Run of Show (90-mins total)

- **10:30 AM-10:40 AM (10 mins.) – Tim Gronniger**
  - Welcome, speaker introductions, Signify Health overview
  - Lay of the land of where we're at in value-based care, emphasize that CMS has a goal of getting all Medicare beneficiaries covered in accountable care plan by 2030
  - Current updates from proposed '24 Physician Fee Schedule; incentives for risk adoption

- **10:40 AM-10:55 AM (15 mins.) – Christina Pavetto**
  - Overview of Crouse Health Network
  - History in VBC/progress & transition to risk

- **10:55 AM-11:10 AM (15 mins.) – Eloy Sena**
  - Overview of Ardent Health/
  - History in VBC/involvement in BCPI-A program/progress of transitioning to the MSSP - Eloy

- **11:10 AM-11:25 AM (15 mins.) – Sam Johnmeyer**
  - MultiCare care connect overview
  - Progress in the MSSP

- **11:25 AM-11:40 AM (15 mins.)** – **Recap**
  - Tim complets round robin questions for panelists
- **11:40 AM-12:00 PM (20 mins.)** – Q&A from the audience

Embracing Risk and Achieving Success through Multi-Payer Alignment

Thursday, September 21, 2023
10:30AM – 12:00PM

Presenters

Tim Gronniger

Chief Value-based Solutions Officer, Signify Health

Christina Pavetto

Director of Population Health, Crouse Health Network

Eloy Sena

AVP, Value-Based Contracts & Operations, Ardent Health Services

Sam Johnmeyer

Director, Actuarial Services and Medical Economics, MultiCare Connected Care

Agenda

- Explore the advantages and lessons learned by providers who have successfully transitioned to risk-based contracts.
- Gain valuable insights and best practices to optimize patient care and enhance reimbursement opportunities across all value-based contracts, including the MSSP, MA, and commercial.
- Hear first-hand experiences from three health systems how to navigate transitions with confidence to improve quality of patient care and achieve financial success.

