Frequently Asked Questions

Note that WellStar Clinical Partners (WCP) is the name for WellStar’s clinically integrated organization.

General Questions

Q. What are the WCP Vision and Mission statements?

A. Vision: To deliver world-class healthcare to patients through outstanding physician leadership, innovation and quality outcomes.

Mission:

1) To optimize the well-being of the communities we serve through improved quality care and collaborative health management to maximize value for the patient;

2) To be accomplished through a physician-led, clinically integrated organization.

Q. What is clinical integration?

A. Clinical integration is a structured collaboration between community and employed physicians and hospitals to develop active and ongoing clinical initiatives designed to improve the quality and efficiency of healthcare services.

Q. What are the characteristics of clinical integration initiatives?

A. An effective clinical integration network contains initiatives that involve all physicians committed to a common set of clinical quality goals. These goals are likely to improve the health of a community and provide measurable results in quality improvements, efficiency of care and patient safety. Measurable results can also be used to compare physician performance which results in quality improvement.

Q. What does a clinically integrated organization look like?

A. Clinical integration involves both private practice physicians and WellStar Medical Group physicians, who join together in an organization or network that allows them to:

1. Identify and adopt best practices for the treatment of patients
2. Develop systems to monitor performance against adopted metrics
3. Collaborate with WellStar hospitals to improve processes of care across the continuum
4. Enter in contractual arrangements with health plans that recognize physicians’ efforts to improve quality and efficiency
Q. Why are physicians nationwide engaging in clinical integration?

A. Physicians have numerous and overlapping motivations for joining together in clinically integrated networks including the following:

1. Enhancing the quality of care provided to patients.
2. Allowing physicians and hospitals to market themselves on the basis of higher quality.
3. Collectively negotiating with payers as a network with quality and best practice as the focus.

Q. What benefits do health systems provide in the development of clinical integration?

A. Partnering with a health system will provide advantages to a network of private practice physicians in the development of clinical integration. When the health system shares the same quality vision as the physicians, as it does here, the health system can be a powerful ally in program development by:

1. Development of clinical integration initiatives using existing inpatient quality measures.
2. Providing operational infrastructure and personnel in support of the organization.

Q. Were physicians involved in the development of WCP?

A. Yes. WellStar and the Independent Physicians Organization (IPA), under the leadership of Arif Aziz, M.D., and Robert Jansen, M.D., Executive Vice President, WellStar Medical Group President and Chief Administrative Medical Officer, formed a Steering Committee made up of affiliated and employed physicians tasked with the development of WCP. That committee chartered task forces focusing on distinct areas related to quality metrics, population health, operating model and informatics. In total, approximately 50 physicians contributed to the WCP development process.

Q. How will WCP be managed?

A. WCP is a physician-led and physician-driven organization. WCP will be managed by a Board of Managers which consists of 16 voting members. Those voting members include 5 WellStar Medical Group physicians, 10 affiliated physicians and one non-physician member from the WellStar Board of Trustees.

Q. What is the difference between the WellStar IPA and WCP?

A. The WellStar IPA utilizes a messenger model for contracting with payers. However, in WCP, physician participation facilitates a concentrated focus on improving quality, efficiency and adhering to best practices and allows for joint negotiation and single signature contracting with payers.
Q. What is the difference between the WellStar ACO and WCP?

A. The WellStar ACO coordinates high quality care to the traditional Medicare patient population. The goal of coordinated care is to ensure that patients, especially the chronically ill, get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors. By delivering high quality care and spending healthcare dollars wisely, as measured by specific metrics developed by CMS, the ACO members can potentially share in the savings it achieves for the Medicare program.

WCP focuses on delivering high quality care to additional patient populations and determines its own quality metrics for each specialty care. Members are responsible for adhering to best practices to achieve these quality goals. WCP will negotiate contracts with payers on behalf of its members.

Q. Why Join WCP?  *(added June 11, 2015)*

A. WCP is a vehicle for all physicians within the community to develop and fine-tune best practice methods. The enhanced coordination of care will improve all aspects of population health management.

Q. What are the benefits? *(added June 11, 2015)*

A. There are benefits for everyone—not just the System. Patients will receive a better value. Physicians will improve quality and be rewarded for successes. Payers will want to partner with us as a CLIO because of aligned incentives.

Q. What is the length of the agreement and how can we get out it? *(added June 19, 2015)*

A. The agreement will automatically renew for additional consecutive one year teams unless either Party terminates the agreement by providing written notice of nonrenewal to the other Party with at least ninety (90) days advance notice.

