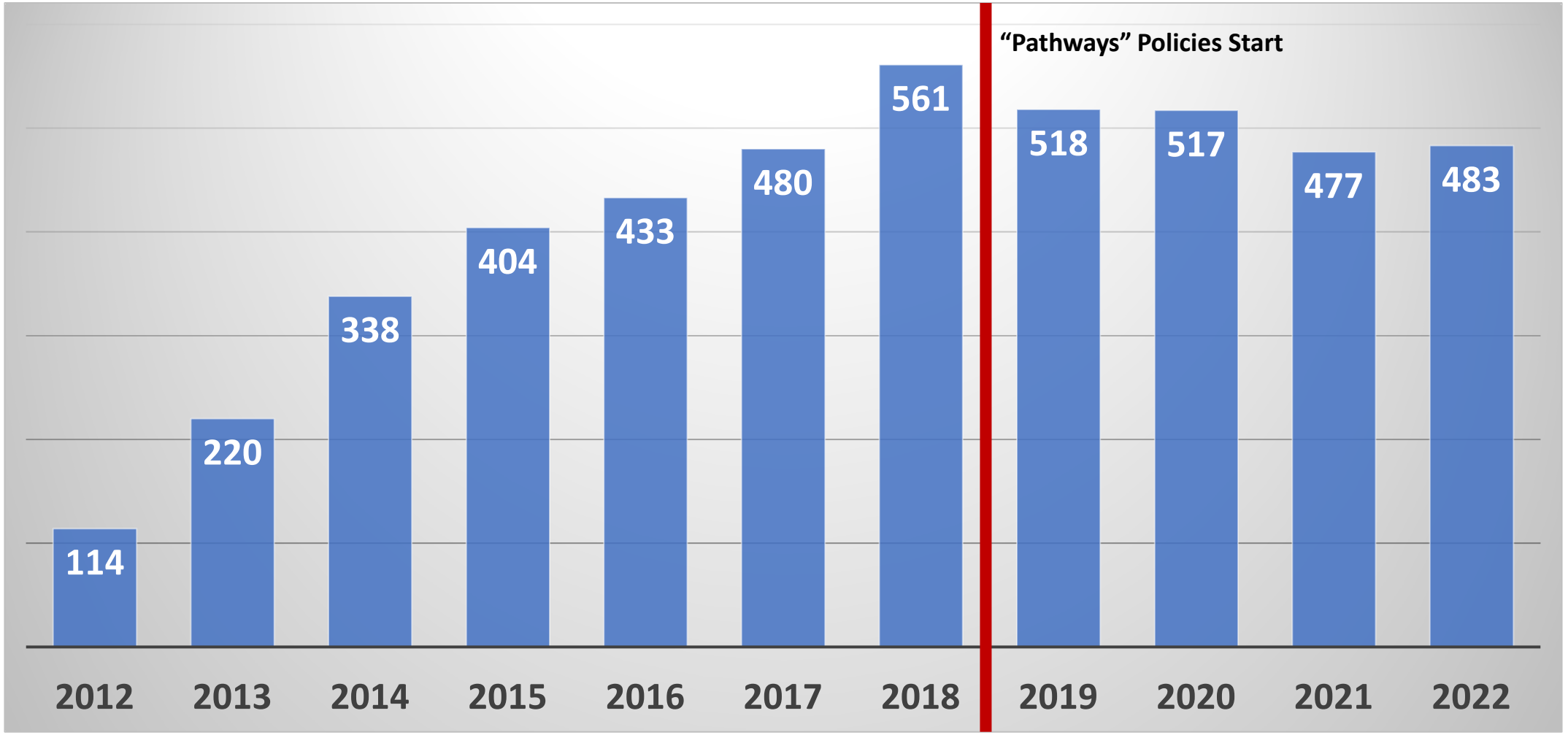
2022 NAACOS FALL CONFERENCE

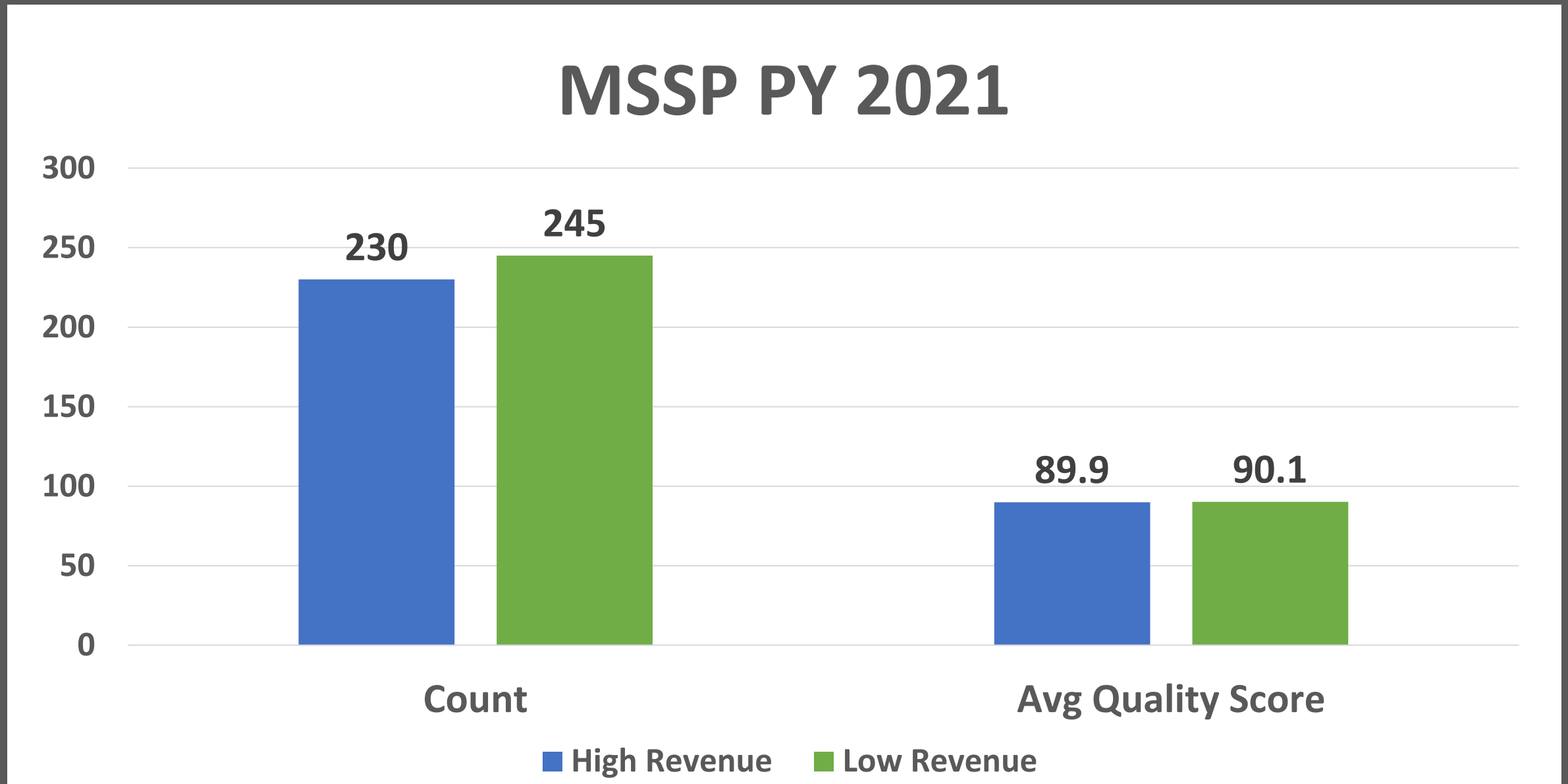
Successful Small ACOs and IPAs: How to Survive With or Without Consolidation

Today's Panel Moderator

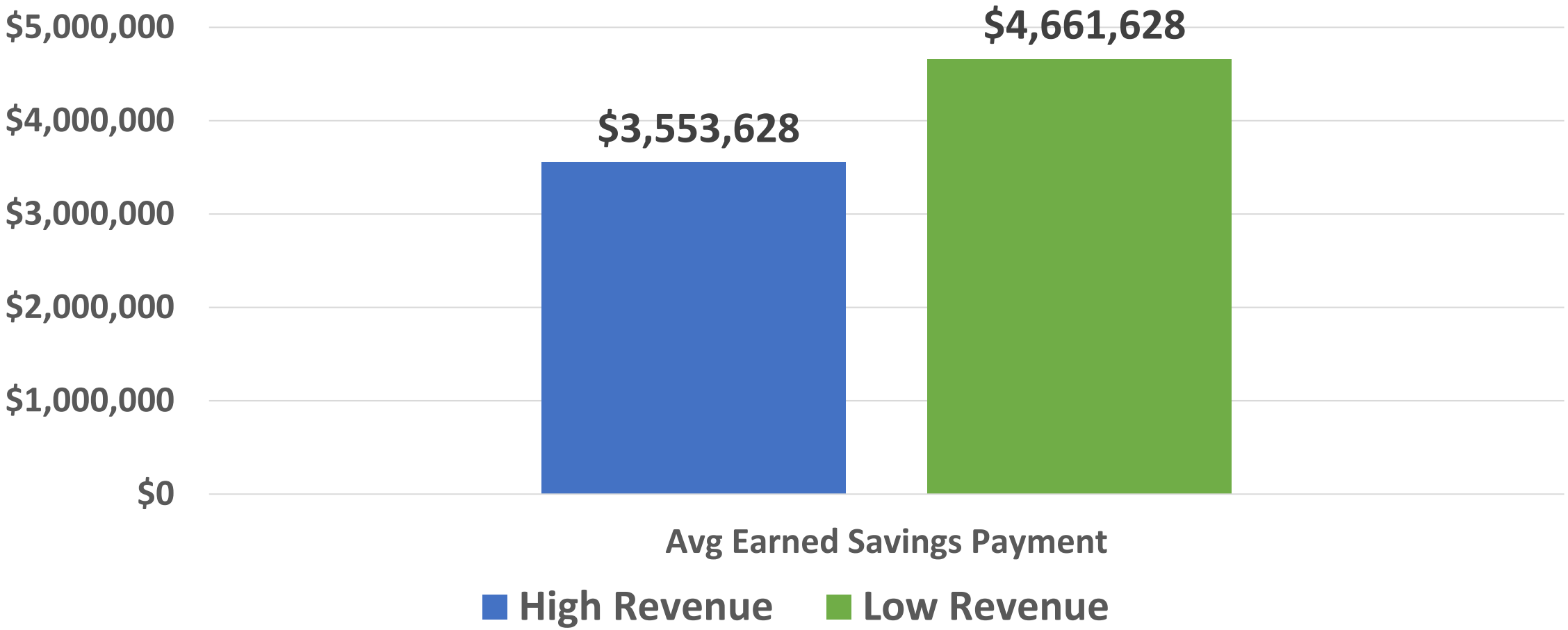
Brian Hammer, MS, MBA, FACHE is the Vice President of Membership and Business Services for the National Association of ACOs and leads all activities developing relationships with new and existing ACOs contracting with CMS and commercial payers. Brian also oversees the procurement of strategic business partnerships benefiting ACOs. Before NAACOS, Brian's experience in both the hospital arena and in the out-patient ambulatory setting proved beneficial to Meridian Health System as his work strategized primary care physician alignment through practice acquisition and recruitment initiatives. Most notably, he delivered a successful ACO recruitment campaign yielding over 10,000 beneficiary lives. Prior to his hospital role, Brian was successful in the pharmaceutical space winning multiple national awards for Johnson & Johnson and Takeda Pharmaceuticals. Brian graduated top of his program for his Master of Science in Health Administration degree at St. Joseph's University, holds his MBA from Syracuse University, and his Bachelor of Science in Business Administration from Drexel University. He is a visiting adjunct professor at Monmouth University, a Fellow of the American College of Healthcare Executives, and volunteers as a mentor to healthcare MBA students.

