OneCare

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Fredrick Wallisch, MD,
OCC Market Medical Director

Letter from the Medical Director

Happy 2018 to one of the top performing Next Generation ACO networks in the country!

As we look forward to our third year participating as a Next Generation Model ACO, I want to take a minute and say thank you to the entire Care Advising team, physicians and APPs; and to the supporting offices for making 2016 and 2017 so successful. We have come a long way together over the past two years.

At any one point in time, more than 600 Medicare patients are enrolled in a care program aimed at improving the quality of care, patient self-management skills, and reducing the total cost of care for our population. In 2016, Deaconess Care Integration ended the year as the 4th ranked Next Gen ACO from a savings perspective!

Your work with Care Advisors, willingness to perform risk adjustment visits, and focus on closing gaps in care has led to these results. Many of you have also participated in pilot programs for Congestive Heart Failure (CHF), EPIC-based risk adjustment, and Emergency Department (ED) utilization reduction. All of these efforts have benefited the entire network.

Looking forward to 2018, we anticipate continued financial and quality success for our 2017 efforts and we are excited to initiate several new programs. We will continue with our current activities with CHF and ED utilization and begin work on new initiatives around Chronic Kidney Disease (CKD), EPIC-based risk adjustment solutions and more to continue our work improving care for the patients we serve.

Again, thank you for all the hard work and dedication over the past two years, and here's to a great 2018!

Thanks,
Fred

2017 Successes

Looking back, 2017 was one of our most productive years to date. We achieved all of our care program engagement goals, ED Initiative and 3-Day SNF Waiver goals. We also launched a new Payer (UHC), became the fourth best performing Next Gen ACO (NGACO) in the country, achieved the highest Anthem Medicare Advantage quality score in the state of Indiana, launched an EPIC risk adjustment pilot, launched a CKD pilot, trained all non-EPIC practices on Identifi Practice, and launched Advanced Illness Care. Final savings numbers are still being calculated but it appears we have also hit our CHF Initiative goals and risk adjustment goal for NGACO. It's truly amazing to think back on all that we accomplished this past year—and this list doesn't even capture everything! This is truly a testament to the strong collaboration between our offices, providers and population health team.

Success Story

This past fall, the OneCare Collaborative Care Advising team received a referral for a patient who stratified for Complex Care. The patient had multiple medical conditions including CAD, COPD and hypertension and a history of frequent ED visits. Tami Muncy, a OneCare nurse Care Advisor

Success Story - *continued*

was assigned to this patient. Upon completion of the initial assessment, Tami found that he also had transportation, anxiety, stress and marital issues. Tami referred the patient to a social worker for additional assistance.

The social worker reached out to the patient immediately and quickly realized that he was in a crisis with no food, money or medication. The patient had even been sleeping in his truck for the past few days. The patient told Tami that due to marital issues, he was unable to get into his house to get his medication.

The social worker went into action. She contacted Adult Protective Services (APS) and worked with the local police. The police helped the patient get back into his home where he was able to take a shower, eat some food, and take his medication. The social worker then helped the patient get into a shelter and obtain transportation. Over time, the social worker also helped the patient develop the skills needed to better self-manage. The patient's nephew even became involved which was a tremendous help to all.

The support of the Care Advising team played an important role in helping this patient get back on track. He met all of his personal health goals and completed the recommendations of his social worker and Care Advisor. As a result, he was able to graduate from the Complex Care program. Now the patient is back living in his own home and managing his finances. He is taking his medication as prescribed and has transportation set up for his doctor's appointments. Since the intervention of the OneCare Care Advising team, the patient has not had any further ED visits or hospitalizations.

2018 Initiatives

Looking ahead to 2018, we are gearing up for another very successful year. Here's what we'll be working on:

RISK ADJUSTMENT
We have worked with our EPIC Risk Adjustment pilot providers, Physician Advisory Council (PAC), Risk Adjustment team, and EPIC team to make enhancements to our 2017 EPIC Risk Adjustment process based on lessons from our pilot. For 2018, we hope to launch EPIC Risk Adjustment for all EPIC providers. Our actuarial analysis shows that EMR integration of Risk Adjustment leads to concordance rates that are 60% higher! This will help us ensure we can hit our payer targets and that we are appropriately documenting the burden of illness for our patients which helps us ensure that the right patients are being stratified for clinical programs.