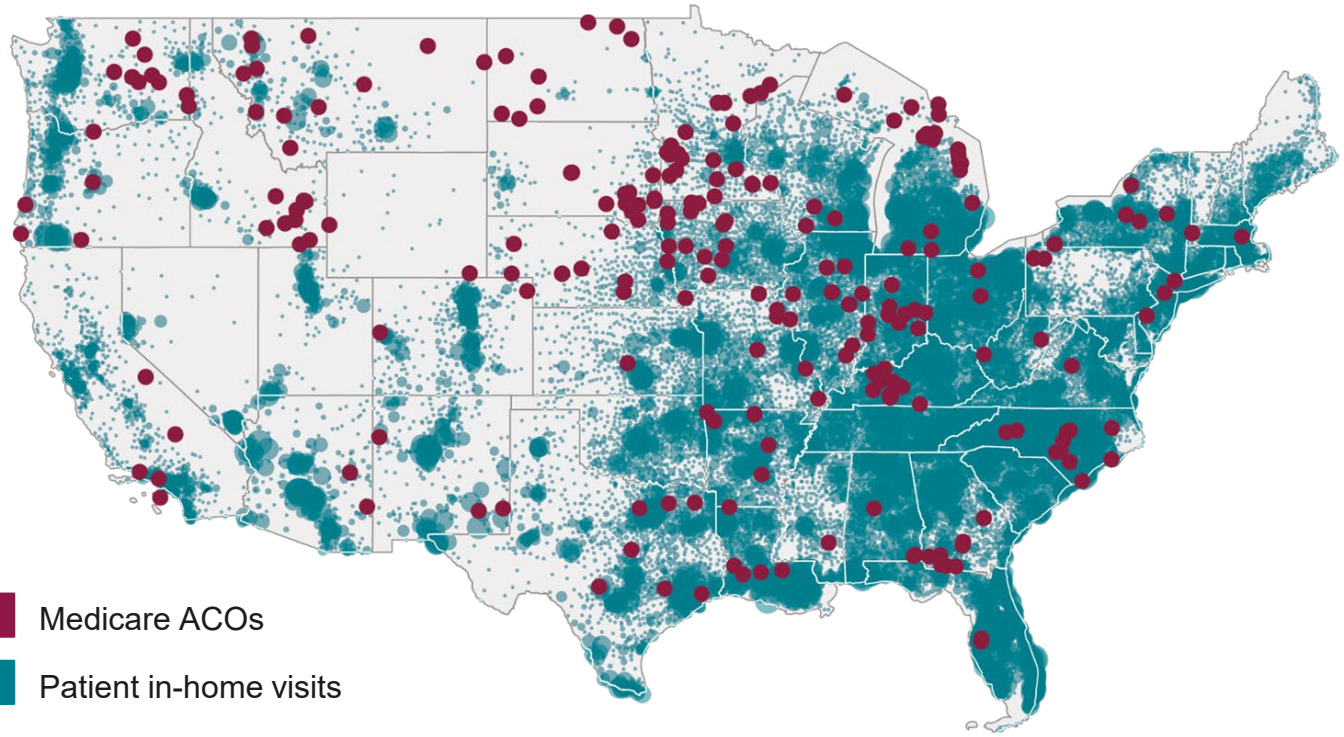
Overview

Signify Health: Purpose-built to empower value-based care

CARAVANHEALTH.

signifyhealth.

CVS Health.



Medicare ACOs

Patient in-home visits

$7B*
Spend under management

10K+
Credentialed providers

~2.3M
Unique patient homes visited in 2022

29K
Providers aligned to ACO collaboratives in 2022

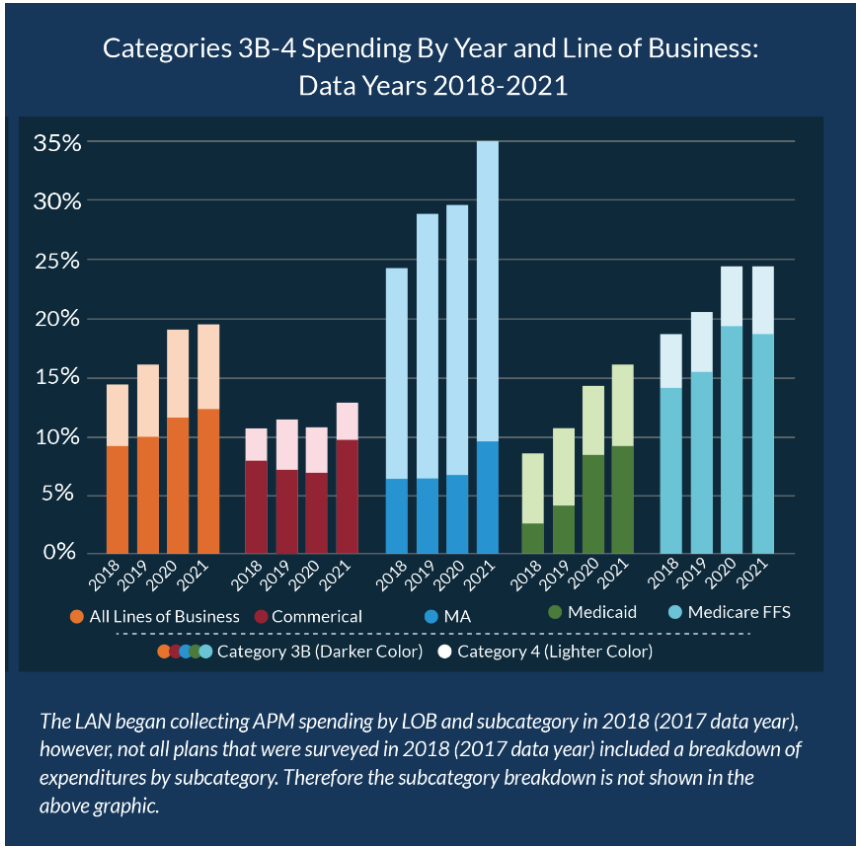
11K+
Medicare ACO PCP partners

750K+**
Medicare ACO beneficiaries

Powered by our unique data & technology backbone

*Projected in 2023 to manage more than $7B of spend, based on projection of 700K+ attributed lives.
**Projected for 2023

Participation in risk models is rising



Consistent growth in adoption of alternative payment models (APMs) from 2016 - 2022 across all business lines.

