



Integrated Health Collaborative
The Area's Leading Clinically Integrated Network

Membership Application

Thank you for your interest in Integrated Health Collaborative, LLC (IHC). IHC is a physician led Clinically Integrated Network/Accountable Care Organization comprised of hospitals and physicians who work together to implement evidence based practices, eliminate unnecessary variation, improve coordination of care, and share data that enables patient centered performance improvement in quality, clinical outcomes, and efficiency of care for our population.

To join IHC, the IHC Credentialing & Professional Standards reviews an applicant's credentials and makes a recommendation to the IHC Board of Directors (BOD). If you are a member of a group medical practice, please note that all members of your group practice must be eligible for membership and all members must participate in the clinically integrated network in order for you to participate.

Step 1 – Physician Participation Requirements

Please review the following participation requirements and attest to your eligibility.

- I am currently credentialed and a member in good standing of the medical staff of one or more of the Independent Hospital Network facilities (Alliance Community Hospital, Aultman Hospital, Aultman Orrville Hospital, Joel Pomerene Memorial Hospital and/or Union Hospital).
- If I am not currently a member of the medical staff of at least one of the facilities named above, I understand that I must demonstrate that I meet medical staff eligibility requirements. IHC will require a separate application and a possible application fee.
- I will notify IHC of any changes in my medical staff status or my eligibility for meeting ongoing medical staff requirements.
- I am committed to improving quality of care and clinical outcomes, improving coordination and continuity of care, improving efficiency of care, eliminating unnecessary clinical-care variation, applying evidence-based medical interventions, and supporting comprehensive clinical care via an integrated information technology platform.
- I will meet and abide by the terms outlined in the IHC Network Participation Agreement.
- I agree to comply with clinical performance standards, guidelines, and objectives defined by IHC's Performance Improvement & Quality Committee.
- I agree to actively promote, gather, and report evidence-based clinical outcome measures as required by IHC's value-based agreements and policy and procedures.
 - Upon request by IHC, I agree to provide information in a timely manner in order to allow for analysis of clinical outcomes by IHC.
 - I agree to comply with all requirements and deadlines as defined by IHC for aggregation and reporting of clinical measures.

By my signature below, I attest that I meet, or that I will meet, the Physician Participation Requirements listed above. I further agree that, if I am accepted as an IHC member, I will continue to meet all of the Physician Participation Requirements during the term of my Membership.

Note: Integrated Health Collaborative will obtain confirmation from the appropriate hospital(s). See Release of Information in Step 4.

Physician Signature: _____

Physician Printed Name: _____ Date: _____

Fax To: 330-363-7419
E-Mail To: ihc@aultman.com

Mail To: Integrated Health Collaborative
2600 Sixth Street SW
Canton, OH 44710



Integrated Health Collaborative

The Area's Leading Clinically Integrated Network

Step 2 – Applicant Information (All Applicants)

Please fill out the information requested below.

<u>Full Name:</u>		<u>Suffix</u>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			
<u>Practice Name:</u>			Accepting New Patients <input type="checkbox"/> Yes <input type="checkbox"/> No			
<u>Practice Address:</u>						
<u>Remit Address:</u>						
<u>Office Hours:</u>						
<u>Mon.</u>	<u>Tues.</u>	<u>Wed.</u>	<u>Thurs.</u>	<u>Fri.</u>	<u>Sat.</u>	<u>Sun.</u>
<u>Practice Phone #:</u>			<u>Practice Fax #:</u>			
<u>Office Manager:</u>			<u>Office Manager Phone#:</u>			
<u>Office Manager Email Address: (For internal use only)</u>						
<u>EMR Product/Version:</u>			<u>Practice Mgmt System/Version:</u>			
<u>Applicant's Email Address: (For internal use only)</u>			<u>Cell Phone #: (Required – For Explorys Access Only)</u>			
<u>Practice Tax Identification Number (TIN):</u>			<u>Specialty as listed in PECOS:</u>			
<u>Date of Birth:</u>		<u>Provider NPI#:</u>		<u>CAQH #:</u>		
<u>Home Address:</u>						
<u>Languages (besides English)</u>						
1. _____ 2. _____						
			<u>Start Date:</u>	<u>End Date:</u>		
<u>Medical School:</u>						
<u>Internship:</u>						
<u>Fellowship:</u>						
<u>Residency:</u>						
<u>Board Certification 1:</u>						
<u>Board Certification 2:</u>						

Fax To: 330-363-7419
E-Mail To: ihc@aultman.com

Mail To: Integrated Health Collaborative
2600 Sixth Street SW
Canton, OH 44710



Integrated Health Collaborative

The Area's Leading Clinically Integrated Network

Please place a check mark next to the hospital facilities where you maintain privileges, then move to **Step 3**.

