

Connie's Clips

From all of us at Community Care Alliance, Happy New Year!

Celebrating the start of a New Year is special for everyone. It brings hope, aspirations, opportunities and experiences. Sometimes it brings a moment of pause, allowing us to see things more clearly and visualize the pieces falling into place, one by one, slowly bringing the bigger picture into focus. Once we see this bigger picture in our mind, our story starts to unfold, almost naturally. And this is my prediction for the Community Care Alliance (CCA) in 2019.



Connie Mack
Executive Director

Over the past several months, the Governance and Executive Committees of the Board have been busy reviewing operating and participant agreements for the CCA. A successful community care organization requires a payer-attractive, actuarially credible population size, a focused commitment on primary care-driven care coordination, improved quality and reduced per-capita cost, payer reimbursement that incentivizes and rewards patient value, and a collaborative relationship with payers and providers who are committed to population health. The CCA is currently functioning to support PCP-focused quality and care coordination, and the time has come for CCA to also function as a contracting network entity for securing and managing value-based and/or performance-based arrangements, outside of the Medicare Shared Savings Program. In November, the CCA board approved a new operating agreement and a new participant agreement to make that happen. With respect to CCA Governance, three of the eleven Board of Manager seats will now be filled by physicians, and two new board oversight committees have been formed; the Clinical Practice Committee (CPC) providing leadership and direction on meaningful clinical integration and the optimization of high quality and efficient clinical care delivery; and the Finance, Contracting and Compliance Committee, providing leadership and direction on payer contracting and negotiations, contract metrics and benchmark selection and distribution of performance fees. These new committees augment the established Governance and Executive committees, providing the infrastructure to operate as a fully functional community care organization.

Hospitals, their employed providers, and independent clinicians may become members of the Community Care Alliances' Clinically Integrated Network by signing a participant agreement. Members will have the ability to opt-in to any value- or performance-based arrangement that the CCA presents to the network, with the minimum requirement to participate in at least one. Pricing for CCA CIN membership is listed below. It's important to note that the monthly hospital fee will be waived through June 30, 2019, for current RMACO and SJACO participants.

Don't delay and don't be left out! Join us now for a contract with Anthem, commencing July 1, 2019.

Entity	Price
Hospitals ≥ \$20M Operating Expense	\$3750 per month
Hospitals < \$20M Operating Expense	\$1650 per month
Non-Hospital Employed Clinicians (≤15 clinicians in practice)	\$150 per year per clinician
Non-Hospital Employed Clinicians or IPAs (>15 clinicians in practice)	\$75 per year per clinician



For more information, please contact **Connie Mack** at (970) 986-3675 or Connie.Mack@CommunityCareAlliance.com

Joni Fanning at (970) 986-3676 or Joni.Fanning@CommunityCareAlliance.com

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