

NOTE: PY1 Priorities?

NOTE: VARIABLES = PARTICIPANT TYPE, PAYMENT MODEL, CASH FLOW SELECTION, BEs & BEIs

Understanding Opportunities & Challenges

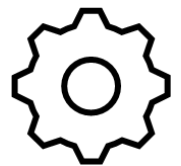
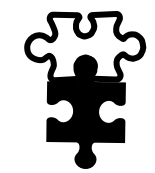
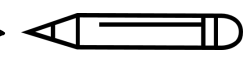
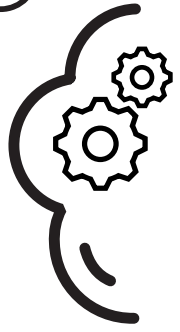
GPDC



NOTE: REAL WORLD EXPERIENCE & LESSONS LEARNED

**Chair: Kimberly Kauffman,
Best Value Healthcare**

NOTE: PY2 PLANNING?



PANELISTS!

Such a great
group!

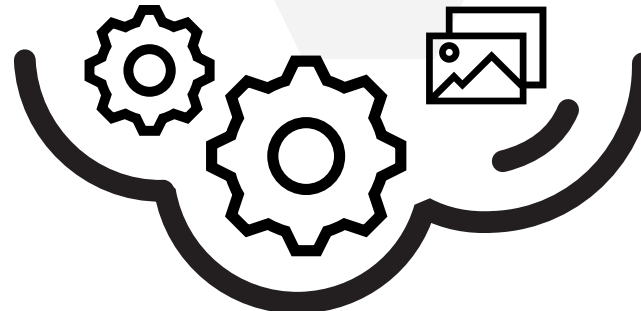


Andrew Allison & Scott Early, MD – On Belay Health Solutions

Gary Bacher – Advanced Illness Partners

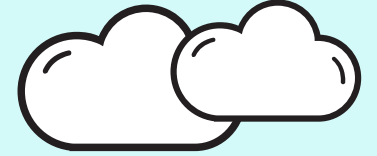
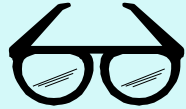
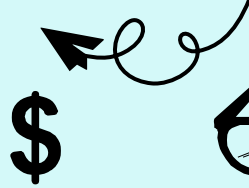
Rushika Fernandopulle, MD – Iora Health

Andrea Osborne – VillageMD



PANELISTS' MODELS

Lots of potential combos!



GPDC name	~ # benes	Imp Period?	Type	Payment model	Cap	Cash Flow		Prospective Plus Attribution?	BEs for PY1?	BEIs for PY1?
						Max enhanced PCC?	APO?			
Advanced Illness Partners	TBD	Y	High Needs	Prof'l	PCC	Y	N	Y	Y	Y
Iora Health	8K	Y	New Entrant	Global	PCC	Y	N	Y	N	N
On Belay	1,100	Y	New Entrant	Global	PCC	Y	N	N	Y	Y
VillageMD	56K	Y	Standard	Global	TCC	n/a	N	Y	Y	Y

On Belay is a health-tech managed service organization supporting physician independence



High performing physician network

- Diligent physician onboarding process enables early program success
- Two Boston-based Participating Provider practices for PY2021
- Many more practices in multiple national markets for PY2022



Voluntary Alignment operations

- CMS-approved provider letter templates to patients
- Bilingual patient engagement and call center operations
- Reach your full panel potential – 15% incremental beneficiary alignment increase over claims-based alignment



Clinical documentation program

- Coding accuracy of >98% led by 4x increase in HCC re-validation
- Significant physician satisfaction with clinical documentation program educators



Medicare Advantage contracting

- First MAPD global capitation contract in Mass. for 2021 is the first for major national payor in the Massachusetts market
- More strategic MAPD payor partners in discussion
- Extensive global cap contracting experience to bring all major MAPD payors into global cap Medicare VBCs



Medicare education & sales operations

- Keep patients with your practice: in-house Medicare benefits outreach and education for age-ins seeking guidance
- Independent educators and brokers to ensure holistic, value-focused approach



