AnewCare Collaborative

A COMMUNITY-BASED ACCOUNTABLE CARE ORGANIZATION
6/18/2012

What is AnewCare Collaborative?

"AnewCare Collaborative is an organization of healthcare practitioners and partners that have come together to provide the community with exceptional healthcare, greater value for every dollar spent on health & wellness services and better results as measured by the member/patient experience."

ISHN Difference

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Integrated Solutions is an integrated network that consist of:

- 2040 practioners in Northeast Tennessee, Southwest Virginia and Western North Carolina
- 641 Allied Health providers
- 154 Provider groups
- 686 Primary Care Physicians
- 1352 Specialists
- 17 Hospitals
- 5 Orthotic/Prosthetic providers

- 9 Home Health providers and 4 Hospice Providers
- 6 Skilled Nursing facilities
- 10 DME providers
- 1 Laboratory provider
- 2 Rehabilitation Facility
- 5 Ambulatory surgery centers
- 1 Med Infusion Servicing entire service area

Established in mid-2009, ISHN is a provider owned regional health solutions company.

Located in Johnson City, Tennessee supporting our hospitals, physicians and the communities they serve by promoting quality, efficiency and patient/member satisfaction throughout Northeast Tennessee and Southwest Virginia regions.
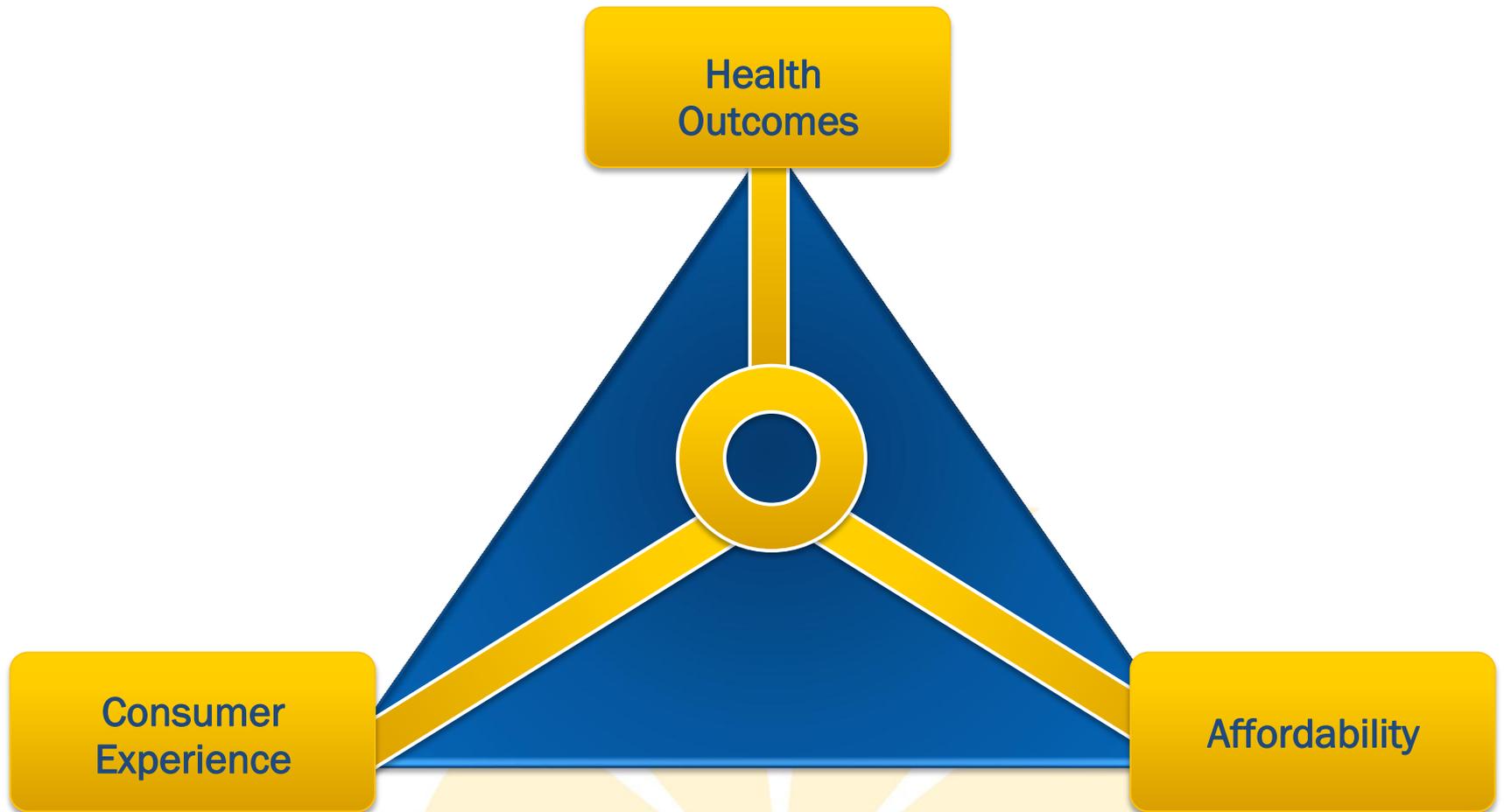
How Does AnewCare fit?

