

September 17, 2026

## ***Collaborating to Enhance Population Health***

**Summary:** Providing care for our shared members requires teamwork, communication, and a unified dedication to improving outcomes. Population health management aims to address care gaps, support those at highest risk, and promote comprehensive well-being across our communities. We strive to supply your practice with valuable tools and resources that complement the exceptional care you already offer.

**Defined roles and shared accountability** Successful population health management relies on clear role definitions and aligned responsibilities. Together, we are accountable for achieving measurable health results.

### **Your practice:**

- Guides clinical decisions and oversees patient care.
- Determines care needs during appointments and coordinates treatment plans.
- Involves patients in recommended preventive and follow-up care as part of our health plan.

### **Our health plan:**

- Supplies actionable data and quality performance reports.
- Identifies members who could benefit from extra support.
- Reaches out to engage members and reinforce care plans.
- Offers care management services for members who are high-risk or have complex needs.
- Connects members to community and social support services.

By aligning responsibilities and maintaining open communication, we can coordinate outreach efforts and connect members to the appropriate care management and support programs, such as Let Us Know. We encourage providers to collaborate with us to refer eligible members and to reinforce engagement in available support services and programs.

You lead your practice's care; we provide support through data, coordination, and engagement. When we work together around shared goals and maintain clear communication, we can:

- Address care gaps.

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- Enhance quality performance.
- Minimize unnecessary utilization.
- Improve the member experience.

### **Advancing population health through value-based collaboration**

In addition to defining roles in coordinated care activities, we support providers through alternative payment model (APM) arrangements designed to align incentives with shared population health goals. These value-based strategies promote accountability for quality outcomes and care coordination, and facilitate overall member well-being by aligning performance expectations, data insights, and financial incentives. APM opportunities further strengthen collaboration and support measurable improvements in health outcomes throughout our communities.

### **Questions:**

Thank you for your participation in our network and your continued commitment to the care of our members. If you have questions about this communication, please contact Provider Services or your Provider Network Account Executive.

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