Q. Can WCP participants utilize WellStar employee medical plan benefits? *(added June 19, 2015)*

A. Unfortunately, we are unable to include non-WellStar employees and their dependents in the WellStar Employee Medical Plan. The WellStar Employee Medical Plan is self-funded by WellStar for employees and dependents only.

**Payer contracting:**

Q. What type of contracts will WCP sign on behalf of its members?

A. WCP intends to negotiate with payers and/or employers for demonstrated improvement of quality metrics. These may include performance incentives or shared savings and will likely be in addition to the practice’s existing contracted fee for service rate. In the future, once the capabilities of WCP have been fully developed, WCP may explore fee-for-service or partial risk-based contract arrangements.

Q. Who negotiates WCP contracts?

A. The contracting committee, which is comprised of WCP board members, physician members and advisors working in conjunction with the WellStar Health System managed care team. Negotiation will
proceed under guidance of a contracting policy whose intent is to provide economic benefit for WCP physicians. All contracts will require the approval of the WCP Board.

Q. How soon can I expect to benefit from potential shared savings? *(added June 11, 2015)*

A. Based on other Clinical integrated networks experiences we anticipate it will take 12-18 months.

Q. Will WCP include healthcare exchange products? *(added June 19, 2015)*

A. Potentially, all contract opportunities will be individually vetted and approved by the WCP Finance and Contracting Committee and the WCP Board of Managers.

Q. If unhappy with contract re-negotiations can a provider opt-out? *(added June 19, 2015)*

A. Providers may terminate their WCP contract at any time with ninety (90) days prior notice.

Q. Can the practice close to existing patients only for the Medicare Advantage (MA) plans? *(added June 19, 2015)*

A. Accepting existing patients only is acceptable for all payors if the group’s capacity cannot handle additional patients. Thirty (30) days advance written notice is required.

Q. Will PWHP remain fee-for-service? *(added June 19, 2015)*

A. WCP will transition to become the primary physician network for the WellStar Employee Medical Plan. This contract, including the timing of the transition, will be vetted and approved by the WCP Financing and Contracting Committee and WCP Board of Managers.

**Participation:**

Q. Can I join WCP as an individual or does my practice sign up together?

A. Generally, the entire group and all physicians must sign up together. However, in certain situations, practices with offices outside of the WCP service area may be granted an exemption to this requirement by the WCP Board.

Q. Do I have to be in WCP to see WellStar employees and/or Piedmont WellStar Health Plans (PWHP) Medicare patients?

A. Generally, yes. WCP will become the primary network for the PWHP products which include the WellStar employee health plan and the Medicare advantage plan. Note that WCP may grant narrow exceptions for non-WCP physicians in non-covered specialties or geographic needs.

Q. Does this mean I have to send or refer all of my patients to WellStar or to WCP members?

A. No. Referrals within the WCP network are not required, but are encouraged as it is beneficial to facilitate improved coordination of care.
Q. Is there a deadline for deciding to join?

A. Yes. Based on the needs of the employee health plan (PWHP), WCP needs to receive PPAs and thus finalize the network by **July 31, 2015**. After the initial enrollment period, we will evaluate the need for additional members based on the needs of the network and contracted payers.

Q. As a member of WCP, can I use the WellStar name when I market my practice?

A. You may inform third parties that you are a participating member of WCP and in-network provider. Any other advertising, marketing, or use of the name of WCP would require the approval of WCP in connection with a policy to be developed by the WCP Board.

Q. If I am a primary care provider that does not maintain hospital privileges, am I eligible to participate in WCP?

A. Each group provider is generally required to maintain privileges at a WellStar-affiliated hospital; however, the WCP board may waive this requirement at its discretion. Primary care providers with an admitting relationship to WellStar hospitalists will not need to maintain hospital privileges but are required to be credentialed with payors.

Q. Can my ASC or DME facility be part of WCP? *(added June 11, 2015)*

A. No, WCP will contract on behalf of physician offices for professional services, not facility services.

Q. Can I have a copy of the PPA emailed to me? *(added June 11, 2015)*

A. The PPA requires a wet ink signature on original paper. We can email a PDF of the PPA with a watermark if necessary.

Q. Do you have to take Medicare patients to be a member? *(added June 19, 2015)*

A. No, you do not have to accept new Medicare patients to be a member of the WCP.

Q. Can you be a member if you are not on the WellStar staff? Can anybody join that passes the criteria for membership? *(added June 19, 2015)*

A. No, providers do not have to be on staff at a WellStar facility to join WCP. As long as a provider meets the Participation Criteria as defined in the contract they can join.