CHRONIC KIDNEY DISEASE INITIATIVE (CKD)
In 2017, we learned that we have an opportunity to better manage patients who have CKD Stage 4 & 5 by not only managing the patient better but also connecting them to a nephrologist if they don't already see one. This initiative stemmed from our Specialist Council, where several providers helped us review and establish a pilot process. We hope to continue to roll this out in 2018. Be on the lookout for more information from your Population Health Manager (PHM).

ED AVOIDANCE INITIATIVE
Our ED Avoidance Incentive Initiative last year far exceeded our expectations. We had planned for ~80 providers attesting to one of our three tiers. However, we ended up having more than 200 attest (the majority being at Tier 3, our highest level). We also saw more than 400 total changes made at offices throughout OneCare! In 2018, we

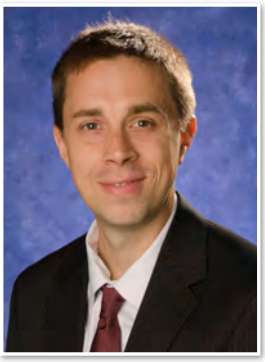
2018 Initiatives - *continued*

will continue the groundwork laid for this initiative, but instead start to focus on outcome-based results. More information will be coming from your PHM soon.

CLINICAL PROGRAMS
In 2017, we rolled out the Advanced Illness Care program for the first time. We hoped to engage 89 patients, but ended up engaging 103 (which doesn't include all outreach attempts)! As previously noted, we also surpassed our engagement goals for both Complex Care and Transition Care. We plan on continuing to meet our engagement targets in 2018, but we're also exploring launching a Behavioral Health Program and a program to embed Transition Care Advisors in pre-identified SNFs.

OTHER INITIATIVES
While our full list of 2018 initiatives is still being polished, we also hope to continue to build upon our 3-Day SNF Waiver efforts, CHF Management initiative, and Dialysis Transportation initiative. We're also looking at a process around awareness for specialty drug usage.

Get to Know your OneCare Team: Nick Dus



OCC: Tell us about your background and how you came to be the OneCare General Manager.
ND: I received a bachelor and master in health administration from Indiana University. Prior to my current role as General Manager, I was the Quality Lead and Market Operations Lead for OneCare over the past two and a half years. Prior to OneCare, I worked at Deaconess for six years in a variety of roles including management engineering, Six Sigma, orthopedics and patient affairs. I also worked for two years in process improvement at Vectren Corporation. I was drawn to OneCare to get in at the forefront of population health. Some of the activities Deaconess is engaged in like EMR risk adjustment, proactive care, clinical care management and value based contract models with national payers are at the forefront of healthcare and being done by very few health systems nationwide.

OCC: How long have you been in this role?
ND: I have been in my role as General Manager for about one month. I enjoy working with exceptional individuals that are leaders dedicated to improving the patient care experience, improving the health of populations and reducing the cost of healthcare.

OCC: How would you describe your role and responsibilities as a General Manager?
ND: I work very closely with our Market Medical Director, Dr. Fred Wallisch, and Heather Orth who is now a Regional Market President for Evolent Health. As a part of my role as General Manager I have responsibility for overseeing the delivery of services to our network and the ongoing management of the population health infrastructure. This is accomplished by regularly meeting and reviewing financial, clinical and quality data with our ACO Boards, the Payers we have value contracts with, and key market/health system committees and teams to ensure we are achieving our business case goals.

OCC: What is a helpful resource for providers and practices if they have questions about population health activities?
ND: Our Population Health Managers are a great resource to providers and practices. Please be sure to talk to your assigned Population Health Manager if you have questions as we implement new initiatives, programs and processes. The goal of Population Health Managers is to be in the office assisting as much as possible, answering questions and providing additional clarity.

OCC: How do you like to spend your free time outside of work?
ND: I have a wonderful wife and three kids (aged 7, 4, and 4 months) who I love to spend time with. I also enjoy jogging and hope to pick up golf again once my children are old enough and hopefully have an interest!