True North: Focus on Triple Aim

Health Outcomes
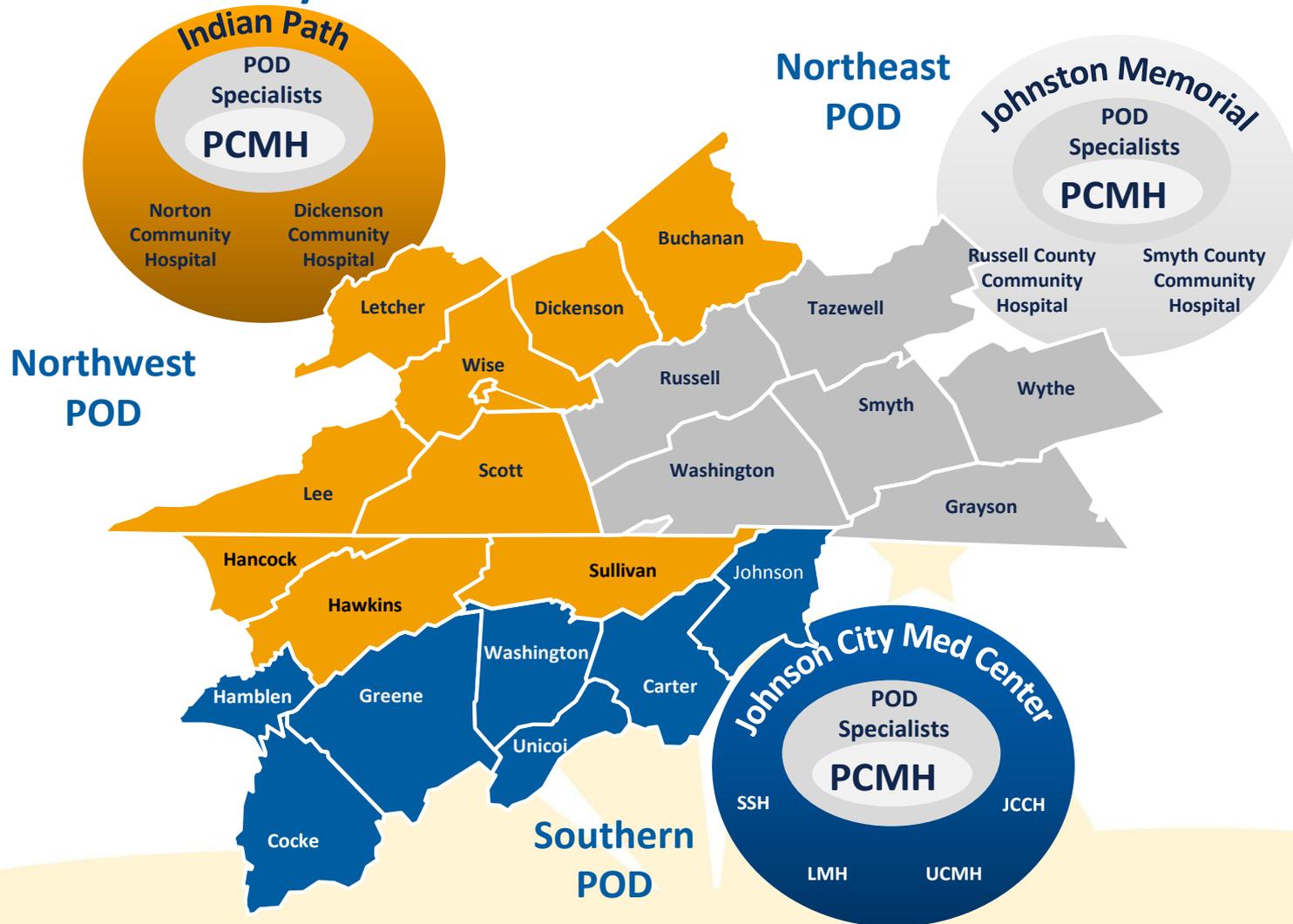
Consumer Experience

Affordability

The term Triple Aim is a trademark of the Institute for Healthcare Improvement

Partnership for Clinical Integration

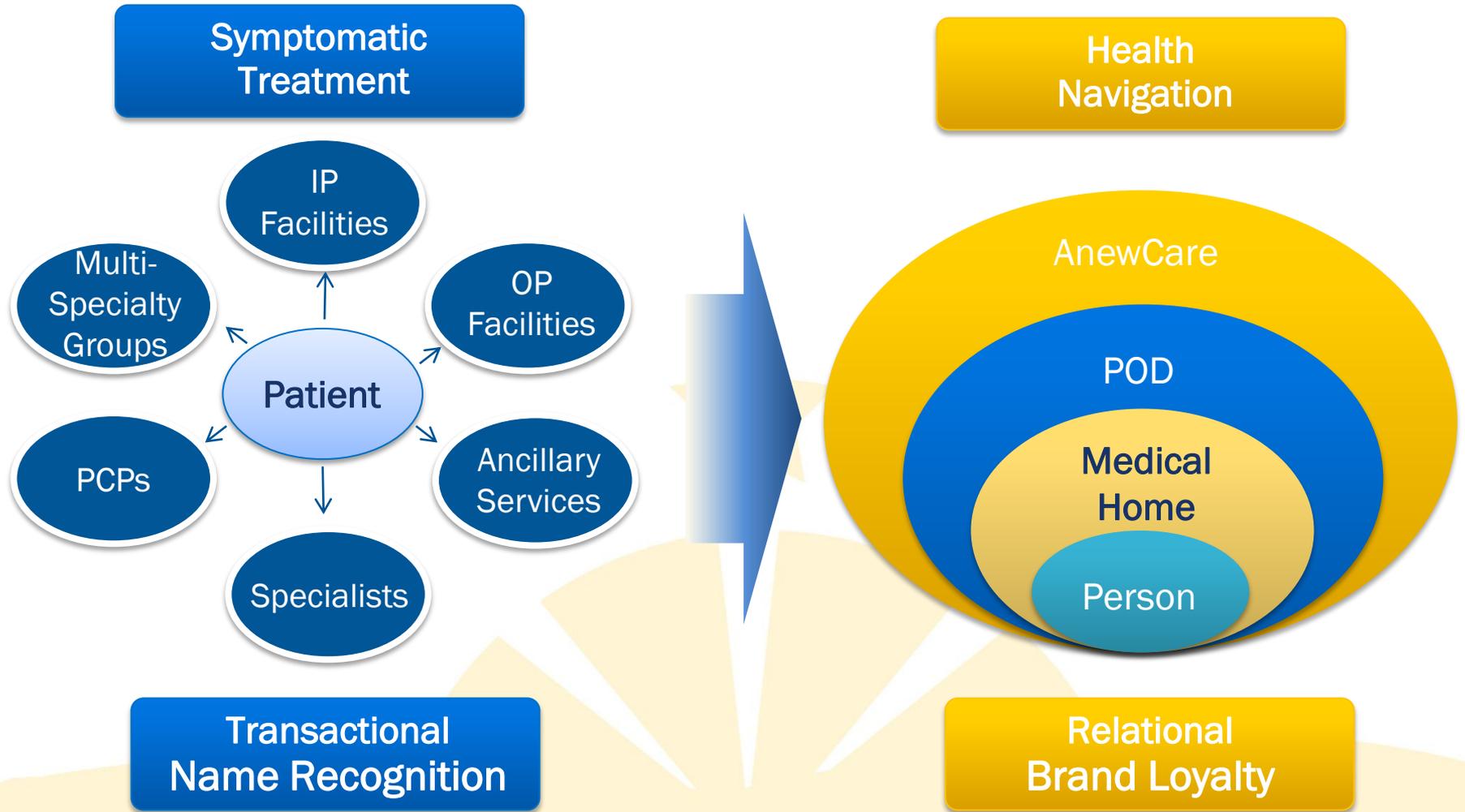1. Incentives aligned with Triple Aim objectives
2. Sustainable & smart growth
3. Partner led transformation
   - Care standards & evidence based medicine
   - Innovative reward sharing
   - Joint discipline
   - Meaningful board representation & ownership options
   - Focus on community & communication
4. Transparency in aligning and balancing resources

Physician Organized Delivery System = "PODS"

Know Your Populations True Community Based Care

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Indian Path
POD Specialists
PCMH
Norton Community Hospital
Dickenson Community Hospital

Northeast POD

Johnston Memorial
POD Specialists
PCMH
Russell County Community Hospital
Smyth County Community Hospital

Northwest POD

Buchanan
Letcher
Dickenson
Tazewell
Wise
Russell
Smyth
Wythe
Scott
Washington
Lee
Grayson

