HEALTHIER PATIENTS AND THE BOTTOM LINE: A REAL JOURNEY TO VALUE

Patrick R. Young, President of Population Health Hackensack Meridian *Health*





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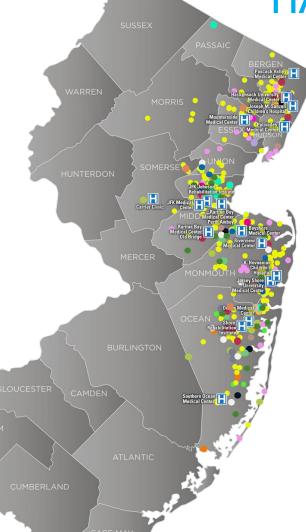
ORACLE Cerner

Housekeeping

- Speakers will present for approximately 45 minutes
- Q&A will take the remainder of time
- You can submit written questions using the Questions tab on your dashboard to the right of your screen at any time during the webinar
- Webinar is being recorded
- Slides and recording will be available on the NAACOS website within 24 hours. You will receive an email when they are available



HACKENSACK MERIDIAN HEALTH



17 Hospitals

- **3 Academic Centers**
- 9 Community Hospitals
- 2 Children's Hospitals
- 2 Rehabilitation Hospitals
- 1 Behavioral Health Hospital

500+ Patient Care Locations

Ambulatory Care Centers

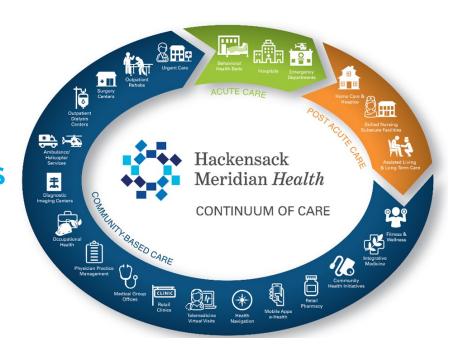
Surgery Centers

Home Health Services

Long-term Care and Assisted Living

36,000+ Team Members

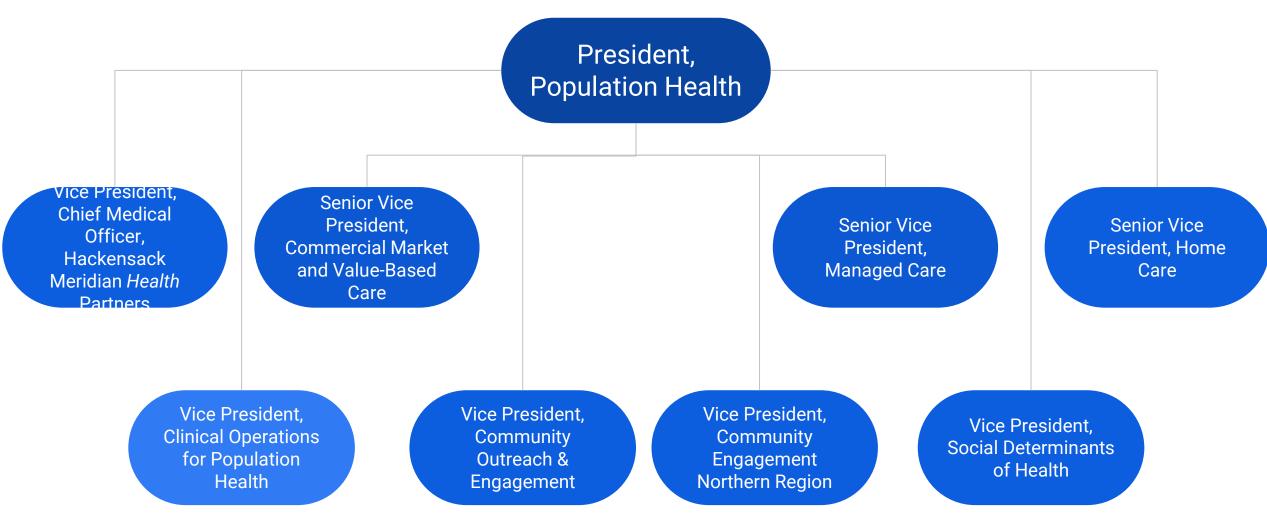
7,000+ Physicians



Largest health system in New Jersey



POPULATION HEALTH LEADERSHIP





VALUE-BASED PAYOR CONTRACTING STRATEGY

Commercial "Product Based" Network

- Take a local health care approach with a narrow network
- Offer Hackensack Meridian Health Partners on an exclusive Tier 1 basis to all business segments (ie: self funded, fully insured, small and large employers)

