

St. Joseph's/Candler Advocate Health Network, LLC

Provider Overview

St. Joseph's/Candler Advocate Health Network, LLC

- 1. SJ/C Advocate Health Network, LLC is a Limited Liability Company with St. Joseph's/Candler Health System, Inc. (SJ/C) as sole Member.**
- 2. Advocate Health Network is a Physician led organization. The composition of the board is a physician majority structured board with two representatives from SJ/C.**
- 3. Board of Managers – mix of primary care physicians and specialists, both independent and employed.**
- 4. SJ/C bears the sole responsibility for all capital requirements of Advocate Health Network .**
- 5. Advocate Health Network Company will operate a Medicare Shared Savings Program (MSSP) effective January 1, 2017.**
- 6. Advocate Health Network is in meaningful conversation with all the commercial payors and plans to launch a commercial Clinically Integrated Network (CIN) product in 2018.**

Physician AHN Membership Overview

1. **Physician membership fees typically range from \$500-\$1,500 taken from shared savings meaning if there is no shared savings – there are no fees. No upfront membership fee is required.**
2. **Provider must be a participating provider with The Care Network and maintain medical staff privileges at the in-network facilities, St. Joseph's Hospital and/or Candler Hospital.**
3. **Physician authorizes AHN to negotiate payer participation his/her behalf. Only impacts professional fee payments negotiated as a part of AHN.**
4. **Shared Savings are a result of reduction of inappropriate and/or duplicated services as well as improved clinical performance. Shared Savings do not come from reduction in provider reimbursement.**
5. **Provider is responsible for furnishing their own EMR. AHN will provide the interfacing mechanics and incur any costs associated with the interface.**
6. **MSSP's (Medicare) are non-exclusive for Specialists meaning physicians can be a member of more than one MSSP. CINs (Commercial) are non-exclusive for Specialists and Primary Care.**
7. **AHN will serve as a vehicle for MDs to participate in Alternative Payment Models and qualify for benefits afforded by the MACRA exemption.**

Transformation to Population Health Management



MACRA Overview

Replaces the 1997 SGR formula, which capped Medicare physician per beneficiary spending growth at GDP growth rate

- Overwhelming bipartisan support.
- Provides new tools in implementing payment reforms.
- Applies to MD, DO, PA, NP, Clinical nurse specialist, CRNAs
- 2021 includes therapists, psychologists, social workers, audiologists, and dieticians.
- Creates clear timetable/benchmarks.
- Two options for physicians/providers
 - Merit Based Incentive Payment system (MIPS)
 - Alternative Payment Models (APMs)