Hancock
Sullivan
Johnson
Hawkins

Washington
Carter

Johnson City Med Center
POD Specialists
PCMH
SSH
JCCH
LMH
UCMH

Hamblen
Greene
Unicoi

Cocke

Southern POD

Transitioning to Healthcare Navigation

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Symptomatic Treatment

Health Navigation

IP Facilities

Multi-Specialty Groups

OP Facilities

Patient

PCPs

Ancillary Services

Specialists

AnewCare

POD

Medical Home

Person

Transactional Name Recognition

Relational Brand Loyalty

Delivering on Triple Aim Thru Community Owned & Led ACO

Health Outcomes

Provider Alignment & Engagement

Community Owners 50%

MSHA 50%

ISHN TriCities, LLC

- Data Warehouse
- Clinical Tools & Staff
- Analytics & Financial Platform
- Performance Measurement
- Management Expertise
- Coordination of Care

Northwest POD

Northeast POD

Southern POD

Consumer Experience

Medical Management & Member Engagement

Affordability
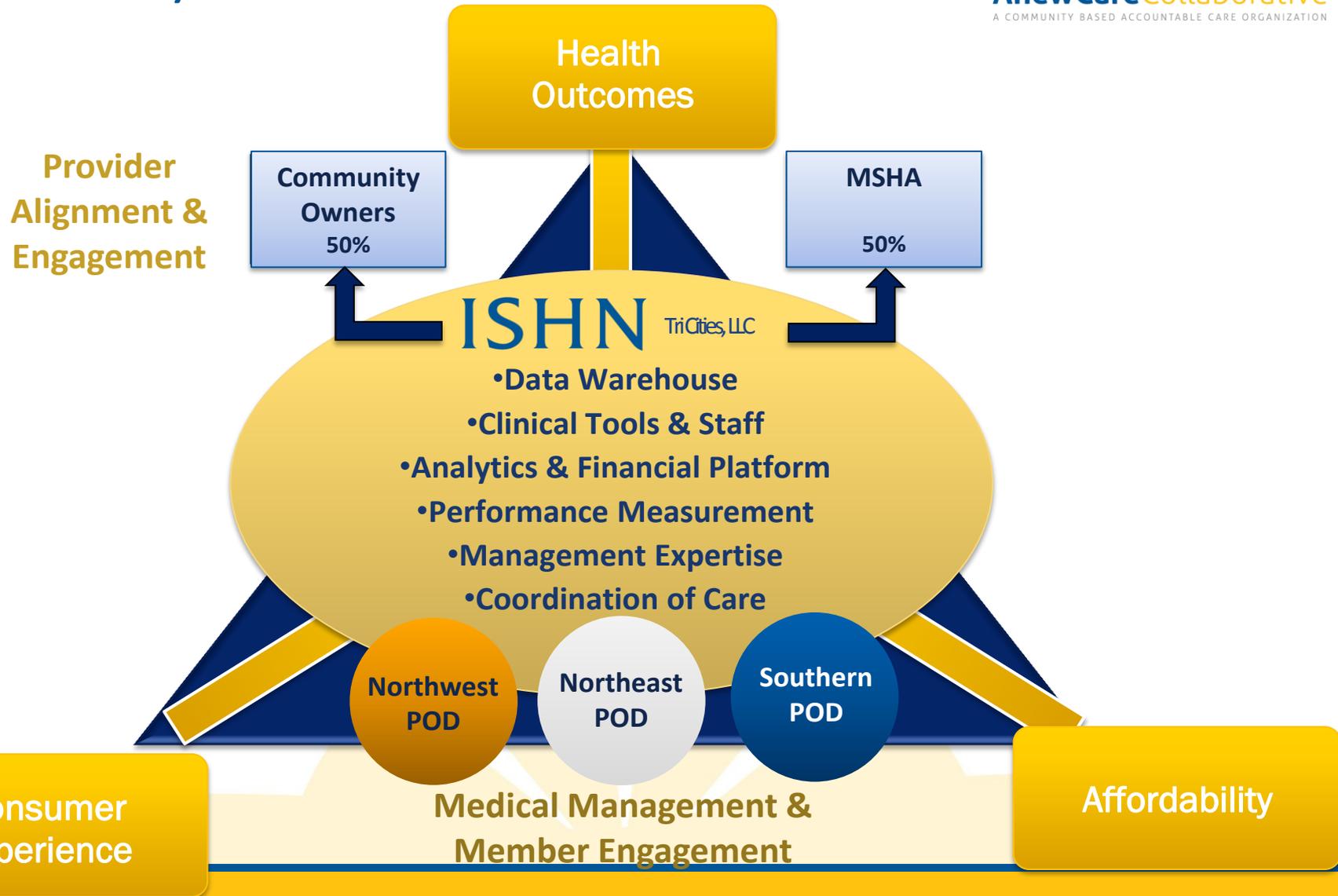
MSSP OVERVIEW

What is the Medicare Shared Savings Program?