Total MSSP ACOs




MSSP PY 2021
300
250
200
150
100
50
0
230
245
89.9
90.1
Count
Avg Quality Score
High Revenue
Low Revenue

MSSP PY 2021

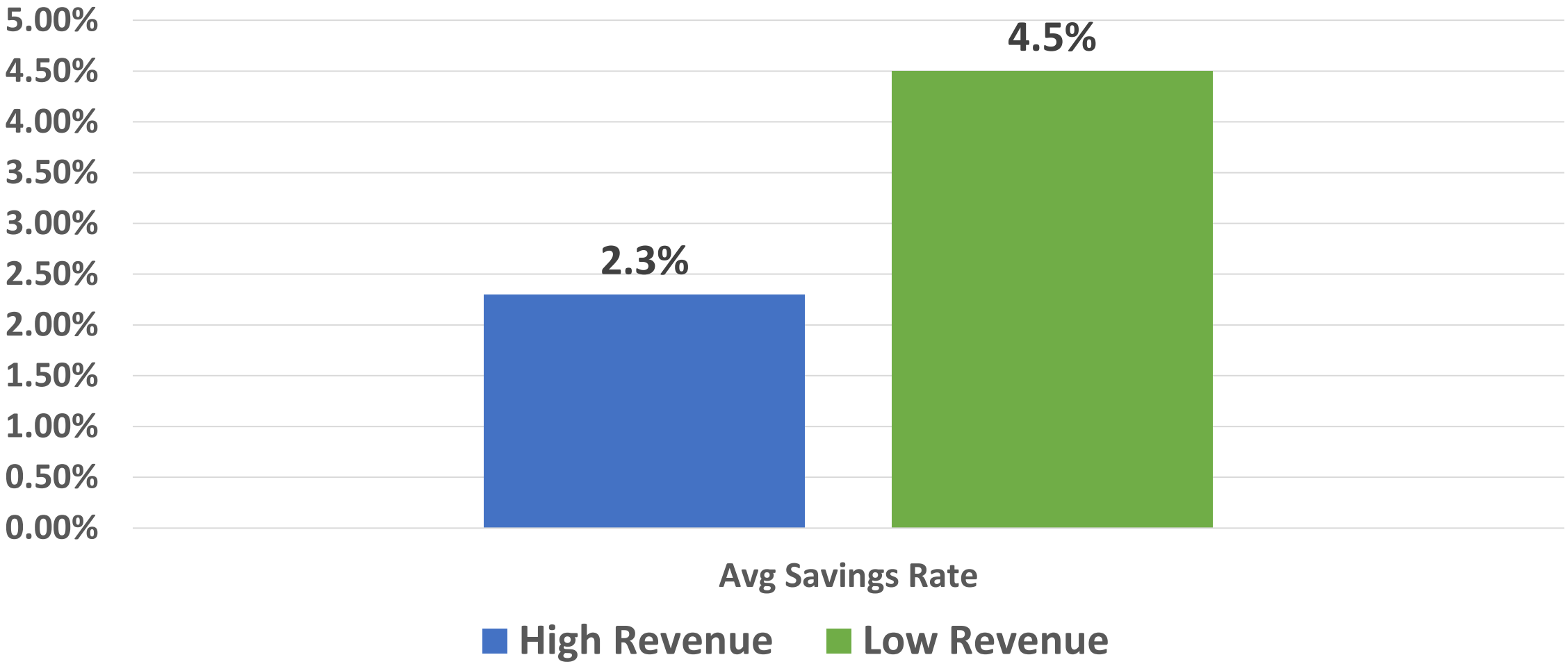

$5,000,000
$4,000,000
$3,000,000
$2,000,000
$1,000,000
$0
$3,553,628
$4,661,628
Avg Earned Savings Payment
High Revenue
Low Revenue

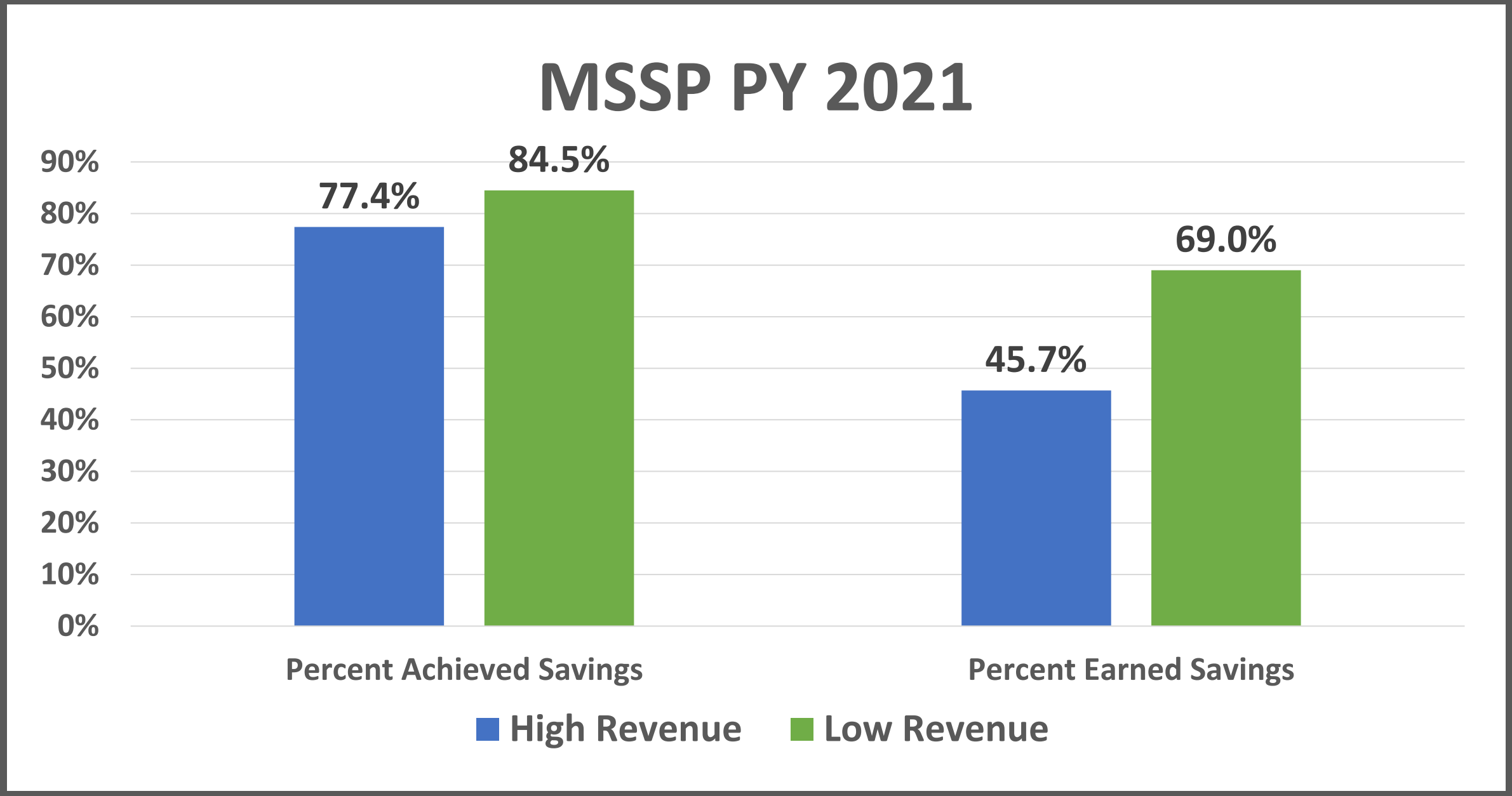
The first full year of MSSP contracts was associated with early reductions in Medicare spending among 2012 entrants. Savings were greater in independent primary care groups than in hospital-integrated groups. - *NEJM, June 16, 2016*

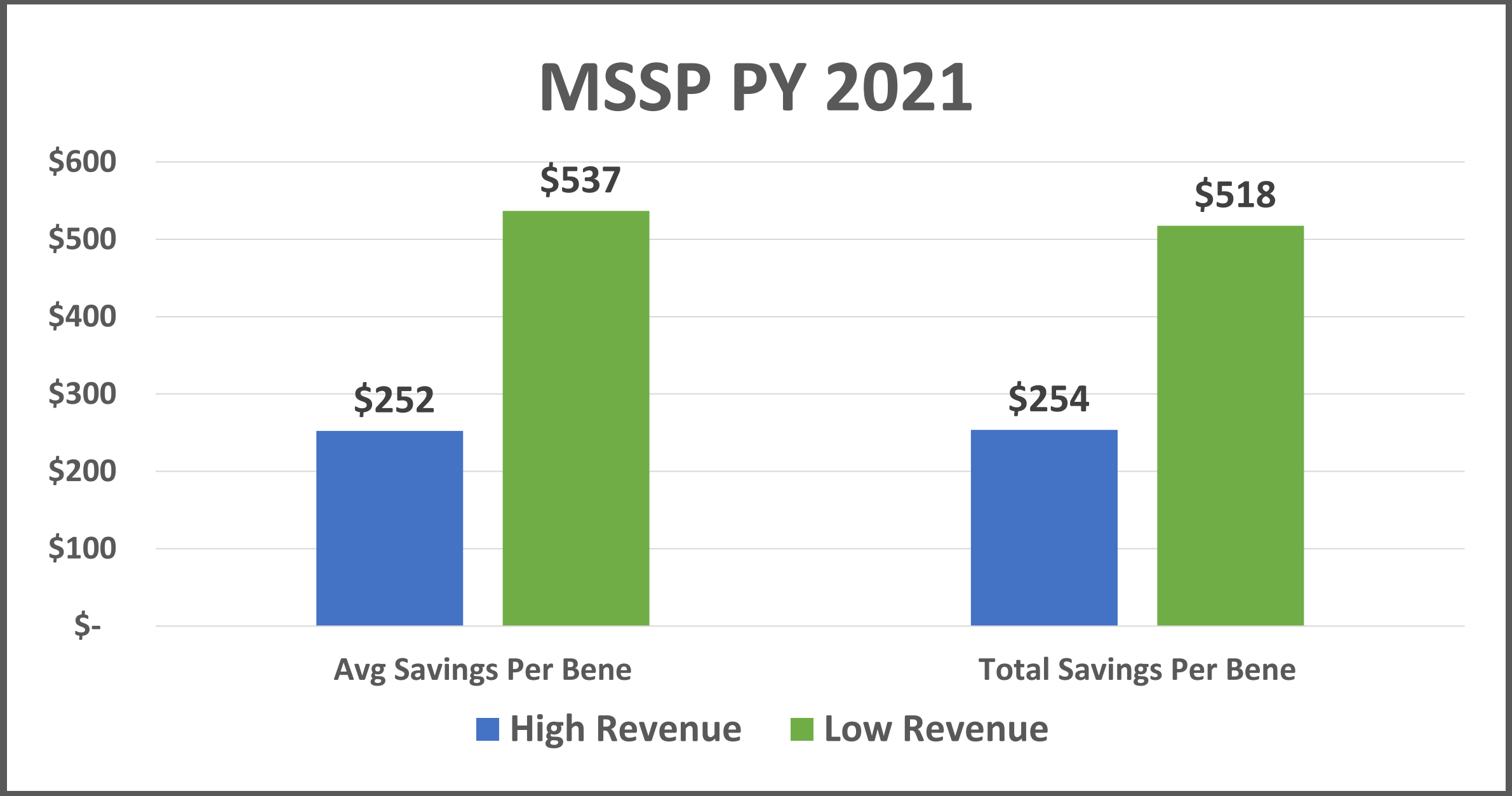
After 3 years of the MSSP, participation in shared-savings contracts by physician groups was associated with savings for Medicare that grew over the study period, whereas hospital-integrated ACOs did not produce savings (on average) during the same period. (Funded by the National Institute on Aging.) - *NEJM, September 7th, 2018*

"Low-revenue" ACOs, typically led by physicians who mostly provide outpatient services, have generally performed better than "high-revenue" ACOs, generally led by hospitals that tend to provide both inpatient and outpatient services. The 2019 performance results are no different." *- Seema Verma, Former CMS Administrator, Health Affairs, September 14, 2020*

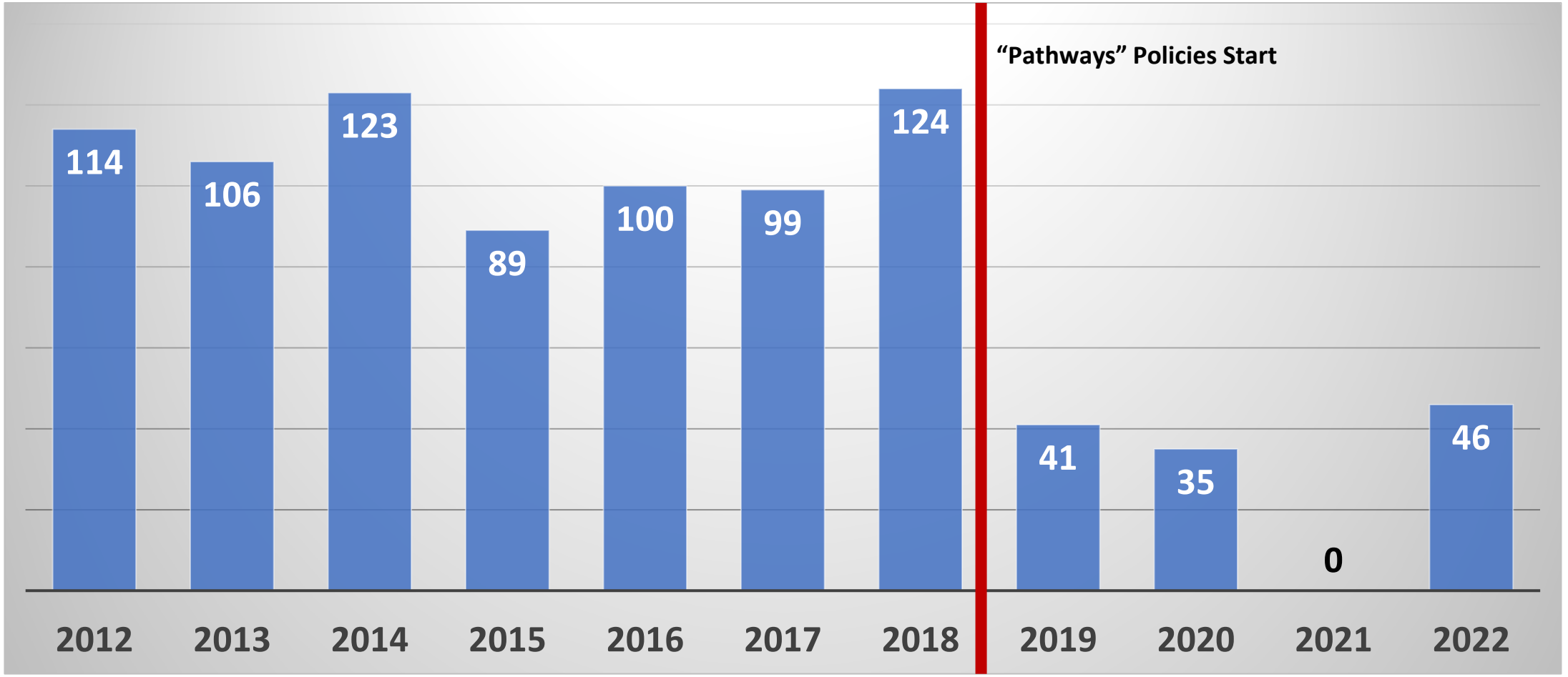
MSSP PY 2021


5.00%
4.50%
4.00%
3.50%
3.00%
2.50%
2.00%
1.50%
1.00%
0.50%
0.00%
2.3%
4.5%
Avg Savings Rate
High Revenue
Low Revenue


MSSP PY 2021
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
77.4%
84.5%
45.7%
69.0%
Percent Achieved Savings
Percent Earned Savings
High Revenue
Low Revenue


MSSP PY 2021
$600
$500
$400
$300
$200
$100
$-
$252
$537
$254
$518
Avg Savings Per Bene
Total Savings Per Bene
High Revenue
Low Revenue

New MSSP ACOs



**Of the 46 new ACOs that NAACOS counts in 2022, 18 are former Next Generation ACO participants .*

The MSSP can be a great program, America, they wish to be. They only lack the light to show the way. For this reason, above all, their capacity for good, we have sent them this panel today…

Driving ACO Success

Stephen W. Nuckolls, MAC, CEO
Coastal Carolina Health Care, P.A.
Coastal Carolina Quality Care, Inc.

