3s) of the members present; provided that no decision shall be adopted without a number of affirmative votes equal to at least a majority of all voting members of the Operating Board or committee (as the case may be) whether or not present at the meeting. Meetings may be held in person or by teleconference.

Charter Modifications: This Charter may be modified or revised only by unanimous affirmative vote of the Operating Board. Administrative Functions: CMICS will provide all administrative support for operations of the Operating Board and committees, including scheduling, recording of minutes, agenda management and preparation of background material.

Population Health Technology

Information technology is a foundational requirement and an enabler of clinical integration. CHN has invested in the necessary solutions and infrastructure to support clinical integration, including data information exchange, patient registries, analytics, a provider portal and care management solutions.

Data security has been reviewed to ensure all technologies meet or exceed current HIPAA and HITECH security compliance requirements and regulations. This includes but is not limited to security requirements for the use of electronic protected health information, data center protocols (redundancy, access, security, etc.) data transmission user authentication and password management.

CLINICAL INTEGRATION & POPULATION MANAGEMENT PLATFORM

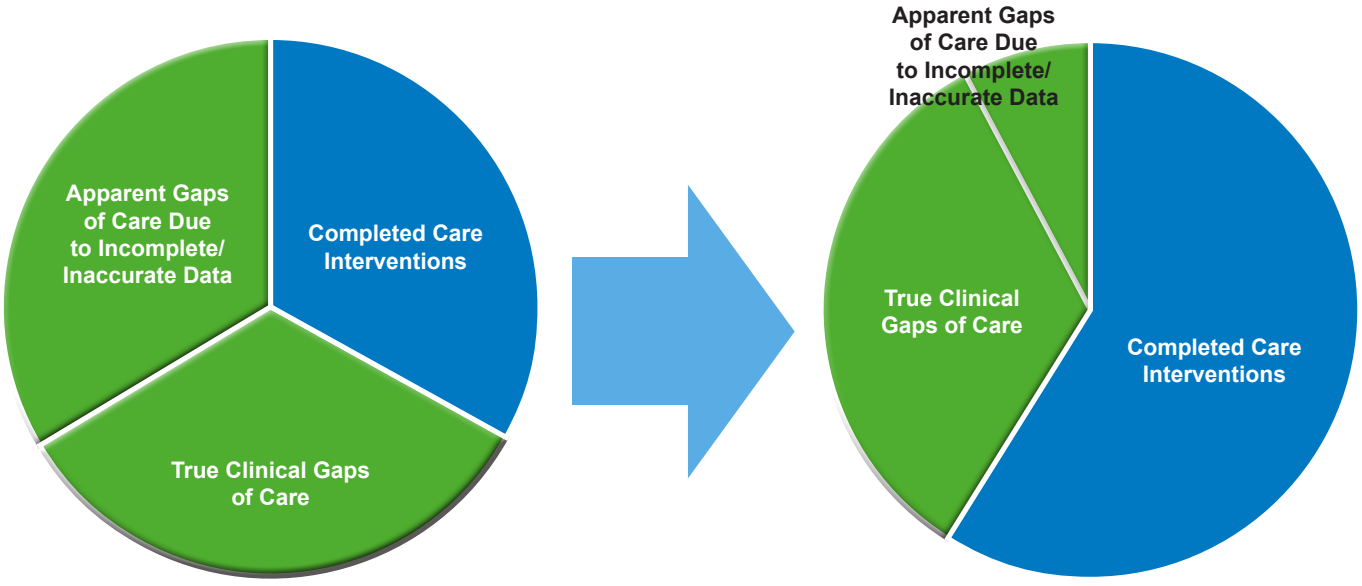
CHN Practices will have access to Valence Health's Vision platform, a technology solution that integrates clinical and payer data in near real-time across the network and all care settings. Vision will serve as CHN's clinical integration platform for measuring and facilitating efficiency and quality improvement, tracking care against evidence-based guidelines and providing risk stratification to support targeted interventions for the highest risk and highest cost patients.