- Elective program offered by CMS which permits qualified organizations to form a Medicare approved ACO and earn "bonuses" through shared savings
- Shared savings are determined by the **fee for service payments** (for Medicare Parts A and B) for Medicare recipients attributed to the primary care physician members in the ACO
- ACO can select one of two models (Track 1 or 2) and distribute savings to program participants, including independent physicians
    - Track 1 is a model (for three years) which has only upside risk (shared savings at 50%) based upon fee for service payments vs. the targeted Medicare per capita expenditures for the enrolled Medicare population
    - Track 2 has both upside and limited downside risk (with a 60/40% shared savings opportunity)
- AnewCare is participating in the **Track 1** model
- CMS will provide each organization with 3 years of Medicare claims data for their attributed population
- Federal Government provides waivers/protections from Stark, Antitrust, and IRS rules

Physician Questions:

- ❖ Don't we have to refer within this network?
- ❖ What is the cost to join?
- ❖ Does my practice have to accept more Medicare patients?
- ❖ Isn't this a way of rationing care?

What does this mean for the Member?

- **How will patients be affected by the AnewCare MSSP Model?**
  - Not an HMO!
  - Benefit through integration amongst healthcare providers to facilitate coordination between healthcare providers, resulting in better care for beneficiaries aligned with ACOs.

- **How are patients aligned ("attributed") to the AnewCare MSSP Model?**
  - Plurality of E&M Services
  - 12 months of activity

- What is "Opt-Out"?
  - In the AnewCare ACO the term "Opt-Out" refers to the ability for a Medicare beneficiary to elect to "opt-out" of data sharing.

- Where do I send the Opt-Out of Information Sharing form?
  - The completed Opt-Out form can be mailed directly to AnewCare at the following address:

AnewCare

208 Sunset Drive Suite 101

Johnson City TN 37604

AnewCare MSSP

- **How will I know if a Medicare beneficiary is an AnewCare MSSP member?**

    - AnewCare will provide your practice with a list of Medicare Beneficiaries attributed to your practice by July 1, 2012, provided AnewCare has received information from CMS.

    - Assume ALL your Medicare Beneficiaries are aligned.

Physician Benefits of Participation

- By participating physicians can expect:
  - Have a voice in the future delivery process for the communities we serve.
  - Improvement in quality and reduction the unnecessary variation in care.
  - Support and resources for managing your most chronically ill patients.
  - Shared savings generated by improved efficiencies.
  - Meaningful participation in decisions impacting your practice.
  - Not required to accept new Medicare patients and a minimum number of Medicare patients is not required for participation.

Provider Keys to Success

- Actively "Manage" High Risk Patients

- Optimize "Same Day Care" Appointment Access

- Engage ACO Beneficiaries

- Assume All Your Medicare Beneficiaries are AnewCare Members

- Refer to High Quality / Cost-Effective BHN Specialists, Ancillary Providers

- Transition from Reactive to Proactive Care

AnewCare MSSP

- **Are there any prior authorization requirements?**

    -The Medicare Fee-For-Service benefits remain the same and there are no prior authorization requirements to receive services.

- **How do I refer an AnewCare member to Case Management or Disease Management?**

    -AnewCare will be profiling 3 years of claims history provided by CMS to identify members that may need care management services. A Care Manager may be reaching out to your practice to assist in coordination of care.