Population Health IT

- DataLink Evoke360 population health platform integrated with physician EMR data and CMS claims data
- PatientPing / HIE real-time notifications on aligned beneficiaries to alert providers of their patients in need of immediate care coordination and/or intervention

On Belay is currently onboarding Participating Providers for PY2022

Please reach out to us at: www.onbelayhealthsolutions.com/partnerships

On Belay's co-founders are experts in Medicare clinical management and sophisticated risk contracting



Scott Early, MD is On Belay's clinical thought leader. A Dartmouth Medical School graduate, Scott was selected by classmates as graduation speaker. He is recognized as an innovative thinker and passionate about making primary care better for patients and providers. He served for 17 years as the founding director of a residency program nationally recognized for innovation followed by 5 years as chief medical officer at a federally-funded community health center. In 2015, he founded Kronos Health, a Lawrence, Mass.-based practice delivering patient-centered care in a dramatically higher touch, higher impact primary care model. Scott is also an MBA candidate at Babson College.



Andrew Allison is On Belay's administrative and growth leader. He most recently served as Aetna's Head of Next Generation Clinic Strategy, where he was the enterprise subject matter expert on Medicare risk contracting, training Aetna's 1,000+ network leaders. He was responsible for developing strategic relationships with the most advanced physician groups across the country, including his prior employer Iora Health. In his role at Iora, Andrew developed the company's growth strategy, led payer negotiations, and secured full risk, global capitation Medicare contracts with multiple national health plans. Andrew has also helped build companies (Oxeon Ventures, Docent Health, Quartet Health) and has extensive finance experience working on Wall Street (Merrill Lynch, Barclays).



Mike Zubkoff drives the vision of On Belay as the Chair of the Board of Directors. Mike has extensive experience as an angel investor and board member of many successful healthcare companies, including GoHealth Urgent Care, WelbeHealth PACE Program, and Groups: Recover Together Opioid treatment programs. Mike has deep relationship with On Belay's other co-founders through his tireless commitment to Dartmouth's many Medical and Business School programs. Some of his roles include Director of Dartmouth's MD-MBA Program, Associate Dean of Geisel School of Medicine, and Faculty Director of Tuck's Center for Health Care. Mike served as Professor and Chair of Community and Family Medicine at Geisel/Dartmouth Hitchcock from 1975 to 2015, and is a member of the National Academy of Medicine.



Gary Bacher

**Chief of Strategy, Policy, & Legal Affairs, Capital Caring Health
Executive Director, Advanced Illness Partners, LLC**

Prior to joining Capital Caring Health, Gary was the Chief Strategy Officer at the CMS Center for Medicare and Medicaid Innovation (CMMI), where he was responsible for directing the development of new models and initiatives to improve and refine value-based care. For more than a decade, Gary has led efforts in health care improvement and transformation, operating at the intersection of public policy, law, regulatory affairs and business development. His expertise has been essential for the continuous improvement of systems of care including Medicare and Medicaid and other aspects of health care and health care reform.

Gary holds a JD from Stanford Law School, an MPA from Princeton University's School of Public and International Affairs and a BA from Georgetown University, where he also holds an appointment as an Adjunct Assistant Professor. Earlier in his career Gary served as an active duty Army Officer.



'Advanced Illness Partners' New Form of Collaboration

Seven Leading Non-Profit Providers Leverage Experience Treating Patients with Advanced Illness at Home for New, Unique Medicare Care Model

New Medicare Program Aligns Incentives to Provide Comprehensive Care to High-Needs Patients

Falls Church, Virginia, Dec. 08, 2020 (GLOBE NEWSWIRE) -- Seven of the nation's largest and well-known non-profit advanced illness providers have formed Advanced Illness Partners (AIP) to participate in a new model of care from the Center for Medicare and Medicaid Innovation (CMMI). One of CMMI's most prominent new models, Direct Contracting allows organizations to accept financial risk and make use of new flexibilities and quality improvement incentives to better serve Medicare beneficiaries with complex and chronic illness.

Advanced Illness Partners is among 51 entities nationwide designated by CMMI to participate in this new program. Organizations participating in the Model are committed to providing high-value, comprehensive care to high-need Medicare beneficiaries— and are willing to accept risk for the most complex patients in the U.S. healthcare system.