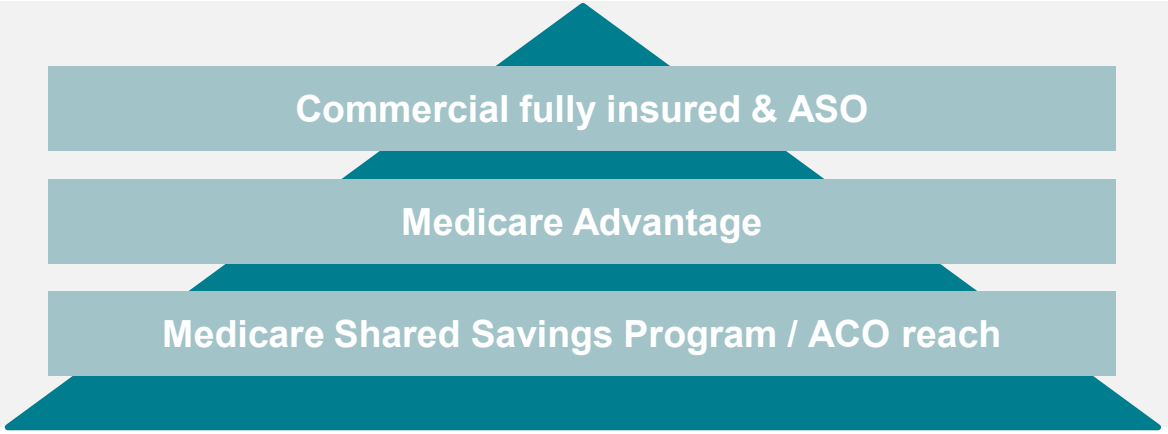
83% of payers believe APM adoption will continue to increase in the future.

Source: APM Measurement Effort - Trends over time. Health Care Payment Learning & Action Network. https://hcp-lan.org/apm-measurement-effort/2022-apm/2022-infographic/

Payer alignment is key for long-term success

Aggregate provider networks

Establish a collaborative ACO, which allows for smaller volume providers to coordinate services and share risk across increasingly more of the patient population



1. **Analytics and technology**

2. **Practice transformation support**

3. **Trusted providers in the home**

4. **Supplemental provider enablement**

Enabled by proprietary platform

5 core competencies needed to be successful in expanded risk

					
	Annual Wellness Visits/Preventive Care	**Risk Adjustment Capture**	**High Risk Patient Condition Management**	**Quality Goals Achievement**	**Savings Achievement in Low Risk Program**
Goal	>65%+ AWV	Accurate and complete patient coding	Risk stratification to act on patients with highest needs	Optimize quality requirements – whether MSSP or MA	MSSP progression to risk based on savings achievement
Results	Correlation to reduced utilization Retain attribution of your members and reduce leakage	Appropriate target pricing for patient based on conditions	Reduced acute care needs (admissions, emergency department, post acute care)	Full achievement of any financial implications of quality measure achievement	Success in MSSP supports success in more aggressive health plan contracts Efficient patient engagement across all contracts

Crouse Health Network

Crouse Health Overview

Crouse Medical Practice was established in 2010 by Crouse Hospital to further align the organization with its physicians, with the goal of building an integrated healthcare delivery network over time. Crouse Medical Practice is a multispecialty physician practice with locations serving Central and Northern New York.

- 17-Primary care and specialty clinic locations
- Network of physicians and specialists
- Crouse Hospital is a full-service hospital, 506 acute-care beds and 57 bassinets