The 2018 OneCare Collaborative Population Health Team

Julie Anderson, RN
Care Advisor

Kelly Banning
Population Health Manager

Alescia Bradshaw, RN, BSN
Care Advisor

Lynn Brower, RN
Care Advising Manager

Crystal Chaney, RN
Care Advisor

Kim Childers, MSW
Social Worker

Jessica Cooper, RN
Care Advisor

Nick Dus
Market General Manager

Rachael Farmer, RN
Care Advisor

Kristina Gentil, RN
Care Advisor

Kimberlee Goldbach, RN, BSN
Care Advisor

Sharon Goodman, RN, BSN
Care Advisor

Amy Kennedy
Population Health Manager

Krista Kiefer, RN
Care Advisor

Simone LaGrone
Outreach Specialist

Haven Moore, RN
Care Advisor

Stacey Morris
Market Operations Manager

Tami Muncy, RN
Care Advisor

Melissa Norman, RN
Director, Clinical Operations

Heather Orth, RN, MBA
Regional Market President

Amy Pritchett, RN
Population Health Manager

Michelle Reising, RN
Care Advisor

Paige Rowe, RN, BSN
Care Advisor

Christine Sides
Coordinator, Market Operations

Kristina Tate, RN, CCM
Care Advisor

Fred Wallisch, MD
Market Medical Director

Megan Wathen, RN
Care Advisor

Brian Whitman, RN
Care Advisor

Deaconess Care Integration Compliance Plan

Deaconess Care Integration (DCI), our Medicare Next Generation ACO, appreciates you and your leadership in our commitment to exceptional patient care. As part of our DCI compliance plan we are required to provide education on Compliance, Privacy and Fraud, Waste and Abuse as defined by federal law. Below, please find an educational document on Fraud, Waste and Abuse along with a website for further information. If you are a participating provider in Deaconess Care Integration, please review these materials and familiarize yourself with their content. If you have any questions regarding the information provided, feel free to contact our Compliance Officer Mindy George at 812-450-2361.

REVIEW OF FRAUD, WASTE, AND ABUSE FOR MEDICAL STAFF

According to the Government Accounting Office (GAO), healthcare fraud and abuse accounts for as much as $100 billion of all healthcare costs annually.

DEFINITIONS	**Fraud** – Intentionally or knowingly and willfully attempting to execute a scheme to falsely obtain money from any health care benefit program. **Waste** – Occurs when there is over-utilization of services, or other practices that result in unnecessary costs. **Abuse** – Improper behaviors or billing practices that create unnecessary costs. The state of mind is what separates fraud from abuse.
NAVIGATING FRAUD & ABUSE LAWS	**The Civil False Claims Act** [31 U.S.C. §§ 3729–3733] addresses fraudulent billing of the Federal Government. This Act assigns liability to any person who knowingly submits a fraudulent claim for payment to the Federal Government. It also addresses the creation and submission of false records relating to false claims, among other provisions. **Anti-Kickback Statute** [42 U.S.C. § 1320a-7b(b)] states that anyone who knowingly and willfully receives or pays anything of value to influence the referral of Federal health care program business, including Medicare and Medicaid, can be charged with a felony. In the Federal health care programs, paying for referral is a crime. **Physician Self-Referral Statute** [42 U.S.C. § 1395nn] prohibits, with certain exceptions, the practice of physicians' referring patients to facilities in which they have ownership or other financial interests. **The Civil Monetary Penalties** [42 U.S.C. § 1320a-7a] law covers an array of fraudulent and abusive activities and is similar to the False Claims Act. **The Exclusion Statute** [42 U.S.C. § 1320a-7] excludes individuals or entities from participating in the Medicare or Medicaid program from a minimum of 3 to 5 years, depending on the offense, to possible lifetime exclusion. **Criminal Health Care Fraud Statute** [18 U.S.C. Section 1347] prohibits knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program; or to obtain (by means of false or fraudulent pretenses, representations, or promises) any of the money or property owned by, or under the custody or control of, any health care benefit program; or in connection with the delivery of or payment for health care benefits, items, or services. Proof of actual knowledge or specific intent to violate the law is not required. **Penalties for violations of these laws include monetary penalties, exclusion from participating in federal health care programs, and/or imprisonment.**
RECOGNIZING FRAUD, WASTE, & ABUSE	EXAMPLES: Illegal payment schemes; Falsifying information; Unnecessary treatment; Billing for services not rendered; Double billing; Upcoding; Unbundling; Altering claim forms
CONTACT INFORMATION FOR COMPLIANCE OFFICER	Mindy George, Email: mindy.george@deaconess.com Phone: 812-450-2361, Fax: 812-471-2061, Anonymous Hotline 1-855-834-6438
FOR MORE INFORMATION	The website of the Office of Inspector General of DHHS offers free educational resources, and one of note is **A Roadmap for New Physicians** which summarizes the five most important Federal fraud and abuse laws that apply to physicians and provides tips on how physicians should comply with these laws in their relationships with payers, vendors, and fellow physicians and other providers. http://oig.hhs.gov/compliance/physician-education/index.asp