Catastrophic Care Strategies

- Identification of High Risk by
  - Disease
  - Case Definition (i.e., Chronic, 2 or more, High Impact/Risk with prior costs exceeding $40,000)
  - Utilization
- Individual Patient Assessment
  - General and Disease Specific
  - Assessment Score
  - Establish Short and Long Term Goals
  - Identification of Member Opportunities (i.e., knowledge deficit, barriers to care)
- Coordination with PCP and Care Team
  - Recommended Care
  - Medication Issues/Compliance
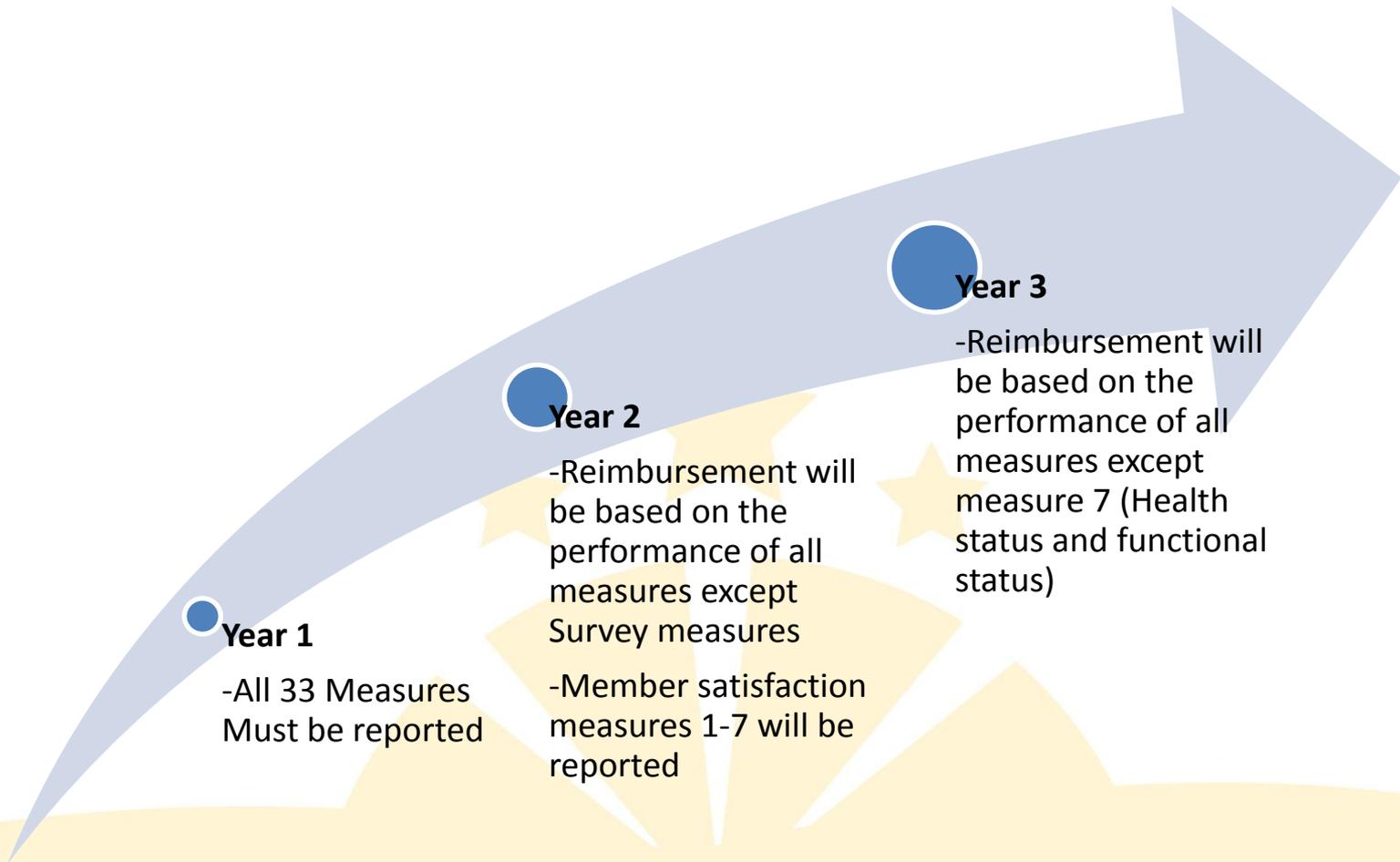
Clinical Reporting Guidelines

- Pay for Performance will be phased in over the next three years and applies to 33 quality measures.

- CMMI will complete their reconciliation 90 days following the end of the contract year and then AnewCare would have to complete its analysis of performance across the networks. It is anticipated that any bonus payments would be made by the end of October 2013 for the initial 6 months and then April for the preceding calendar year's performance moving forward.

Clinical Measures

Pay for **Reporting** will apply to all 33 measures. AnewCare has developed a check list for your practices to utilize to help in the process of collecting this data.

- The first 7 measures are member satisfaction which CMS will collect based on survey
- CMS will also monitor readmissions, based on claims data
- Measures 9-13-Safety focused, based on claims data
- Measures 14-21- Preventative Focused, these will require some documentation in the medical record/EMR
- Measures 21-27- Diabetes Focused, will also require documentation of follow up and labs from Medical Record/EMR
- Measure 28- Hypertension
- Measures 29-30- Ischemic Vascular Disease
- Measures 31-33- CAD

Transition from Reporting to Performance

Year 1

-All 33 Measures Must be reported

Year 2

-Reimbursement will be based on the performance of all measures except Survey measures