September 9, 2022

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Coastal Carolina Health Care, PA

60+ Providers (60% PCP)

- Internal Medicine
- Family Medicine
- Emergency Medicine
- Cardiology
- Hematology/Oncology
- Gastroenterology
- Neurology
- Pulmonary/CC
- Rheumatology
- Endocrinology
- Podiatry

16 Clinic Locations

- Urgent Care
- Imaging Center
- Sleep Lab
- GI ASC

Single Enterprise-wide EHR

More Concentrated/Rural Market

78% of PCP Patients in Total Coast of Care Contracts

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CCHC Overview

- Medical Practice Owns Medicare ACO
- Started Medicare ACO - April 1, 2012
- >22,000 Attributed Beneficiaries (Medicare, BCBS of NC, Humana, UHC)
- $220+ Million Combined TCC Budgets
- 2 Sided Risk with MSSP (Enhanced Track) & BCBS of NC (Highest Level of Risk)

Select Quality Measures

	2013			2018			2020		
	CCQC Score	ACO Mean	%ile Rank	CCQC Score	ACO Mean	%ile Rank	CCQC Score	ACO Mean	%ile Rank
Mammography Screening	91.22	62.05	100%	91.46	71.96	99%	91.92	74.05	99%
Colorectal Cancer Screening	88.94	59.30	100%	86.33	68.27	97%	91.96	72.56	99%
% of Pts W/DM & A1c >9	11.03	22.11	92%	7.36	15.51	97%	5.07	13.99	100%
Hypertension	69.22	67.79	55%	90.68	73.1	99%	89.49	72.87	98%
Source: CMS Public Use Files									

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Select Utilization Rates

		Performance Year					Change ('11-'20)	
	2011	2013	2015	2017	2019	2020	#	%
Hospitalizations	318	270	248	244	247	225	(93)	-29%
ED Visits	620	560	568	574	530	427	(193)	-31%
Notes:								
(1) Rates computed by CMS.								
(2) 2011 figures based on previous retrospective allignment model.								
(3) Per 1,000 Person Years.								
(4) 2020 Rates Include COVID 19 Hospitalizations and ED Visits								
(5) 2011 rates used retrospective attribution. All others used prospective								

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Historic ACO Budgets and Costs

Year	Per Pt Budget	# of Pt. Yrs	Total Budget	Total Spending	Savings/(Loss) $	Savings/(Loss) %	Due	Repay	Received
2nd Contract									
2016	9,772	11,277	110,199,957	105,569,651	4,630,306	4.20%	2,236,944	(2,236,944)	-
2017	9,760	12,306	120,113,738	112,822,164	7,291,574	6.07%	3,370,647	(847,048)	2,523,599
2018	10,573	11,348	119,984,942	112,934,785	7,050,157	5.88%	3,297,943	-	3,297,943
2019 (1)	10,984	11,436	62,799,792	57,902,181	4,897,611	7.80%	2,403,808	-	2,403,808
			413,098,429	389,228,781	23,869,648	6.13%	11,309,342	(3,083,992)	8,225,350
3rd Contract									
2019A (1)	10,924	11,464	62,614,921	58,109,946	4,504,975	7.19%	3,316,647	-	3,316,647
2020	10,308	11,190	115,346,341	104,644,867	10,701,474	9.28%	7,975,943		7,975,943
2021 (2)	10,963	10,808	118,483,521	107,731,864	10,751,657	9.07%	7,902,468		7,902,468
2022 (3)	10,231	10,808	115,984,613	99,982,151	16,002,462	13.80%	11,761,810		11,761,810
			412,429,396	370,468,828	41,960,568	10.17%	30,956,868	-	30,956,868
						Totals	42,266,210	(3,083,992)	39,182,218

(1) Track 1+ was extended through 6/30/2019 and Enhanced Track Started 7/1/2019.

(2) Estimate from 4th Quarter Report

(3) Estimate from 2nd Quarter Report

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Programs for Success

- Embedded CCM & PCM
- Patient Access - UC, 24/7 Call Line, Marketing
- AWV Nurses
- Extended Care
- Point of Care EMR Tools
  - Gap Closure
  - HCC Recapture

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Programs for Success

- Palliative and Primary Care at Home
- Partnerships/Gainshare Agreements with Specialists
  - Hospital Medicine
  - Cardiology
  - Gastroenterology
  - Neurology
  - Rheumatology
  - Pulmonary Diseases/Critical Care

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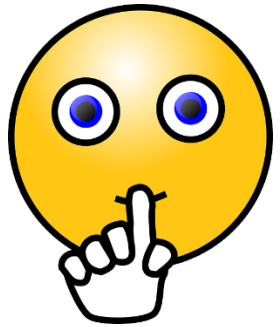
Other Secrets of our Success

- Single Entity and EMR (Mostly)
- Relatively Small
- Multispecialty Group
- Single Market - Focus and Concentration
- >75% of Patients in TCC Contracts
- Less Financial Reliance on Legacy FFS Profit Centers
- Advance Funding from CMMI



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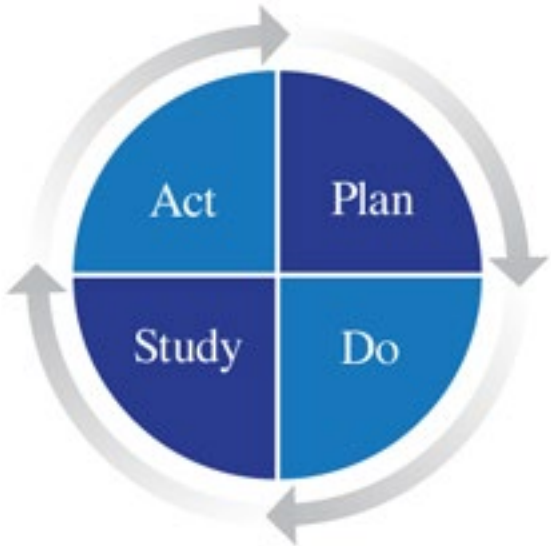
Strategies for Success

- Quality
  - Report Monthly (All Patients, Unblinded, Standardized Measures, & Compare)
  - Enable Reminder Systems
  - Establish Standing Orders
  - Hire Scribes?



Sample Monthly Quality Report

	Diabetic 18-75					% A1c Over 9.0					% No A1c				
	Feb-17	Feb-16	Feb-15	Feb-14	Feb-13	Feb-17	Feb-16	Feb-15	Feb-14	Feb-13	Feb-17	Feb-16	Feb-15	Feb-14	Feb-13
Provider A	143	161	166	171	161	1.40%	4.35%	4.82%	7.60%	7.45%	0.70%	0.00%	0.00%	0.00%	0.62%
Provider B	137	131	138	142	146	7.30%	9.16%	8.70%	13.38%	10.96%	0.73%	0.00%	0.72%	0.00%	0.68%
Provider C	87	93	94	87	91	3.45%	3.23%	6.38%	4.60%	9.89%	1.15%	1.06%	2.13%	0.00%	1.10%
PCP 1 Total	367	386	398	416	468	4.09%	5.70%	6.50%	8.89%	8.76%	0.82%	0.25%	0.75%	0.00%	0.64%
Provider E	107	112	21	124	133	12.15%	11.61%	0.00%	12.10%	9.77%	1.87%	0.00%	0.00%	0.00%	0.75%
Provider F	195	186	121	176	128	4.10%	5.38%	12.40%	6.25%	3.91%	1.03%	2.62%	0.00%	5.68%	7.81%
Provider G	146	151	191	165	156	4.79%	6.62%	4.19%	7.27%	7.69%	1.37%	0.00%	3.14%	0.61%	1.28%
Provider H	147	161	173	169	177	3.40%	3.73%	4.05%	4.73%	5.08%	0.68%	0.00%	0.00%	0.00%	0.00%
Provider I	145	139	136	130	120	2.76%	5.76%	4.41%	8.46%	5.00%	2.07%	3.68%	4.41%	4.62%	4.17%
PCP 2 Total	740	778	796	794	753	5.00%	6.17%	5.90%	7.18%	5.98%	1.35%	1.26%	1.51%	2.14%	2.39%
Provider J	48	45	47	43	31	4.17%	6.67%	6.38%	13.95%	19.35%	2.08%	0.00%	0.00%	0.00%	3.23%
Provider K	206	243	285	286	311	4.85%	5.35%	6.67%	10.14%	13.83%	1.46%	0.35%	0.70%	2.45%	6.75%
Provider L	287	301	322	341	370	6.62%	4.32%	9.32%	8.80%	13.24%	0.70%	0.00%	0.00%	0.59%	2.70%
Provider M	184	159	160	144	140	3.80%	4.40%	7.86%	14.58%	12.86%	1.09%	0.00%	0.00%	0.69%	3.57%
Provider N	213	302	140	336	343	7.98%	5.63%	6.02%	7.44%	11.37%	0.90%	0.00%	0.00%	0.60%	4.37%
Provider O	186	227	332	266	262	4.30%	10.53%	6.61%	8.27%	9.54%	1.41%	0.38%	0.41%	0.75%	5.73%
Provider P	283	170	242	176	184	5.65%	4.71%	1.88%	3.98%	13.04%	1.08%	0.00%	0.00%	0.00%	5.43%
PCP 3 Total	1,407	1,447	1,528	1,592	1,641	5.73%	5.51%	6.97%	8.79%	12.43%	0.71%	0.37%	0.51%	0.88%	4.69%
CCHC Total	4,169	4,261	4,103	4,038	4,009	6.14%	6.31%	7.39%	8.85%	10.55%	1.37%	1.48%	1.87%	1.52%	3.64%

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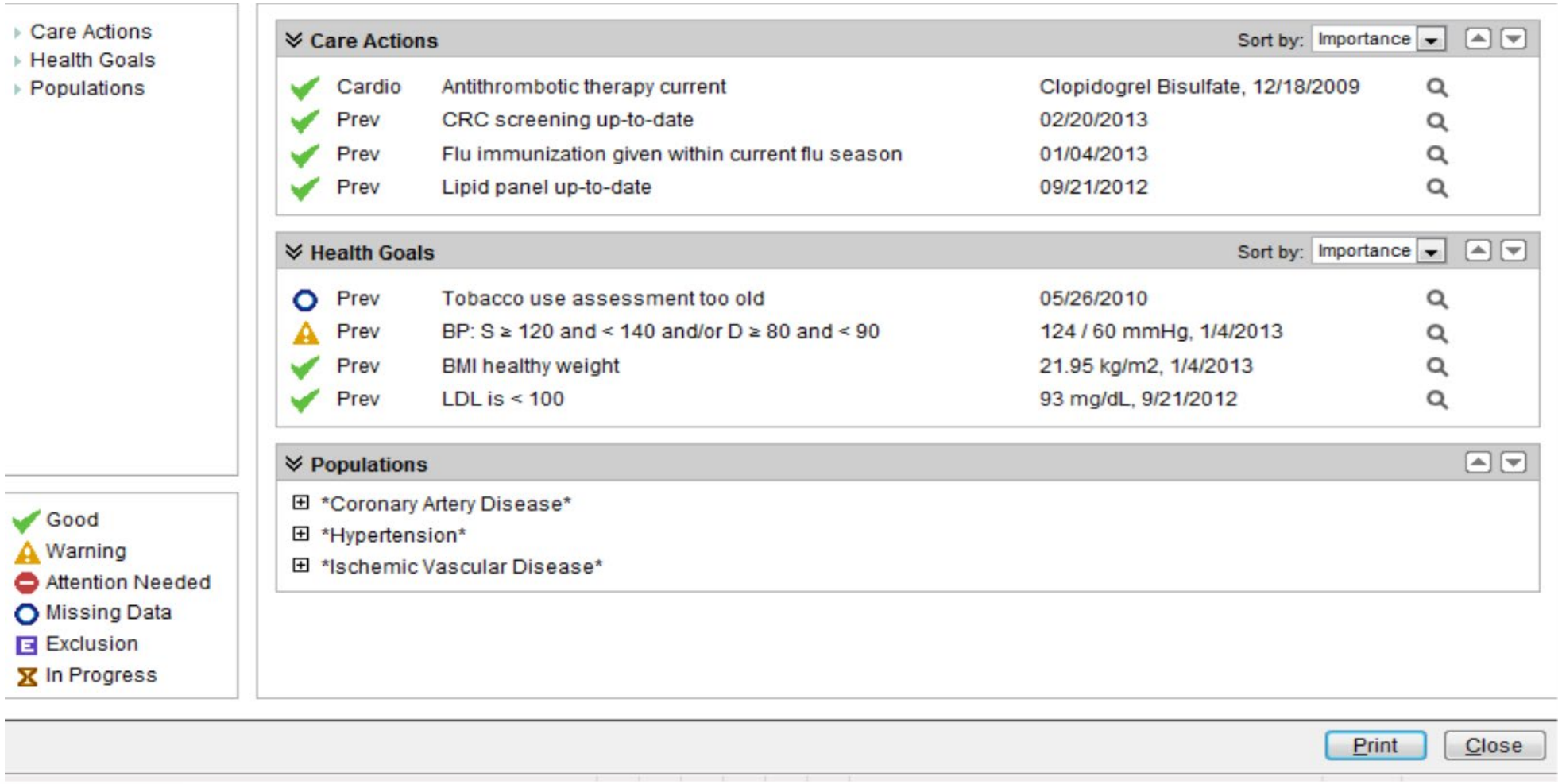
Sample Point of Care Dashboard