Cross-Continuum Data Integration – Combining Payer and Clinical Data

The Vision platform aggregates and standardizes data from disparate systems across the care continuum. The solution combines data from physician practices, hospitals/health systems, laboratories, home care agencies, post-acute settings and payers. Of particular importance is the integration of payer data with clinical data. Payer data, inclusive of in-network and out-of-network claims, combined with clinical data provides a nearly comprehensive picture of an individual's care profile.

The Valence Vision platform presents data from across the care continuum in a transparent, patient-centric solution, allowing practices to see all services performed at Children's Mercy and other CHN entities. *Graphic: Valence Health © 2015*

Cross-Continuum Data Integration Increases Clinical Focus on True Gaps of Care

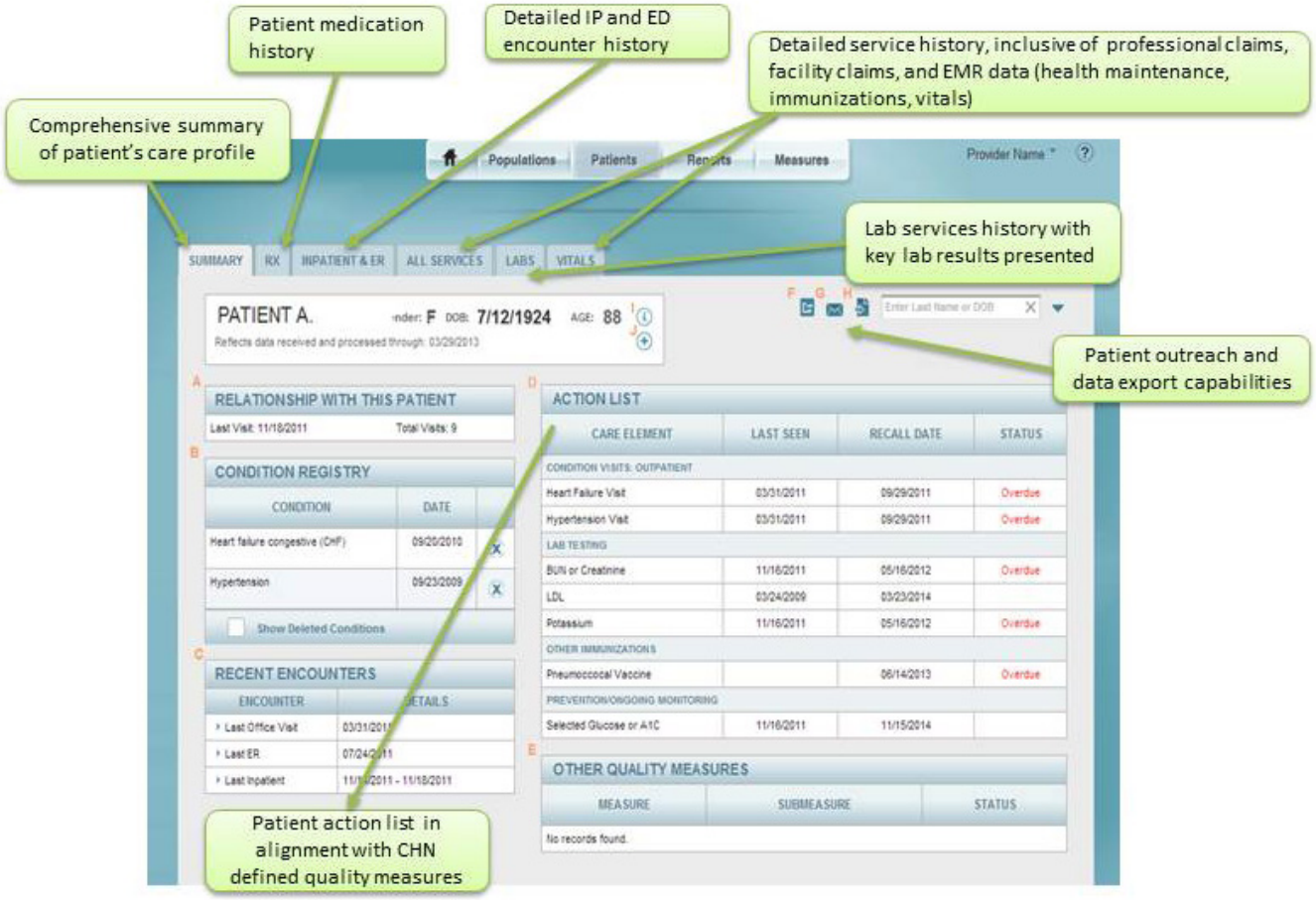