Hospitals	Privilege Status (Active, Courtesy, etc.)
<input type="checkbox"/> Alliance Community Hospital	
<input type="checkbox"/> Aultman Hospital	
<input type="checkbox"/> Aultman Orrville Hospital	
<input type="checkbox"/> Joel Pomerene Hospital	
<input type="checkbox"/> Union Hospital	

Step 3 – Credentialing Pre-application

As a prerequisite to completing the Credentialing Application for Membership in Integrated Health Collaborative, the following information must be answered in the affirmative.

- Please note that additional information may be requested in order to complete the application process.
- If it is discovered that the information you supplied on the pre-application questionnaire or application form is false, this may result in ineligibility for Membership.

Questions

Are you currently licensed to practice medicine, podiatry or dentistry, as applicable, in the State of Ohio?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently eligible to participate in federally funded health care programs (e.g) Medicare, Medicaid)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently board-certified in your primary area of expected specialty practice (ABMS/AOA for physicians, ADA for oral surgeons, ABPS or ABPM for podiatrists)? If you answered “No” please explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a current, unrestricted DEA registration? If you answered “No” please explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have malpractice liability coverage with minimum coverage of \$1 million per occurrence/\$3 million aggregate?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*** Please enclose your Practice Roster with Allied Health Professionals (Please include NPI number)**

Fax To: 330-363-7419
E-Mail To: ihc@aultman.com

Mail To: Integrated Health Collaborative
2600 Sixth Street SW
Canton, OH 44710



Step 4 – Authorization for Release

AUTHORIZATION FOR RELEASE

I understand that Membership in Integrated Health Collaborative's Clinically Integrated Network and the ability to participate in the activities of the Network is a privilege and not a right. In consideration of having my application acted upon, I voluntarily agree and acknowledge that:

1. All information provided in my application is complete, true, accurate and up-to-date. I recognize that the failure to provide complete, true and accurate information may result in a delay in processing or denial of my application. I also understand that I have a continuing obligation to inform Integrated Health Collaborative about any information that may affect the information contained in my application.
2. I authorize and consent to all reasonable requests for information necessary to act on my application including, for example, requests to appear for a personal interview or requests to review records relevant to my qualifications, current clinical competence, health and professional character.
3. I authorize and consent to communication, written or verbal, made by and to Integrated Health Collaborative, and its directors, employees and agents, with representatives of any hospital, school, training program or institution listed in my application about my qualifications, current clinical competence, health and professional character. I understand that letters of recommendation and reference, evaluation and assessments are submitted on a confidential basis, and that such letters or the contents of such letters will not be shown, released or disclosed to me.
4. I release from liability and promise not to sue any organization or person who either provides information relevant to the processing of my application or acts on the processing of my application.
5. I understand that, until all information requested by Integrated Health Collaborative is provided, my application will be deemed to be incomplete and will not be further processed.

Physician Signature: _____

Physician Printed Name: _____ Date: _____



Integrated Health Collaborative

The Area's Leading Clinically Integrated Network

IHC membership has developed a Collaborative Care Agreement (also known as a Care Compact) to provide a framework to enhance collaboration and communication between primary care physicians and specialists, ultimately to improve patient care. These types of agreements have become standards for CINs and ACOs and are required for primary care practices who participate in Track 2 of the CMS Comprehensive Primary Care Plus (CPC+) program. The agreement was initially developed by IHC's Performance Improvement & Quality Committee and later sent for review and commenting by IHC's entire membership. After membership review, the agreement was approved by the Board. It is IHC's goal to implement the agreement across membership.

As a new member, we ask you to review and sign the agreement to signify your intent to work toward the components specified in the agreement. While we recognize that every practice is unique and might be unable to adhere to some pieces of the agreement today (due to current access or EHR capabilities in your practice), it is our understanding that by signing the agreement, each practice will work toward implementing processes to enhance collaboration and communication to improve patient care.

