



CPESN® Pharmacies and Local Network Leadership:

Welcome to 2019! (almost)

The theme last year was "Building Networks to Scale".

This year's theme will be "**Demonstrating Value**".

Our goals for 2018 were to grow the network to at least 2,000 pharmacies, build out local infrastructure (people and process), get some payer engagements and contracts going, and finish the year with every pharmacy having eCare Plan clinical capabilities.

Check. Check. Check. Check.

Our goals for 2019?

1. **Reach 3,000 pharmacies** - at 3,000 pharmacies we can provide critical funding back to the local networks for local *pharmacy support and payer business development*.
2. **Care Planning (simplified)** - now that everyone has a clinical documentation system that can enable care planning, now we use it – we will work hard this year with vendors and education and training to *make it easy*.
3. **Reporting and Data** - now that we have the eCare Plan to ship data and we will start to do care planning, we can then do quality reporting and sharing clinical data with payers – *that is what payers are asking for*
4. **Care Management and Disease Management** - all of you are very well positioned to do care management and care management-like activities. In fact, many of you are already doing it and don't know it – *care management and disease management contracts are our focus for payer engagements in 2019*.

You are not dispensaries! You are health care services providers who happen to dispense and use that as a means of engaging the patient in ways other care team members cannot!

A word on our "CIN Hygiene"

CIN = Clinically Integrated Network. It is the construct that allows all 2,000 of us to organize and collectively market and negotiate contracts together.

If you want to see textbook case of how ***not*** to behave and get into antitrust trouble. Click [here](#) for a *Washington Post* article.

We are a clinically integrated network and we need to behave like one. The good news? We are relevant. The payer engagements are growing and if we continue on, we will be positively disruptive. However, this brings with it much responsibility to ensure we follow the law and keep up our "CIN Hygiene". As much it feels like we are "not a big deal yet" or we can "be loose with our talk until we have large contracts," it isn't the case. We must be vigilant through and through by adhering to our confidentiality agreements and doing everything by the book.

That means no casual conversations about payer engagements with anyone who is not in the CIN. Who is in the CIN? >>> Anyone listed in the Chapter Agreement (aka your network leadership) or anyone who works in a participating pharmacy.

We are allowed to be together as 2,000 pharmacies, but that doesn't absolve us of being disciplined about our conversations with people outside of our CIN or bad behavior within our CIN.

You have a direct line to our antitrust attorney Katie Funk. [Email Katie](#) at any time with questions or concerns about antitrust issues. Please don't hesitate to reach out – it is a service provided to you through your participation fees.

If you'd like to learn more about CINs and do's and don'ts, click [here](#) to see our CPESN U on clinically integrated networks and check out the information below from our leadership training:

Do's and Don'ts

Do's

- Get trained, retrained, and knowledgeable enough about CINs to be well versed and have acumen about CINs
- Document your anti-trust statements agendas and other materials that demonstrate good “CIN hygiene”

Don'ts

- Say you have CIN “status”
- Engage in business not related to your CPESN Network when wearing your CPESN hat
- Don't share terms or other types of payer or negotiation information with anyone outside of the “Network of Networks”

Don't Forget the Deadline of December 31st for Communicating Your eCare Plan Vendor Selection to CPESN USA via the Collaboration Site

CPESN USA has received questions from some networks and pharmacies asking about the upcoming 12/31/2018 deadline for having connection to one of the 21 vendors that either currently or will soon have eCare Plan capabilities and specifically, how to communicate which vendor they have selected to CPESN USA.

So what do I need to do by December 31st?

If you are a network luminary or if you have received communication about the collaboration site and have access, log in and designate your vendor selection. Each participating pharmacy will have the option to designate primary and secondary vendor selections for eCare Plan within the CPESN collaboration site once it is available to all users. Right now, collaboration site access is being made available in waves, and the majority of participating pharmacies do not yet have access.

What do I need to do if I don't have access to the collaboration site?

Pharmacies have asked how they should communicate the eCare Plan selection to us if the collaboration site is not available to them before 12/31. The answer is to simply wait for collaboration site access. It is not a problem for this information to be submitted sometime in January 2019, when we anticipate the collaboration site being open to all CPESN networks and pharmacies.

If you missed the original communication clarifying the 12/31/2018 eCare Plan requirement, please access it [here](#).

Thanks for being a participating pharmacy. We are looking forward to working with you in 2019!



Sincerely,

A handwritten signature in black ink, appearing to read 'Troy Trygstad', written in a cursive style.

Troy Trygstad
Executive Director

For more information on CPESN®
Networks, visit www.CPESN.com