Shared Savings Network Model <a> Migration to Risk

- Create collaborative, sustainable, quality-driven agreements that reduce cost.
 - ☐ Upside only shared savings and unrecoverable care coordination payments to increase physician engagement
 - ☐ Incentivize based on quality performance and total cost of care savings with efficiency metrics (ie: ER visits, readmissions, skilled nursing utilization, PMPM costs)
 - ☐ Understand total cost of care as a percent for premium; establishing savings targets based on percentage of medical loss ratio (MLR)
- Higher savings split to Hackensack Meridian Health Partners (70%/30% split for most contracts)
- 2022 risk contracting with limited downside exposure to deficits, but shared savings to 85% split

Medicare Shared Savings Program, Medicare Advantage Joint Venture and Risk Migration

- Upside-only shared savings, Track 1 until end of 2022. Shared savings distribution eligibility reduced to 40%
- Quality and efficiency metrics that enhance STAR ratings
- Braven risk arrangement based on MLR target with limited downside risk



A SUCCESSFUL START TO VALUE-BASED CARE

Hackensack Alliance ACO

- o Nearly 34,000 beneficiaries
- o More than \$204 Million in Total Savings since 2013
- o 97.81% Quality Score*

JFK Health ACO

- o More than 13,000 beneficiaries
- o More than \$26 Million in Shared Savings since 2014*
- o 96.25% Quality Score*

Meridian ACO

- o Nearly 32,000 beneficiaries
- o 96.87% Quality Score*

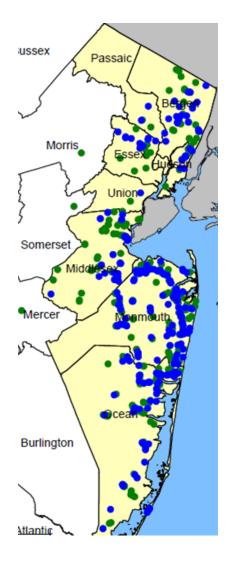


A LEADER IN VALUE-BASED CARE

ACO	Total Savings	Shared Savings	Participant TINs*	Participating Providers*
Hackensack Alliance	\$204,003,822	\$90,918,769	21	466 Physicians, 124 Other
Meridian Health	\$16,564,312	\$7,296,256	101	
JFK Health	\$26,648,123	\$10,272,555	158	1,224 (includes physicians and mid-levels)
TOTAL	\$247,216,257	\$108,487,580		



HACKENSACK MERIDIAN HEALTH PARTNERS



Contracting Vehicle for:

- Value-based contracting
- Bundle arrangements
- Medicare Advantage Joint Venture
- Upside/downside risk arrangement

Hackensack Meridian *Health* Partners can assume financial risk and pay providers:

- ✓ Obtained ODS license
- ✓ Approved for DOBI insurance license
- ✓ Filed with CMS for a Medicare Advantage product

4,500+ Participating Physicians











2022 Key Initiatives

- Roll out Specialist Quarterly performance metrics
- Integrate clinical data from independent practices
- Establish minimal threshold for quality and efficiency metrics
- ✓ Roll out Lumeris/Oracle Cerner new population health analytics and data hierarchy



SUCCEEDING IN COMMERCIAL VALUE-BASED CARE

Performance Year	Care Coordination	Shared Savings	Other	Total
2020	\$17,199,000	\$22,287,180	N/A	\$39,486,180
2021	\$17,371,795	\$11,008,421	\$255,554	\$28,635,770
TOTAL	\$34,570,795	\$33,295,601	\$255,554	\$68,121,950