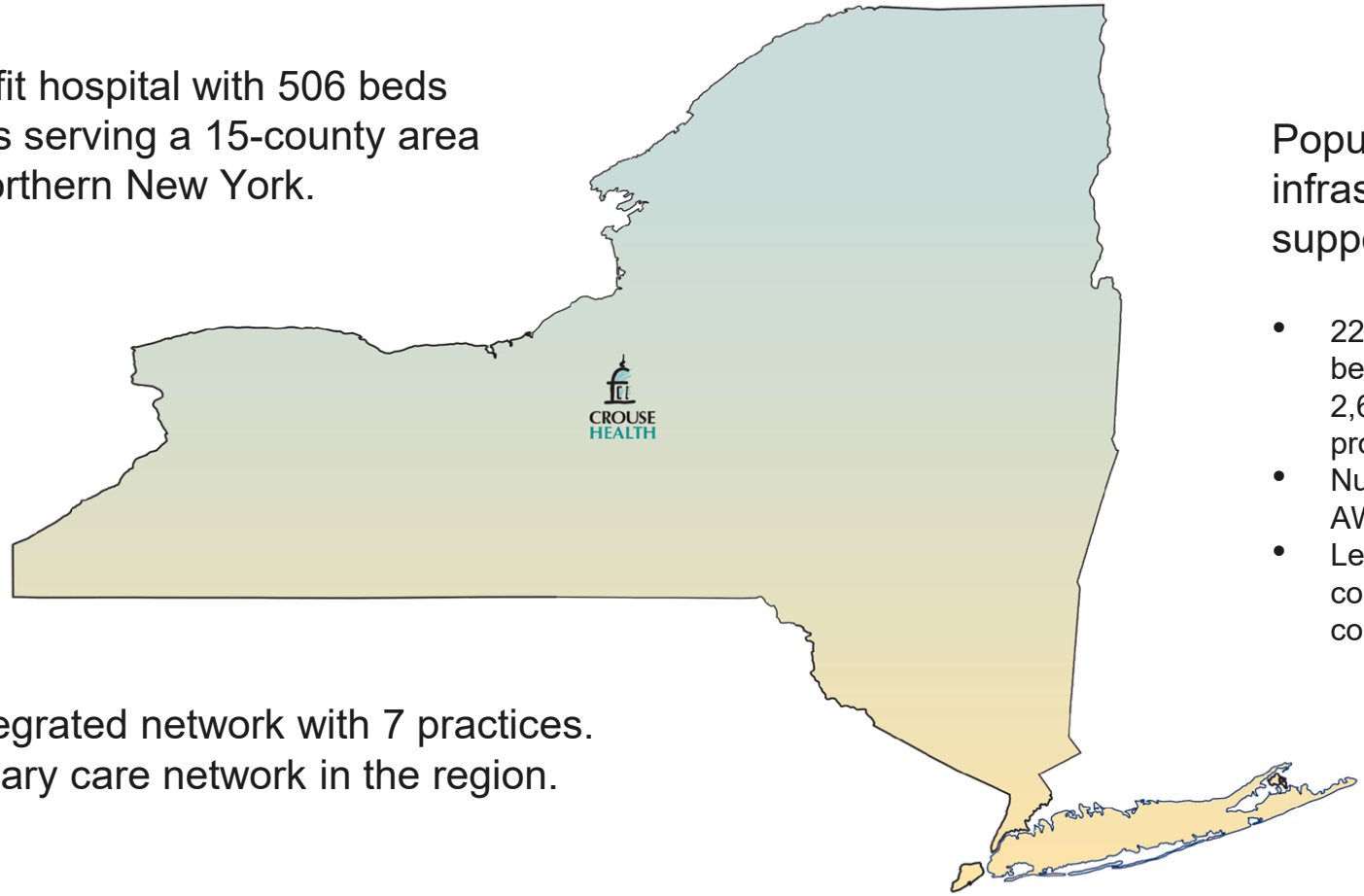
Christina Pavetto

Director of Population Health,
Crouse Health Network

Crouse Health Overview

Private, non-profit hospital with 506 beds and 57 bassinets serving a 15-county area in central and northern New York.

Multispecialty practice with 15 specialties and 220 providers.



Clinically integrated network with 7 practices. Largest primary care network in the region.

Population health provides infrastructure services to support value-based care:

- 22 nurses provide medical and behavioral care management to 2,600 patients from 122 providers
- Nurses and MOAs support AWVs and TCM.
- Leadership provides consultation related to contracting, HCC coding, QI.

Value-based Care Strategy

- Participate in revenue-sharing arrangements to facilitate reimbursement for preventive, coordinated, efficient care.
- Develop an infrastructure to support value-based arrangements across payers.
- Support for providers to focus on excellent patient care.

Our Infrastructure of Support

CROUSE HEALTH

Leadership Consultation

- Work across all payers and lines of business
- Access to 5 electronic health record systems for clinical and quality support
- Utilize a regional health information organization to incorporate hospital, long term care and ancillary data.

Care Coordination

- Centrally managed.
- Services contracted to all practices within the network.
- Medical and behavioral health care coordination offered.

Our Infrastructure of Support

CROUSE HEALTH

Annual Wellness Visits

- Centrally managed team collects HRA information and preps the chart for the provider visit.
- Close collaboration with practice leadership and front-line staff ensures appointments are made and kept.
- Transitional Care Management Visits
- Centrally managed team places required phone call and schedules the visit.
- Discharge information received from the Regional Health Information Organization.
- Documentation designed collaboratively with providers and practice leadership to facilitate efficient visits.

Our Results

78%

AWV completion rate

34%

Engagement in XCM

55%

Annual HCC closure rate

Less than

400

ED visits (ACO avg 662)

Ardent Health Services

Ardent Health Services

Ardent Health Services is a leading provider of healthcare in communities across the country, through its subsidiaries, owns and operates 30 hospitals and 200+ sites of care with more than 1,400 aligned providers in six states. Based in Nashville, Tennessee, United States.

