

Introductions & Company Backgrounds



CARAVANHEALTH.
PART OF SIGNIFY HEALTH

A diversified mix of value-based care and fee for service

1,100+ Primary care and Specialty physicians providing coordination across the health and care continuum

Purpose-driven holistic health and care model with an unrivaled end to end patient experience

Multi-pronged scalable growth model



30,000 MA Global Risk Lives with significant potential to grow

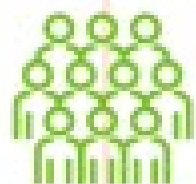
Personalized patient navigation built through an omni-channel approach

Physician-aligned model proactively managing patient health, increasing access to comprehensive care

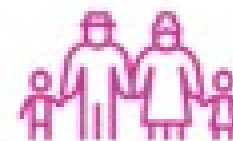
Diversified payor mix



900+
Physicians



6,000+
Team Members



1
million+
Total Patients



50+
Specialties



150+
Locations



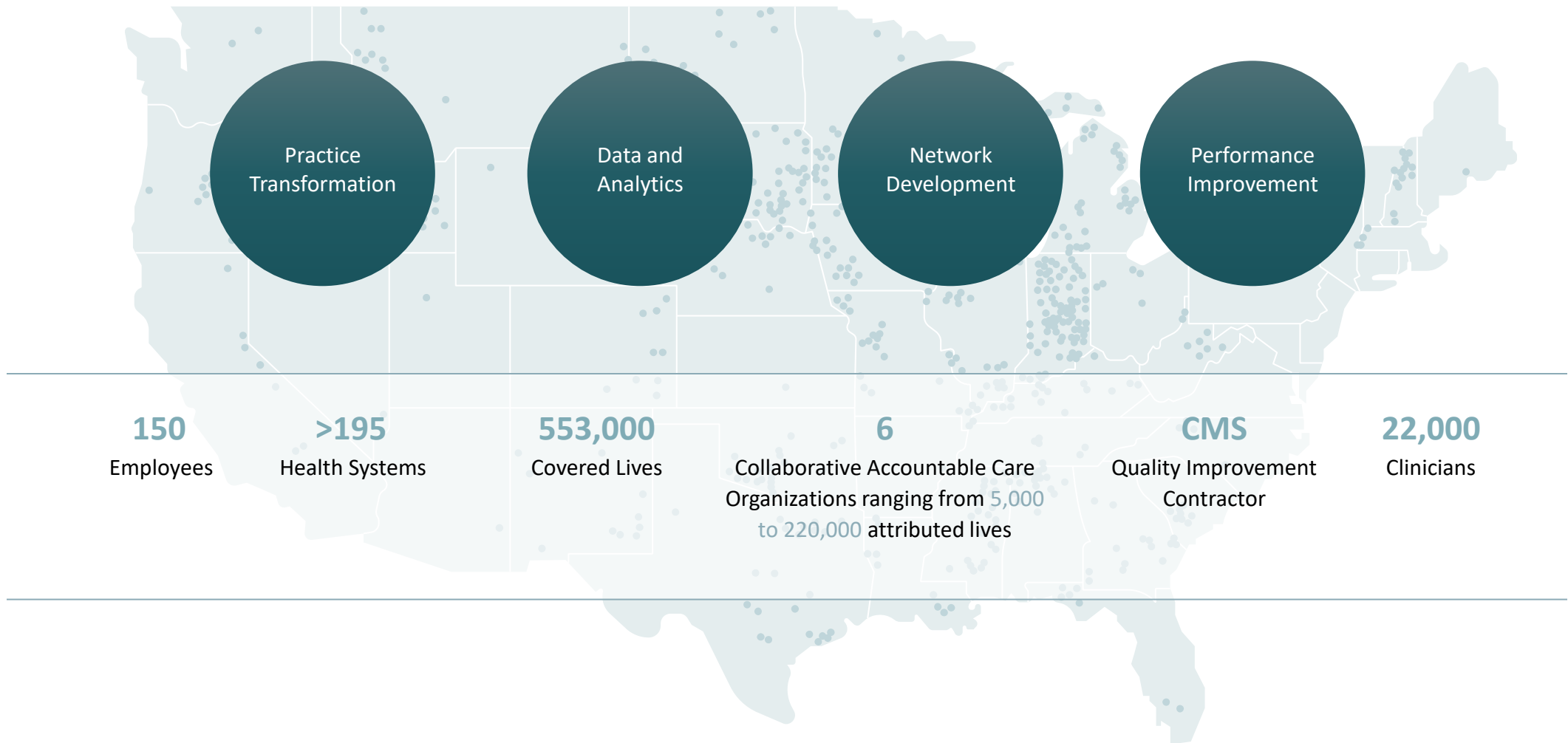
