



Top Takeaways from the September 2017 CHN Committee Meetings

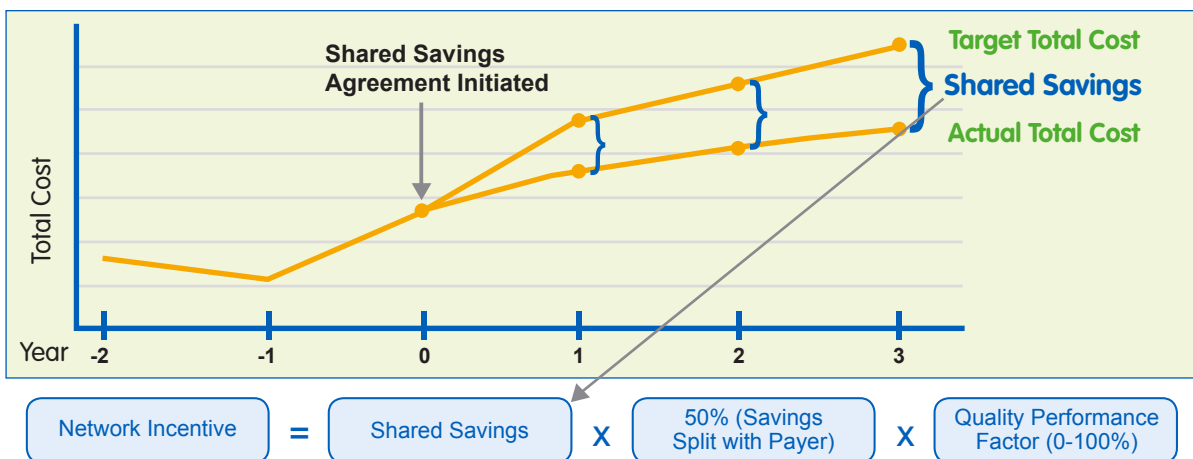
Aetna & Cigna Shared Savings Agreements On Track to Be Effective January 2018 What You Need to Know....

What Patients? ~8,000 patients with Aetna and ~9,500 patients with Cigna. [Click here](#) to view your practice's estimated number of attributed patients?

Aetna and Cigna Shared Savings Agreements are Only Accessible via Children's Health Network

How are Incentives Earned?

Shared savings contracts give our network an opportunity to share in the savings we generate. Any savings achieved by our network are split with the payer and adjusted based on our network's quality performance.



* A minimum shared savings amount must be achieved for the network to receive any shared savings. However, after achieving the minimum threshold, the shared savings achieved is based on savings back to the first dollar below the target.

* CHN's initial shared savings contracts will be upside risk (upside gainsharing) only. This means CHN will not share in losses if the actual total cost exceeds the targeted total cost.

How is Quality Performance Evaluated? Performance will be evaluated at the network level. Specific incentive quality measures and applicable targets are in the process of being finalized.

Want a Refresher on Understanding Value Based Care Terminology - [Click Here to View CHN's 2 Page Summary](#)

Quarterly CHN Clinical Integration Quality & Provider Engagement Report

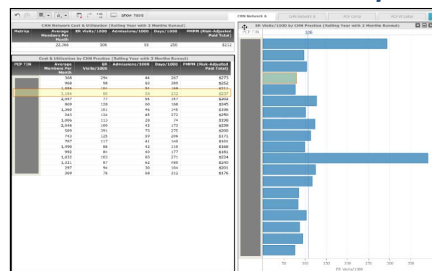
[Click here](#) to view the Quarterly Clinical Integration Quality and Engagement Report (performance based on measurement period from May 2016 through April 2017).

CHN Continues to Improve in BMI Percentile Screening (Up 6-7% Points) and Tobacco Screening Measures (Up 3% Points) Due to Coding

Introducing CHN's Quarterly Cost & Utilization Report

A new quarterly report has been developed to inform our practices of their cost and utilization performance. The reports are designed to provide useful and actionable information, including performance comparisons and individual patient information for patients with high cost and high utilization.

Network & Practice Level Report



Provider Level Report

CHN Cost & Utilization (Rolling Year with 3 Months Runout)					
Metrics	Average Members Per Month	ER Visits/1000	Admissions/1000	Days/1000	PNPM (Risk-Adjusted Paid Total)
	22,366	106	55	210	\$212
Cost & Utilization by Primary Care Provider (Rolling Year with 3 Months Runout)					
PCP Name	Average Members Per Month	ER Visits/1000	Admit/1000	Days/1000	PNPM (Risk-Adjusted Paid Total)
	393	102	71	226	\$281
	320	76	43	225	\$253
	297	61	51	216	\$210
	422	94	43	35	\$114
	109	73	128	349	\$621
	366	117	25	55	\$136
	476	92	63	317	\$359
	7	0	151	454	\$124
	386	97	29	93	\$186
	296	71	44	222	\$142
	401	77	105	496	\$276

[Click to View Example Report.](#)

[Click to View Cost & Utilization Report FAQ.](#)

Cost & utilization reporting is the second topic in a series of topics on how our network can influence and improve risk adjusted cost performance. To learn more about the first topic, [click here](#) to view a 1-page summary of how to influence risk adjustment.

[Click to Access Prior Monthly CHN Committee Takeaways](#)

Questions or Comments? Please ask your Children's Health Network committee member representative or contact Children's Health Network staff at ProviderRelations@cmpcn.org.