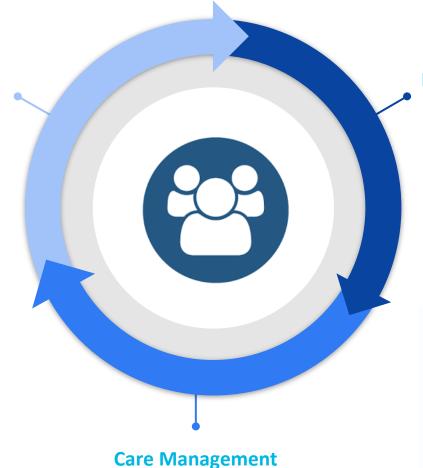


AN INTEGRATED APPROACH TO PATIENT CARE

Social Determinants of Health

- Food Security
- Housing Stability
- Transportation and Mobility Access
- Caregiver Support
- Mental Health/Behavioral Health/SUD





Physician Practice

Administer clinical care



- Close gaps in care
- Stratify patients
- Connect patient to appropriate care setting



COORDINATED CARE MANAGEMENT APPROACH

Harmonized Care for Patient Population Across all Care Settings

Patient identification through:

- Stratification
- Clinical qualifiers
- Disease states
- Frailty
- Coordination needs

Right Patient

Right Place

Patient engagement at:

- Home
- Hospital, skilled nursing facility
- Care transitions
- Telephonic

Patient outreach when:

- New patient
- After primary care physician visit
- 30 days post-acute
- New diagnosis
- New prescription

Right Time

Right Role

Patient care delivery by:

- Appropriate individual, based on training
- Care team member with expertise who fulfills patient needs



NEW JERSEY MEDICARE ADVANTAGE MARKET

- √ 1.5 Million Medicare Beneficiaries live in New Jersey.
- ✓ Only 300,000 Medicare Beneficiaries are enrolled in MA plans approximately 10-15% lower than the national average.
- ✓ More than half of the state's eligible MA members live in Hackensack Meridian *Health's* eight county market area.

Medicare Advantage Opportunity

- Improve of Medicare line of business by:
 - Participating in underwriting returns in addition to fee for service earnings.
 - Generating net new volume to Hackensack Meridian Health through distribution of high-value products and limited network.
- Joint venture enables Hackensack Meridian Health to:
 - Share risk
 - Start with significant membership
 - Leverage partner's experience with administrative and actuarial activities
 - Create a partnership with a large continuum of care across several counties





JOINT VENTURE MEDICARE ADVANTAGE PLAN



Claims Processing



Provider Complaints & **Appeals**



Care Utilization



Physician Engagement

Care Management

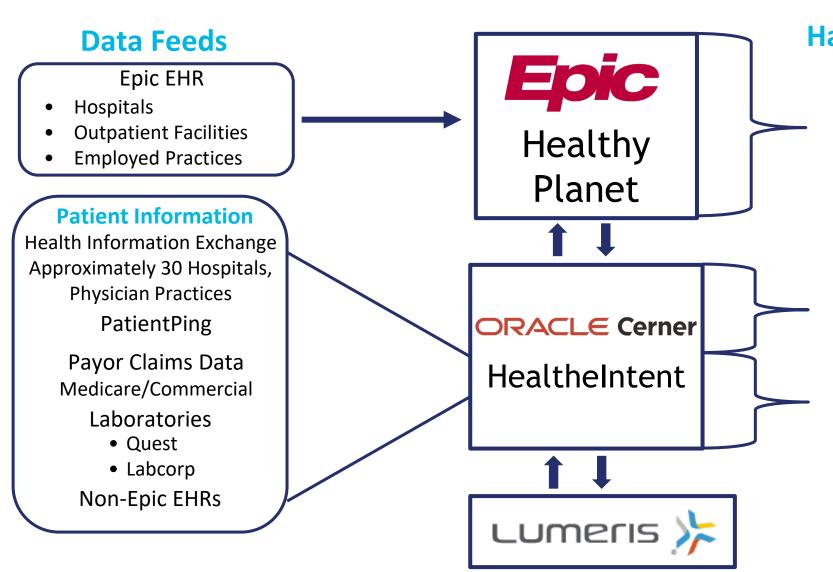
Analytics

ORACLE Cerner

Data Management (HealtheIntent)