-Member satisfaction measures 1-7 will be reported

Year 3

-Reimbursement will be based on the performance of all measures except measure 7 (Health status and functional status)
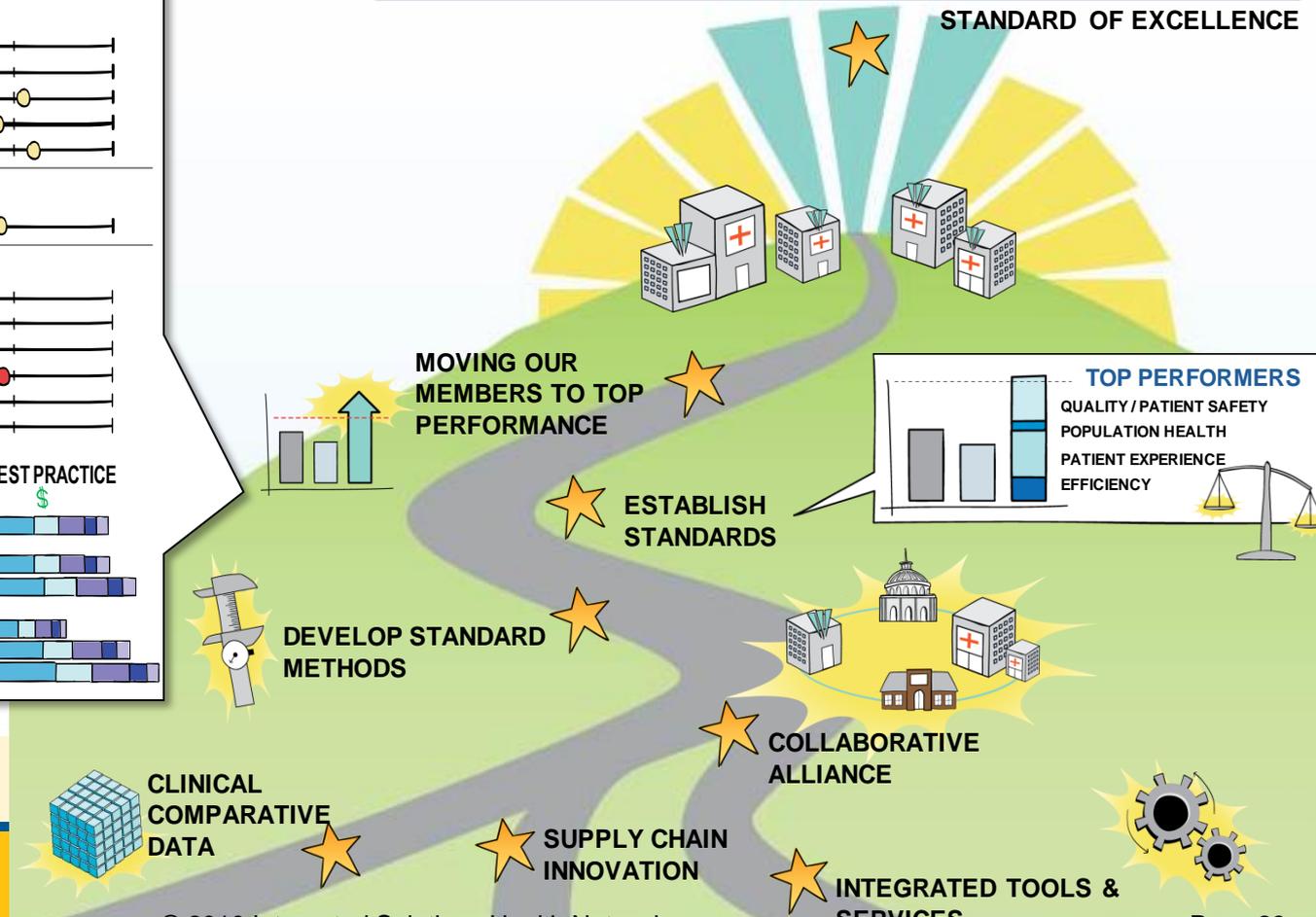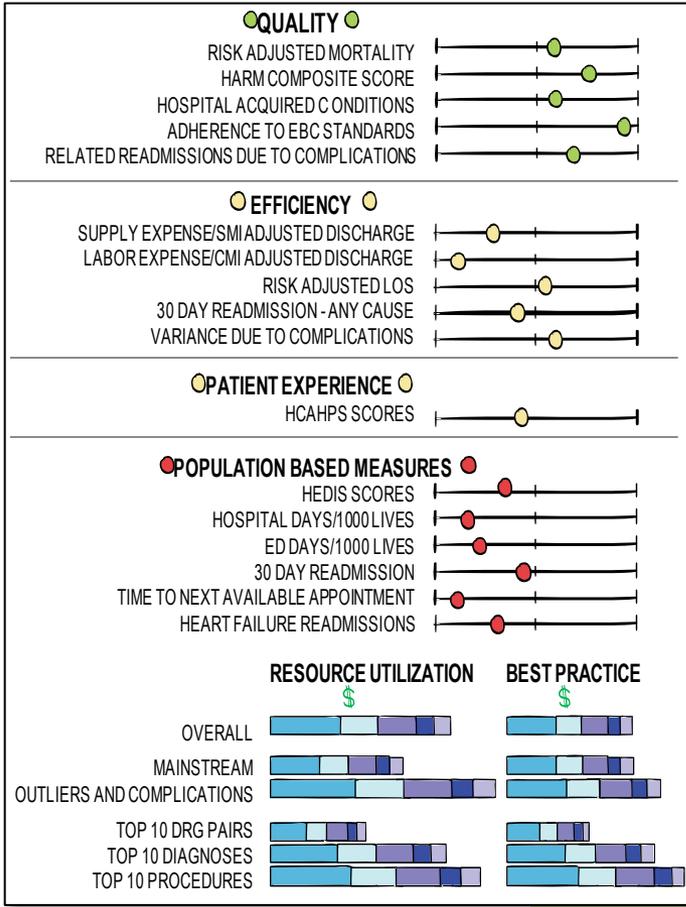
Will we actually see any shared savings?