90
Patient Trust
Score



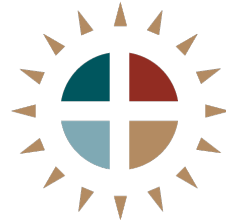
227,000+
Telehealth
Visits

Caravan Health

Helping Providers Navigate the Challenges of Value-Based Payments



Caravan Health Creates Results



100%

of Collaborative ACOs
Earned Shared Savings



\$68M

in Shared Savings



\$160M

in Savings



97%

Average Quality
Scores

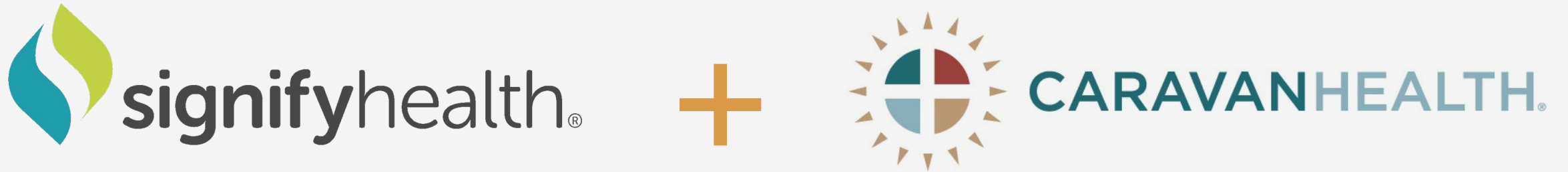


99%

Average MIPS Scores
for Collaborative ACOs

→ Caravan Health is now part of Signify Health

Enabling success across the value-based continuum



\$10B in at-risk spend under management



200+ provider organizations in ACOs



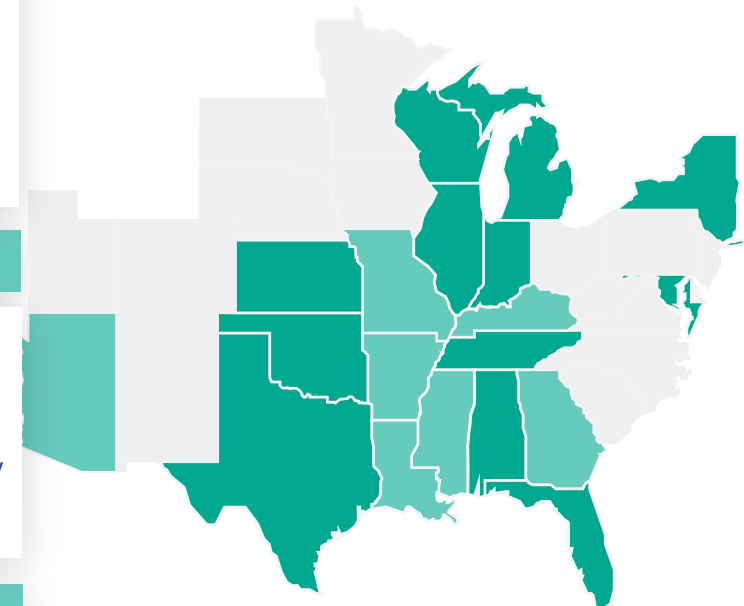
1.9M in-home encounters in 2021



#1 largest value-based network

Ascension At a Glance

MARKET SIZE		ACUTE, LT ACUTE, REHAB & BEHAVIORAL HEALTH CARE		AMBULATORY	
