MARTIN'S POINT® HEALTHCARE

Medicare Advantage in Practice: Enhanced Care Models for High Need Patients

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Who is Martin's Point Health Care?

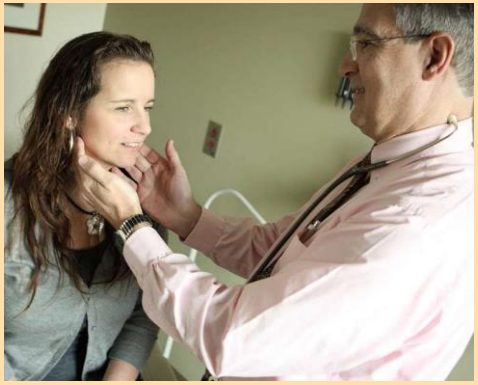
MARTIN'S POINT HEALTHCARE

A not-for-profit health care organization committed to providing the best possible health care experience to its patient and members

Two health plans serving more than 75,000 members

- US Family Health Plan
- Generations Advantage

Seven health care centers serving more than 75,000 patients across Maine and New Hampshire



750+ employees who care for our members and patients each and every day

Approximately 18% of our Health Plan members are also Patients in our Primary Care Delivery System (15% of Medicare Advantage)

Martin's Point Mission & Vision

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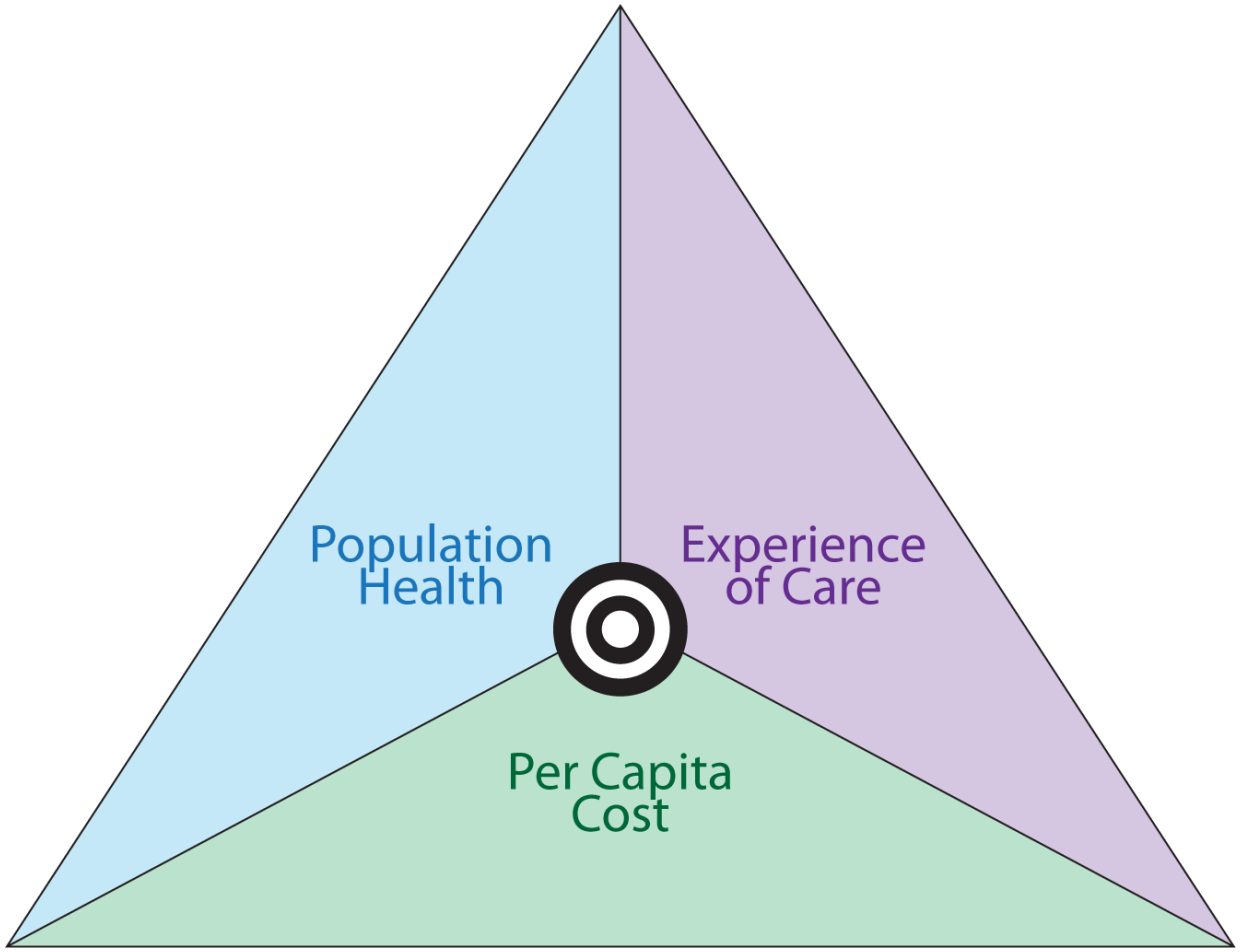
Mission