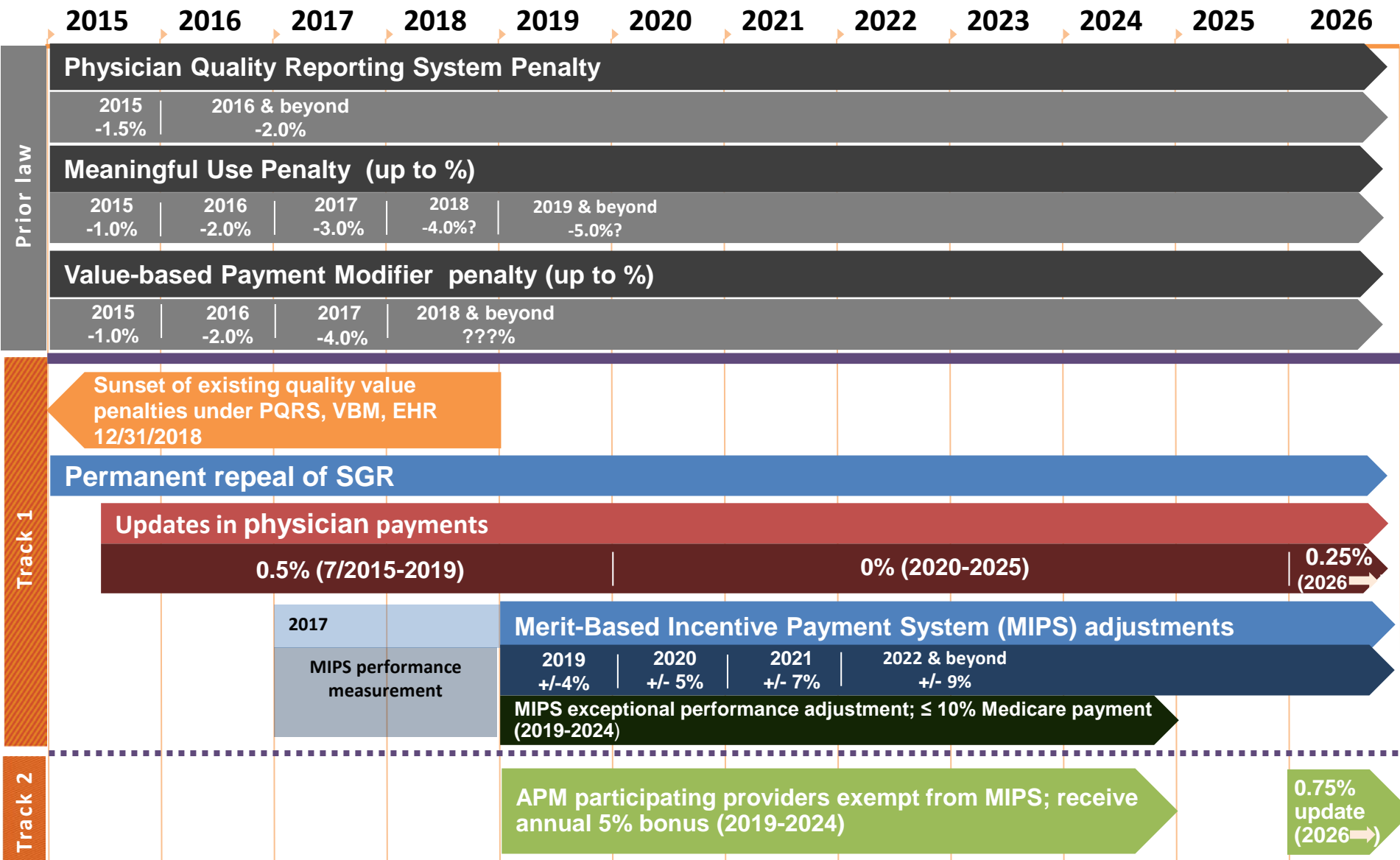


On 3/26, the House passed H.R. 2 by 392-37 vote.

On 4/14, the Senate passed the House bill by a vote of 92-8, and the President signed the bill.

Prior Law and MACRA Reform Timeline

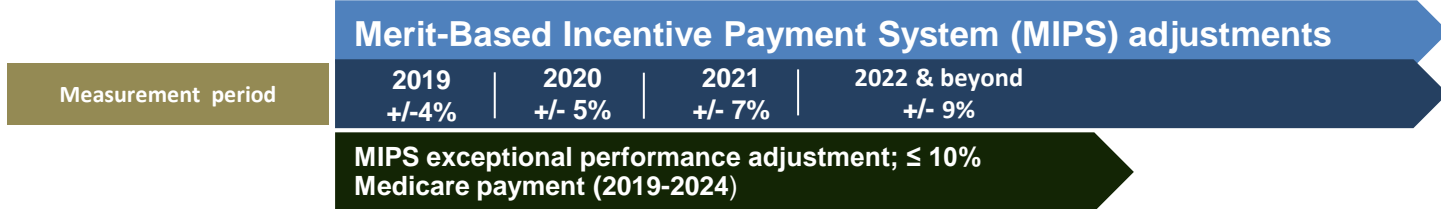
(Medicare Access and CHIP Reauthorization Act of 2015)



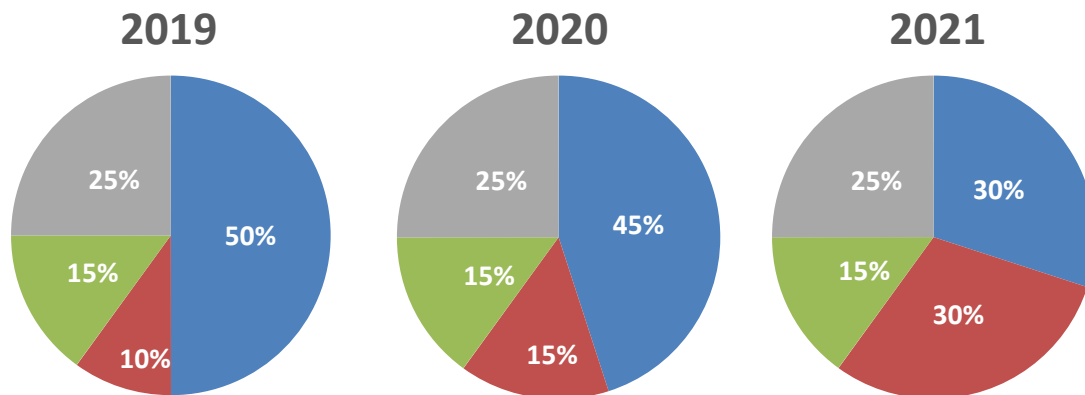
Track 1: MIPS Program and Measures Weighting