Top 2 in most major markets	19 states	~19,000 beds	143 hospitals	~2,200 AMG locations	59 ambulatory surgery centers
POST-ACUTE CARE		INSURANCE PRESENCE		DIGITAL PRESENCE	
~100,000 Unique hospice and home health patients served	40 senior living sites	7 health plans	1.15 million lives covered	~2.9 million virtual visits to date*	~12,000 COVID-19 patients monitored remotely
CLINICAL ENTERPRISE			IMPACT OF REACH - FY21		
~9,300 employed providers	49,000 nurses	40,000 affiliated providers	~4.7 million unique lives served	\$2.3B in care of persons living in poverty and community benefit	



■ Ministry Market
■ Other Presence

Information as of November 30

* From beginning of pandemic to current (March 1, 2020 - November 30, 2021)

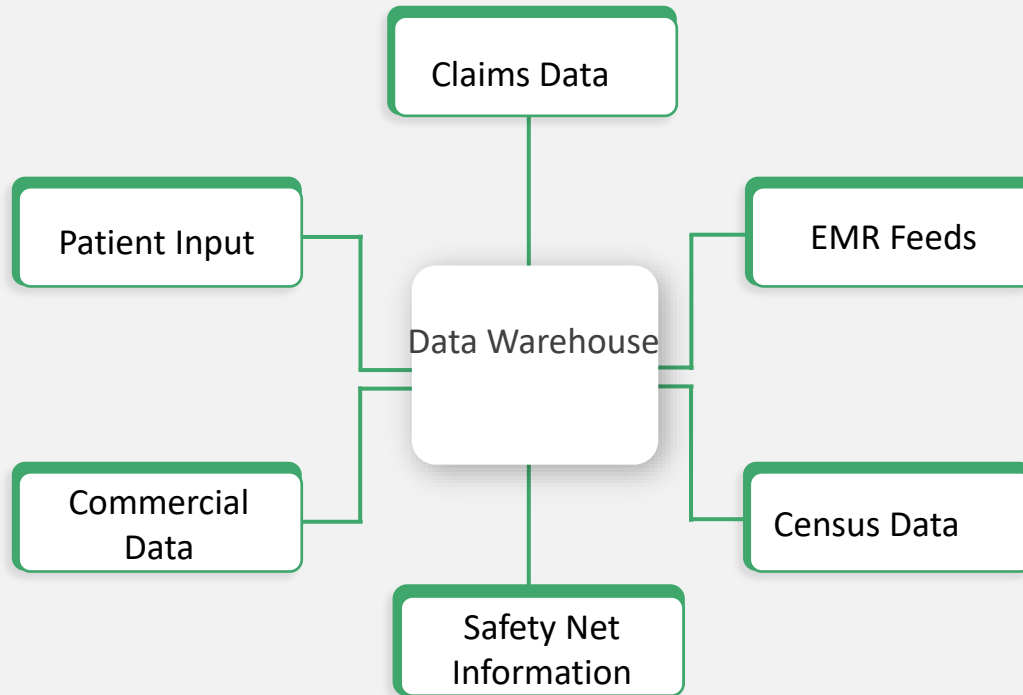


ACO Data Sources and Uses in ACO Management



CARAVANHEALTH.
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Data Sources in Healthcare