To create a healthier community through authentic relationships built on trust. "People caring for people."

Vision

Trusted for care. Chosen for service. Uniting the community in affordable health.

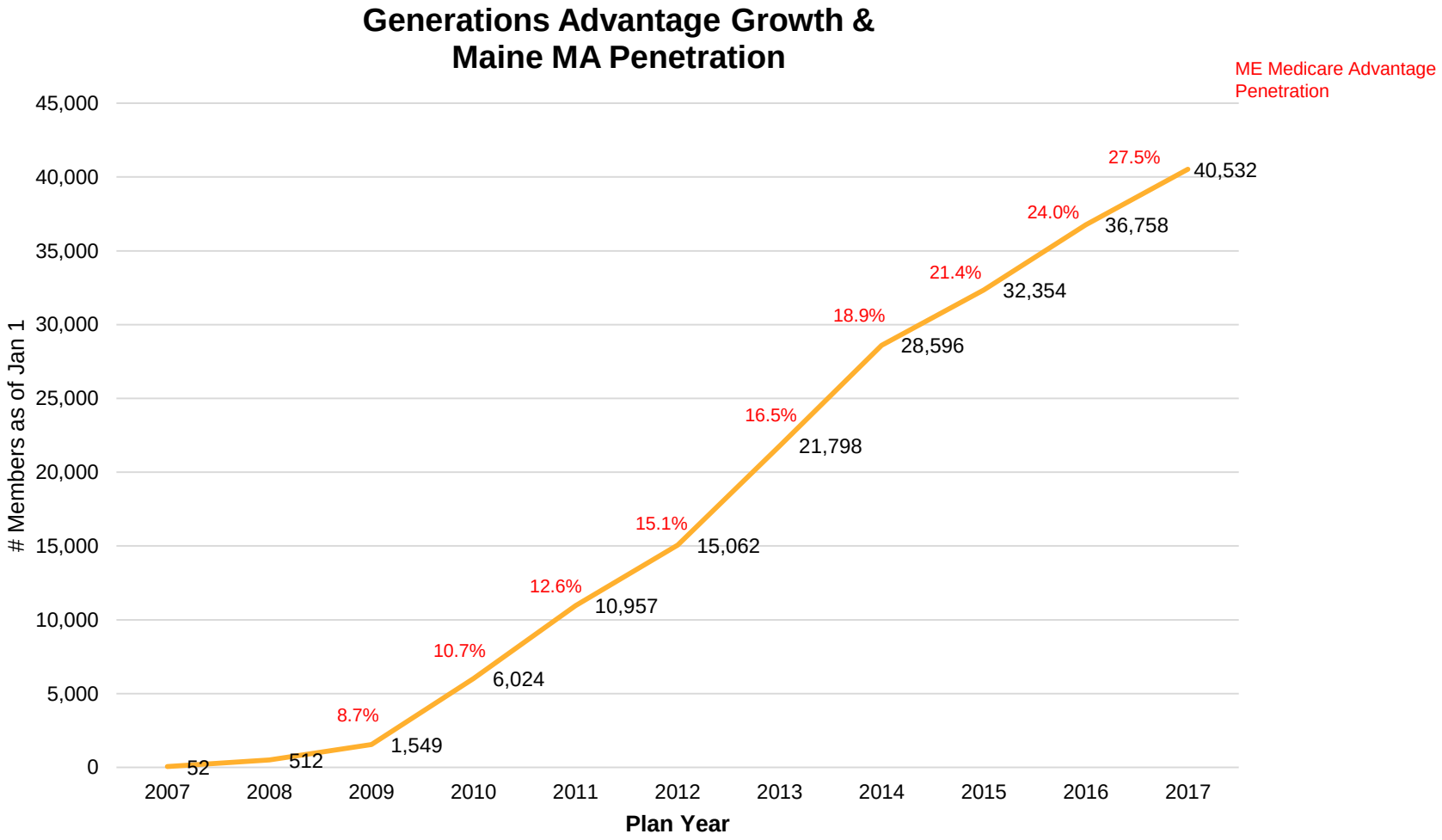
Triple Aim: Framework through which we Create Community Value