Integrating a more comprehensive patient profile by combining disparate data source across the continuum (i.e. payer medical & pharmaceutical claims, lab results, EMR, immunization registries, etc.) allow providers to focus increasingly on those interventions that will address true clinical gaps of care.

Comprehensive Patient Profile with Detailed Service History and Action List

Vision's Patient module includes a patient summary and a comprehensive history of inpatient and ED encounters, medical services, pharmaceutical scripts, laboratory tests, vitals and other information. Using a patient-centric approach, the Valence Health Vision solution provides access to information from all entities and providers who are participating in CHN's clinically integrated network.

Valence Vision's Comprehensive Patient Profile



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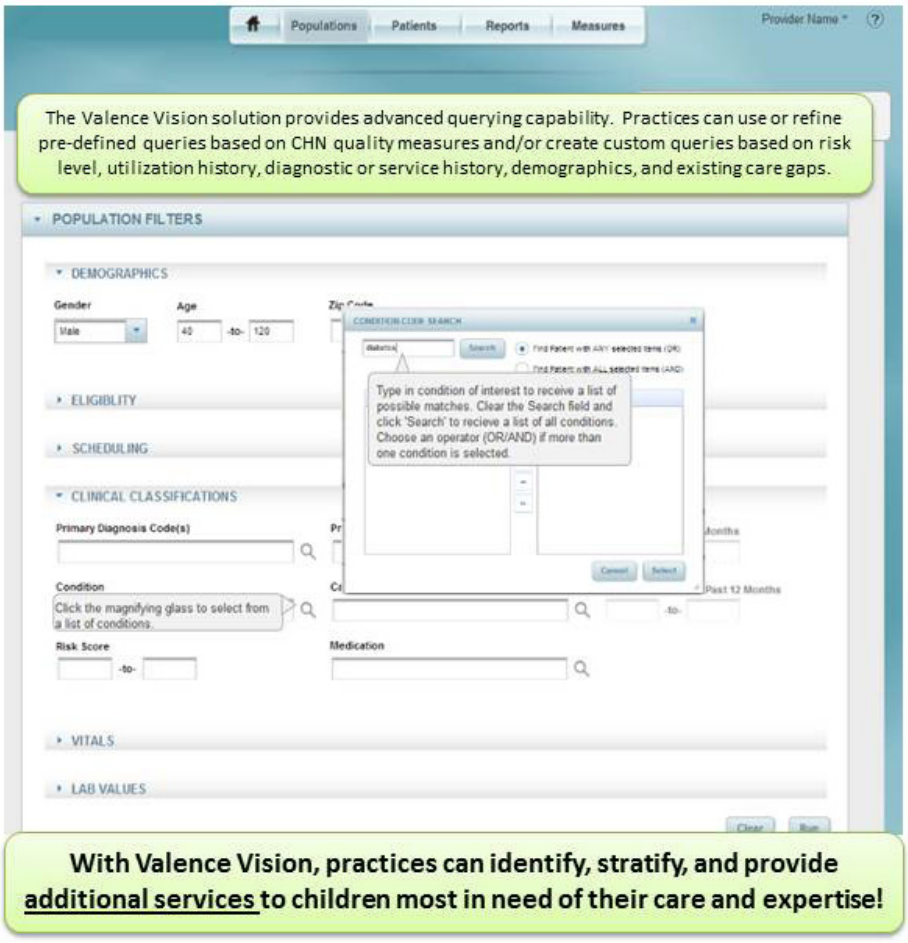
Evidence-Based Registry & Outreach Functionality

The Vision platform provides advanced registry functionality, tailored to clinical care guidelines and measures defined by CHN providers.