AIP is comprised of seven organizations from six states—Arizona, Florida, Washington D.C., Virginia, Ohio, Nevada and Oregon—which have a combined nearly 250 years of experience in caring for those with advanced chronic illness through largely home-based, community-oriented care. The partners currently serve over 60,000 Medicare beneficiaries annually and have prior success in value-based models such as Independence at Home (IAH), Program for All-Inclusive Care for the Elderly (PACE), and the Medicare Care Choices Model (MCCM).

AIP organizations have provided home-based care in a cost-efficient manner for many years. Now, in light of the COVID-19 pandemic and the consistently stated preferences of many seniors to “age in place,” AIP is excited to show just how effective this model of care can be in meeting patients' needs.



Background on Capital Caring Health

Capital Caring Health (CCH) is one of the nation's leading non-profit providers of advanced illness, hospice and elder care in the country. We focus on providing patients and families with advanced illness a full continuum of care from primary care to palliative and stay at home services to hospice.

Established in 1977, CCH is one of the oldest hospice providers and **ranks among the top 10 largest** of the 4,300 hospices nationwide. To date, we have **cared for more than 120,000 patients of every age**—and more than **1,200 individuals each day** throughout Virginia, Maryland and Washington, D.C.

We spearheaded the creation of the “Advanced Illness Partners” DCE and participate as part of “Cherry Blossom” PACE. Further, as a founding member of the National Partnership for Healthcare and Hospice Innovation, a network of more than 70 non-profit hospice organizations, we are continually innovating ways to allow patients to remain in the comfort of their own homes.