IHC is in the process of gathering signatures from member providers. Once all of the providers who intend to participate have executed the document, we will add them to the Exhibit. The agreement will be placed on the IHC member portal for providers to use when needed for specific programs or payers.

IHC will not be "policing" the providers for their adherence to this agreement. We ask each provider to take it upon themselves to be open with each other if it is noticed that one is not upholding their end of the agreement. If you do, however, notice specific trends where collaboration and communication are lacking, we do ask that you bring this to IHC's attention for review as these are the keys that contribute to providing optimal care to our patients.

Please sign the attached agreement and **return to IHC via mail, fax or email**. If you should have any questions related to the agreement, please reach out to me or to Anna Feltrup at IHC.

I appreciate your time and attention to this request.

Sincerely,

Allison Oprandi, MD
President & Chief Executive Officer
Integrated Health Collaborative, LLC



Primary Care and Specialist Physician

Collaborative Care Agreement

I.) Purpose

- To improve patient care, enhance patient satisfaction, control cost, and engage providers by using patient-centered communication practices
- To provide a framework for better, efficient communication and safe transition of care across the health care continuum
- To go beyond the Patient-Centered Medical Home model of care and create a Medical Neighborhood for the community we serve

II.) Principles

- Safe, effective, and timely patient care is the primary goal
- Effective, enhanced communication between primary care and specialty care is key to providing optimal care and to eliminating waste and excess health care costs for our patients
- Mutual respect among clinical colleagues is essential to building and sustaining a professional relationship and collaboration
- A high functioning health care system provides patients with access to the right care at the right place at the right time

III.) Definitions

- **Primary Care Physician (PCP):** a physician whose broad medical knowledge provides first contact, comprehensive and continuous medical care to patients
- **Specialist or Specialty Provider:** a physician with advanced, focused knowledge and skills who provides care for patients with problems in a specific organ system, class of diseases or type of patient
- **Transition of Care:** an event that occurs when the medical care of a patient is assumed by another medical provider or facility such as a consultation, hospitalization, admittance/discharge to a skilled nursing facility or home
- **Patient-Centered Medical Home:** a community-based and culturally sensitive model of primary care that ensures every patient has a personal physician who guides a team of health professionals to provide the patient with accessible, coordinated, comprehensive, and continuous health care across all stages of life
- **Medical Neighborhood:** a system of care that integrates the Patient-Centered Medical Home with the medical community through enhanced, bidirectional communication and collaboration on behalf of the patient
- **Referral chain:** when a primary care physician refers a patient to a specialist and then a specialist refers the patient to another specialist
- **Pertinent information:** information defined in this document, but not limited to what is provided in this document. This is information that should be provided from provider to provider, or facility to provider, or provider to facility, or facility to facility, specific to the patient being cared for



- **Timely communication:**
 - Routine phone calls will be returned the same business day
 - Urgent phone calls will be returned within one hour
 - Routine completed notes will be received by the recipient office within 7 days of visit
 - Urgent completed notes will be received by the recipient office within 1 business day of visit
- **Timely access:**
 - **Routine** is defined as being seen within 2 weeks or in an appropriate timeframe as mutually agreed upon by the involved providers
 - **Urgent** is defined as being seen within 1 business day or in an appropriate timeframe as mutually agreed upon by the involved providers

IV.) Mutual Agreements

A.)

- **We, as primary care physicians and specialists, agree to:**
 - Uphold ongoing communication between the patient, PCP, specialist, and other disciplines to contribute to a patient-centered care plan
 - Provide timely communication as defined in Section III
 - Provide timely access as defined in Section III
 - Educate our patients and their family or caregivers about the plan of care and ensure they understand what is requested of them
 - During an at-risk time such as a transition of care period, to:
 - Maintain accurate and up-to-date clinical record
 - Inform patient of need, purpose, expectations, and goals of hospitalization or other admission or transfers
 - Collaborate to ensure safe and timely transfer of care of a patient

B.)