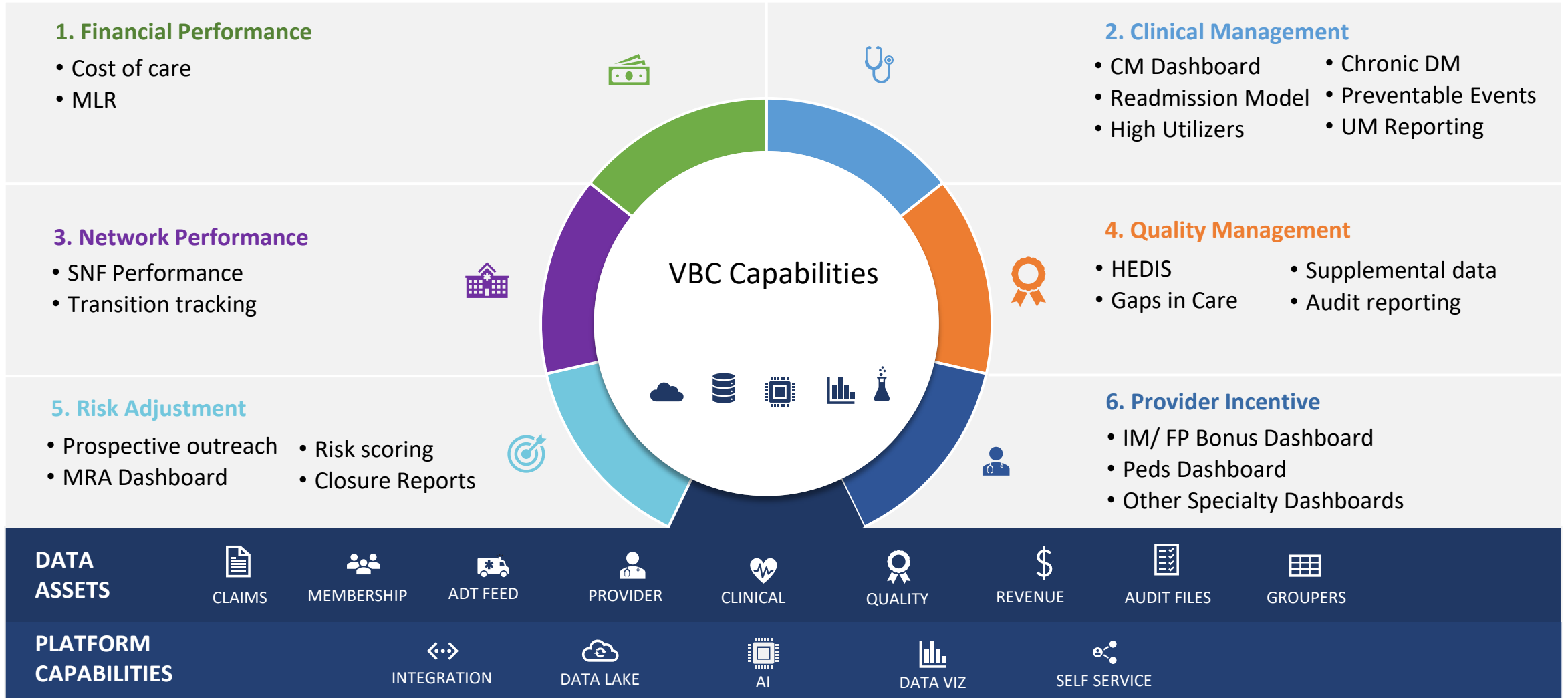


In healthcare, data need to be complete and accurate for it to be actionable and provide a complete picture of patients' situations.

There are numerous sources of data, the more sources and types that are available, the more valuable the picture of patients' current states becomes.

The more data that are available about patients, the more specific the patient-level recommendations can be.