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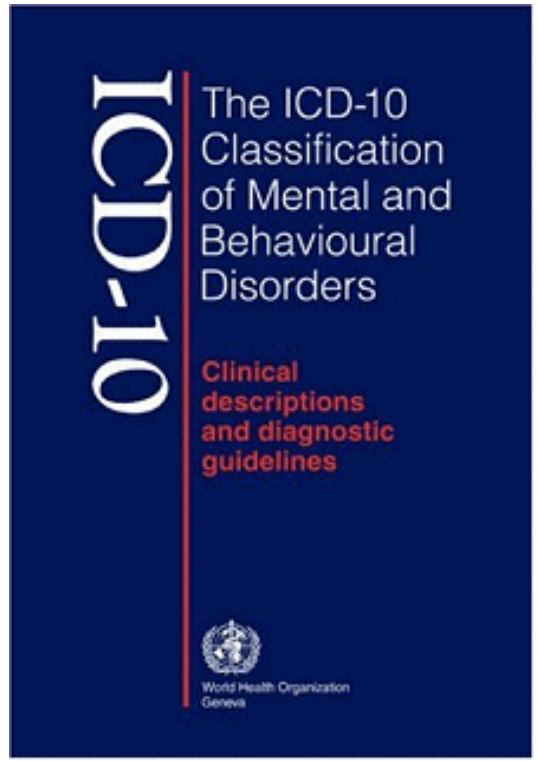
Strategies for Success

- HCC Coding
  - Train (Coding Staff and Providers)
  - Mine Data (BMI, CKD, Etc.)
  - Maintain Clean Problem Lists
  - Report Monthly - Gap Reports
  - Turn On/Add EHR Reminder Tools



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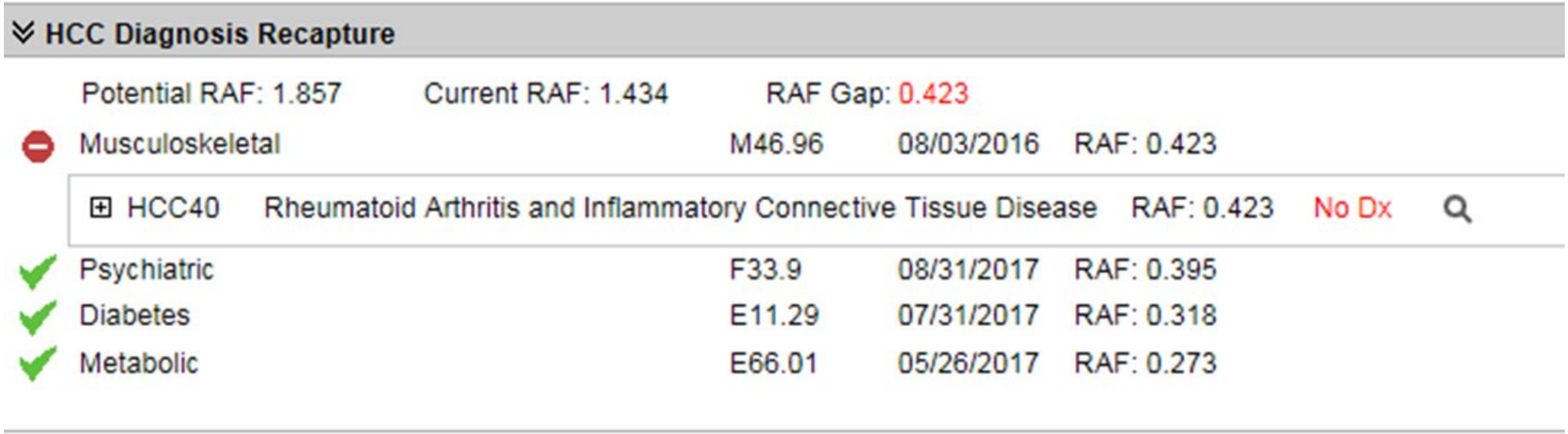
Sample HCC Gap Report

			07/31/2015			07/31/2014			06/30/2015		
		# Pts W/HCC	RAF			RAF			RAF		
		Per Chart Dx	Per Chart	Per Claims	Gap	Per Chart	Per Claims	Gap	Per Chart	Per Claims	Gap
PCP 1											
	A	430	1.37	1.03	0.34	1.28	0.87	0.41	1.43	1.03	0.40
	B	488	1.26	0.83	0.43	1.22	0.71	0.51	1.31	0.83	0.48
	C	555	1.13	0.81	0.32	1.10	0.76	0.34	1.14	0.79	0.35
	D	42	1.17	0.86	0.31	1.14	0.79	0.35	1.21	0.89	0.33
	E	436	1.44	1.11	0.33	1.38	0.93	0.45	1.47	1.08	0.40
	F	453	1.17	0.88	0.29	1.11	0.69	0.42	1.24	0.85	0.39
		2,404	1.26	0.92	0.34	1.20	0.79	0.41	1.31	0.91	0.40
PCP 2											
	A	390	1.24	0.89	0.35	1.18	0.82	0.36	1.27	0.90	0.37
	B	10	0.89	0.53	0.36	0.91	0.66	0.25	1.10	0.52	0.58
	C	695	1.22	0.90	0.33	1.16	0.75	0.41	1.26	0.88	0.38
	D	56	1.09	0.56	0.53	1.00	0.57	0.43	1.15	0.55	0.60
	E	671	1.23	0.89	0.34	1.14	0.74	0.40	1.26	0.88	0.38
	I	599	1.44	0.97	0.47	1.29	0.86	0.43	1.45	0.93	0.52
	J	552	1.26	0.98	0.28	1.21	0.91	0.31	1.31	0.99	0.31
		2,973	1.27	0.91	0.36	1.12	0.76	0.36	1.30	0.91	0.39
	Tot	5,377	1.26	0.89	0.37	1.14	0.70	0.44	1.30	0.91	0.39

Sample HCC Reminder Dashboard



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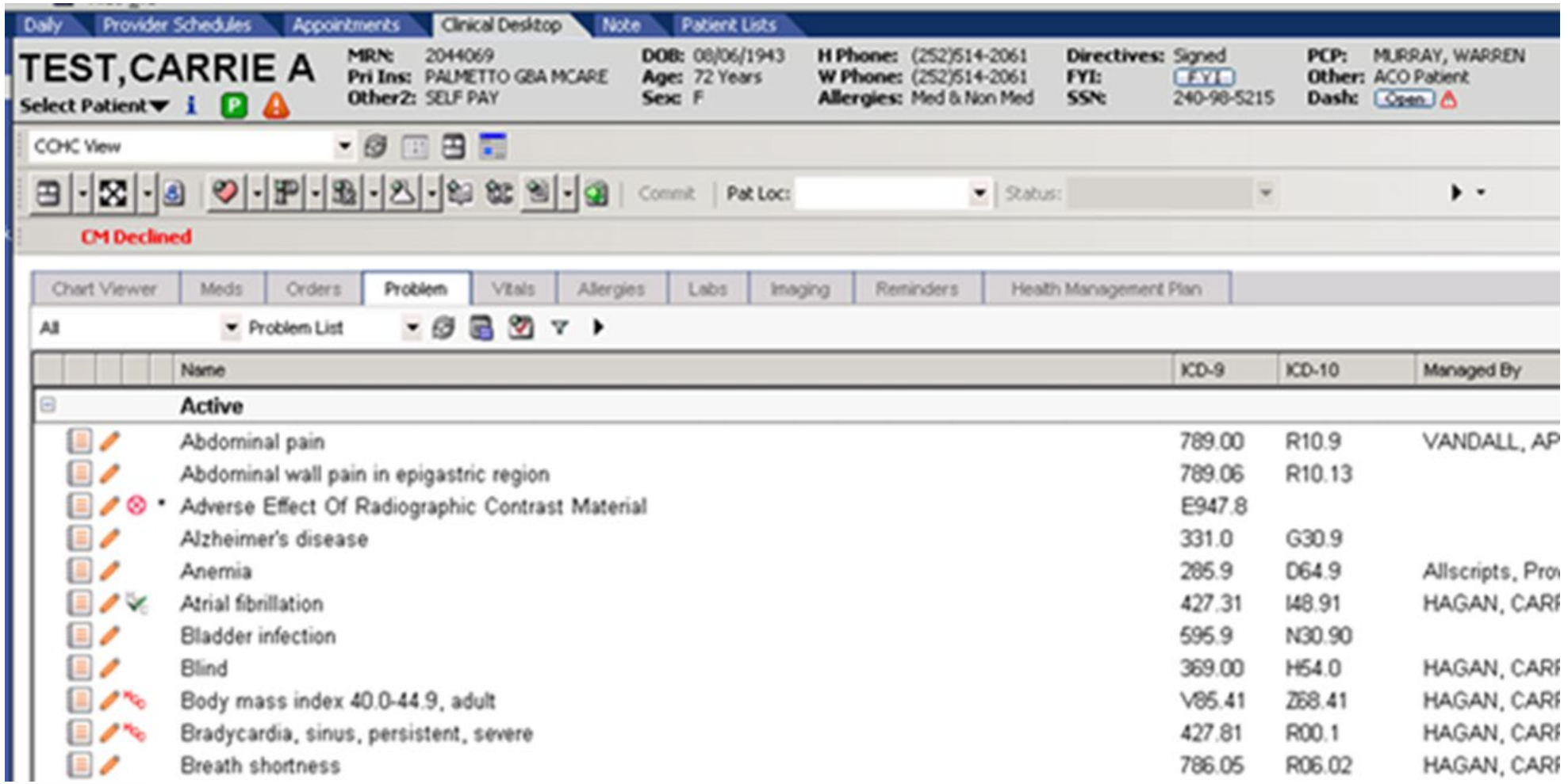
Sample Problem List with HCC



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Takeaways

- Create and Maintain Physician/Management Dyad
- Don't Try to Do too Much at Once – This is a Marathon Not a Race
- Develop a Program, Measure Effectiveness, & Modify When Needed (PDSA)
- People Matter and Maintain Positive Attitude to Influence

The End

OneHealth
NEBRASKA

Supporting and Growing Independent Medicine in Lincoln, Grand Island, Hastings, Bellevue, Auburn, Crete, Holdrege and Kearney

Successful Small ACOs

Bob Rauner, MD, MPH

NAACOS - September 9, 2022

OneHealth NEBRASKA

Supporting and Growing Independent Medicine in Lincoln, Grand Island, Hastings, Bellevue, Auburn, Crete, Holdrege and Kearney

- 21 clinic ACO within a 75 clinic IPA
- 21 TIN Commercial ACO - ~35,000 Attributed Lives
- 8 TIN MSSP Track E ACO - ~10,000 Attributed Lives
- Primary Care – FP/IM/OB/Peds including 1 FQHC & 1 Family Medicine Residency Program
- 4 Communities – Auburn, Crete, Grand Island, Lincoln
- Formed in 2016, 1st Contract MSSP January 1, 2017

OneHealth NEBRASKA

Supporting and Growing Independent Medicine in Lincoln, Grand Island, Hastings, Bellevue, Auburn, Crete, Holdrege and Kearney

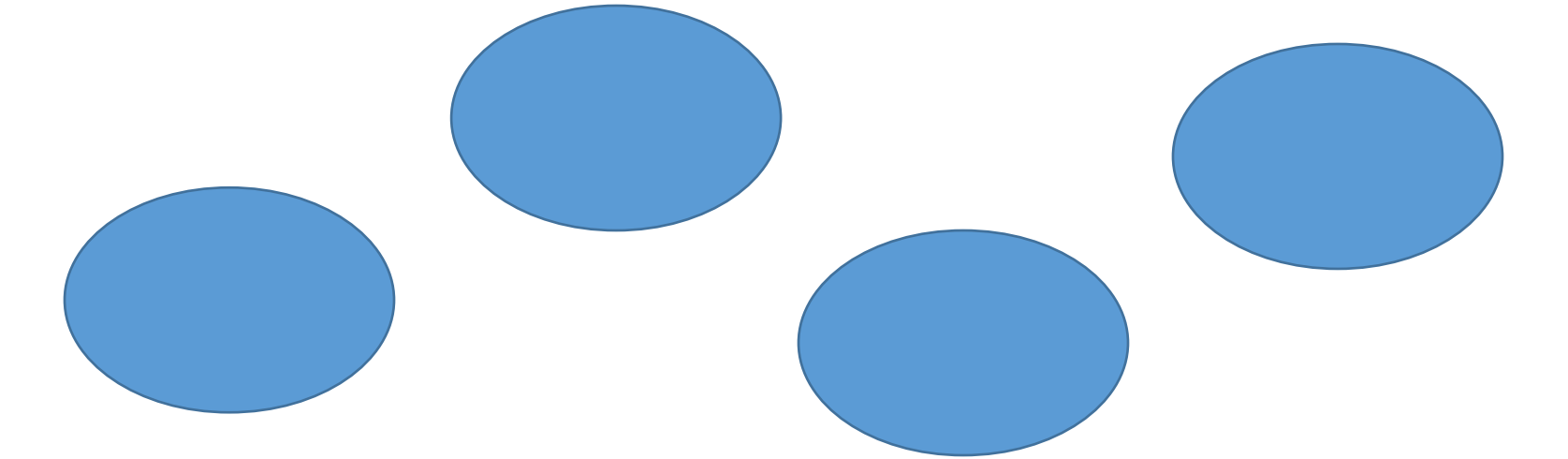
MSSP 2021

- Annual Wellness Visits: 83%
- Blood Pressure Control: 82.2%
- Breast Cancer Screening: 84.2%
- Colorectal Cancer Screening: 85.2%
- Diabetes A1c Poor Control: 6.6%
- Per Capita Savings - $618

ACO Option #1

Large System Vertically Integrated

ACO Option #2



Primary Care ACO

Primary Care ACO

Primary Care ACO

THE WALL STREET JOURNAL.

http://www.wsj.com/articles/i-was-wrong-about-obamacare-1469997311

OPINION | COMMENTARY

How I Was Wrong About ObamaCare

The law's drafters wanted consolidation: 112 hospital mergers last year. But smaller practices have improved care better.

