

Hackensack Meridian Health Partners: Frequently Asked Questions

What is Hackensack Meridian Health Partners (HMHP)?

Hackensack Meridian *Health* Partners (HMHP) is a clinically integrated network of health care providers who share the common goals of improving health outcomes, reducing health care costs and enhancing the patient experience.

Why has Hackensack Meridian Health created a clinically integrated network?

Many health systems are partnering with physicians to create clinically integrated networks to prepare for performance-based pay and accountable care. Establishing HMHP and partnering with our affiliated physicians to improve hospital quality will ultimately generate value – better quality at lower cost – for patients, their families, and employers.

What are the benefits to independent physicians?

Many independent physicians, including both primary care physicians and specialists, still prefer to remain in private practice. By offering access to favorable contracts, performance-based bonuses, credentialed referral networks, and care management resources, HMHP helps independent physicians gain financial stability and remain in private practice if they desire. Independent physicians who join HMHP have the opportunity to be considered "Tier 1" providers for patients that are covered by health plans who HMHP has negotiated value-based contracts with.

How is HMHP governed?

The majority of the board members are independent physicians. Of course physicians lead the clinical enterprise for HMHP, determining membership of the physician network, setting quality standards and creating the clinical programs that will drive the quality and cost-effectiveness of care.

What services and support will HMHP provide its network physicians?

HMHP's goal is to provide the necessary infrastructure, management, and contracting support that will enable physicians to focus on clinical integration and the improvement of care. This includes negotiating and executing population health contracts that support value-based health care, providing information technology support, working with physicians on performance incentive programs, and promoting physician leadership in HMHP governance.

Will HMHP purchase or run our practice?

HMHP will not purchase or run your practice. The goal of HMHP is to bring physicians, hospitals, and other health care providers together to improve health outcomes, reduce health care costs, and enhance the patient experience.

Which physicians will be included in the HMHP network?

Independent physicians in good standing on the medical staff of at least one Hackensack Meridian *Health* hospital are encouraged to apply for network membership.

Is the participation agreement with an individual physician or the practice?

All the physicians in the practice must participate. A practice must sign a participation agreement to be included in the network.

What is a narrow network?

Narrow provider networks seek to offer lower premiums by limiting the group of health providers available to plan enrollees.



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What are the advantages of being a tier 1 provider?

Tier 1 patients benefit by having access to high-quality care at lower out-of-pocket costs.

What are the differences of being a tier 2 provider?

Tier 2 patients can incur greater out-of-pocket costs.

Can a provider or practice participate in more than one network?

HMHP does not restrict physicians from participating in other networks. However other pay-for-performance provider agreements may require that physicians participate in only one agreement for a specific payor. For example, a primary care provider may only participate in one Medicare incentive program. Similar restrictions may apply to commercial health plan value-based payment models.

Will I be required to negotiate all of my contracts through HMHP?

While HMHP will seek to create opportunities that may not be available through your individual or group contracts, it will not replace all payor contracting.

Will HMHP require me to accept full risk contracts?

HMHP recognizes that payment for health care will cover a broad continuum of different models that include bundled payment, pay-for-performance, shared savings, and risk. We do not anticipate physician participation in full-risk contracts until we have more experience with these different payment models. When we are ready to enter into full risk contracts, you have the ability to elect not to participate in a full-risk contract.

What will HMHP do differently to improve quality and control costs?

HMHP seeks to empower the physicians in its network to develop the clinical improvement strategies that make sense for our patients and communities. HMHP will provide the structure and business assets so physicians can focus on clinical care, disease management, and the needs of their patients.

Are the terms of the participation agreement negotiable?

The current participation agreement was discussed at length by the HMHP Board and physicians members' comments and concerns were addressed to arrive at a fair agreement. In an effort to maintain consistency across the network, the agreement is not negotiable. HMHP leadership will continually review the agreement and determine if changes are needed based on feedback received from providers. There are very broad, flexible termination provisions in the agreement to protect the physicians.

What are HMHP's future plans?

As HMHP grows it will evaluate and consider various opportunities to assist our physicians in providing the most efficient, quality focused care to its patients. These offerings could include integrated electronic medical records with technical assistance, group purchasing for office and medical supplies, office staffing assistance, and billing support. These benefits could help Hackensack Meridian *Health* globally integrate its patients across New Jersey. We recognize patients are informed consumers who expect a certain standard of excellence from their physicians and hospitals. By creating robust offerings through HMHP, the clinically integrated network will help enable Hackensack Meridian *Health* to maintain a high quality of care throughout its network.