

Population Health Solutions for Employers

MEDIA RESOURCES



ABOUT MISSIONPOINT

MissionPoint's mission is to make healthcare more affordable	Э,
accessible and improve the quality of care for our members.	

MissionPoint Health Partners currently serves 250,000 members in six states across the country.

Our proven results include lowering healthcare costs for members and employers, helping health systems become a provider of choice for new members, and improving the overall health and healthcare experience for our members.



MISSIONPOINT'S FOUR AIMS











MEET MISSIONPOINT

WE ARE A POPULATION HEALTH MANAGEMENT COMPANY



CREATING SUSTAINABLE SOLUTIONS FOR DECREASING HEALTH CARE COSTS
BY FOCUSING ON THE MEMBERS WHO NEED HELP







THE MISSIONPOINT MODEL: 3 CORE PARTS



Aligned providers and facilities improving care coordination and delivery



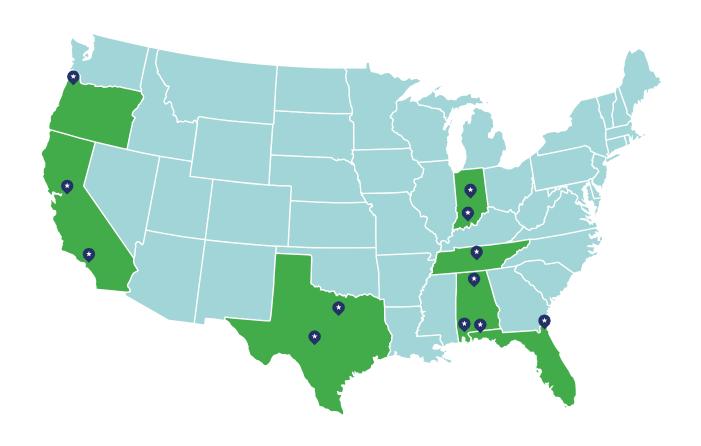
Trained clinical and non-clinical professionals working one-on-one with members



Robust analytics targeting interventions, driving actions and measuring results



PART OF GROWING NATIONAL NETWORK



7

STATES SERVED

8,200 +

PROVIDERS

250K

MEMBERS

\$1.5B

HEALTH SPEND MANAGED 5

ONSITE &
MULTI-EMPLOYER
CLINICS





OF ALIGNED PROVIDERS
AND FACILITIES





CLINICALLY INTEGRATED NETWORKS

HIGH-QUALITY, LOWER COST NETWORKS IMPROVE CARE & DECREASE COSTS

- Networks include all elements necessary to provide comprehensive care:
 - PCP, specialists, mid-level providers
 - In-patient/out-patient facilities
 - · Specialty care, home health, etc.
- Members incented to use network via benefit design
- Claims data reviewed to ensure network meets needs of employer
- Ongoing gap analysis ensures network meets changing demands of growing employers



BENEFIT DESIGN DRIVES
MEMBERS INTO NETWORK



LEVERAGE PCPs TO REDUCE COSTS

MISSIONPOINT MODEL DRIVES MEMBERS TO SELECT PRIMARY CARE

- Employees with designated Primary Care:
 - More likely to get preventative services
 - Manage chronic disease more effectively
 - More satisfied with their care
- Primary Care usage drives:
 - Reduced hospital admissions
 - Reduced unnecessary ER visits
 - Reduced inappropriate specialty consultations



*Health Affairs.org abstract: "Primary Care: Can it Solve Employers' Health Care Dilemma?"





