CIN Assessment Tool

Independent providers participating in a properly structured clinically integrated network (CIN) can jointly negotiate with payers on fee-for-service contracts. A CIN also provides a vehicle for providers to pursue value-based arrangements. To help providers understand CIN operations and appreciate the requirements for joint contract negotiations, PYA has developed this CIN Assessment Tool detailing the standards to which CINs are held.

Standards for Clinically Integrated Networks

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- Compliance

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This tool is for general informational purposes only and should not be considered legal advice. It does not create an attorney-client relationship, and users should seek professional legal counsel for specific situations.

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Standard 1: Provider Engagement

Providers are committed to CIN's success.

1.1: Education *Providers are well-versed in (i) the purpose of and requirements for clinical integration and (ii) details of emerging APMs.*
A. Relevant written materials are furnished to providers (e.g., memoranda, email alerts)
B. CME and other education are provided
1.2: Participant Agreement *Providers execute and adhere to the CIN Participant Agreement requiring (i) adherence to CIN processes and standards, and (ii) commitment of time and resources to CIN-related activities.*
A. Physician leadership is committed
B. Standard Participant Agreement complies with key standards
C. Participant Agreements are properly executed by all participants
1.3: Governance *Governance structure ensures meaningful provider involvement in CIN decision-making.*
A. Physician/board approval and support for transition to value-based performance are secured
B. Operating agreement/bylaws document provides opportunity for provider involvement in CIN decision-making
C. CIN has complied with governance processes established by operating agreement/bylaws (e.g., board selection process, committee appointments)
1.4: Committees *CIN committees have (i) well-defined charters and (ii) high level of provider involvement.*
A. Committee charters have specificity regarding each committee's objectives and responsibilities
B. Each committee's membership is appropriate to accomplish its objectives and responsibilities
C. Schedule, agendas, and minutes demonstrate committee is pursuing its objectives and responsibilities
1.5: Compliance *CIN engages in ongoing monitoring for antitrust and other compliance risks.*
A. CIN's formal compliance program and operations are consistent with OIG guidance
B. Compliance officer has proper authority and resources to monitor and address compliance concerns
C. CIN has established relationship with qualified legal counsel to address potential legal issues

Standard 2: Clinical Practice Guidelines

Participants adhere to quality standards and engage in cost-control initiatives.

2.1: Clinical Focus *CIN prioritizes clinical conditions on which to focus quality improvement efforts.*
A. Clear criteria and process are used to establish clinical priorities
2.2: Evidence-Based Medicine Standards *CIN utilizes established process for vetting and approving evidence-based medicine standards for specific clinical conditions.*
A. Clear process for soliciting input and approving clinical guidelines is established
B. CIN adopts clinical guidelines in alignment with clinical priorities
C. Quality measures are aligned with payer contracts
2.3: Cost-Control Initiatives *CIN pursues specific cost-control initiatives including (i) avoiding wasteful or unnecessary tests, treatments, and procedures and (ii) identifying and aligning with low-cost providers.*
A. Best practices are designed and documented for each clinical team member for specific types of visits
B. Clear process for identifying opportunities, soliciting input, and approving cost-control initiatives is established
C. Significant cost-control initiatives are adopted
2.4: Urgency *CIN is committed to timetable for adoption of evidence-based medicine standards and cost-control initiatives.*
A. Specific timeline is established for adoption of clinical guidelines and cost-control initiatives
2.5: Education and Support *CIN furnishes effective provider education and support relating to adoption of evidence-based medicine standards and cost-control initiatives.*
A. Education of staff and providers is provided with respect to referral guidelines
B. A patient-centric culture among provider teams at practice sites is created
C. Clear process is established by which CIN implements its clinical guidelines and cost-control initiatives

Standard 3: Performance Evaluation

CIN effectively uses processes to collect and analyze data on specified performance metrics and to take remedial action.

3.1: Metrics *CIN identifies and communicates specific performance metrics for which participants are accountable to the CIN.*
A. Quality metrics system for tracking, reporting, reconciling, and managing results is determined
B. Definitions and measurements are established related to key performance metrics and the processes
C. Requirement of provider adherence to clinical best practices with allowance for variances is set
D. Clear process is established for selection of performance metrics
E. CIN confirms performance metric alignment with clinical guidelines and cost-control initiatives
3.2: Performance Data *CIN has capability to receive and compile performance data for peer-review purposes.*
A. Tracking of adherence to referral guidelines at all levels is completed
B. System of reports is created to track adherence to overall metrics and take corrective actions
C. Clear process is determined for compiling performance data and reporting results to participants
D. Demonstrable results on performance improvement initiatives are assessed
3.3: Peer Review *CIN utilizes peer-review processes to identify opportunities for improvement and unacceptable levels of performance.*
A. CIN articulates the peer-review processes, including confidentiality protections
B. CIN shows evidence of confidential peer-review process
3.4: Performance Improvement *CIN pursues specific initiatives to improve participants' scores on specific performance metrics.*
A. Clear process is established by which the CIN decides whether to pursue a specific initiative, defines the scope of that initiative, and identifies measures to determine the success of that initiative
B. CIN identifies all performance improvement initiatives and specifies the scope and results of each
3.5: Remedial Action *CIN takes timely and appropriate remedial action to address unacceptable levels of performance.*
A. CIN articulates the range of progressive remedial action used by the CIN and the standards used to determine appropriate action in specific circumstance
B. CIN demonstrates remedial action taken by CIN against participants in a manner that maintains confidentiality

Standard 4: Care Management

CIN effectively uses processes to identify high-risk and rising-risk patients and intervene with appropriate support services.