Overview of Martin's Point Health Plans

	Generations Advantage	US Family Health Plan
Number of Members (March 2017)	40,873	45,978
Who Do We Serve?	Provides coverage to Medicare Beneficiaries through Medicare Advantage contracts	Provides TRICARE Prime benefits to military retirees & family members and active duty family members
Service Area	ME & 2 NH Counties (Strafford & Hillsborough)	ME, NH, VT, Upstate NY, Northern PA
Quality Ratings	5 Stars 4 out of last 8 years & 4.5 stars other 4 years	NCQA: ME (5 Stars, Excellent); Other States (4.5 Stars, Commendable)

Generations Advantage Growth



Maine - Aging Population Presents Opportunity for Those Serving Senior Market

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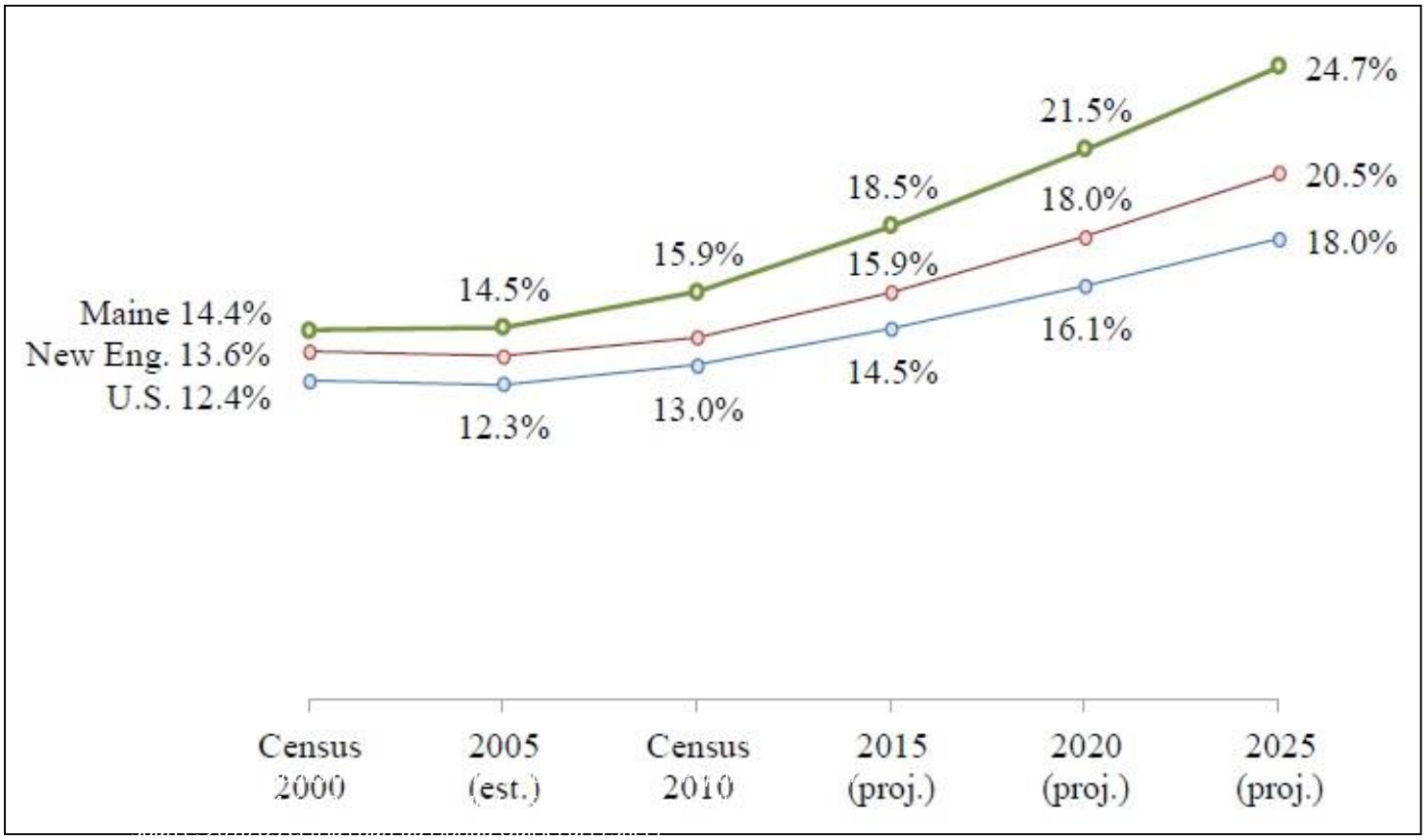
Percentage of Maine Population Age 65+



