

AnewCare Collaborative

A COMMUNITY-BASED ACCOUNTABLE CARE ORGANIZATION

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.”



For more information please contact us at info@anewcare.org



ISHN Difference

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.

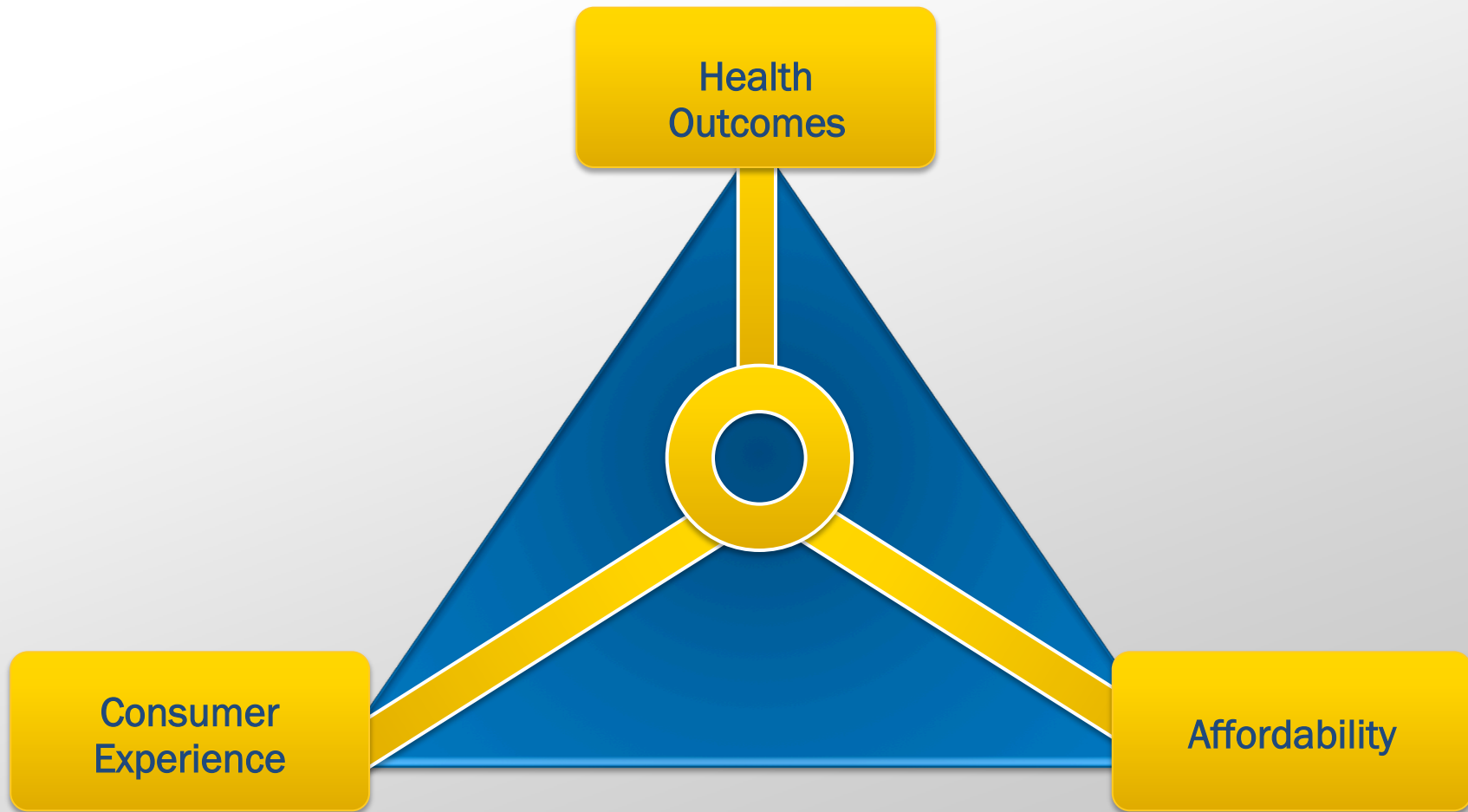
Located in Johnson City, Tennessee supporting our hospitals, physicians and the communities they serve by promoting quality, efficiency and patient/member satisfaction throughout Northeast Tennessee and Southwest Virginia regions.