UNIQUE CLINICAL MANAGEMENT MODEL



TRAINED CLINICAL AND NON-CLINICAL PROFESSIONALS WORKING ONE-ON-ONE WITH MEMBERS



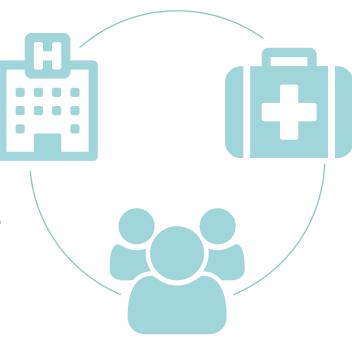


UNIQUE CLINICAL MANAGEMENT MODEL

SUPPORTED BY HEALTH PARTNERS

Specialized Teams Meet Members Where They Are In Their Healthcare Journey

- Health Partners are local in each market
- Four teams address unique member needs
 - Whole person model of care
- High-touch model meets patient at points of care
 - Hospital/ER alerts enable prompt outreach
 - Visit members in hospital, ER, physician office, home
 - Work with members without fixed process or time constraints
- Support care plans of providers
- Work with any member employee or dependent



HEALTH PARTNERS
WORK WITH MEMBERS
AND CAREGIVERS



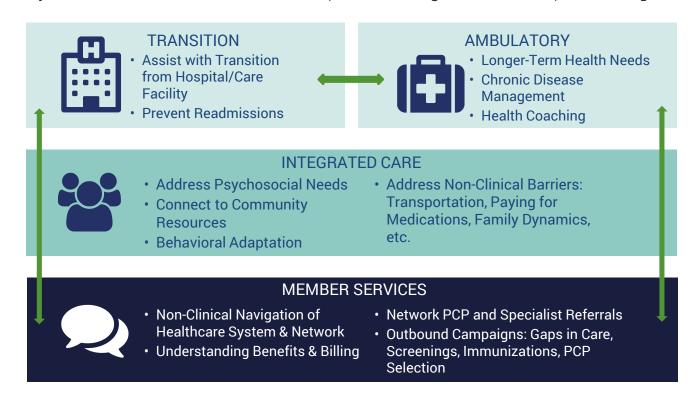
ADDRESSING EACH MEMBER'S UNIQUE NEEDS

FOUR TEAMS WORKING TOGETHER TO SOLVE MEMBER'S ISSUES

MEMBER CONNECTS TO HEALTH PARTNER

Proactive Outreach Based on Cost or Risk

Physician Referral • Self Referral • Hospital Discharge • ED Visit • Specific Diagnosis







MEETING THE NEEDS OF MEMBERS

HEALTH PARTNER ACTIVITIES CUSTOMIZED TO MEMBER'S NEEDS

- In person visits: Hospital, home, provider office
- Follow-up after hospital or ER discharge
- Assessments: Depression, falls risk, food insecurity, financial stress, and more
- Medication reconciliation and safety checks
- Manage chronic diseases or understand new diagnosis
- Removing barriers: Transportation, food insecurity, budgeting challenges, preparation for provider visits
- Behavioral and mental issues Connect to network, community and employer resources (EAP)
- Connection to resources for non-clinical needs: Community and social services; assistance enrolling and participating in programs
- Health and lifestyle coaching
- Navigation: Finding PCP, specialists, setting appointments







ROBUST ANALYTICS HELP TARGET INTERVENTIONS AND DRIVE RESULTS





USING DATA TO UNDERSTAND A POPULATION

SMALL NUMBER OF INDIVIDUALS DRIVE SIGNIFICANT COSTS



PLAN PAID BY INDIVIDUAL SPEND STRATIFICATIONS SELF-INSURED EMPLOYER A		
PERCENT COSTLIEST INDIVIDUALS	CONTRIBUTING TO PERCENT OF SPEND	
1%	32%	
5%	62%	
10%	75%	
20%	87%	
50%	98%	
100%	100%	

Dependents often drive 60% - 70% of costs





DATA DRIVES DECISIONS & OUTREACH

POPULATION 360 ANALYSIS

Comprehensive review of population

- Driven by analysis of claims data
- Members assigned risk score
- Identifies high cost and high risk members
- Identified trends, comparison to localized benchmarks
- Consistently updated to provide up-to-date profile of population







CARE MANAGEMENT TOOL

Comprehensive view of each member's health

- Health Partners have access to data to understand a member's health profile:
 - Population 360 risk score
 - Diagnoses
 - Admissions to ER or hospital
 - Medications
 - Providers/Care team
 - Care notes from Health Partner team
 - Care Paths developed via best practices
- Powered by claims data, ongoing updates
- Health Partners able to hospital and provider EHRs