- **We, as primary care physicians, agree to:**
 - Send the pertinent information to the specialist prior to the scheduled visit. Pertinent information is defined as, but not limited to:
 - Practice details: PCP and contact information (regular & emergency)
 - Patient demographics: Patient name and date of birth, contact information, insurance information
 - Caregiver status and contact information if applicable
 - Clinical question/reason for consult (include applicable work-up and treatments to-date)
 - Consult status: specify time frame as routine or urgent as defined in Section III
 - Clinical data:
 - Problem list
 - Medical and surgical history
 - Current medications
 - Allergy/contraindications



Integrated Health Collaborative

The Area's Leading Clinically Integrated Network

- Immunizations if applicable
- Most recent office visit
- Other relevant notes
- Pertinent labs and diagnostic studies
 - Pertinent trending in labs or diagnostic studies related to clinical question
- Patient cognitive status
- Advanced directives if applicable
- List of other treating providers, as pertinent
- Educate the patient about the expectations and goals of the consult visit
- Communicate positively to the patient about the specialist capabilities, skills, and quality
- Initiate a phone call or secure text (with confirmed read) to the specialist if the condition is urgent or emergent, or if there are extenuating circumstances
- Initiate a phone call or secure text (with confirmed read) if clarification is needed regarding the consult

C.)

- **We, as the specialists agree to:**
 - Provide notification to the PCP once the patient has scheduled a visit by indicating date and time of visit
 - For situations where a patient is unable to be seen (i.e. unable to contact after multiple attempts), the PCP should be notified in writing for routine referrals and a phone call or secure text (with confirmed read) for urgent referrals
 - In situations where the patient is self-referred, notify PCP in a timely manner as defined in Section III with completed note indicating patient self-referred
 - Accept pertinent information specified in Section IV-B in lieu of offices' specific referral form(s)
 - Send pertinent information to the PCP following the consult visit. Pertinent information is defined as, but not limited to:
 - Practice details: Specialist and contact information (regular & emergency)
 - Patient demographics: Patient name and date of birth
 - Diagnoses (ICD10)
 - Clinical data:
 - Problem list
 - Medical and surgical history
 - Current medications
 - Additional allergy/contraindications discovered
 - Immunizations if administered
 - Pertinent lab and diagnostic test results
 - Recommendations: communicate opinion, recommendations, orders for further diagnostic testing, additional referrals and treatment and follow-up plan
 - Summarize need for procedure if applicable, risks/benefits, informed consent, and procedure details with timely communication of findings and recommendations
 - Follow-up status: specify time frame for next appointment to PCP and specialist. Define collaborative relationship and individual responsibilities and make patient aware of these



Integrated Health Collaborative

The Area's Leading Clinically Integrated Network

- Call or secure text (with confirmed read) PCP when findings (labs, diagnostic tests or procedures) are critical AND require PCP management
- Manage further referrals of the patient collaboratively with the PCP in order to avoid an unnecessary referral chain by:
 - Consulting with PCP prior to referring patient to other specialists (known as referral chain), unless referral is to a subspecialty for the clinical question (inform PCP in this case)
- Notify PCP when a patient is sent to the emergency department or admitted to the hospital
- If a patient is hospitalized:
 - Notify PCP
 - If medical management is needed, consult PCP if they round on their own patients or consult the provider that the PCP designated would follow the patient in the hospital
 - Notify PCP on day of discharge and forward discharge instructions (including medication changes or additions), care plan, and summary of findings (labs, diagnostic studies) to the PCP
 - Request the patient see the PCP for a Transition of Care visit within 7 calendar days of discharge

V.) Agreement

I hereby agree to the guidelines in this agreement and will work in collaboration with the physicians listed in Exhibit A.

Date: _____

Practice Name: _____

Physician Name (Print Name): _____

Physician Signature: _____

Note: Updated version of Exhibit A can be found on the IHC member portal located at:

<https://www.integratedhealthcollaborative.org>



EXHIBIT A

(List of practices with participating physicians in agreement to guidelines to be added below as signatures are collected)