How Does AnewCare fit?

ISHN Business Verticals



True North: Focus on Triple Aim



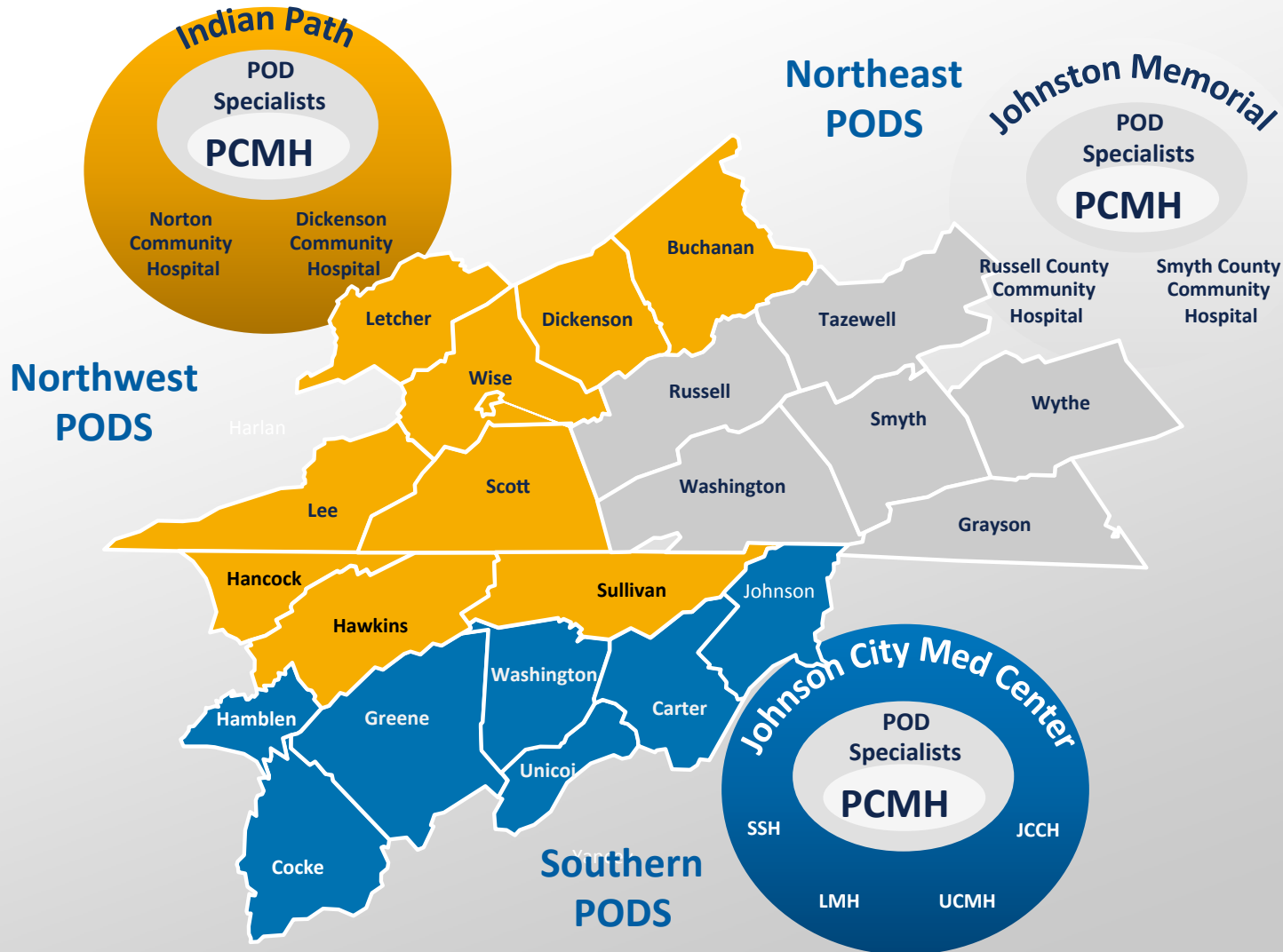
The term Triple Aim is a trademark of the Institute for Healthcare Improvement