2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026

Track 1



2019 payment likely based on performance in 2017



- **Quality** — Physician Quality Reporting System measures
- **Resource use** — Value-based Payment Modifier measures
- **Meaningful Use of EHR** — EHR incentive payment measures
- **Clinical practice improvement activities** — Expanded access, population management, care coordination, beneficiary engagement, patient safety, and Alternative payment models.

- Sets performance targets in advance.
- Sets performance threshold at mean or median.
- Considers achievement and improvement

Track 1: MIPS Reporting

What Does This Mean to an AHN Participating Provider

- 1. The CMS rule proposes allowing third parties, including registries, Qualified Clinical Data Registries, health information technology developers, and certified survey vendors to act as intermediaries on behalf of clinicians and submit data for the performance categories as applicable.**
- 2. AHN will provide reporting of MIPS through the data bridge between the participating provider's EMR and GE Caradigm. Providers will continue to enter applicable MIPS data fields into their EMR.**
- 3. The first performance period for MIPS is from January 1, 2017 through December 31, 2017. MIPS combines the requirements of the Physician Quality Reporting System, the Value Modifier Program, and the Medicare EHR Incentive Program into a single, improved reporting program. Therefore, the last performance period for these separate reporting programs would be January 1, 2016 through December 31, 2016.**
- 4. The first payment year for MIPS will be 2019, based on the first performance period of 2017.**

St. Joseph's/Candler Advocate Health Network, LLC (SJ/C AHN)

Milestones to Date

1. Summary of activity to date:

- **LLC formed July 7, 2015**
- **All committees engaged and progressing (Legal, Clinical Integration, Payor and Finance and Credentialing/Network Development)**
- **Actively enrolling physicians, current enrollment exceeds 220, heavy concentration of Primary Care**
- **I.T. vendor selected, GE Caradigm, implementation in process**
- **Shared savings model approved**
- **MSSP application in process for submission with a July 31, 2016 deadline as mandated by CMS**

2. Confirmed Traditional Medicare attribution requirement minimum to submit MSSP application to CMS

- **Traditional Medicare Requirement: 5,000 lives**
- **AHN confirmed based upon provider enrollment: 10,000 + lives**

St. Joseph's/Candler Advocate Health Network, LLC

1. Board of Managers

- Comprised of Physician and SJ/C leaders
- Oversees AHN deployment and associated implementation
- Sets the long term goals of the network

2. Officers

- **Chair:** Dr. Tom Philbrick
- **President:** Paul P. Hinchey
- **Treasurer:** Greg Schaack
- **Secretary:** Lenny Panzitta
- **Medicare Beneficiary:** Dr. John Dekle

3. Committee Chairs:

- **Legal:** Dr. Tom Philbrick
- **Credentialing and Network:** Dr. John Odom
- **Clinical Integration:** Dr. Doug Mullins
- **Payer and Finance:** Dr. Barry Schlafstein

St. Joseph's/Candler Advocate Health Network, LLC

Board of Managers

Physician	Specialty
Dr. Tom Philbrick	Radiology
Dr. Mark Winchell	Orthopedics
Dr. Jeanne Hungerpiller	Primary Care
Dr. Doug Mullins	Pulmonology
Dr. Richard McIncrow	Hospitalist
Dr. Karen Turner	Primary Care
Dr. William Wallace	Cardiology
Dr. Barry Schlafstein	Uro Gynecology
Dr. Carlos Rivera	Radiology
Dr. Jay Schyberg	Primary Care
Dr. John Odom	General Surgery
Dr. James Daly	Pulmonology
Dr. Edward Docu	Primary Care
Dr. Gary Branch	Primary Care
Dr. Paul Bradley	Primary Care
Dr. Brian Kornblatt	Emergency Medicine

THANK YOU

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2. Brad Trower, Vice President Business Development

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