4.1: Data Analysis *CIN performs data analysis for purposes of risk stratification of attributed population.*
A. Dedicated business analyst(s) with good database/reporting skills are identified
B. CIN has ability to classify patients by clinical episodes (e.g., registries)
C. Reporting system is created to analyze attributed payer populations
D. CIN has ability to model attributed panel to understand risk and health needs of attributed population
E. Attributed population is identified
F. Data sources are available to CIN regarding attributed population
4.2: Outreach *CIN utilizes processes to identify and engage those attributed patients who do not have established relationship with a primary care provider.*
A. CIN has ability to attribute populations of patients by payer
B. CIN can articulate processes for identifying attributed patients without PCP and processes for establishing PCP relationship
4.3: Patient Recruitment *CIN employs strategies to identify and recruit appropriate patients to receive care management services (including transitional care for post-discharge patients).*
A. CIN can articulate processes for identifying patients to receive care management services
B. CIN can articulate processes for contacting patients and securing consent for services
4.4: Care Managers *CIN has available an adequate number of appropriately trained and supervised care managers.*
A. Current care model FTEs and configurations are established and compared to benchmark
B. CIN has ability to establish case manager relationships for chronic conditions
C. CIN has ability to fund, staff, and train a care management division
4.5: IT Solution *CIN utilizes a care management IT solution (satisfy CMS requirements for chronic care management regarding use of certified EHR and electronic care plan; care manager work list).*
A. Technology is put in place to enable patient communication and feedback (e.g., patient portals)
B. CIN articulates how IT solution is used to facilitate care management services
4.6: Resources *CIN makes available other resources to support care management activities (e.g., remote patient monitoring; patient education, engagement, and activation tools; advance care planning).*
A. Contracts/agreements with specialists, pharmacies, community service, and social workers are put in place
B. Education and encouragement of patient populations are used to engage in their healthcare management
C. Sufficient list of resources is available to care managers

Standard 5: Care Coordination

CIN effectively utilizes infrastructure to support communication among providers regarding individual patient's care plan.

5.1: Practice Transformation *CIN supports participants' practice transformation to patient-centered care.*
A. CIN can specify the manner it supports practice transformation, including specific resources made available to participants
5.2: Health Information Exchange *CIN participants have the capability to share patients' electronic health records for treatment purposes.*
A. EMR/EHR system with flexible query fields and the ability to build custom forms is used
B. CIN articulates how participants share patient information for treatment purposes
5.3: Shared Expectations *CIN supports referral compacts between primary care providers and specialists.*
A. Protocols and processes for patient referrals are established
B. CIN demonstrates existing referral compacts and terms of those arrangements
C. CIN addresses potential compliance issues
5.4: Transparency *CIN makes pricing and performance information available to participants.*
A. Support of transparent communication among providers (referral patterns/treatment variances) is achieved
B. Reports showing pricing and performance information are shared among CIN participants
5.5: Care Continuum *CIN has established relationships – as participants or aligned partners – with providers throughout the care continuum (e.g., specialist physicians, behavioral health providers, post-acute care, palliative care).*
A. Review alignment opportunities across the care continuum are put in place
B. CIN takes action to establish aligned partnerships
5.6: Medical Home/Practice Management *CIN manages appropriate patients through medical home capabilities.*
A. Protocols for front office and appointment scheduling for patients in assigned populations are established
B. Business processes are established to report patient treatment histories before allocating risk to physicians
C. Readiness to assign patients to distinct care teams or physicians and notify patients of assignment is achieved
D. Readiness to manage fluidity of patient panels and provider assignments is achieved
E. CIN has ability to team providers with clinical and clerical staffs
F. CIN has ability to normalize, correct and/or justify variances in staffing models within practice sites
G. CIN implements proactive scheduling plans, team huddles, and intra-team communication

Standard 6: Contracting Strategies

CIN effectively utilizes infrastructure to support transition to risk-based alternative payment models.

6.1: Participant Risks and Rewards *CIN shares risks and rewards among participants in a manner that incentivizes quality and efficiency.*
A. Risk payment receipt and distribution methods are established
B. Provider compensation is aligned with quality measures/incentives
C. Distribution of compensation results is achieved to increase trust and incent provider cooperation
D. Committees and board processes are established to build compensation models
E. CIN has analytic ability to generate compensation models that achieve provider acceptance
F. CIN has ability to organize compensation models by different payers
G. Any compliance issues relating to such methodologies have been addressed
6.2: Internal Cost Controls *CIN supports participants' efforts to control internal operating costs (e.g., hospital gainsharing arrangements, MSO arrangements).*
A. Organized system of cost accounting by care episodes is established
B. Evidence of specific CIN cost-control initiatives is captured
6.3: Management Team *CIN management team has experience with and understanding of risk-based contracting.*
A. Change management capabilities and leadership commitment are achieved
B. Members of management team possess appropriate experience and qualifications
C. Educational opportunities and other assistance are available to support management team
6.4: Total Cost of Care *CIN has access to and utilizes claims data to analyze total cost of care for attributed population.*
A. Current capability and processes to analyze total cost of care are identified
B. Plans to develop or enhance current capabilities are developed
6.5: Risk Quantification *CIN participants capture necessary information to ensure accurate representation of risk within attributed population.*
A. CIN has demonstrated efforts to support and improve ICD-10 coding compliance by participants
6.6: Payer Relationships *CIN regularly communicates with commercial insurers and self-insured employers regarding contracting opportunities.*
A. CIN identifies any APMs in which CIN participates with any payer and specifies terms of such arrangement(s)
B. Clear payer strategy is established