Partnership for Clinical Integration

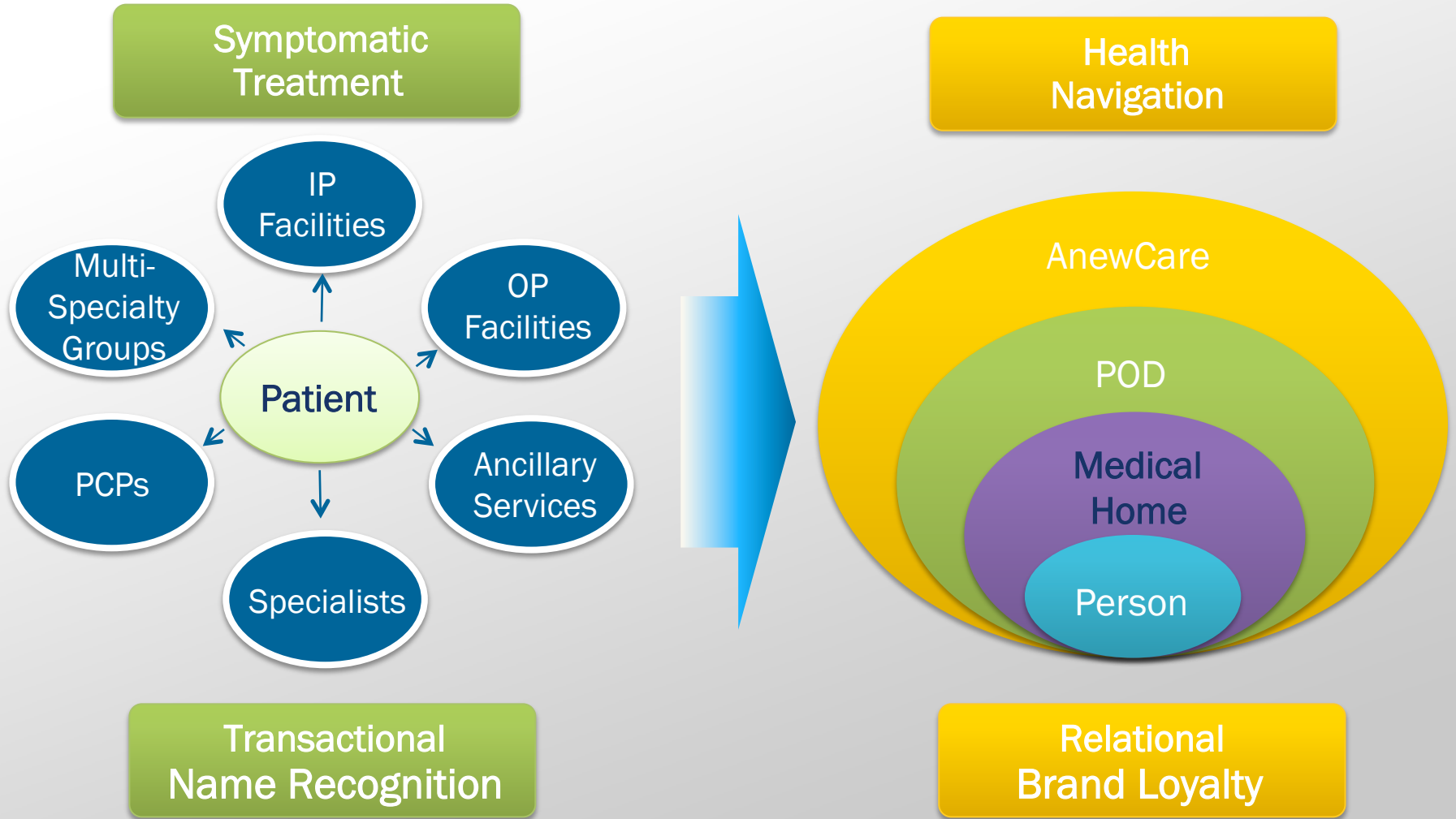
1. Incentives aligned with Triple Aim objectives
2. Sustainable & smart growth
3. Partner led transformation
 - Care standards & evidence based medicine
 - Innovative reward sharing
 - Joint discipline
 - Meaningful board representation & ownership options
 - Focus on community & communication
4. Transparency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