Source: Older Adults and Adults with Physical Disabilities: Population and Service Use Trends in Maine 2012 Edition, Muskie School of Public Health
Source: 2010 US Census Bureau Florida Quick Facts Sheet
http://quickfacts.census.gov/qfd/states/23000.html

Key Challenges Facing Medicare Advantage in Maine

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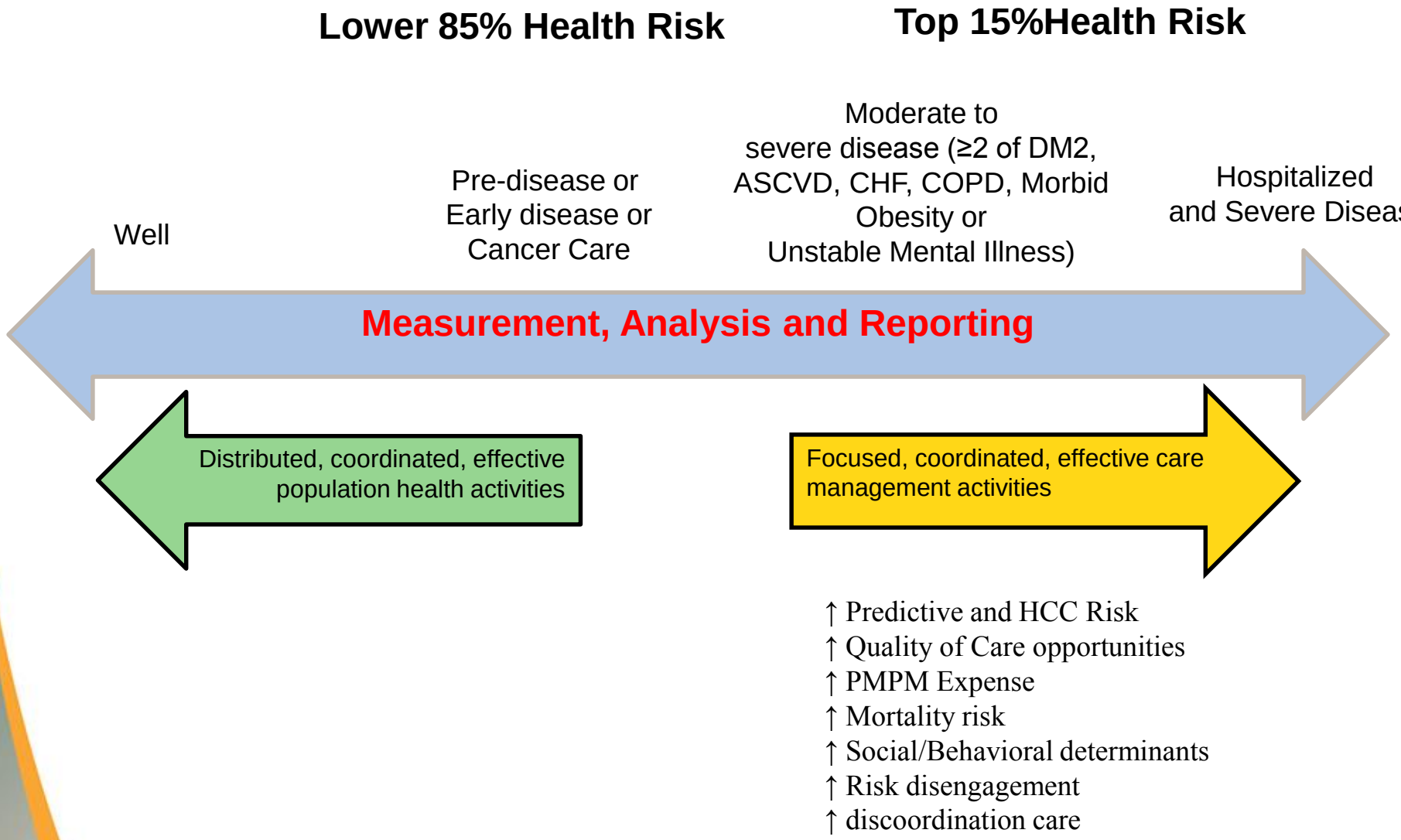
- Access to Care
  - Primary Care; Specialties; Behavioral Health
  - Rural
- Growing competency in diagnosis coding due to relative immaturity of Medicare Advantage
- The hospital market has moved to local monopolies
- Approximately 80% of physicians in Maine are employed by a hospital system
- Year over year intensification of utilization and billing practices