- Founded in 2001
- 23,000+ Team members
- 1,400+ Aligned providers
- $5 Billion in net revenue

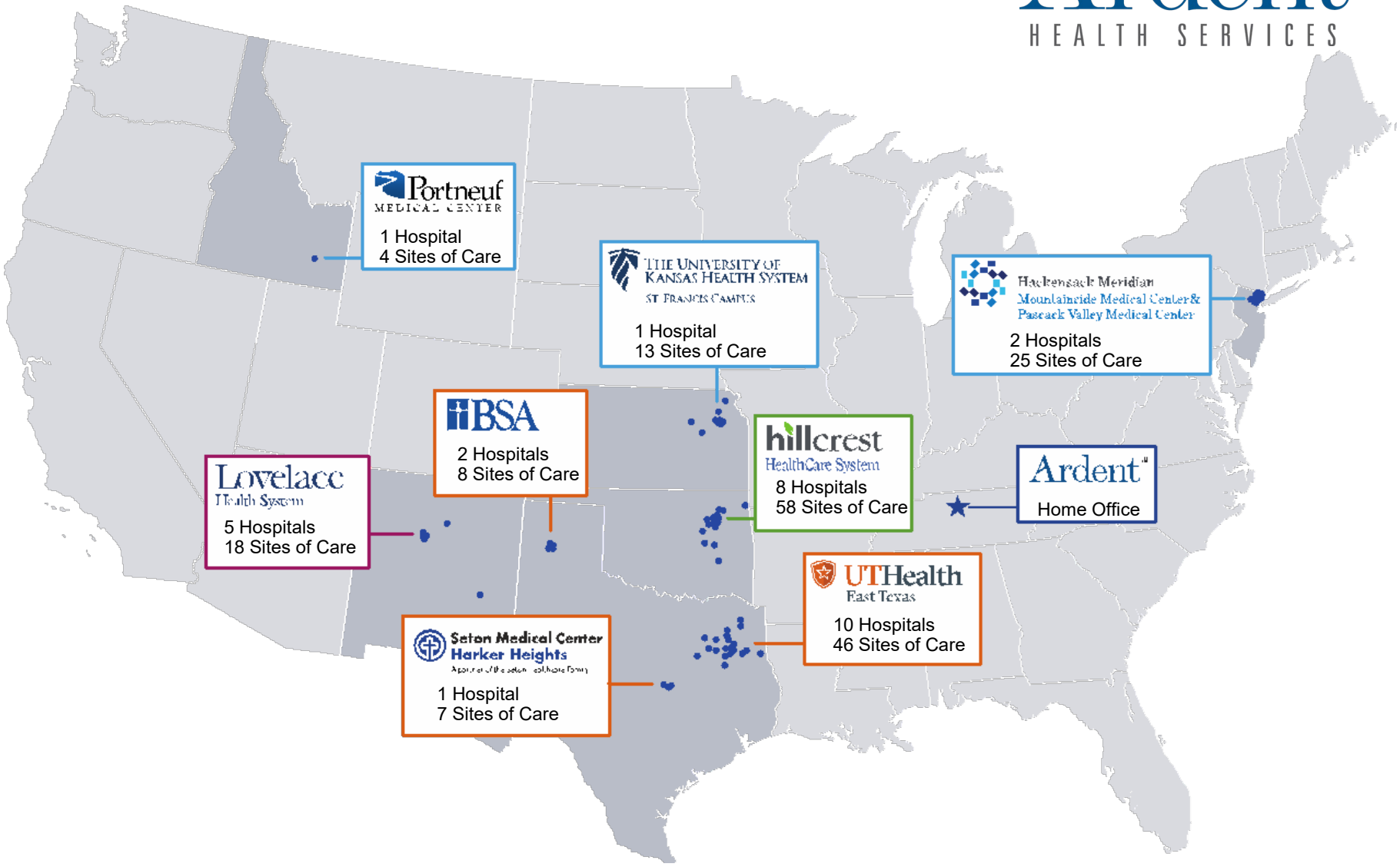
Eloy Sena

AVP, Value-Based Contracts & Operations, Ardent Health Services

Eight Markets, One Team

Ardent HEALTH SERVICES

- Americas
- Oklahoma
- Lone Star
- New Mexico



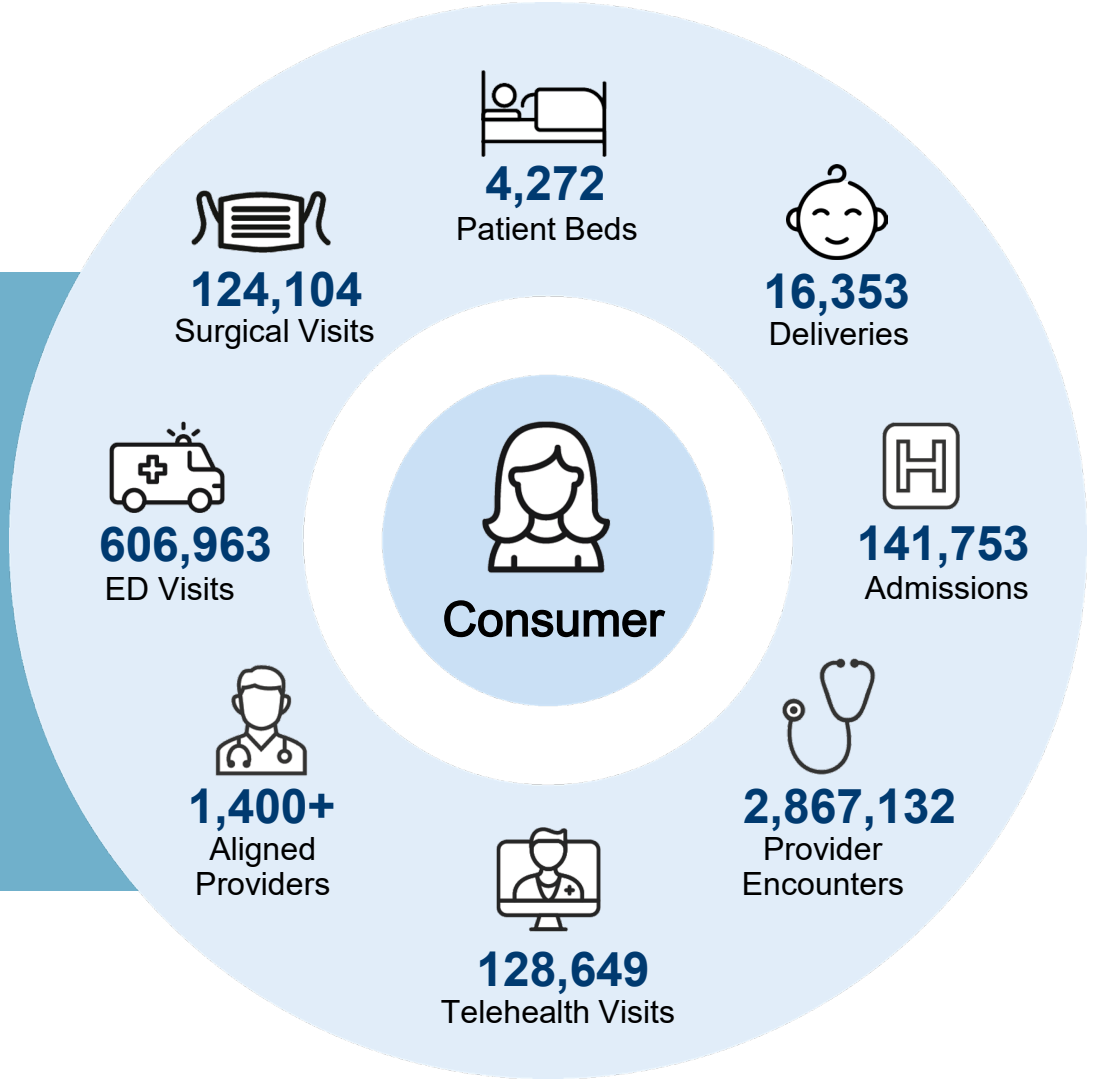
A Year at Ardent

Ardent HEALTH SERVICES

More than

10,000

Lives touched each day



Value-Based Care Strategy

Ardent HEALTH SERVICES

Ardent's value-based care strategy is built upon the foundation of delivering exceptional quality and operational efficiency to achieve the highest standards of patient-centered care.

Our strategy centers on optimizing resources, streamlining processes, and leveraging innovative technologies to enhance care delivery while minimizing waste and redundancy.