Physician Organized Delivery System = “PODS”

Know Your Populations True Community Based Care



Transitioning to Healthcare Navigation



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

Description	Documentation	Frequency
PREVENTION MEASURES	Required on all patients	
Inpatient d/c seen in 60 days	Drug reconciliation	Every discharge
Fall risks	Pts. with >2 falls a plan of care	Every year
Flu vaccinations	Shots during flu season, self-report	Every year
Pneumonia vaccinations	Shots received, self-report,	Life time
Body Mass Index	BMI, plan of care if high or low	Every year
Tobacco Screening	If smoking, plan of care to stop	Every year
Depression Screening	Low score, plan of care to raise	Every year or as needed
Colorectal CA Screening	Minimum fecal occult blood	Every year, if sigmoid needed, every 4 yrs, if colonoscopy needed, every 9 yrs.
Mammography Screening	Mammogram ordered	Every two years
BP screening	Abnormal, plan of care to improve	Every year
DIABETES MEASURES	Required for patients with diabetes	Condition may dictate more often
HA1c	Abnormal, plan of care to improve	Every year
LDL-C	Abnormal, plan of care to improve	Every year
BP	Abnormal, plan of care to improve	Every year
Tobacco Use	If smoking, plan of care to stop	Every year
Comorbid IVD	Aspirin use, education to use	Every year
HA1c>9%	Abnormal, plan of care to improve	Every six months or as condition dictates
HYPERTENSIVES MEASURES	Required for patients with hypertension	Condition may dictate more often
BP	Abnormal, plan of care to improve	Every year
ISCHEMIC VASCULAR DISEASE MEASURES	Required for patients with IVD	Condition may dictate more often
LDL-C	Abnormal, plan of care to improve	Every year
Aspirin or antithrombotic use (includes post MI, CABG, or PTCA)	If not using, plan of care to use	Every year
HEART FAILURE MEASURES	Required for patients with HF	Condition may dictate more often
Ejection fraction <40%	Beta blocker use	Every year
CORONARY ARTERY DISEASE MEASURES	Required for patients with CAD	Condition may dictate more often
LDL-C	Abnormal, plan of care to improve	Every year
CAD with diabetes &/or ejection fraction <40%	ACE inhibitor ARB therapy	Every year