- Patient registry functionality with increased focus on true clinical gaps
- Risk stratification to identify patients and families with highest cost and greatest need
- Advanced query capabilities to target particular patient populations based on utilization history (i.e. high ED or observation utilizers, high IP admissions, etc.), diagnostic or service history, demographic information and care gaps

- Access to a patient profile view containing a patient's comprehensive health history. The profile presents a summary of conditions, encounters and care gaps; a complete history of inpatient, ED and outpatient services; and lab tests and EMR information
- Practices have ability to export patient care summaries to support internal workflows and provide intelligence at the point of care
- Patient outreach capabilities to advise patients of overdue or upcoming services, allowing practices to enhance revenue with services for children most in need of care

Valence Vision Standard & Custom Population Querying Capabilities



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CARE MANAGEMENT & CARE NAVIGATION SERVICES AND SOLUTION

As the CHN initiates shared savings and/or risk-based contracts with commercial payers and employers, practices must have effective care management and care navigation capabilities. This includes clinical programs and protocols that are tailored to chronic disease management (asthma, diabetes), complex case management, transitions of care (ED, IP discharges), readmission management and prevention management. CHN can support a practice's development of these capabilities by

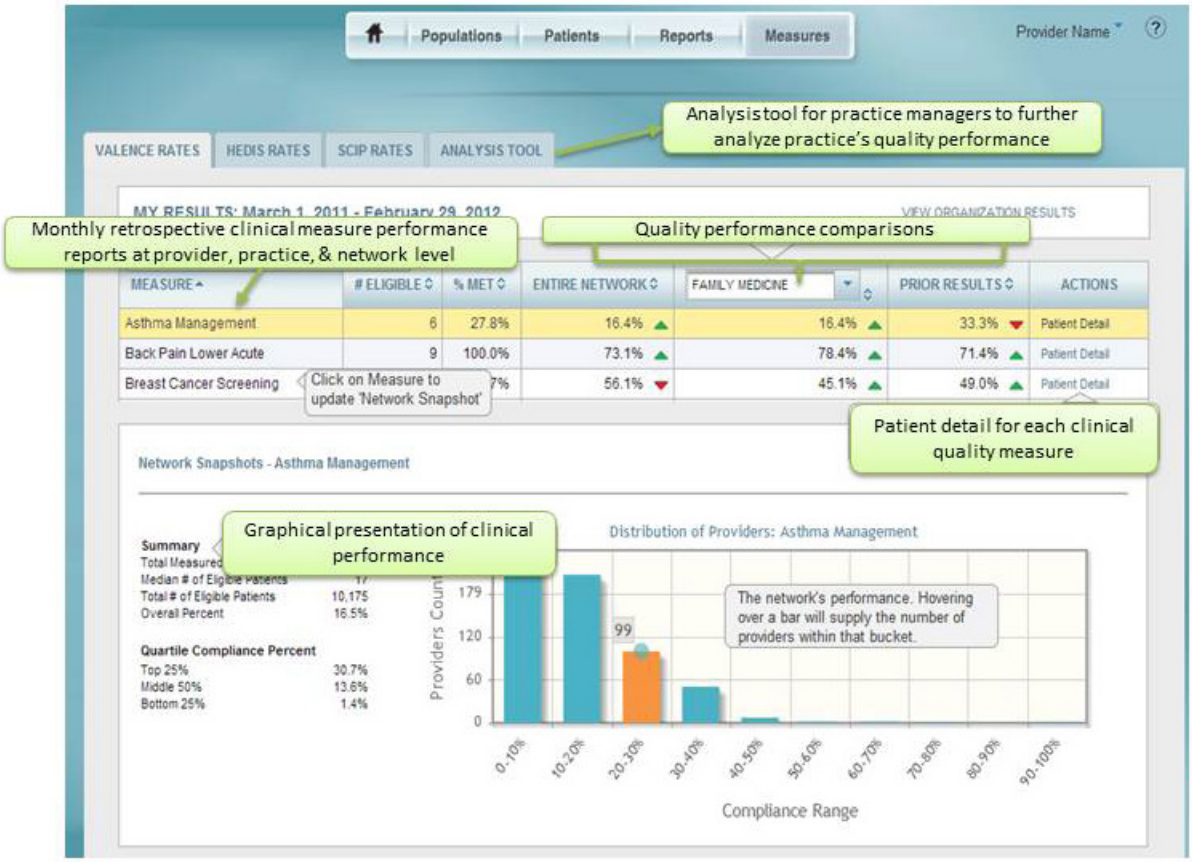
applying the principles of a Patient-Centered Medical Home (PCMH) and/or by providing virtual case management services through the use of a sophisticated care management workflow solution called CARE (Case Assessment and Referral Evaluation system).