**Quality/Data:**

Q. By joining WCP, what additional work is required of me?

A. As a member of WCP, you will report on quality data and participate in quality initiatives. This will fulfill the WCP dual mission of 1) To optimize the well-being of the communities we serve through improved quality care and collaborative health management to maximize value for the patient; and 2) To be accomplished through a physician-led, clinically integrated organization.
Q. What are the quality metrics for my specialty?

A. The quality metrics for WCP were vetted and selected by a quality task force utilizing input from physician advisors representing each specialty. The metrics for your practice specialty are included in this package.

Q. How will WCP obtain my quality data?

A. Quality metrics related to the inpatient setting will be collected from WHS information systems. Ambulatory quality data will be obtained via claims to include CPT 2 quality codes through the electronic health records and/or practice management system of each practice. WCP intends to collect this data via claims clearinghouses utilized by the practices.

Q. What data will be sent to WCP?

A. WCP will collect quality data on patient encounters as applicable to diagnoses, procedure codes, CPT II quality codes and other relevant information to the quality program.

Q. Who will have access to review my practice data?

A. Access to data is restricted to specific individuals and for specific purposes as approved by the WCP board, including monitoring quality metrics performance, adherence to care protocols, coordination of care and other activities in support of clinical integration objectives. Access to data is governed by the Data Usage and Confidentiality policy and the Data Security and Access policy included in this package. All usage of data will be subject to review by the WCP board of managers and audited by an independent firm to ensure compliance with these policies.

Q. Who will be reviewing my hospital and/or office data?

A. WCP Quality, Population Health and Informatics committee, as well as WCP quality staff, will monitor the quality program and each physician’s performance.

Q. If the entire claim is sent to WCP, what happens to the data that is not related to clinical quality and basic demographics?

A. Data not related to the clinical integration program, to include financial/charge data, will be removed and saved in a secure location, not available for reporting or analysis by any individual. The security of this data is protected by WCP policies and will be audited regularly by an independent firm to ensure compliance.

Q. What is the quality assessment period?

A. Ultimately, quality will be tracked and reported at least quarterly, or more often as required by regulatory requirements or payer contracts.

Q. How often will I receive a Physician Performance/Quality scorecard?

A. Once implemented, the scorecard will be available for physician review monthly.
Q. Does WCP have a quality specialist to work with my practice?
A. Yes. WCP will have a quality specialist who will serve as a global resource to the quality program.

Q. Can I participate if I do not have an EMR and do not currently submit CPT II codes to the PQRS?
A. In order to participate, practices will be required to report practice-based quality metrics by CPT II codes collected through the electronic billing system.

Q. How much additional work will my office staff have to perform?
A. The collection of quality metrics may require some revisions to practice work flows; typically this can be accomplished with your practice’s existing staff.

Q. Will training be available for my office staff?
A. Yes. WCP will have resources available to work with office managers regarding metric definitions and specifications.

Q. Will I have to use an EMR in the future? (added June 11, 2015)
A. The requirement to use an EMR may be considered at a future date, but there is currently no requirement. Any changes to current practice will need to be approved by the WCP board.

Q. Can WCP use registry data that is more relevant for my practice? (added June 11, 2015)
A. At this time WCP will not be able to collect data from specialty registries. Therefore, WCP intends to collect this data via claims clearinghouses utilized by the practices.

Q. These metrics are not relevant for my practice. Can WCP change these? (added June 11, 2015)
A. The quality metrics for WCP were vetted and selected by a quality task force utilizing input from physician advisors with representatives from most specialties. The quality committee chaired by Dr. Fisher will address any specialty specific concerns for your practice.

Q. If the PQRS metrics change, will the WCP quality metrics change? (added June 11, 2015)
A. Yes, most likely WCP quality metrics will be substantially similar to PQRS.

Q. How will you monitor physician’s performance that is not on the WellStar staff? What about inpatient data? (added June 19, 2015)
A. Quality metrics related to the inpatient setting will be collected from WHS (EPIC) information systems. Ambulatory quality data will be obtained via claims to include CPT II quality codes through the electronic health records and/or practice management system of each practice. WCP intends to collect this data via claims clearinghouses utilized by the practices.
Q. The nephrology metrics include clinical depression screening. This is not a common screening for specialty. (*added June 19, 2015*)

A. The quality metrics for WCP were vetted and selected by a quality task force utilizing input from physician advisors with representatives from most specialties. The quality committee, chaired by James Fisher, M.D., will address any specialty specific concerns for individual practices.

**ACO:**

Q. Do I have to be in WCP to be in the ACO? (*added June 11, 2015*)

A. No.

Q. If I am in the ACO, do I have to sign a new agreement to be part of WCP? (*added June 11, 2015*)

A. In order to continue participation in the ACO you will need to sign a new ACO contract. The ACO and WCP agreements are separate and independent agreements.