Primary Care Physicians

Alpine Family Medicine	AMG - North Canton Medical Center
Shilling, Terri, DO	Bartram, Chester, MD
AMG - Bolivar Medical Center	Bruno, Joanna, MD
Hiestand, Matthew, MD	Fayen, William, MD
Hillyer, Mark, MD	Fiorentino, Julia, MD
McDonnell, Harry, DO	Johnson, Clifford, MD
AMG - Canton Family Medicine	Johnson, Michael, MD
Chaudhri, Parul, DO	Krishnamurthi, Ramesh, MD
Godlewski, Emily, MD	Pauskar, Privi, MD
Musa, Roger, MD	Rodriguez, Daniel, MD
Sheridan, Katherine, MD	Shubert, Ronald, MD
Sutton, John, MD	Young, Maria, MD
Werstler, Keith, MD	AMG - Richard Jones, MD
AMG - Canton South Medical Center	Jones, Richard, MD
Haeufgloeckner, Anthony, DO	AMG - Steven Weaver, MD
Krusemark-Millin, Jennifer, DO	Weaver, Steven, MD
AMG - Dunlap Family Physicians	AMG - Waynesburg Family Medicine
Buller, Brett, DO	Brophy, Robert, MD
Hutson, Robert, MD	Tolentino-Belen, Mariquita, MD
Murray, Steven, MD	Wurst, Teresa, MD
Naumoff, Andrew, MD	Astute Medical Associates
Schlabach, Renee, MD	Cooper, Richard, MD
Smith, Kristin, DO	Bethany Medical Center
AMG - Family Medicine of Carrollton	Baum, Elizabeth, MD
Fry, Carl, DO	Canton Pediatrics, Inc.
Haas, Mandal, MD	Ramachandran, Vidhya, MD
Stine, Walter, MD	Shaw, Jeffrey, MD
Wade, Nicole, DO	Thiruppathi, Damothara, MD
AMG - Family Medicine of North Canton	Childrens Physicians
Morgan, Suzanne, DO	Blocker, Douglas, MD
Oprandi, Allison, MD	Cerezuela, Jessica, MD
AMG - Kevin Hill, M.D.	Kantaros, Marla, MD
Hill, Kevin, MD	Kungle, Jennifer, MD
	Motz, Michael, MD
	Nguyen, Thomas, DO



Family Medicine, Inc.	Michael Tirmonia, D.O., Inc.
Mirande, Melanie, MD	Tirmonia, Michael, DO
Family Physicians, Inc.	Millersburg Clinic
Bartos, Paul, MD	Latouf, Butros, MD
Haban, Gregory, MD	Omran, Yasser, MD
Hawkins, W. Scott, MD	Newcomerstown Union Physician Services
Marshall, Howard, MD	Burrier, Jeffrey, MD
Seibert, Dalson, MD	Coulson, Christopher, DO
Seibert, Megan, MD	Miller, Denise, DO
Shemory, Thomas, MD	North Canton Family Physicians
Wymyslo, Edmund, MD	Jenrette, Marilyn, MD
Great Trail Family Practice	Partners in Family Practice, Ltd
Barr, Edward, MD	Eisentrou, Tammy, DO
Health Professionals of Holmes County	Volpe, Gina, DO
Miedel, Hannah, MD	Pinnacle Care Providers
Holmes Family Medicine	Franz, James, DO
Brown, Scott, MD	McClain, Brian, MD
Hart, Robert, MD	Stark County Internal Medicine
Vaccariello, John, MD	Oberly, Julie, MD
Internal Medicine Clinic, Inc.	Stark County Medical Group
Ahmed, Maaz, MD	Hollaway, Stacey, MD
Ahmed, Sumayya, MD	Volk, Barbara, MD
Jackson Family Practice	Stark County Physicians, LLC
Anderson, Stanley, MD	Nam, Kun, MD
Mallamaci, David, MD	Nam, Steve, MD
Lawrence C Penvose, D.O.	Steffen S. Cameron, MD, LTD
Penvose, Lawrence, DO	Cameron, Steffen, MD
Little Flower Family Practice	Total Medical Care LLC
Johns, James, MD	Rawal, Ish, MD
Louisville Medical Center	Union Internal Medicine Specialties
Pansino, Terrence, MD	Fleak, Michele, MD
Prosser, Elizabeth, MD	McCombs, Michael, DO
Mansard Medical Associates	UPS - Family Medicine
Hiland, Thomas, MD	Burnham, John, MD
Martino, Luis, MD	Leindecker, Kristi, MD
Podugu, Radha, MD	Singam, Deepthi, MD
Shaheen, Louis, MD	West Medical, Inc.
Massillon Family Care	Lach, Joseph, MD
Dang, Son, MD	Morrison, Katharine, DO
	Westerbeck, John, MD