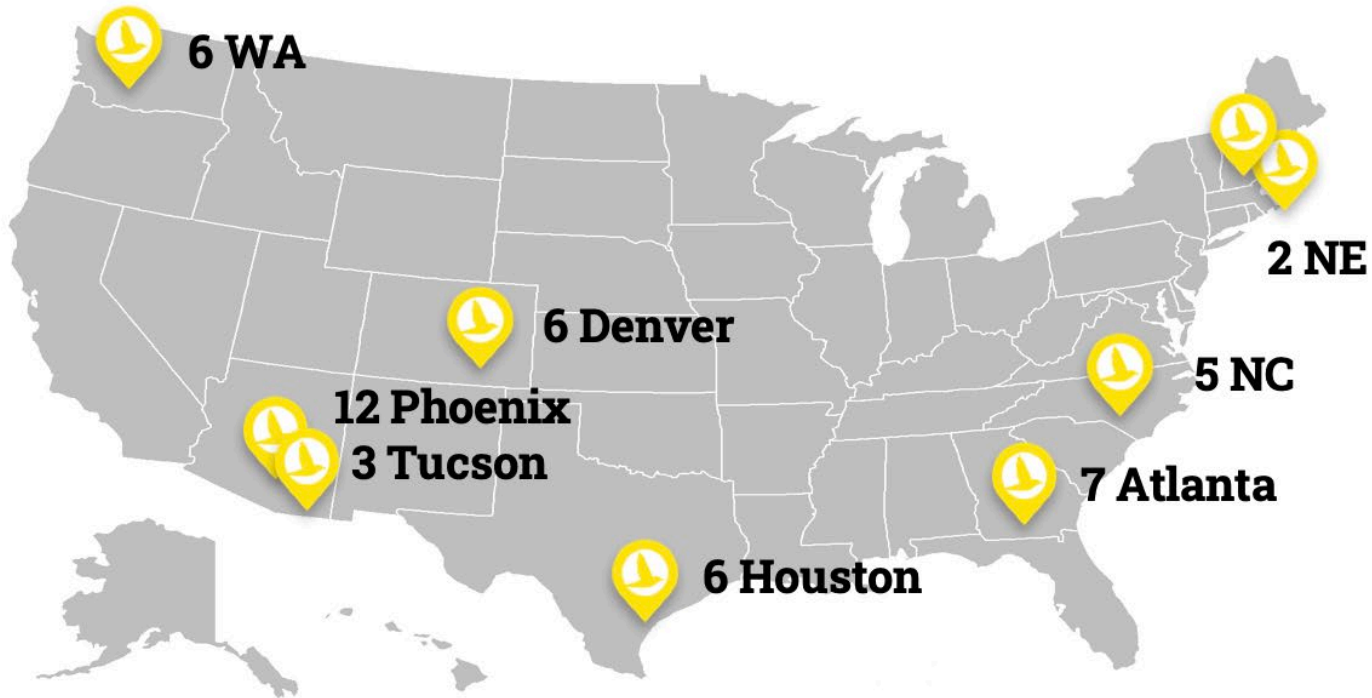
Rushika Fernandopulle, MD, MPP

CEO and Co-founder of Iora Health



- Practicing Primary Care Physician
- 17 years ago started one of the first Direct Primary Care Practices in the US- Renaissance Health
- Started and serves as CEO of Iora Health
- Prior to this, Managing Director at the Advisory Board Company, Executive Director of the Harvard Interfaculty Program for Health Systems Improvement
- On Staff at the Massachusetts General Hospital (MGH), on faculty of Harvard Medical School
- AB, MD, MPP from Harvard University, residency training at University of Pennsylvania and MGH

Iora Health- A National, built for purpose value based Medical Group



**Iora partners with
MA plans, other
payers**

Humana.

UnitedHealthcare

CVSHealth **CMS**
CENTERS FOR MEDICARE & MEDICAID SERVICES

**BlueCross BlueShield
of North Carolina**

TUFTS
Health Plan MASSACHUSETTS

DevotedHealth

BOEING



DARTMOUTH

- Founded December 2010
- Mission: “To Restore Humanity to Healthcare”
- Goal is to transform the system for everyone
- High Impact, Relationship-centered care