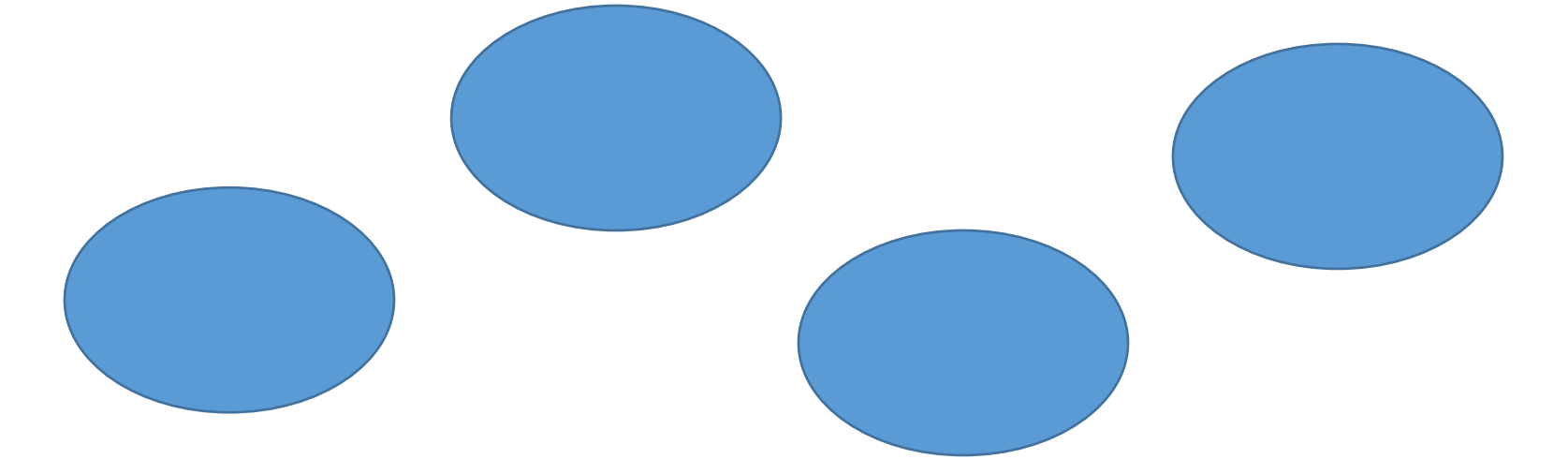
By **BOB KOCHER**

July 31, 2016 4:35 p.m. ET

I was wrong. Wrong about an important part of ObamaCare.

When I joined the Obama White House to advise the president on health-care policy as the only physician on the National Economic Council, I was deeply committed to developing the best health-care reform we could to expand coverage, improve quality and bring down costs. We worked for months to pass this landmark legislation, and I still count celebrating the passage of the Affordable Care Act with the president one balmy spring night in 2010 as one of my greatest Washington memories.

ACO Option #2



Primary Care ACO

Primary Care ACO

Primary Care ACO

OneHealth Nebraska ACO Guiding Principles

1. We will send our patients the same place we would send our mom or our kids. We will not sign contracts that limit our ability to do so.

2. Our goal is to improve the health of our patients and lower their healthcare costs, but quality comes first.

3. Our contracts will be clearly understandable and something we would be comfortable sharing publicly.

4. Contracts will provide sustainable funding to clinics so they can provide great care to patients and provide a pleasant work environment for clinic staff.

5. Rewards will be shared equitably with all members.

WHY?

5 Whys

- It's Just Plain Good Patient Care
- It Improves the Health of the Entire Community
- You Get Style Points If You're the Best!
- You Can Get Paid Better On ACO Contracts
- 30 Hours CME/Part IV MOC

2022 Q2 EXPU Report

Additional Utilization Rates (Per 1,000 Person Years)[9]	**OneHealth Nebraska ACO**	**All MSSP ACOSs**	**All FFS Medicare**
Hospital Discharges, Total	165	236	265
Short-Term Stay Hospital	157	217	243
Long-Term Stay Hospital	2	1	2
Rehabilitation Hospital or Unit	5	11	13
Psychiatric Hospital or Unit	1	3	6
Emergency Department Visits	360	561	624
Emergency Department Visits that Lead to	113	169	193
Observation Stays[10]	34	35	39
Computed Tomography (CT) Events[11]	655	687	741
Magnetic Resonance Imaging (MRI) Events[11]	199	236	263
Primary Care Services	9,192	10,059	10,742
With a Primary Care Physician	4,644	3,772	3,477

Part B / Professional Data
About BCAPA
Terms and Conditions
Custom Reports
Export All My Data
Download Past Reports
Provider-Specific Reports

Select Year

2017 | 2018 | 2019 | 2020

Beneficiary Type

All | Aged Non-Dual | Dual Eligible | Disabled | ESRD

Price Standardization

Yes | No

Variable Type

Spending

Peer Group

US ACO Average | State Average

All Beneficiaries - 2020 - Price Standardized (N=12,403)

Data Visualizations

Summary

State : Nebraska	OneHealth Nebraska ACO, LLC	State Comparison Group Average	Difference from Peer Group	
Category / Metric	PMPM Spending	PMPM Spending	Dollar Difference	Percent Difference
Total Part B	$3,905	$3,090	$815	26%
Evaluation_and_Management Total (M)	$847	$705	$142	20%
Procedures Total (P)	$1,036	$805	$231	29%
Imaging Total (I)	$223	$163	$60	37%
Tests Total (T)	$292	$198	$94	47%

Part A Data

Export to E

Click on the Buttons Below to Change your Data Outputs

Select Year

2017 | 2018 | 2019 | 2020

Price Standardization

Yes | No

Peer Group

US ACO Average | State Average

Beneficiary Type

All | Aged Non-Dual | Dual Eligible | Disabled | ESRD

Variable Type

Spending | Utilization

Beneficiaries - 2020 - Price Standardized (N=12,403)

Data Visualization

Medicare Spending

State : Nebraska	OneHealth Nebraska ACO, LLC	State Comparison Group Average	Difference from Peer Group	
Category / Metric	PMPY Spending	Peer PMPY Spending	Dollar Difference	Percent Difference
Total_PMPY_Spending (Observed)	$8,770	$10,384	$(1614)	-16%
Total_PMPY_Spending (Risk	$10,057	$10,775	$(718)	-7%

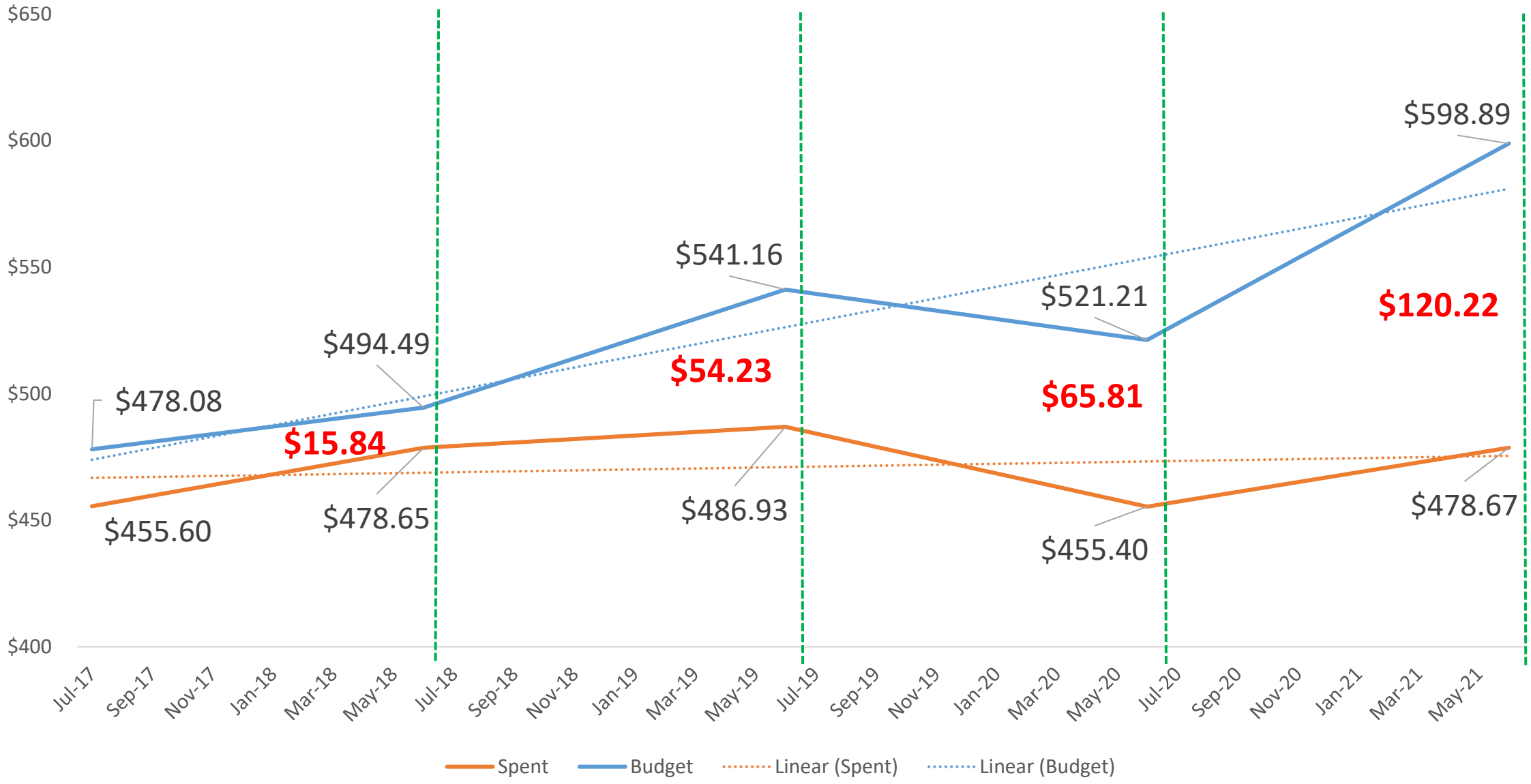
Beneficiaries - 2020 - Price Standardized (N=12,403)

Data Visualizations

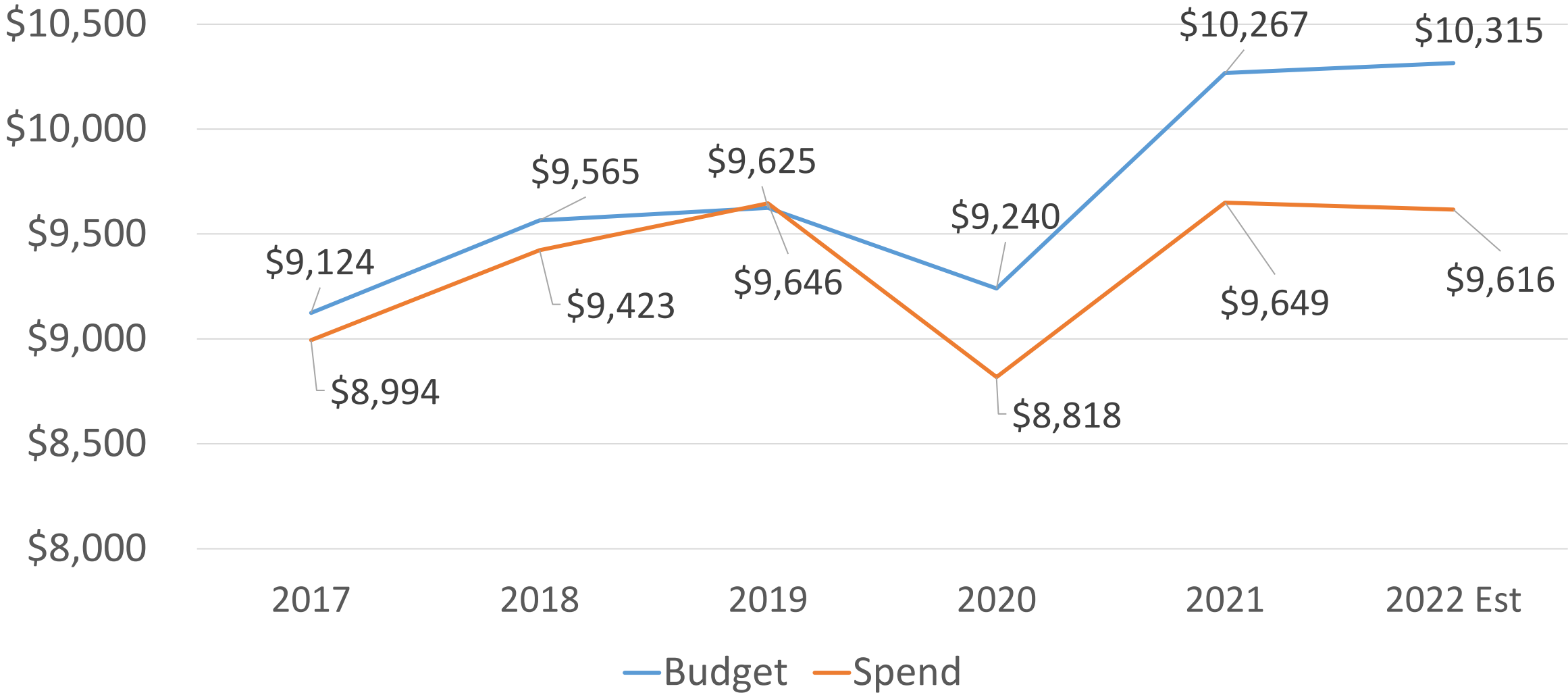
Medicare Spending

State : Nebraska	OneHealth Nebraska ACO, LLC	State Comparison Group Average	Difference from Peer Group	
Category / Metric	PMPY Spending	Peer PMPY Spending	Dollar Difference	Percent Difference
Total_PMPY_Spending (Observed)	$8,770	$10,384	$(1614)	-16%
Total_PMPY_Spending (Risk Standardized)	$10,057	$10,775	$(718)	-7%
Inpatient Acute	$2,036	$2,613	$(577)	-22%
LTCH	$69	$115	$(46)	-40%
IRF	$105	$136	$(31)	-23%
Inpatient Psych	$8	$45	$(37)	-82%
Hospital Outpatient	$1,772	$3,024	$(1252)	-41%
SNF	$511	$1,026	$(515)	-50%
Home Health	$319	$360	$(41)	-11%