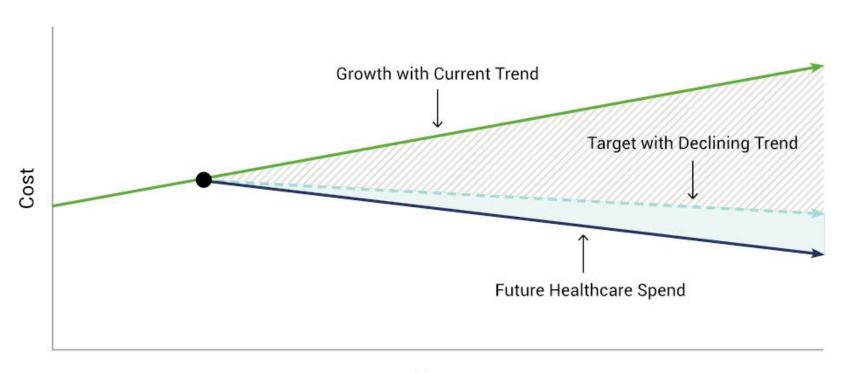




BENDING THE TREND: LOWER COST OF CARE

MISSIONPOINT SEEKS TO LOWER THE OVERALL COST OF CARE

By Leveraging High Value Networks & Delivering More Services to Those in Need



Time





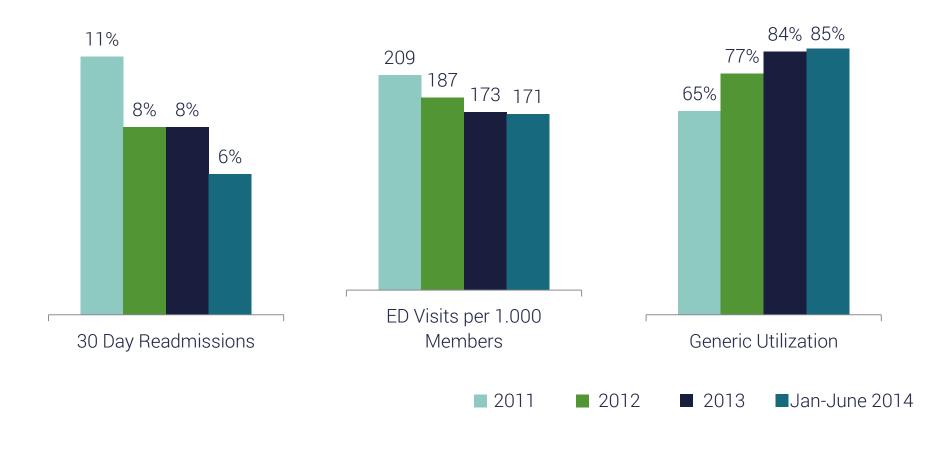


MISSIONPOINT RESULTS

PERFORMANCE RESULTS FOR EMPLOYER

CLINICAL MANAGEMENT & HIGH VALUE NETWORK CONTINUES TO DRIVE SAVINGS

KEY PERFORMANCE METRICS BY YEAR



CONTINUOUS SAVINGS FOR EMPLOYER

CLINICAL MANAGEMENT & NETWORK CONTINUE TO DRIVE SAVINGS







DRIVING SAVINGS IN MEDICARE

MODEL ALSO DRIVES SAVINGS IN MEDICARE

MissionPoint Participates in Medicare Shared Savings Programs (MSSP) in Seven Markets

INPATIENT COST PER BENEFICIARY

-7.08%

% DECREASE FROM 2012 - 2013 ALL MSSP ACO AVERAGE CHANGE: +0.19% ED VISITS PER 1,000

-6.73%

% DECREASE FROM 2012 - 2013 ALL MSSP ACO AVERAGE CHANGE: +0.00% POST-ACUTE COST PER BENEFICIARY

-20.02%

% DECREASE FROM 2012 - 2013 ALL MSSP ACO AVERAGE CHANGE: +2.35%

2013 Nashville Results



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