Andrea Osborne – SVP, ACO Operations

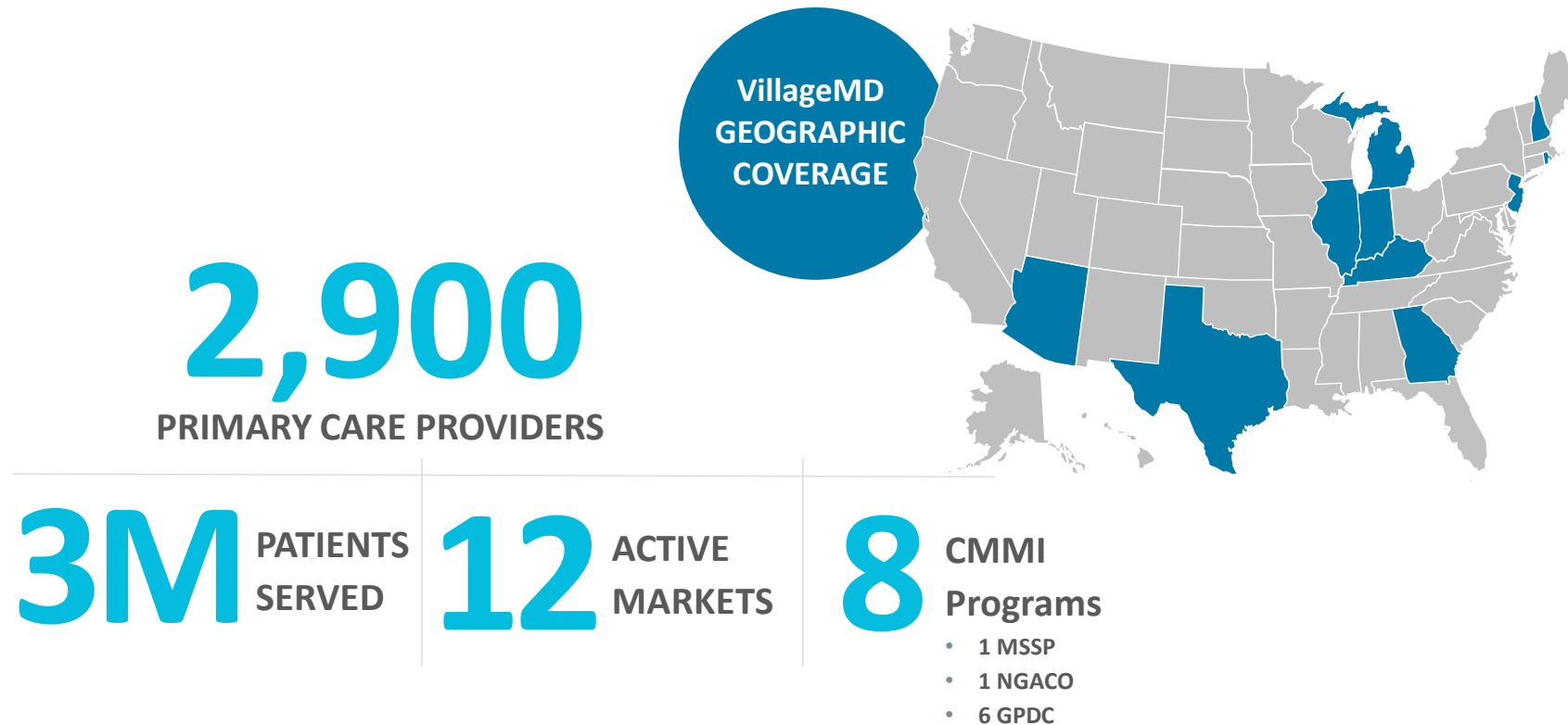


She has successfully managed multiple CMMI programs including a Next Generation ACO, a MSSP ACO, and is now launching six direct contracting entities. Andrea is passionate about the transitions that new models can bring for the provider and patient to improve care delivery and outcomes. In her time with VillageMD she has provide leadership for a Next Gen ACO that achieved at 98.9% quality score and ~\$40M in shared savings over the last 2 years.

Andrea is a licensed nursing home administrator and her previous experience operating skilled nursing facilities has assisted her in developing multiple national post-acute networks that support ACO population health and care coordination.

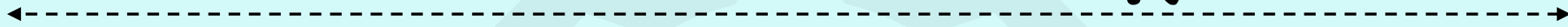
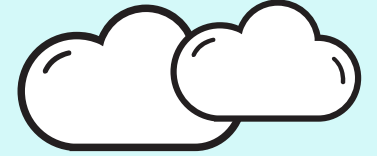


VillageMD is proactively engaging in new CMMI models in a move towards full capitation and delegation that enables primary care physicians to provide patient-centered care through VillageMD's clinical care team and tech-enabled platform.



Open discussion

The good stuff!



POINT 1 

Thoughts about 4/9 announcement?

POINT 2 

Initial areas of focus for PY1? Things already underway for PY2?

POINT 3 

Voluntary Alignment?

POINT 4 

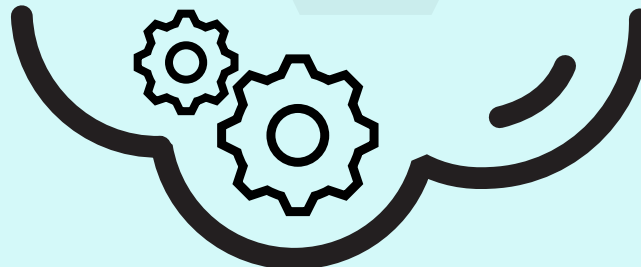
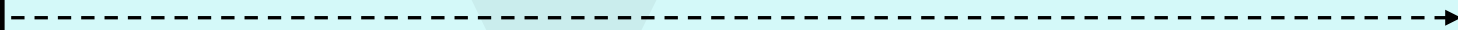
Provider contracting?
KPIs? Shared savings
distribution plans?

POINT 5 

Plans for Benefit
Enhancements and / or
Beneficiary Engagement
Incentives?

TIP: Best Practice suggestion
What did *not* work?

NOTE: Lessons learned during
Implementation Period?



Initial Areas of Focus

Developed through analysis of previous at-risk programs and opportunities



Claims Payment

- Negotiating contracts with Participants and Preferred Providers
- Establishing payment mechanisms that reward for quality
- Employing a TPA to process payments
- Infrastructure Investments



Securing Alignment

- Ensuring claims alignment through Annual Wellness Visits
- Embedding paper-based alignment in practice operations
- Developing ROIs on various voluntary alignment strategies
- Educating Medicare beneficiaries on electronic alignment



Preferred Providers

- Specialists
- Post Acute Providers
- Understanding and redefining the payment model
- Developing marketing