ACO Budget Trend



OneHealth ACO MSSP



OneHealth Nebraska ACO MSSP

Year	Per Pt Budget	Person Years	Total Budget	Total Spend	Savings/ (Loss)	% Below Budget	Shared Savings
2017	$9,124	8,544	$77,962,475	$76,847,805	$1,114,670	1.43%	$0
2018	$9,565	10,964	$104,877,062	$103,315,167	$1,561,895	1.49%	$0
2019	$9,625	7,022	$67,580,616	$67,733,482	($152,866)	-0.23%	$0
			$250,420,153	$247,896,454	$2,523,699	1.01%	$0
Agreement 2							
2020	$9,240	12,423	$114,785,356	$109,542,825	$5,242,532	4.57%	($2,539,151)
2021	$10,267	9,751	$100,120,170	$94,091,036	$6,029,134	6.02%	($2,954,275)

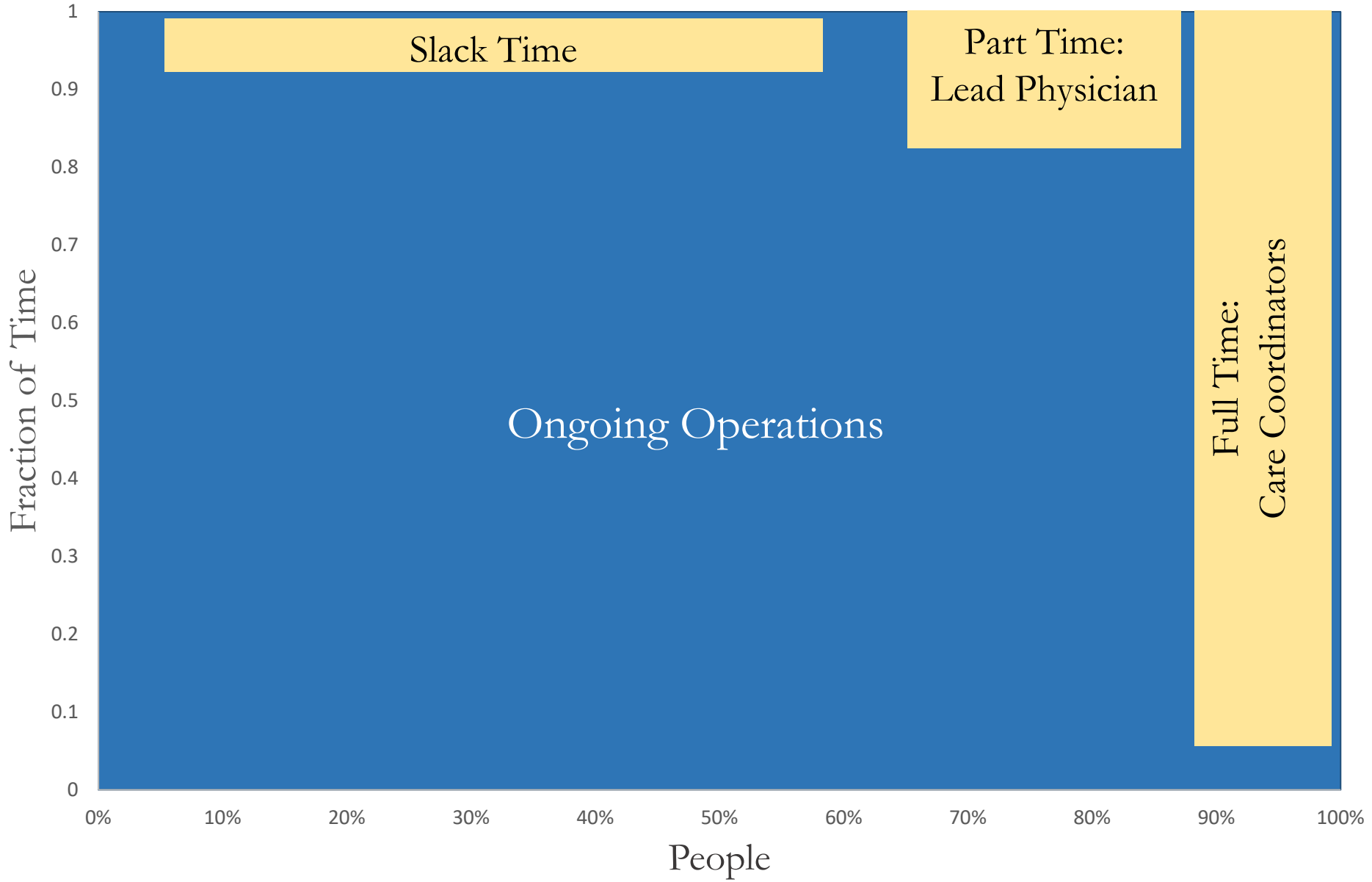
Historical ACO Budgets and Costs

Year	Per Pt Budget	# of Pt. Yrs	Total Budget	Total Spending	Savings/(Loss) $	Savings/(Loss) %
2012 (1)	6,415	11,302	72,504,966	72,070,683	434,284	0.60%
2013	8,685	11,402	99,026,088	100,447,040	(1,420,952)	-1.41%
2014	8,757	11,001	96,335,641	94,918,374	1,417,267	1.49%
2015	8,949	11,273	100,884,806	101,928,177	(1,043,371)	-1.02%
			368,751,501	369,364,274	(612,773)	-0.17%
2016	9,772	11,277	110,199,957	105,569,651	4,630,306	4.20%
2017 (2)	9,860	12,239	120,683,707	113,279,092	7,404,615	6.14%
			230,883,664	218,848,743	12,034,921	5.50%

(1) Contract began 4/1/2012; therefore, there were only 9 months in the first period.

(2) Projection based on 4th Quarter data using CMS recommended methodology.

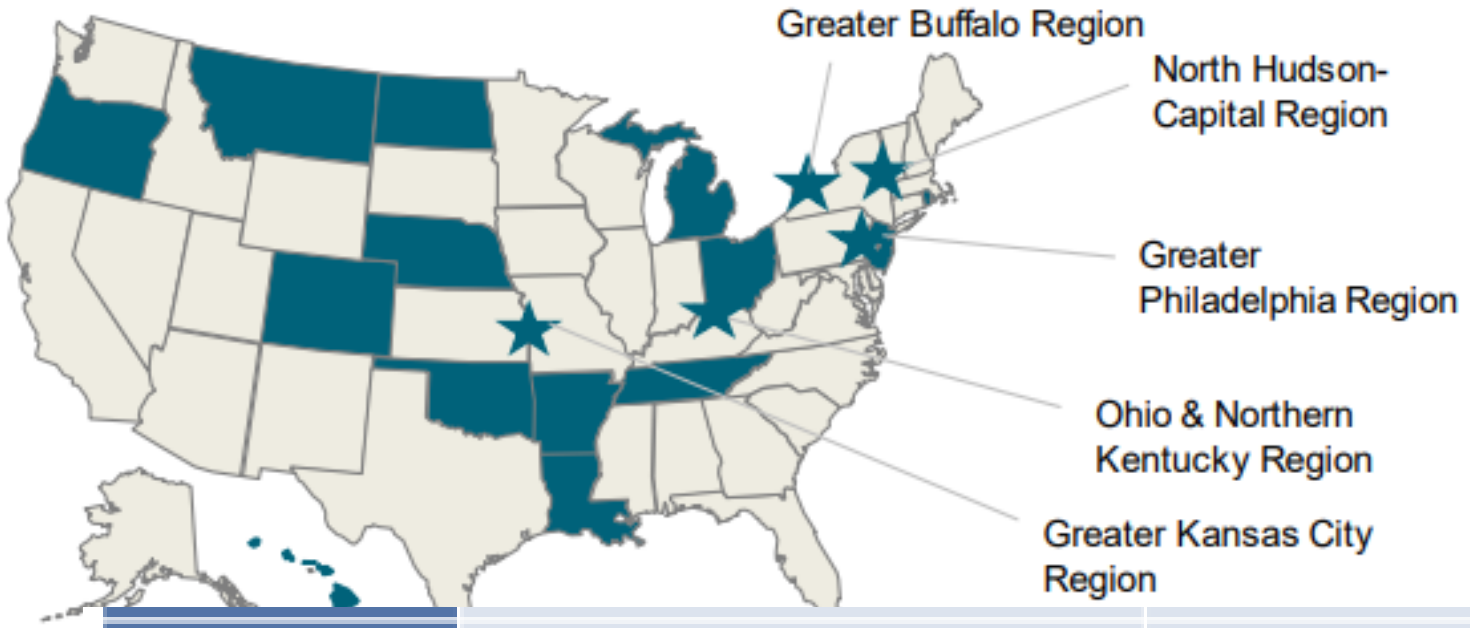
Staffing for Quality Improvement



Comprehensive Primary Care Plus (CPC+)

A new model for primary care in America

CPC+ Participating Regions & Payer Partners



NEBRASKA	Statewide	■ Blue Cross Blue Shield of Nebraska
NEW JERSEY	Statewide	Amerigroup New Jersey
		Horizon Blue Cross Blue Shield of New Jersey
		UnitedHealthcare

Medicare Primary Care Spend Rate

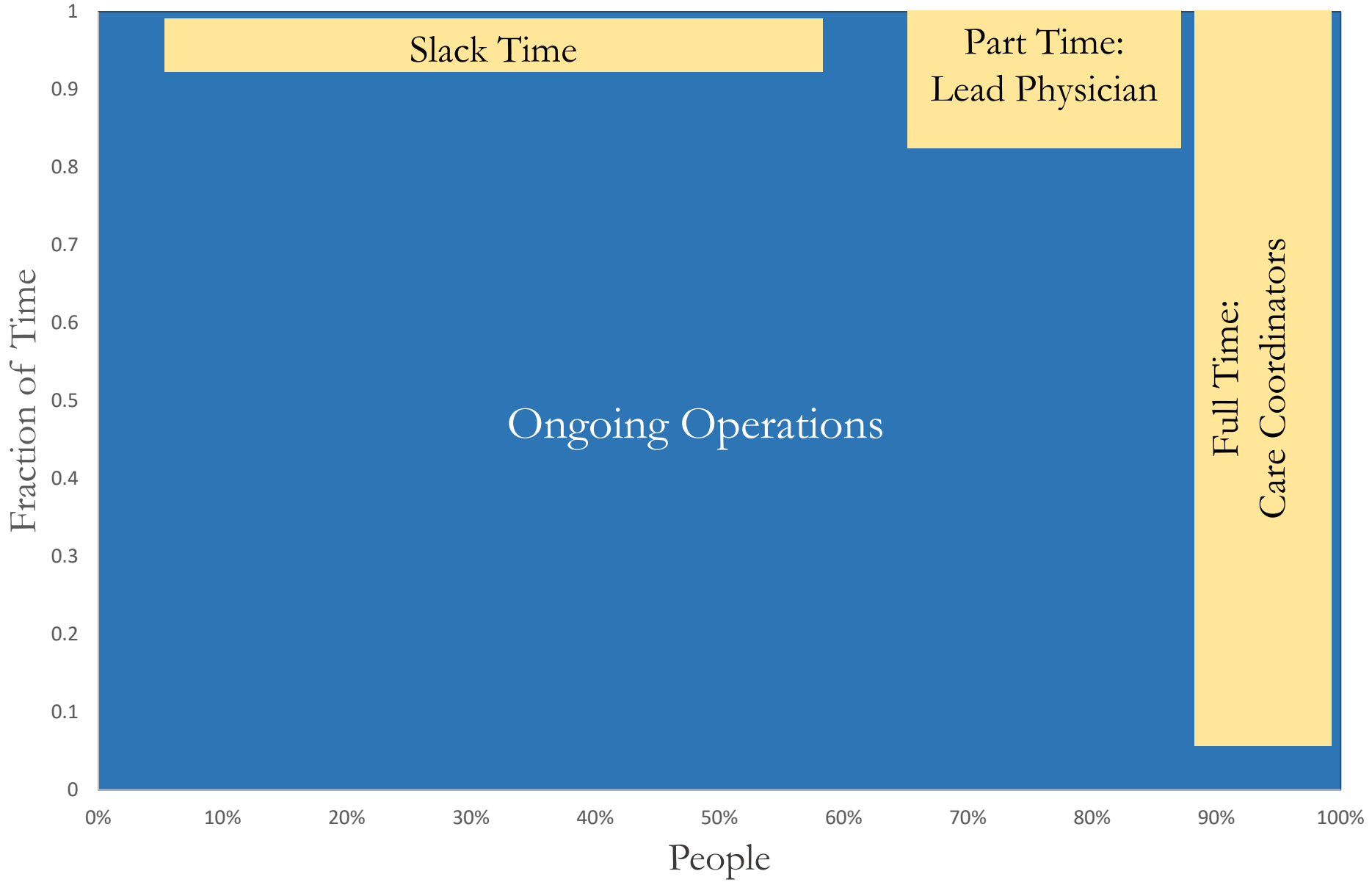
Cost Per Patient Per Year - $10,000

Fee For Service		CPC+ ($15 PMPM)		Shared Savings
5.5%	+	1.8%	+	2.3%

Total

9.6%

Staffing for Quality Improvement



Commercial Primary Care Spend Rate

Cost Per Patient Per Year - $6,500

Fee For Service		$4.5 PMPM		Shared Savings
7%	+	0.8%	+	4.5%

Total

12.3%

Commercial Primary Care Spend Rate

Cost Per Patient Per Year - $6,500

Fee For Service		$4.5 PMPM		Shared Losses
7%	+	0.8%	+	(2.2%)