- The initial phase of this optimization effort is to identify "Best in Ardent" practices and deploy those initiatives to other markets.
- The second phase centers on identifying gaps that affect Ardent as a whole and explores opportunities to bridge the gap through strategic use of resources.

Keys to Success: Best In Ardent Approach

Participation in MSSP accelerated Ardent's strategy to develop synergies across the enterprise.

Practice leaders and providers across the enterprise engage in collaboration forums and operational efficiency initiatives:

- Resource sharing
- Value analytics
- Schedule optimization and prioritization
- EHR Optimization
  - Automated capture for quality gaps
  - External data mapping
- Enterprise rollout of care management services:
  - Chronic Care Management
  - Remote patient monitoring

Keys to Success: Best In Ardent Approach

Ardent HEALTH SERVICES

Best in Ardent Approach:

Cross market collaboration opportunities

- Creation of HCC Taskforce
- AWV and TCM workgroups

Consultation for best practice identification and process adoption

- Medication adherence programs
- Enhanced scheduling worklists

Standardization of tools and resources

- AWV template design

Functional alignment of departments across the enterprise

- ACO and VBC metrics as operational KPI

Results

Ardent HEALTH SERVICES

AWV completion rate improvement

- 22% increase YOY all payers
- ACO scheduled and billed exceeding 2022 final year performance

Rapid XCM engagement

- Exceeded Q2 goal for high risk XCM (52%)

MultiCare Connected Care

MultiCare Connected Care

MultiCare Connected Care was established in 2014 as an independent business entity by MultiCare Health System.

An Accountable Care Organization (ACO), MultiCare Connected Care has established a comprehensive Clinically Integrated Network (CIN) comprised of doctors, hospitals, clinics and other health care services, such as imaging, labs and pharmacies. The MultiCare Connected Care Network includes health care professionals in the community, as well as MultiCare providers.

Sam Johnmeyer

Director, Actuarial Services and Medical Economics, MultiCare Connected Care

Presentation Disclaimer

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What are we talking about today?