CREATING A POPULATION HEALTH DATA WAREHOUSE



Hackensack Meridian *Health*Facilities, Employed &
Independent Practices

- Care Gap Management
- Care Coordination
- Disease Registries

All

Cost and Utilization

Unemployed Practices

- Care Gap Management
- Care Coordination
- Disease Registries



LUMERIS PARTNERSHIP

Care
Coordination of
Employee Health
Plan

Physician Engagement

Governance

Incentive Structure Delegated Utilization Management

Data Analytics

Value-Based Care Transition



JOINT VENTURE STRUCTURE

Term	Detail		
JV Purpose	Create a differentiated, high-value experience for members of the Joint Venture health plan and other attributed beneficiaries that improves patient experience and outcomes while managing medical costs.		
Ownership	50% Horizon Blue Cross Blue Shield of New Jersey 40% Hackensack Meridian <i>Health</i> 10% RWJBarnabas Health*		
Capitalization	 Pro rata, based on ownership Membership Acquisition Cost: Hackensack Meridian <i>Health</i> will contribute to the Joint Venture or provide payor with funds representative of 50% of the value of payor's membership contributed to the Joint Venture. 		
Scope	 The Joint Venture will secure health plan license(s) to offer Individual (i.e. consumer) and Group Medicare Advantage products in the Joint Venture service area. 		
Exclusivity	The Joint Venture is each Party's exclusive vehicle to offer Individual and Group Medicare Advantage insurance products in the Joint Venture service area with some exceptions		
Governance	Shared 50:50 with unanimous approval required for material decisions concerning the JV		
	*Oppositive for other positions to have up to 60/ into the laint Vanture		

^{*}Opportunity for other partners to buy up to 6% into the Joint Venture



BRAVEN HEALTH DISRUPTS THE MARKET

New Jersey's first and only company and Medicare plan developed by any health care provider and insurance company.



Sept. 14
Braven Health
Launches

Oct.15
Open
Enrollment
Begins

Dec.7
Open
Enrollment
Ends

Jan. 1 Braven Health Begins

September

October

November

December

January



BRAVEN HEALTH DISRUPTS THE MARKET





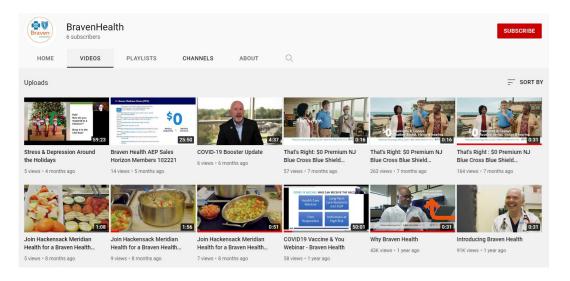


- ✓ TV commercial featuring HMH physicians
- ✓ Letters signed by HMH PCPs
- ✓ Built off existing Age-In campaign
- ✓ Partnership with HealthShare 360 and eHealth
- √ Physician Advisory Council



MAINTAINING MEMBER SATISFACTION





- ✓ Perks at Hackensack Meridian *Health* hospitals
- ✓ Exclusive webinars for members
- ✓ Video content featuring Hackensack Meridian Health experts
- ✓ Newsletter content featuring Hackensack Meridian *Health* and RWJBarnabas Health experts

BRAVEN HEALTH BREAKS RECORDS

AEP 2021

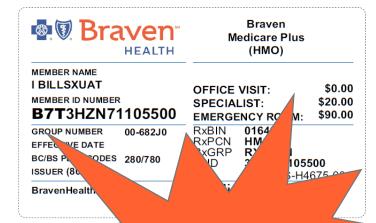
- **Highest enrollment** in its 8-county area for any Medicare Advantage plan in New Jersey history for AEP 2021.
- Braven Health enrolled more members than all New Jersey
 Medicare Advantage plans did in its 8-county area for 2021.
- Braven Health enrolled 75% of its 8-county area for 2021.

AEP 2022

- Highest two-year enrollment in the last 16 years for any New Jersey Medicare Advantage plan.
- Third largest Consumer Medicare Advantage plan in the area.

OEP 2022

- Added more than 1,000 members in the first quarter of 2022.
- Enrolled 72% of all new members in the area.







QUESTIONS

For more information visit cerner.com/vbc or email populationhealth@cerner.com