Duly VBC Capabilities



VBC Contracts



	Program	Lives
Degree of Risk	Global Risk	36,000
	Professional Risk	52,000
	Gain Sharing with downside	190,000
	Upside Gain Sharing only	34,000
	Performanced Based Fee-for-Service (P4P)	26,000
	Total Covered Lives	338,000

Fully delegated for utilization management and claims payment on 55k lives

Claims and eligibility files received in 7 different formats

Supported by 15 different contracts

Combining data sources



- Conformed data structure:
 - Do all payors provide same fields?
 - Are data elements sometimes collapsed into single column?
- Attribution of patients to contracts:
 - Understanding the different ways patients can become your risk
 - Caution when you have claims data but patient loses attribution
- Buy v Build Considerations:
 - Cost
 - Time to implement
 - Sufficient data

Combining data sources



Patient Mastering

- EHR data by Medical Record Number
- Payor claims and ADT by Payor ID
- CMS CCLF/MOR files by MBI/HICN

Provider Mastering

- Which PCP do you report for patient
- Does EHR have a good list of providers by effective and term date?
- Does Payor provide TIN or NPI on claims data?
- Which NPI field is provided: billing, ordering, rendering?

Does the Payor claims data match internal billed data?

- Major payor changed ASC (POS 24) to HOPD (POS 22) for unknown reason

Quality measure cohort

- Payors may identify a patient as diabetic from out of system claim

Data Challenges



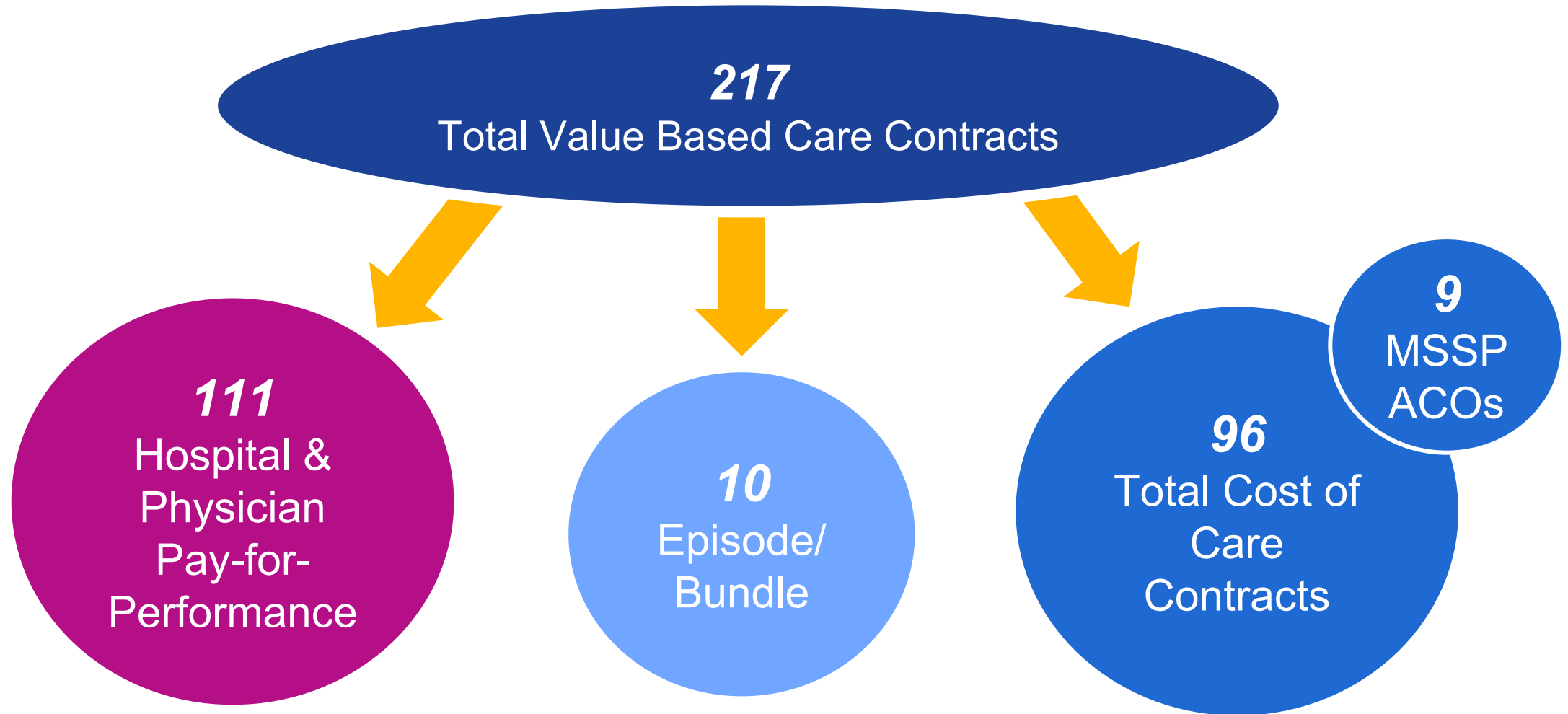
- Typically Report DOS driven however finance may want paid reporting
- Are claims full replacement or do you need to modify reversals and adjustments
- Claims categorization
- What units to measure for utilization rates