Population Health Continuum



Overall Model of Care

Congestive Heart Failure Telemonitoring Program

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- Population:
  - "Stage C" of Heart Health Program population
- Monitoring through home-based unit to identify management of CHF on day-to-day basis
- Initial population of approximately 400 members
- Outcomes to this point: (12 months post-initial engagement)
  - Readmission rate dropped to 11.9% vs. 21.7% pre-engagement
  - Discharges per 1000 dropped by 15%

Integrated Care Connection Program

- **Designed** to improve the coordination of care for Martin's Point patients with chronic conditions

- **Initial Population:**
  - Members of our Medicare Advantage Plan who are also Patients in Martin's Point's Primary Care Delivery System
  - COPD, Heart Failure, or Diabetes + Utilization (ER or Inpatient Admission) in past 12 months
  - Exclude ESRD, Hospice, Advanced Stages of Cancer

- **Visit Structure:**
  - Initial intensive visit with Population Health Nurse with Physician/NP joining
  - Referral to other services (e.g. pharmacy, arrangement of social support)
  - Follow-up based on care plan progression

"We see you, we hear you, we care."

Integrated Care Connection Program (cont.)

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- **Evaluation of Outcomes (Triple Aim Framework)**

Experience of Care	Health of Population	Cost of Care

• Patient "confidence" question
• Patient phone survey post program completion
• Patient completion of ICC "Table of Contents" & Patient Goals Met
	• Clinical quality measures such as:
	  • A1c control
	  • Immunizations received
	  • Spirometry testing
	• Preventive such as:
	  • AWV or PE scheduled
	  • Advanced Care Directives
	• Medication Adherence
		• Utilization measures:
		  • ER
		  • Inpatient
		  • Re-admissions
		  • SNF admissions
		• PMPM (longer term)

- **Provider and Patient/Member Feedback**

On the Horizon…

- Continued Expansion & Refinement of Current Programs
- Home-Based Care Program
- Partnerships with Area Agencies on Aging
- Working with our local Health System Partners

In Closing…

- The aging of our population only continues
- Challenges with access to care will continue to present themselves
- Continue to focus on improving the health of our populations and brining community value through the Triple Aim