

CPESN CIN Training

Part 3: Working with Payors and Partners

As of: December 2025

Working with Payors and Partners

The Importance of Payer Collaboration in CPESN

Contracting is central to CPESN's clinically integrated model. CPESN networks engage with payers to establish value-based contracts that reward clinical performance, quality outcomes, and service delivery in the pharmacy setting.

Types of Value-Based Contracts

- **Per-member-per-month (PMPM)** fees for care coordination
- **Performance-based payments** tied to clinical metrics (e.g., A1c control, medication adherence)
- **Shared savings arrangements** when total cost of care is reduced
- **Bundled payments** for specific conditions or episodes of care
- **Fee for Service** is a payment for each service rendered

CPESN's Approach

CPESN USA supports local networks in:

- Pitching opportunities to strategic payer partners (Medicaid MCOs, Medicare Advantage plans, commercial insurers)
- Demonstrating network readiness and clinical integration
- Using pharmacy-generated eCare Plan data as evidence of care coordination
- Aligning contract metrics with standardized service expectations (e.g., Comprehensive Medication Reviews, immunization screening, chronic care monitoring)

Active Payer Programs

January 2026



EXPECT MORE

Contracting

- PELS (Payer Engagement Learning Series)
 - PELS is a series of trainings that offer insight, strategies, and relevant topics support
 - Generally recommended for MNFs as well as luminaries that are highly engaged in the payor pitching conversations
 - PELS original are more lengthy trainings, PELS Lite are snippets from MNF meetings
 - If you would like to complete these trainings and need access, please contact your MNF.

Contracting

- You, as a pharmacy, always have the option to contract individually
- Pharmacies, even in the CIN, can always choose not to enroll into a program available to them.
- Pharmacies within CPESN networks need to understand the value of payor opportunities going through CPESN for the control and compliance aspect
 - Same way with data - you want your data to go through CPESN because CPESN is you, as our organization is run by the Board of Managers (owners)
- CPESN USA has never kept a dime from local or national payor contracts

Contracting

- As discussed in the previous training, please be mindful not only of antitrust considerations but also of confidentiality/non-disclosures from plans within any payor contracts
- Any questions about this can always be directed to our Payer, Purchaser, Partner Team or Compliance at compliance@cpesn.com.

Network Adequacy

- Need to achieve and maintain when feasible to get payor contracts for covered lives; support members where they are
 - Important for local opportunities
- Network Framework Standard
 - 10 different domains
- Maintained by Network Development and Retention Committee

Technology

CPESN's Technology Strategy

- CPESN doesn't own any technology platforms – CPESN USA relies on technology service providers (TSPs) to support network pharmacies.
 - Platform agnostic – if it meets the standards, it is accepted
- [Link to eCare Plan Standard - TSP chart](#)
- [Link to TSP Comparison Chart](#) with the following initiatives – Direct Pay, Medical Billing, and Remote Care

Demonstration of Advanced Data Sharing

- Aggregated data is key for antitrust laws
- Quality reporting on behalf of many pharmacies shows payors the value of contracting with a CIN and the value coming from pharmacies
- Data is needed for program implementation

Demonstration of Advanced Data Sharing

CPESN is an organization that is run by pharmacy owners (the Board of Managers). Because of this, you get to decide what is done with your data. Board of Managers are appointed by their local networks and represent their network pharmacies.

You want your data to be owned and shared by you.

eCare Plan Standard

- What is the Pharmacist eCare Plan?
 - A repository for clinical data for a given patient – med list, labs, allergies, etc.
 - An interoperable transmission standard
 - An open industry standard (any system can adopt it)
 - Uses SNOMED-CT to systematically capture data and make that data transferable
 - A SNOMED CT code is a unique, numerical identifier assigned to a specific clinical idea, or "concept," within the SNOMED CT (Systematized Nomenclature of Medicine – Clinical Terms) terminology
 - Can be cross-walked to physician CPT (Common and Procedural Terminology) codes to align with medical billing

Allows us to document what we have done for the patient within the pharmacy in a standardized, universal way!

eCare Plan Training

• eCare Plan Training

- Module 1: What is eCare Planning & Why Should I Do It?
- Module 2: Identifying Potential eCare Plan Encounters
- Module 3: Implementing eCare Planning into Workflow
- Module 4: Apply it!
- Module 5: eCare Plan Submission Verification
- Module 6: Personalized Pharmacy Action Plan

A screenshot of the CPESN eCare Plan Education content page. The page features the 'WE CAREPLAN For Patients' logo on the left. The main content area includes an introduction to the Pharmacist eCare Plan, a list of modules, and recommended actions for each module. A progress indicator on the right shows '0% complete'.

The Pharmacist eCare Plan is integral to CPESN USA's Quality Assurance and to allow for pharmacies to document the services they provide to patients.

This eCare Plan Training series consists of 6 self-paced modules that may be completed all at once or in small increments. Overall, the didactic portion of this series should take approximately one hour to complete. Pharmacy staff members are encouraged to complete the action steps to better understand how to document eCare plans within the pharmacy's software by using the Test eCare Plan Case provided.

- Module 1: What is eCare Planning & Why Should I Do It?
- Module 2: Identifying Potential eCare Plan Encounters
- Module 3: Implementing eCare Planning into Workflow
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Recommended Action for Module 1: Review the common general Medication Related Problems and associated interventions that technology partners for the eCare Plan have implemented within their system. There are certainly a lot more SNOMED CT descriptors/codes and many that are health condition specific.

Recommended Action for Module 2: Review the CPESN Example eCare Plans for different scenarios for documenting eCare Plans. Then, write down three types of encounters that you routinely see in your pharmacy that you can turn into an eCare plan. Utilize the Patient Documentation Form Template to type in the common SNOMED CT Descriptors/Codes that your pharmacy will use (using the Guide from Module 1) and print out to share with staff. These are helpful to document on paper before entering into technology solution for the eCare Plan Standard.

0% complete

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