Total

5.6%

Commercial Primary Care Spend Rate

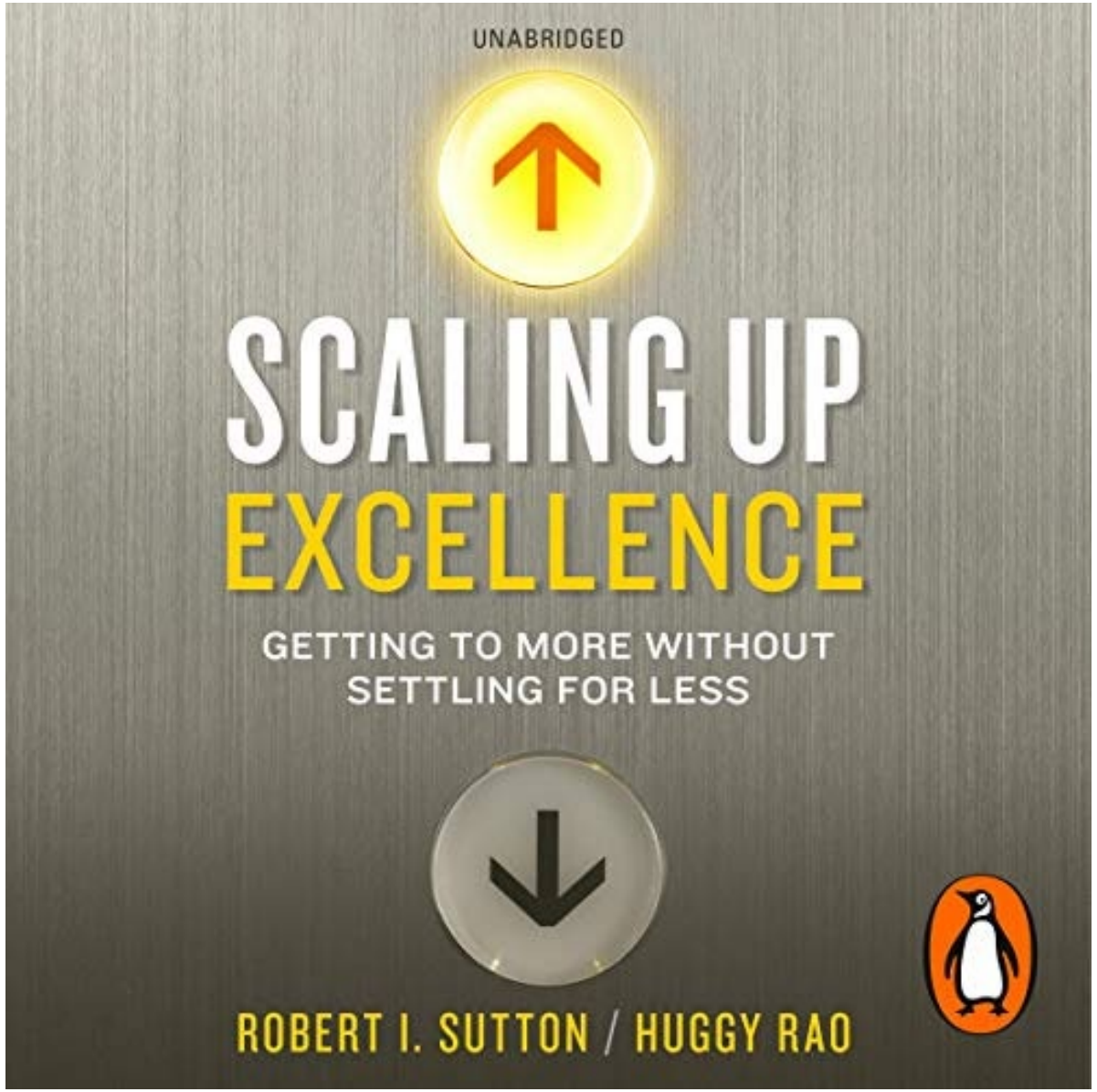
Cost Per Patient Per Year - $6,500

Put More of the Money Here!!

Fee For Service		$4.5 PMPM		Shared Losses
7%	+	0.8%	+	(2.2%)

Total

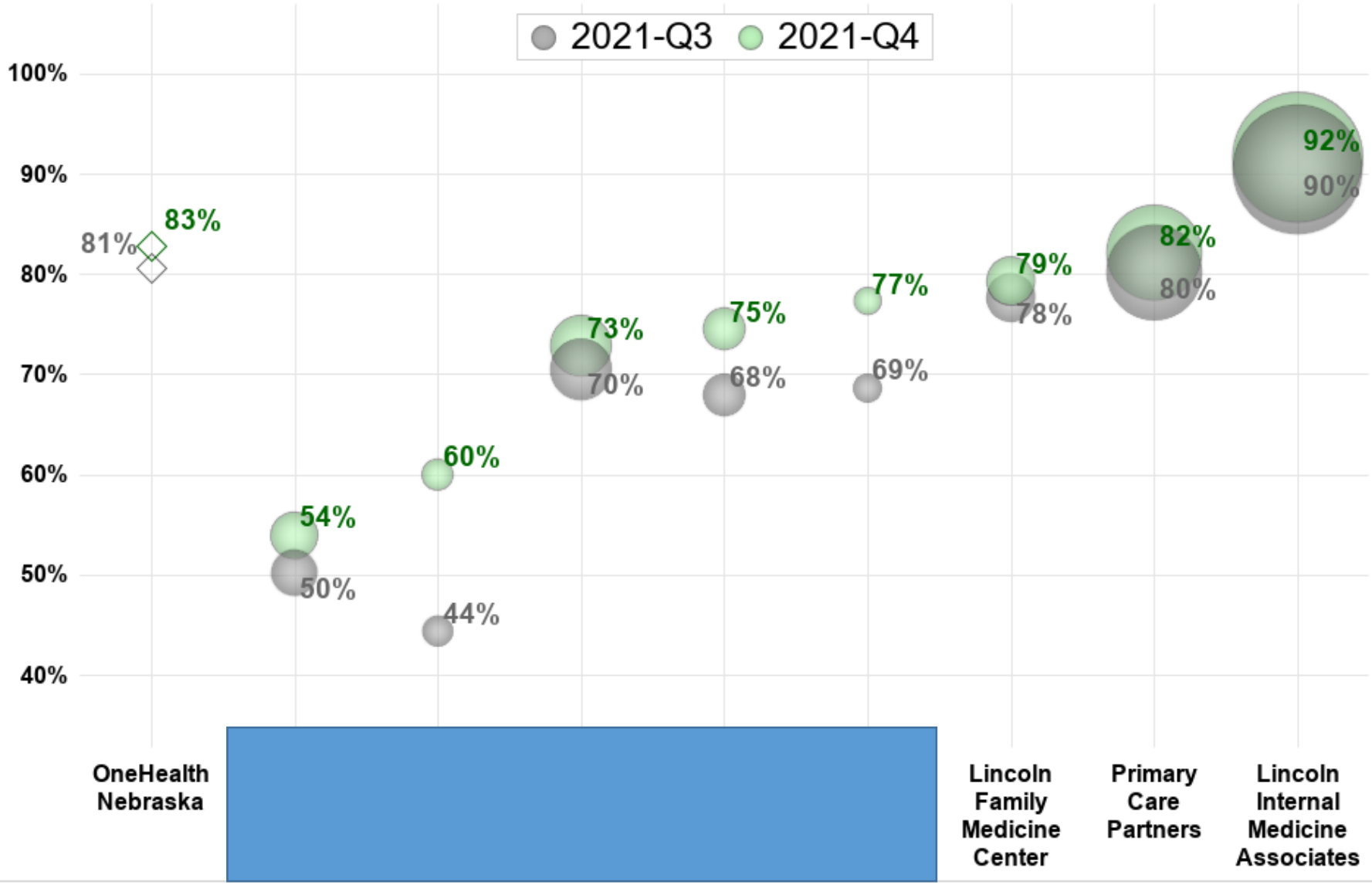
5.6%



Catholic vs. Buddhist Approach

Annual Wellness Visit

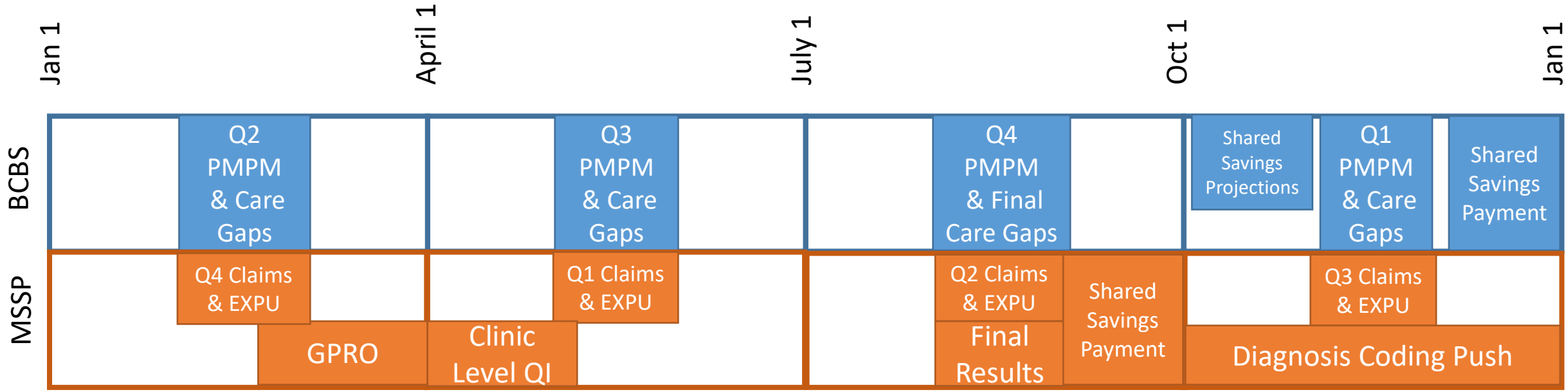
Claims Paid Thru March 2022



3 Most Under-Appreciated Areas

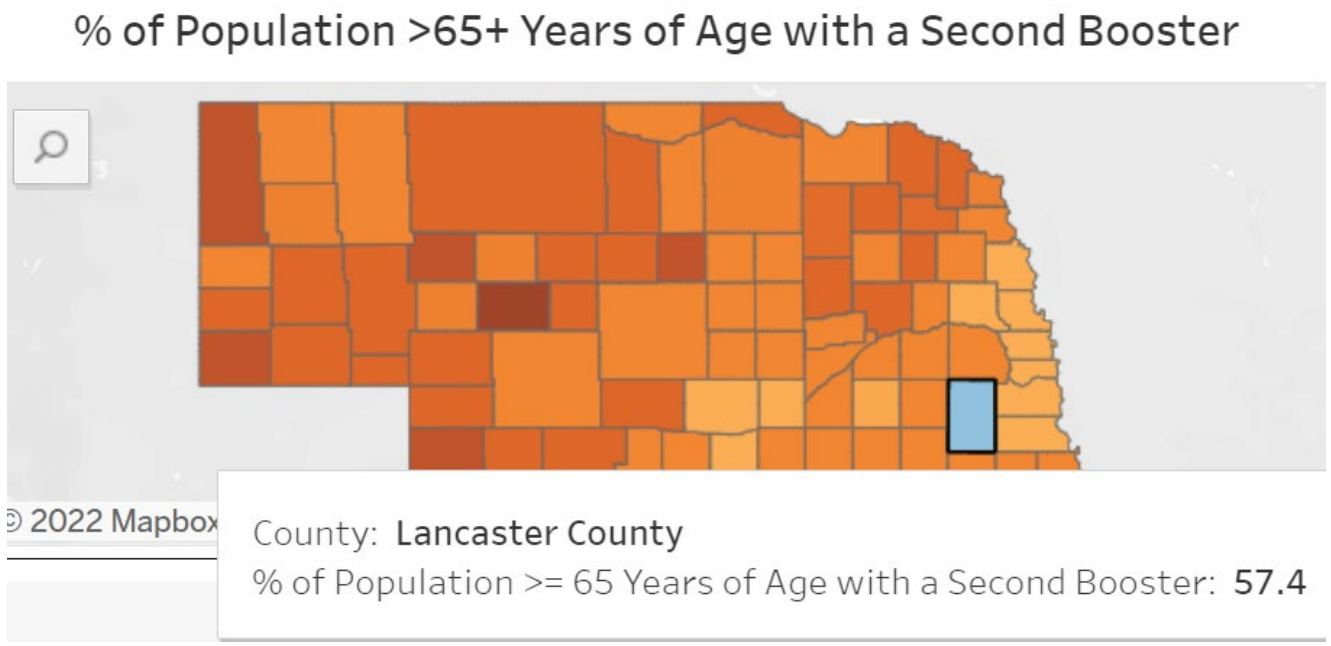
1. Importance of Wellness Visits (AWV in Medicare, WCC in Peds)
2. Primary Care Spend Rate to Insure Necessary Capacity
3. Importance of Continuity, Both Patient/Clinician & Staffing –