Transition from Reporting to Performance

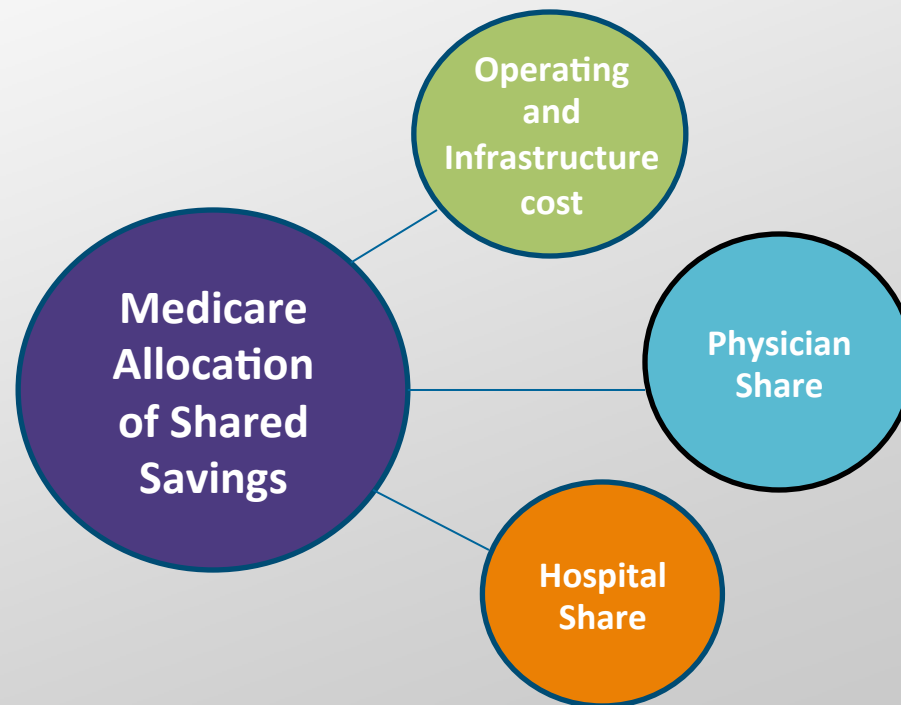
Year 1
-All 33 Measures
Must be reported

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)