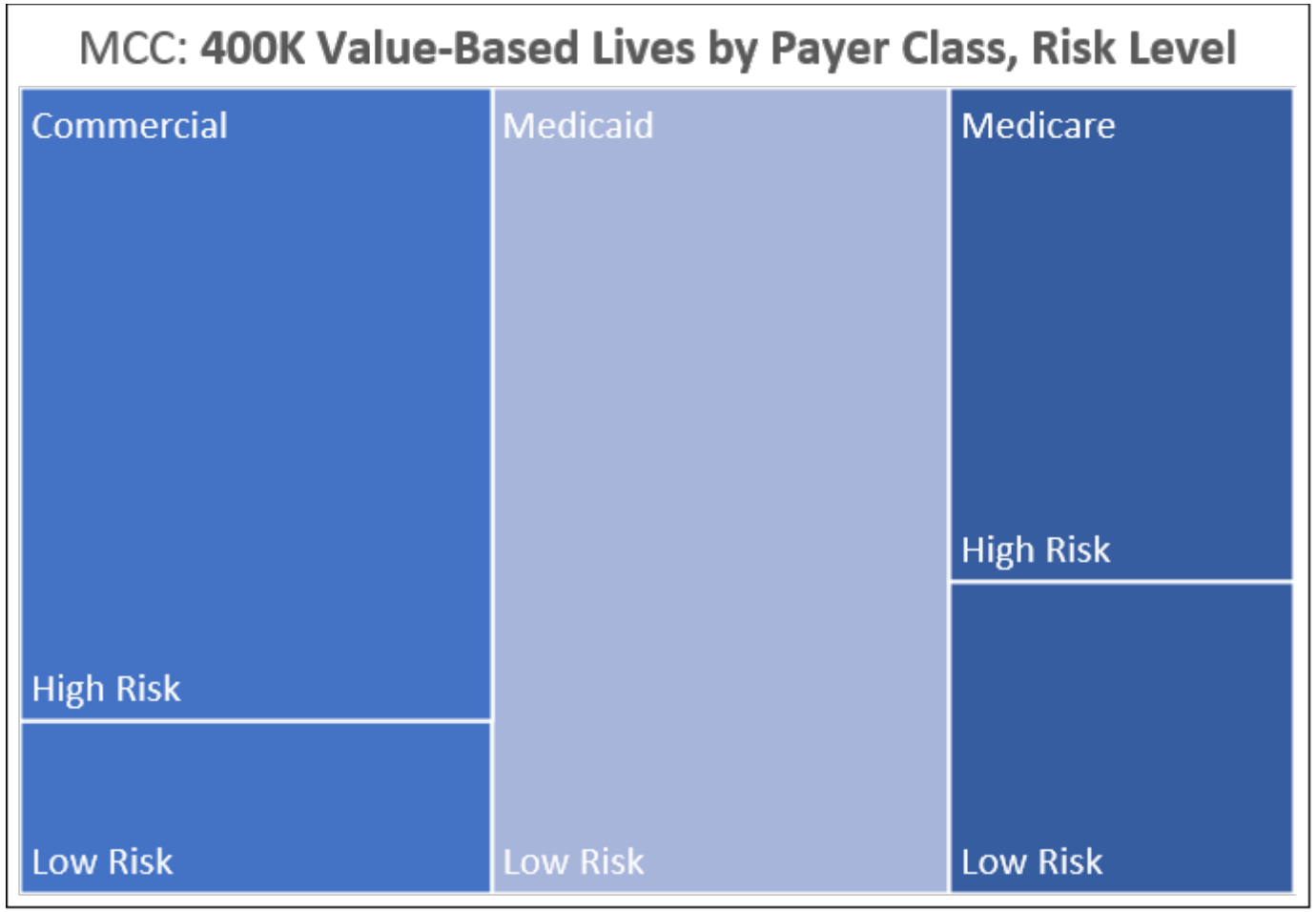
MultiCare Connected Care™

A **framework** for measuring opportunity across value-based contracts

Value of specific initiatives across MCC's "high-risk" contracts

Our Environment: Probably looks familiar

MultiCare Connected Care™



Takeaways:

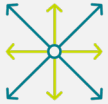
- **400K** value-based lives
- **46%** of value-based lives are “high risk”
- **60/40** Commercial / Medicare split among “high risk” lives

Our Question: How to invest resources?

What is the ***one thing*** we should do to succeed in [value-based contract here]?

What is the path to success?

Are the things we ***are*** doing delivering value?



If we do [thing x] how will this impact all 36 value-based contracts?

Framework! Let's call it "Levers of Success"

MultiCare Connected Care™

Lever	Description	Key Initiatives	Yearly Value	Progress
Care Management	Patient/beneficiary level initiatives	Transitional care management, chronic care management, remote patient monitoring, newly diagnosed outreach	1%-2%	
Utilization Management	Population level initiatives resulting in reduced utilization or lower cost per unit	Avoidable ED utilization, biologic/biosimilar, site of service	1%-3%	
Risk Adjustment	Improvement in coding accuracy	Education, Chart Review (MA), BPA alerts	1%-3%	
Retention	Initiatives to ensure maintaining and growing membership	Annual Wellness Visit rate, Net Promoter, E/M visit rate	0%-0.5%	
Quality	Initiatives to improve quality measures	Readmission, medication adherence, cancer screening	Depends	
Total		**Consider the 'wedge'** →	**3%-8.5%**	

Our Results: Easy as 1,2, $f(x) = a_0 + \sum_{n=1}^{\infty}\left(a_n \cos\frac{n\pi x}{L} + b_n \sin\frac{n\pi x}{L}\right)$

MultiCare Connected Care™

MCC: Medicare + Commercial "High-Risk" Contract Opportunity

Initiative	Range of Opportunity (PMPM) Low	Mid	High
Documentation	$2.11	$4.43	$6.75
OP to ASC	$1.75	$3.50	$4.91
ED Utilization	$1.01	$3.02	$5.04
Therapeutic Interchange	$0.63	$0.94	$1.25
Brand to Biosimilar	$0.47	$0.93	$1.39
Other CM Rollup	$0.57	$0.87	$1.04
Other Rx Rollup	$0.29	$0.43	$0.57
SNF Reduction	$0.27	$0.40	$0.53
Readmit Reduction	$0.06	$0.18	$0.29
Member Retention	$0.09	$0.18	$0.27
De-Prescribing	$0.09	$0.14	$0.18
Total	**$7.24**	**$14.95**	**$22.20**

Notes:

--This analysis uses MCC's specific contracts, current performance, and realistic opportunities. Values (PMPM or total) may not be appropriate for other organizations

--Values are inclusive of Medicare and Commercial "high-risk" contracts

One thing? There isn't one thing. VBC is a dimmer switch.

Path? Choose your own adventure.

What is working? Framework provides hurdle rates, not answer

Value across all contracts? $52M

Recap

Questions?

Thank You

signifyhealth.com