

To All Shore Quality Partners Members,

We are pleased to provide our newsletter for December that continues to update the growth and success of Shore Quality Partners.

Shore Select Termination Shore Medical Center would like to thank the Physicians of Shore Quality Partners for providing superior care to our employees through Shore's Horizon Medical Plans. In 2014, we initiated reduced co-pays for employees who used a SQP physician that participated in the PPO or POS Horizon plans. This benefit has been positively received by our employees.

Effective January 1, 2015, while Shore will continue to reduce co-pays to SQP Horizon participating providers, the co-pay that employees are responsible for will increase. Please refer to the Horizon ID card for the appropriate co-pays to be collected from our employees. The co-pays will vary depending upon the Horizon Plan they have chosen.

As a result of the changes in 2015, please do not accept the 2014 SQP discount card that indicates a \$10 PCP or a \$15 Specialist co-pay. These cards are not valid in 2015. SQP will continue to reimburse all copay adjustments for office visits prior to 1/1/2015.

Again, thank you for your ongoing support and participation in SQP. If you have any questions with Shore Medical Center's employee coverage, please notify Kathleen Nunzi at 609-653-4533.

AmeriHealth: Shore Quality Partners has negotiated a quality-bonus arrangement with AmeriHealth for its attributed adult lives in Atlantic County. They have about 2300 attributed lives and are growing. This arrangement pays PCPs a \$4 care management fee PMPM, plus the SQP network as a whole can earn up to \$100,000 more for achieving quality metrics outlined below. We envision a more expansive relationship with AmeriHealth in 2016 as their membership grows.

\$4.00 PMPM Care Coordination Fee for doing the following... (Benchmark: Better than non-SQP practices In Atlantic County)

- Effective Transitions of Care Percentage of Members Discharged from an Inpatient Admission Who Had an Outpatient Office Visit Within 14 Days of Discharge
- Emergency Department Utilization Number of ED Visits for Ambulatory Sensitive Conditions / 1,000
- Inpatient Admission Rate Number of Inpatient Admissions / 1,000
- Outpatient Follow-Up of Chronic Conditions Percentage of Members Who Had at Least One Office Visit for the Chronic Condition

Quality Incentive Plan; fixed incentive pool, each measure worth 20%

- **Breast Cancer Screening** Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer **69% or higher**.
- Comprehensive Diabetes Care Percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had HbA1C < 8.0% 52% or higher
- Appropriate Prevention / Management of Nephropathy Percentage of members aged 18 years or older with
 Type I or II diabetes who were dispensed either an angiotensin covering enzyme inhibitor (ACE-I) or an
 angiotensin receptor blocker (ARB) 85% or higher.
- Use of Appropriate Medications for People with Asthma Percentage of members 5-64 years of age during the measurement year who were identified as having moderate to severe persistent asthma and who were

- appropriately prescribed either an inhaled steroid; inhaled long-acting beta agonist; leukotriene inhibitor; or theophylline 83% or higher.
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis Percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription 23% or higher.

Diabetes Initiative, Jon Pomeroy, DO: Diabetic patients often require a comprehensive team to provide adequate care. The cost of the disease is astounding and diabetics utilize more medical resources and costs than non-diabetic people. Many of the quality metrics we are required to meet for Shore Quality Partners involve diabetic care including hemoglobin A1C, lipid, and blood pressure control in diabetes.

Within SQP, we are working to establish a comprehensive diabetic care coordination team involving endocrinology, diabetic education, nutrition, social work, case management, and pharmacy. Input from the primary care providers, office managers, and the SQP community will be critical in identifying patients that would benefit from more intensive outpatient management of their diabetes.

Our goals are to improve diabetic care and access to resources within our organization. We hope to identity high risk patients and provide potential solutions to primary care providers. We need to integrate our resources to meet those needs.

This initiative will first involve Horizon patients within Shore Quality Partners and may be a model to provide diabetic care to the entire Shore population. The details on this initiative are in the works. More details will be available at the next Shore Quality Partners meeting January 15, from 6-7:30pm at Sandi Pointe, 908 Shore Rd, Somers Point. Please RSVP (609) 365-6260.

MedAdvantage We are starting our SQP credentialing process. Over the coming days you may be receiving a credentialing application and checklist from MedAdvantage, Inc. In accordance with your signed Participation Agreement, Shore Quality Partners has contracted with MedAdvantage to provide credentialing and re-credentialing services for our network of providers. This is an abbreviated application process and only basic information will be requested of if you already have privileges at Shore Medical Center. If you receive an application, kindly complete and return all information to MedAdvantage at 11301 Corporate Blvd., Ste 300, Orlando, FL 32817. If you have any questions on this matter please contact Matthew Quigley at (609) 365-6260.

KeyArx/LTD Insurance: KeyArx group is a value added opportunity for SQP partners. They offer special discounts and opportunities for long term disability insurance products. For more information, please contact Paul Cella, Founder, Managing Principal (732) 983-9830.

With Best Regards, Steven P. Nachtigall, M.D. Chairperson on behalf of the Board of Directors of SQP