ADVANCED ANALYTICS AND REPORTING

CHN practices, providers and committees will be supported with advanced financial and clinical analytics, an essential function of clinical integration and population health.

- Monthly comparative quality performance reports at the provider, practice and network level
- Use of risk stratification and predictive modeling to target the highest cost and highest risk patients
- Financial analytics to support value-based contracting arrangements, measure and track key health spend and utilization measures, evaluate practice variation and identify high cost areas for improvement
- Centralized data management and analytics, allowing CHN to focus limited resources on the most impactful areas for clinical quality and cost improvement

Valence Vision Provider Clinical Performance Reporting



CHN NETWORK PORTAL

CHN practices will have access to a network portal specifically designed to serve as the central location to access information, resources and tools. The portal will provide:

- Access to Valence Health's Vision, a clinical integration and population management platform
- A centralized resource for quality, cost and value-based scorecards and reports
- Education and support resources for patient-centered medical home initiatives, disease management, complex care management, clinical practice guidelines and other diagnostic tools, administrative forms and guides, patient education and disease-specific action plans
- A provider and practice directory of participating CHN practices
- Announcements and a calendar of events (CIN committee and workgroup meetings, educational/best practice events, etc.)

Data Accessibility in CHN's Population Management Solution: A Patient Centric Approach

Children's Health Network's (CHN's) disease registry and population management solution uses a patient-centric approach to determine what data and information is accessible to providers participating in CHN's clinically integrated network.

Important Considerations:

- Data available within the solution includes professional claims, institutional claims, EMR data (vitals, immunizations and medications) and lab results/services received from participating CHN providers and clinics. Data also includes payer data feeds sourced directly from commercial/public insurers and/or third party administrators for particular patient populations.
- The solution is PATIENT CENTRIC. A provider has rights to see all patient information contained within the 'Patient Profile' if the patient has received professional medical services from the provider.

Claims, EMR data, lab results and payer data feed information

- Non-provider users such as practice administrators or non-billing care delivery team members (i.e. RNs, LPNs, etc.) will have access to all providers and their corresponding patients within defined practice(s) or patient populations.
- A limited set of CHN care liaisons and reporting analysts will have access to the full set of clinical

integration data for care management, care coordination and reporting purposes.
- Professional healthcare services billed and submitted by a CHN participating provider, including those services performed at non-CHN network facilities, will be included.
- Payer data feeds, for select populations are inclusive of both in and out-of-network services for those patients.
- Actual charge and payment information will not be available. As applicable, cost information will be presented at market values.

Data YOU Can See:

- All data for YOUR patients that came from YOUR practice.
- All data for YOUR patients from other providers, practices, labs and/or other entities participating in CHN's clinical integration network.
- Patient profiles you have been granted access to from other providers within the CHN clinically integrated network.[2]
- All data for YOUR patients who are participating in ICS commercial, government, or direct-to-employer payer populations.

Who Can See YOUR Data?

- Any provider in the CHN Network who has had contact with one of YOUR patients can see ALL data for that patient.
- Patient profiles you have shared with other providers within the CHN clinically integrated network.[2]

[2] Granting patient profile access to another provider is a feature to help manage care transitions. Access can be granted for a limited time and will expire if the treating relationship is not established within a specified period of time.