- If AnewCare providers are able to provide more efficient care as a result of improved care coordination the savings resulting from that efficiency (shared savings) will be shared between CMS and AnewCare and subsequently to the individual providers impacting that care.

It Takes A Community…

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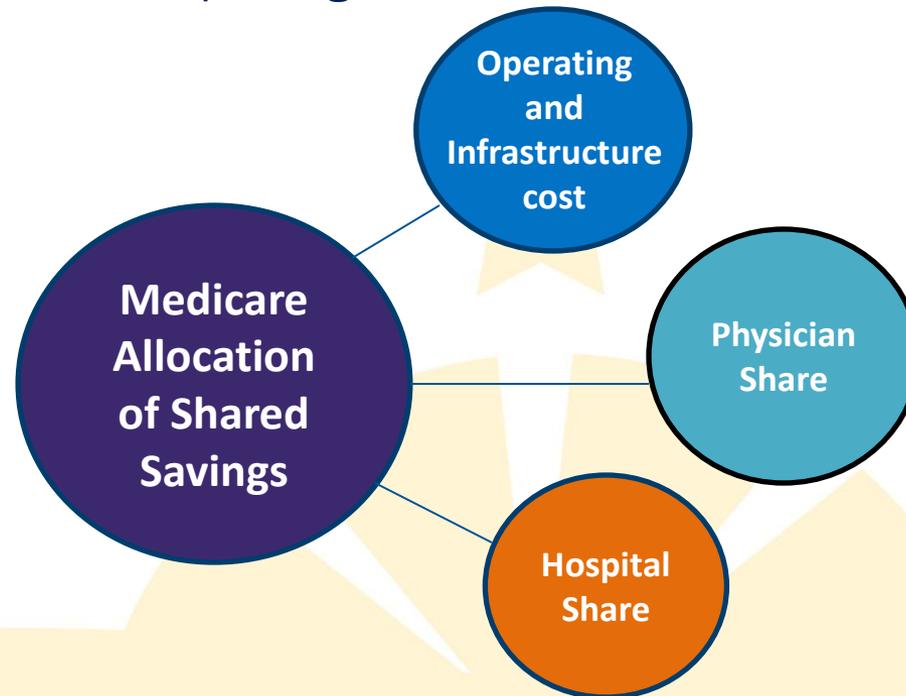
MISSION STATEMENT: AnewCare will unlock the value of integration to deliver exceptional health care, individual wellness, and economic vitality within the communities we serve.

STANDARD OF EXCELLENCE

TOP PERFORMERS
QUALITY / PATIENT SAFETY
POPULATION HEALTH
PATIENT EXPERIENCE
EFFICIENCY

MOVING OUR MEMBERS TO TOP PERFORMANCE

ESTABLISH STANDARDS

DEVELOP STANDARD METHODS

COLLABORATIVE ALLIANCE

CLINICAL COMPARATIVE DATA

SUPPLY CHAIN INNOVATION

INTEGRATED TOOLS & SERVICES

Left panel

QUALITY
RISK ADJUSTED MORTALITY
HARM COMPOSITE SCORE
HOSPITAL ACQUIRED CONDITIONS
ADHERENCE TO EBC STANDARDS
RELATED READMISSIONS DUE TO COMPLICATIONS

EFFICIENCY
SUPPLY EXPENSE/SMI ADJUSTED DISCHARGE
LABOR EXPENSE/CMI ADJUSTED DISCHARGE
RISK ADJUSTED LOS
30 DAY READMISSION - ANY CAUSE
VARIANCE DUE TO COMPLICATIONS

PATIENT EXPERIENCE
HCAHPS SCORES

POPULATION BASED MEASURES
HEDIS SCORES
HOSPITAL DAYS/1000 LIVES
ED DAYS/1000 LIVES
30 DAY READMISSION
TIME TO NEXT AVAILABLE APPOINTMENT
HEART FAILURE READMISSIONS

RESOURCE UTILIZATION   BEST PRACTICE
$ $

OVERALL
MAINSTREAM
OUTLIERS AND COMPLICATIONS

TOP 10 DRG PAIRS
TOP 10 DIAGNOSES
TOP 10 PROCEDURES

![AnewCare Collaborative — A COMMUNITY BASED ACCOUNTABLE CARE ORGANIZATION]

QUESTIONS/DISCUSSION