   - “Staff Turnover Kills Quality Improvement”



- BCBS PMPM Payments Come in Mid-Quarter as a Payment File – Best Gauge of Current BCBS Attribution and Rolling Risk Coding Based on Average PMPM at ACO and Clinic Level (Slide 3)
- BCBS Care Gaps Come in Mid-Quarter – Best Gauge of Within Contract Year Quality Performance at ACO and Clinic Level (Slide 4 ACO Level, Slide 5 Clinic Level)
- BCBS Spectramedix Reports Come Out Monthly – Can Calculate Projected Shared Savings With Some Accuracy in October, Final Numbers Come in mid-December (Slide 6 Budget Trend, Slide 7 Coding Trend, Slide 8 Projections)
- MSSP Claims– Quarterly Estimate of Shared Savings, AWV, and Coding Performance at ACO & Clinic Level (Slide 9 Budget Estimate, Slide 10 AWV, Slide 11 Coding Retention)
- MSSP EXPU from CMS – Quarterly Estimate of Utilization and Some Quality (e.g., Hospitalization Rates)
- GPRO Typically mid-February to March, Then Clinic Level Quality Performance in April
- MSSP Final Results Quality/CAHPS/Shared Savings Typically in August and Shared Savings in October

	With COVID			COVID Costs Removed		
Total Expenditures by Assigned Beneficiary Medicare Enrollment Type[5]	**OneHealth Nebraska ACO**	**All MSSP ACOs**	**All FFS Medicare**	**OneHealth Nebraska ACO**	**All MSSP ACOs**	**All FFS Medicare**
Total	10,004	11,164	12,858	9,723	10,661	12,263
End Stage Renal Disease	81,155	82,486	90,565	76,790	79,037	87,327
Disabled	7,850	11,032	12,820	7,645	10,423	12,115
Aged/Dual	17,987	16,724	20,130	16,654	15,621	18,915
Aged/Non-Dual	9,635	10,387	11,254	9,395	9,906	10,783
Variance COVID With/Without	281	503	595			
COVID Cost for OneHealth Pop Size (9,258)	2,602,055	4,660,039	5,506,150			
Lincoln Savings vs. Others		2,057,984	2,904,095			



OneHealth
NEBRASKA

Supporting and Growing
Independent Medicine
in Lincoln, Grand Island,
Hastings, Bellevue, Auburn,
Crete, Holdrege and Kearney

Questions?

Bob Rauner, MD, MPH
brauner@onehealthne.com

Better Health

PAWAN SHAH - PRESIDENT

An Introduction to Physician Partners

PHYSICIAN PARTNERS

Led by a diverse and experienced management team.

Michael Polen

Chief Executive Officer

Rupesh Shah

President, Physician Partners

Dan Kollefrath

President, VIPcare

Pawan Shah

President, ACO Entities

Ram Moorthy

Chief Compliance Officer

Dr. Eric Haas

Chief Medical Officer

Chris Ferry

Chief Growth Officer

Emily Gallman

Vice President, Operations

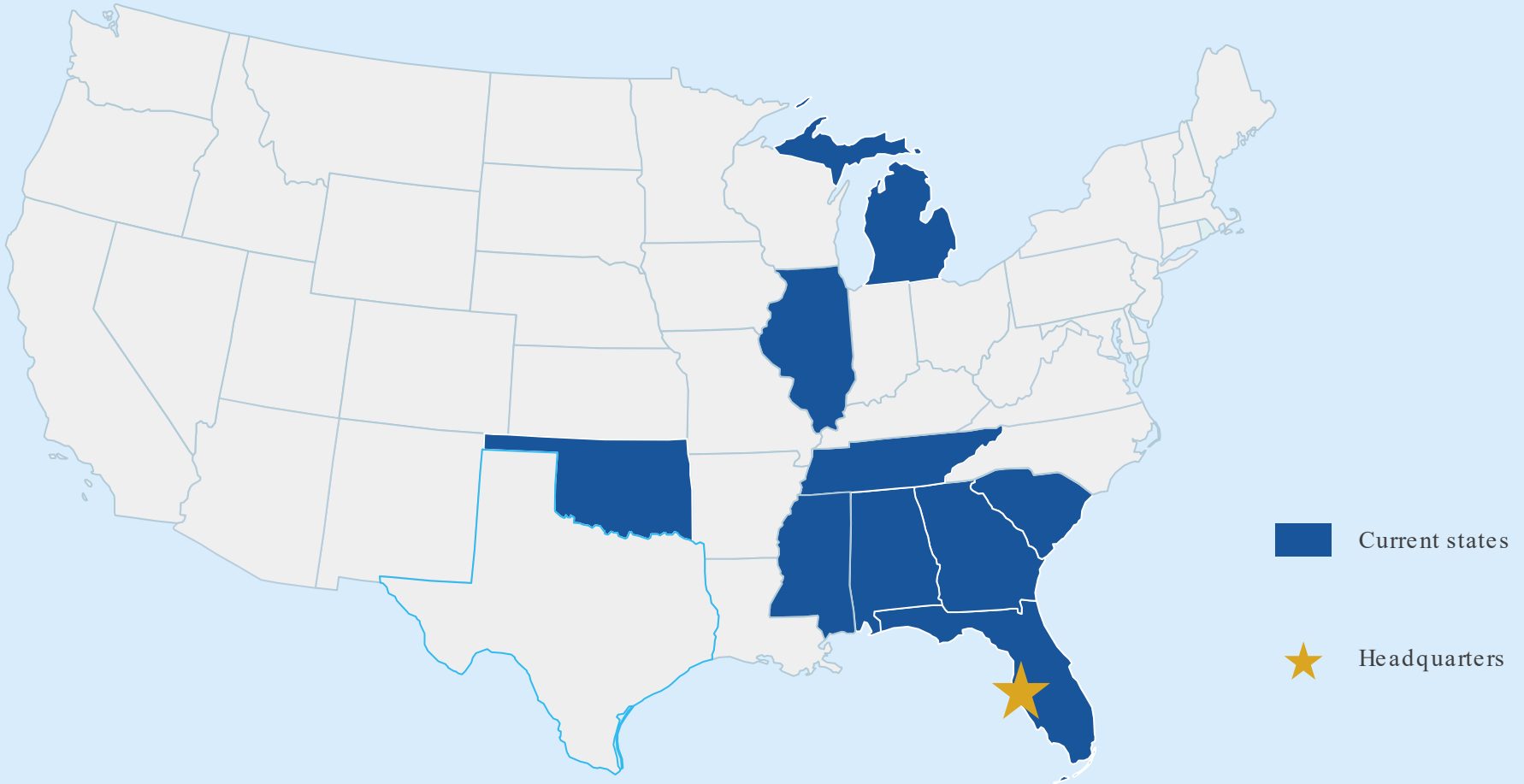
Ashley Medina

Vice President, Provider Operations

We are led and operated by a team of managed care and value-based care experts with decades of experience partnering with health plans and providers.

Anthem · CENTENE Corporation · Cigna · UNITEDHEALTH GROUP · unum · WellCare Health Plans

Locations



	Medicare Advantage MSO Network	Medicare Owned Senior Clinics	Medicare FFS Accountable Care Organizations	Managed Medicaid MSO Network
Lives	40k	39k	25k	53k
Providers	143	87	231	80
Footprint	21 **Counties**	17 **Counties**	8 **States**	4 **Counties**
Quality	5.0 **Stars**	5.0 **Stars**	97% **Quality Score**	23% **Above Quality Benchmark**

Our offerings are varied and robust.

ACO JOURNEY STARTED IN 2018

2018

- MSSP Only
- ACOS: 1
- Membership: 12k
- States: 1 – Florida Only
- Risk Level: 50%
- Tins: 40
- Shared Savings: -.015%

2023

- MSSP and ACO Reach
- ACOS: 5
- Membership: 46K
- States: 8 – Most of the South East
- Risk Level: 75% - 100%
- Tins: 120
- Shared Savings: Upper Quartile

2019 – 2022 an average of 97% Quality Score; Shared Savings in the Upper Quartile

Overnight Success

3 Strategic Questions

- Who are we?
- Where are we going?
- How do we get there

WHO ARE WE?

Purpose

- We help to empower independent physicians to spend more time with patients, and less on other tasks. By providing the tools, insights, and processes needed, our partners can care for their patients even better

Our Answer for MSSP - 2018

- Not Committed
- No Financial Strategy
- No Operational Strategy
- No Provider based strategy
- Replicating Success of MA into MSSP
- No Real Game Plan

WHERE ARE WE GOING?

Purpose

- What are our priorities as an organization?
- What is our strategic aim (Long term goals)?

Our Answer for MSSP - 2018

- We want to be the one of the leading national players in Value Based Care
- We want to do it through empowering independent primary care providers
- We want to be the best in quality
- We want to be financially viable in 3 years
- 200K lives over the next 10 years

HOW DO WE GET THERE?

- Long Term Commitment & Stakeholder Buy-in
- Create a financial and economics strategy
- Develop SMEs (Subject Matter Experts)
- Develop a Operations Strategy
  - Provider Based
  - Care Management Strategy
- Develop an analytics strategy


Vision without execution
is just Hallucination.
– Thomas Edison

Execution

Long Term Commitment

- Go back to your “Why?”
- No one year wonder
- Develop 1 year, 3 year, and 5 year strategy plans
- Stakeholder commitments

Financial and Economics Strategy

- Where does the MSSP fall within the Organization’s revenue source?
- What are the dollars we are investing into the MSSP program?
- How many years till positive shared savings?
- Investing profitability back into the business?

Execution

Understand the Business and Develop SMEs

- Regulatory Environment
- Risk Levels
- Structuring ACOs – County level benchmarks
- CMS Reports – Assignment reports, Qtrly reports, Reconciliation
- Benchmarking Methodology
  - National and Regional Trends
- Additions/Deletions Providers
- MSR/MLR
- Quality Reporting/Scoring
- Assignment Methodology

Execution

Operations Strategy

- Where will you say yes and where will you say no?
- Network Support Priority 1 – Empower the Physicians Office
- Quality and HCC Strategy – Get Analytical Down to the Patient Level
- Health Services – TCM, CCM, Admissions Pings, etc.
- Utilization Stats – Members not seen

Analytics Strategy

- Population Health Vendor is a must!!!
- Historical Claims analytics critical for growth! Who do you have and who are you adding?
- Analytical reports (AWV, Frequent Fliers, High Cost) down to patient level
- Transparent Score Cards (AWV, Admits, Readmits, ER)
- Investing profitability back into the business?

Execution

Broad range of tech-enabled services and tools provided

Comprehensive portfolio of provider centric services

Singular focus on high quality care delivery while containing cost

- Chronic patient screening and management
- Transitional care management
- Care gap closures
- Reduce unnecessary ER / specialist visits

Appropriate documentation and enhanced quality measures

- Annual wellness visit planning
- HCC documentation
- Beneficiary notification / attribution

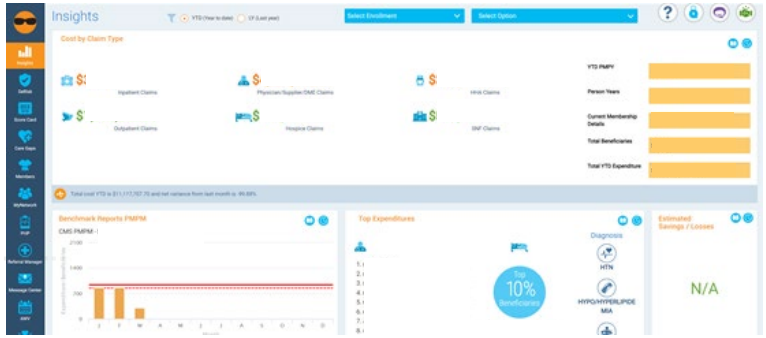
Frequent interaction with partner providers and office staff

- On-site coaching and support
- Monthly webinars / trainings

Technology and tools that leverage Traditional Medicare expertise

- Workflow driven technology solution
- EMR / data integration
- Weekly provider dashboards and quarterly scorecards with utilization metric / quality performance

Point-of-care population health portal



Key modules

- Transitional Care Management
- Complex Care Management
- Plan of Care
- DeRisk (HCC)
- Top 10% Beneficiary Analysis
- Unseen Patient Insights
- GPRO (Quality Forms / Process)
- Telehealth

WHERE WE STAND TODAY?

ACO is part of our Core Strategy –

- 46K at 97% quality Score and positive shared savings since 2019
  - Select Physicians Associates: 20k
  - Five Star ACO: 7K lives
  - PP ACO 1: 7K Lives
  - PP ACO 2: 6K lives
  - ACO Reach – 6K Lives

Scaling Nationwide

- One State to 8 States (Expanding rapidly)

Organic and Inorganic Growth

- Traditional
- Acquisition Strategy
- Partnership Strategy

Questions?

Pawan Shah – PSHAH@PHYPARTNERS.COM