Patient-Centered Medical Home Transformation and Support

The medical home model holds promise as a way to improve health care in America by transforming how primary care is organized and delivered. Building on the work of a large and growing community, the Agency for Healthcare Research and Quality (AHRQ) defines a medical home not simply as a place but as a model of the organization of primary care that delivers the core functions of primary health care.

The medical home encompasses five functions and attributes:

Patient-centered:

The primary care medical home provides primary health care that is relationship-based with an orientation toward the whole person. Partnering with patients and their families requires understanding and respecting each patient's unique needs, culture, values, and preferences. The medical home practice actively supports patients in learning to manage and organize their own care at the level the patient chooses. Recognizing that patients and families are core members of the care team, medical home practices ensure that they are fully informed partners in establishing care plans.

Comprehensive care:

The primary care medical home is accountable for meeting the large majority of each patient's physical and mental health care needs, including prevention and wellness, acute care, and chronic care. Providing comprehensive care requires a team of care providers. This team might include physicians, advanced practice nurses, physician assistants, nurses, pharmacists, nutritionists, social workers, educators, and care coordinators. Although some medical home practices may bring together large and diverse teams of care providers to meet the needs of their patients, many others, including smaller practices, will build virtual teams linking themselves and their patients to providers and services in their communities.

Coordinated care:

The primary care medical home coordinates care across all elements of the broader health care system, including specialty care, hospitals, home health care, and community services and supports. Such coordination is particularly critical during transitions between sites of care, such as when patients are being discharged from the hospital. Medical home practices also excel at building clear and open communication among patients and families, the medical home, and members of the broader care team.

Superb access to care:

The primary care medical home delivers accessible services with shorter waiting times for urgent needs, enhanced in-person hours, around-the-clock telephone or electronic access to a member of the care team, and alternative methods of communication such as email and telephone care. The medical home practice is responsive to patients' preferences regarding access.

A systems-based approach to quality and safety:

The primary care medical home demonstrates a commitment to quality and quality improvement by ongoing engagement in activities such as using evidence-based medicine and clinical decision-support tools to guide shared decision making with patients and families, engaging in performance measurement and improvement, measuring and responding to patient experiences and patient satisfaction, and practicing population health management. Sharing robust quality and safety data and improvement activities publicly is also an important marker of a system-level commitment to quality.

- Agency for Healthcare Research and Quality PCMH Resource Center, June 2012

CHN will make the following strategies and resources available to help practices transform and maintain PCMH components:

- PCMH readiness evaluation
- PCMH and NCQA consulting services
- Use of patient registries for population management
- Patient communication/outreach templates and material
- *Gaps in Care* reports for your assigned members

Medical Management, Disease Management and Case Management

CHN will make every attempt to offer health plans and other payer's delegated services that will include the components of medical management, disease management and case management. The fee for services would be paid by the health plan/payer in the form of administrative costs while sharing in the risk associated with medical loss ratios and quality outcomes.

As a CHN provider you can expect:

- Delegated medical management on behalf of commercial health plans and other payers
- Standardized prior authorization guidelines for contracted commercial payers
- Discharge planning and transitional care planning from inpatient to home or alternative setting
- Asthma and Diabetes disease management programs that meet payer and NCQA requirements
- Centralized, evidence-based programs and additional resources to serve your patients
- Population Health Specialists available to work side-by-side with clinic staff to reinforce skills and foster behavior changes
- Care Manager support for the following:
    - Development of ongoing care plans, including identified barriers, interventions and goals established as part of the case management assessment and management process
    - Collaboration to establish patient centered goals and monitor progress toward goals
    - Assistance in reinforcing the physician's plan of care
    - Care manager available to accompany patient to appointment upon request

CHN's evidence based programs target best practices and underscores the patient-provider relationship, patient self-management skills and improved health care utilization. These programs are designed to educate providers, the office staff and patients/caregivers on appropriate diagnosis, treatment and management of chronic conditions and promote preventive care for the entire patient population.

Centralized, evidence-based programs and additional resources to serve your patients

Children's Health Network
PO Box 411596, Kansas City, MO 64141
1-888-670-7261 • www.cmics.org/chn • ProviderRelations@cmpcn.org