Ascension ACOs

	Risk	Attribution	Person Years
ACM Health Partners (Tennessee)	Two-Sided	Retrospective	36,609
ACM Health Partners (Indianapolis)	Upside-Only	Retrospective	24,672
ACM Health Partners (Evansville)	Upside-Only	Retrospective	8,940
St Vincent's (Jacksonville) Accountable Care Organization LLC	Upside-Only	Retrospective	13,411
Northwest Florida (Pensacola) Health Partners	Upside-Only	Retrospective	21,867
AMITA Health ACO (Chicago)	Two-Sided	Retrospective	49,447
Oklahoma Health Initiatives (Tulsa)	Upside-Only	Retrospective	6,327
Seton ACO (Austin)	Upside-Only	Retrospective	23,570
Genesys PHO LLC (Flint)	Two-Sided	Prospective	8,525
Total			193,369



Ascension's Value Based Care Reach



Enterprise data management overview

ASCENSION  Cloud Platform



Population Health Solutions



Medical Claims



Pharmacy Claims



Other Payor Files



Adaptive Claims Warehouse (ACW)



Clinical Data Warehouse (CLDW)



MOSAIC



Quality Measure Data Mart



Optum Data Mart



Direct to Employer



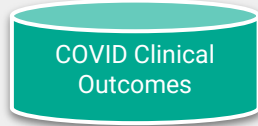
Care Management



FHIR



Scheduling



COVID Clinical Outcomes



HIEs



Supply Chain



SDOH



ERP



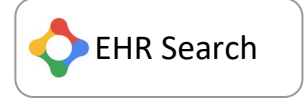
Risk Adjustment Engine Output



Supplemental Data Mart

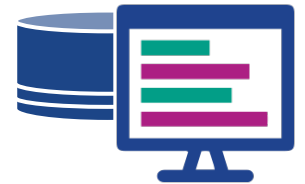


FHIR API

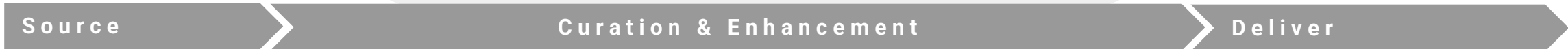


EHR Search

Application Support & Development



Data as a Service



Source

Curation & Enhancement

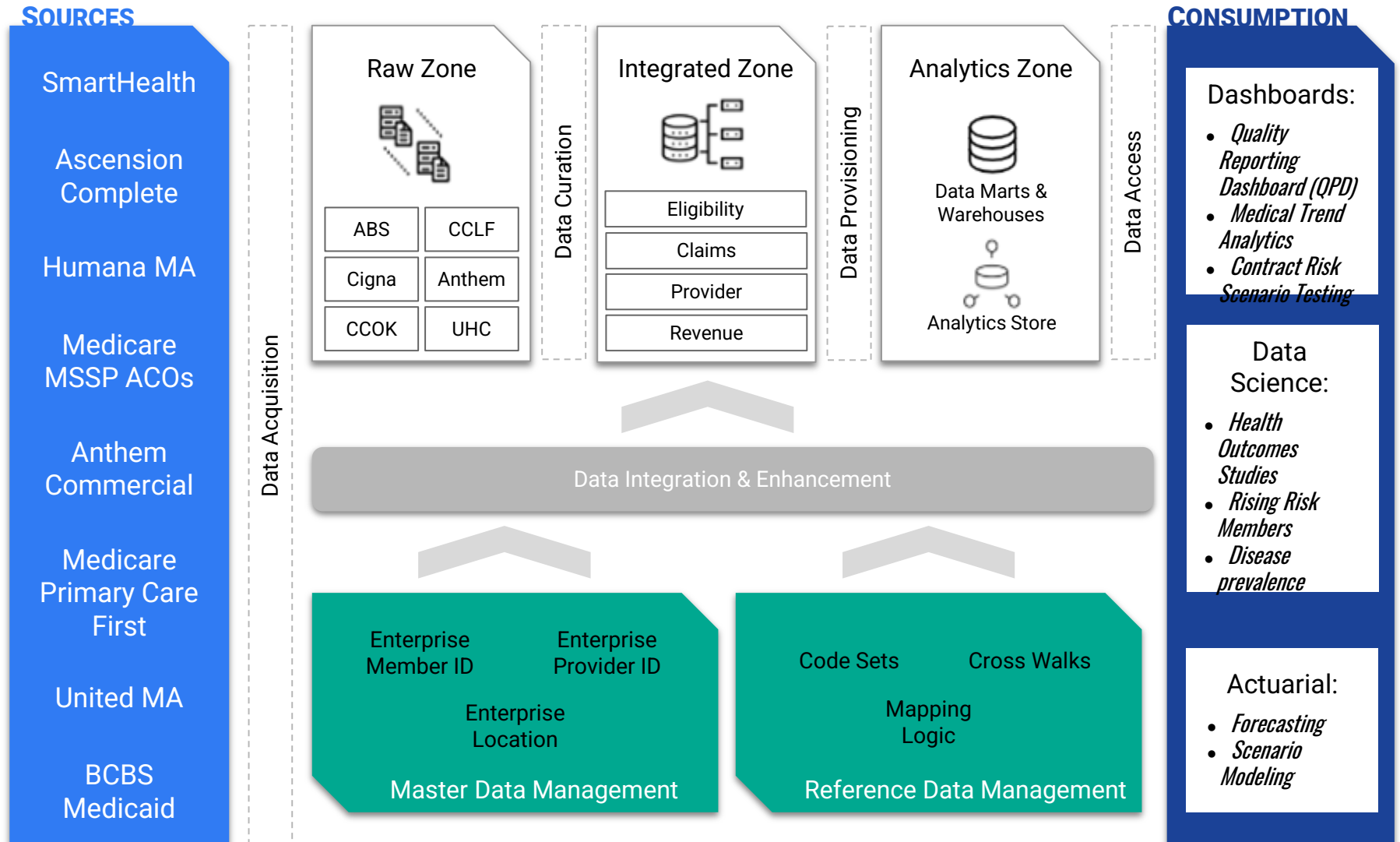
Deliver



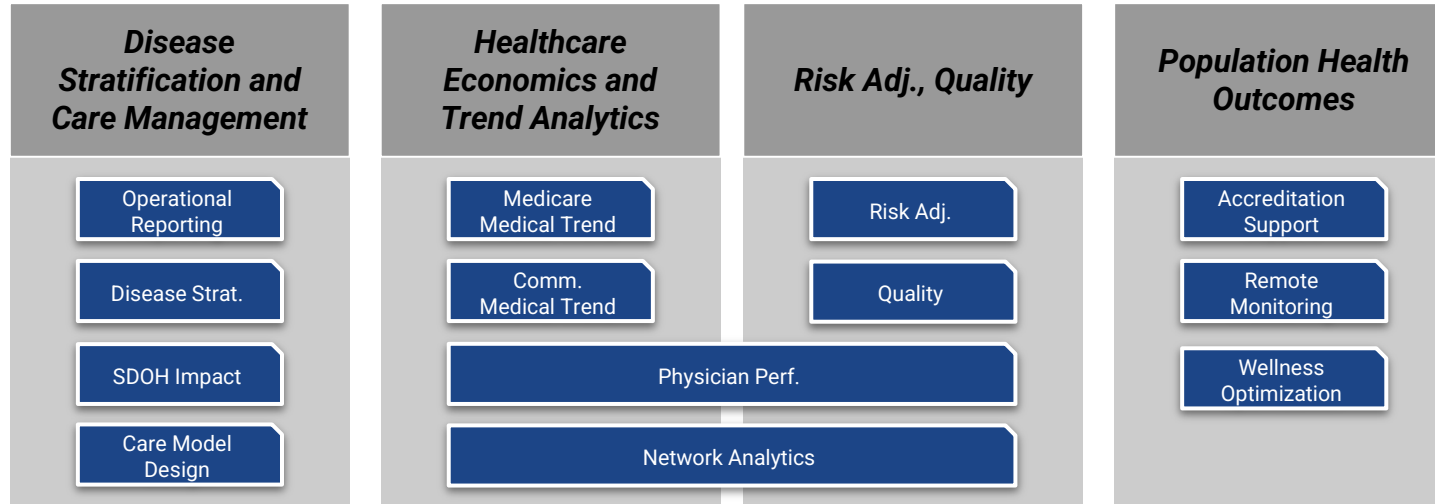
Normalized data sustains our analytic solutions

Normalizing claims data to standard terminologies we can effectively measure performance, gain insights, and support enterprise initiatives.

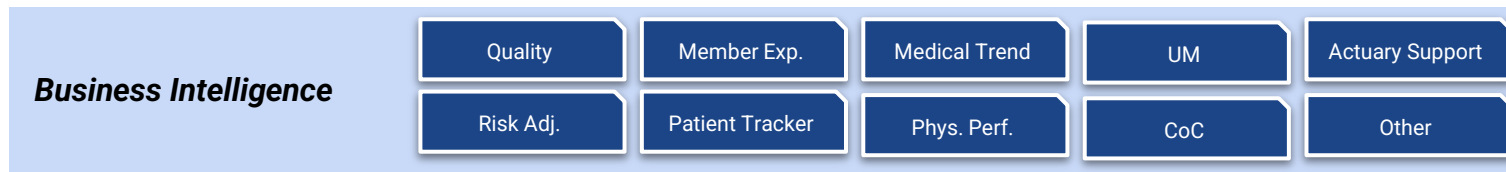
The HDI team supports Ministries in the process, providing a single source of truth for downstream, unified analytics across populations.



Organization Structure



Core Dashboard Development & Maintenance, Datamart requirements support.



Business requirements, Business Use Case Development, UAT Support, Dashboard development and optimization, Information delivery enhancement.



What to Do with the Data

Once you can aggregate data, how would you leverage the data?

Targeting/stratifying patients to allow clients to triage and manage patients better

Care Management



Higher risk patients would be contacted first with more frequent outreach attempts

Disease Management Programs



Higher risk patients will qualify for the programs

AWV/Annual Patient Visits



Higher risk patients would be prioritized for annual visits

Same Day/Post-Discharge Visits



Higher risk patients would be triaged first for same day and post-discharge appointments

Quality Outreach



Higher risk patients will receive more frequent contacts and contacts through more outreach mediums

- Display data to create/enforce workflow changes
- Implement value-based care incentives

Thank You