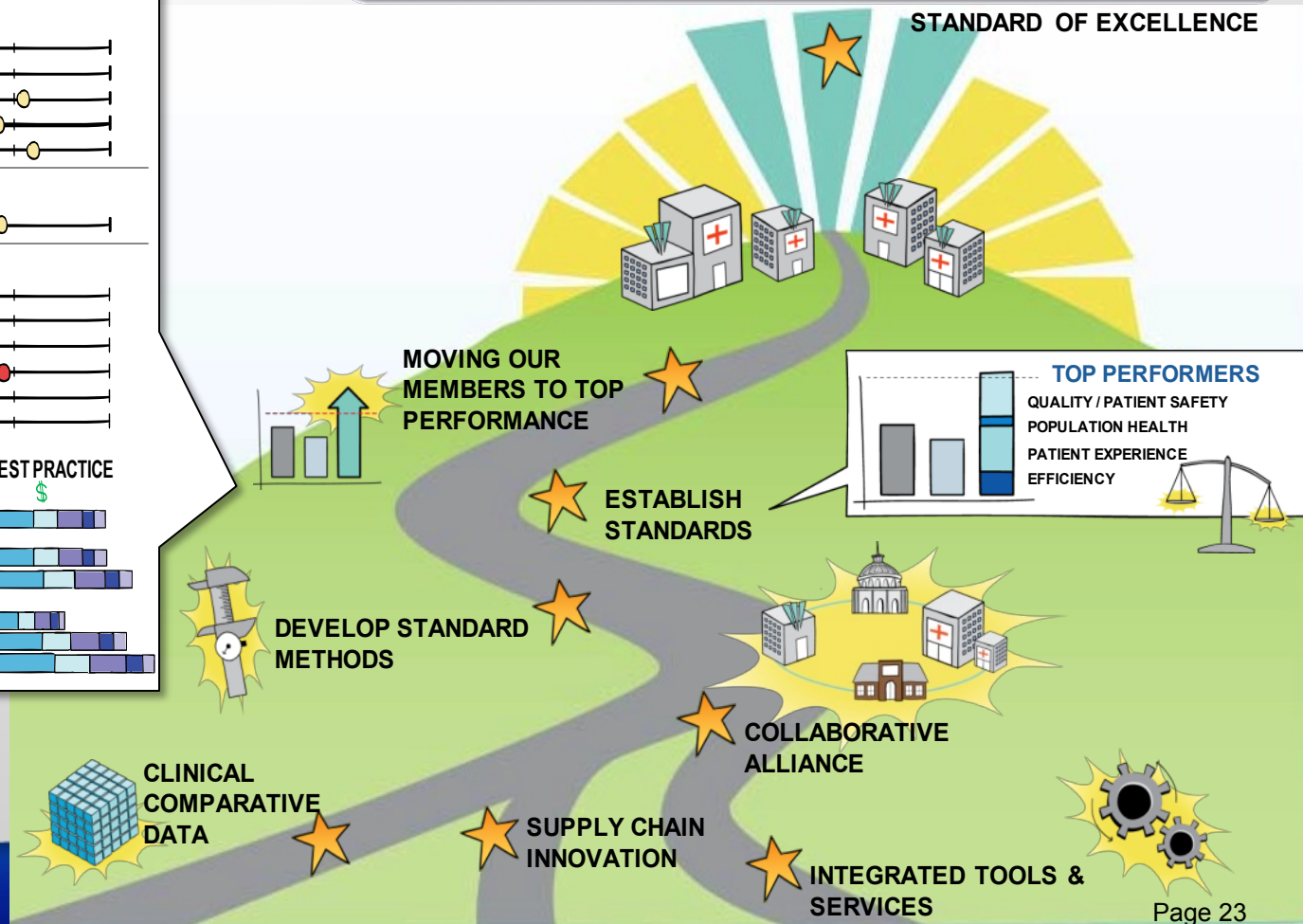
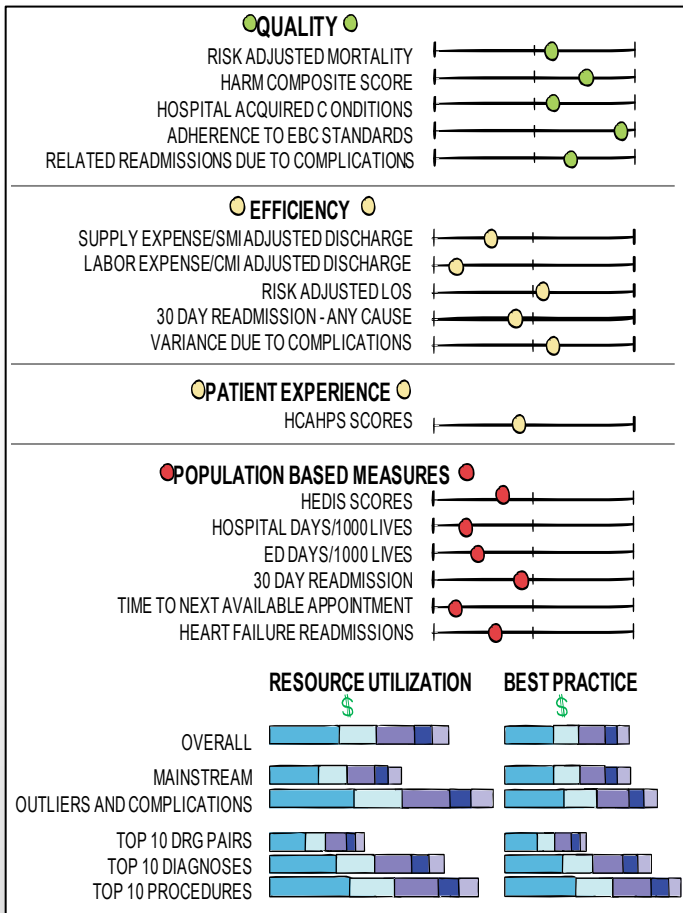
Will we actually see any shared savings?

- 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...

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



QUESTIONS/DISCUSSION