



RMHN Board Meeting
 November 4, 21014 – 5:15 PM
Mansfield Center – Rooms 1 & 2

AGENDA

TOPIC	PRESENTER	DECISION, DISCUSSION, TIME
1. Consent Agenda <ul style="list-style-type: none"> a. Minutes – Oct 2014 Board Meeting b. Credentialing c. Financials 	Greg McDowell, MD, Board Chair Dale Squires, Director of Finance	Decision – 10 min
2. Medicare Shared Savings Plan Gap Analysis	Carol Beam, President/CEO RMHN	Discussion – 15 min
3. Humana Medicare Advantage Plan	Carol Beam, President/CEO RMHN	Discussion – 15 min
4. Anesthesia Partners Update	Carol Beam, President/CEO RMHN	Discussion – 5 min
5. Big Sky Healthcare Credentialing, LLC Financial Update	Carol Beam, President/CEO RMHN	Discussion – 5 min
6. New Office Space - Move	Carol Beam, President/CEO RMHN	Discussion – 5 min
7. Website Updates	Carol Beam, President/CEO RMHN	Discussion – 5 min

Next Meeting: December 2, 2014, 5:15 PM – Mansfield Center, Burns West



ROCKY MOUNTAIN HEALTH NETWORK
Board of Directors Meeting
 October 7, 2014

PRESENT:		ADMINISTRATIVE:	ABSENT:	GUESTS:
Carol Beam, President & CEO - RMHN Dennis Maier, MD Greg McDowell, MD – Board Chair Jeff Zavala, MD; SVPN CMO; RMHN Medical Director John Jenkins, MD Michael Brown, MD Mitch Gallagher, MD Ron Oldfield, VP/CFO - SVPN Roy Strong, CEO – Ortho Montana		Cheryl Ross, Executive Assistant Dale Squires, Director of Finance Mary Holten, Director of Operations	Blackshear M. Bryan, MD Ben Marchello, MD Catherine Bealer, RN, MHA, FACMPE Debra Sheppard, PhD Erica Seas, MD Kert Christensen, DO Kevin McBride, OD Steve Loveless, CEO – SVH Vicky Lister, FACE, Exec Director – SVHN	
TOPIC	DISCUSSION	RECOMMENDATION/MOTION		ACTION/FOLLOW-UP
NEW BUSINESS				
	Meeting was called to order, 5:17 pm			
1. Consent Agenda a. Minutes – Sept 2014 Board b. Credentialing c. Financials	Greg McDowell, MD (Board Chair) presented the consent agenda for October 2014, meeting included minutes from September 2, 2014, providers and facilities to be credentialed and recredentialed (including St. James in Butte), and the August 2014 financials. Three additional providers were added to the credentialing list after the board packages were emailed; the board members will receive the updated list via email.	Motion made and carried to approve the consent agenda. Motion approved.		Dr. McDowell requested Dale create a more simplified Financial Reporting mechanism.
2. Provider/Payer Meetings	Ron Oldfield, VP/CFO at SVH provided an overview of proposed changes to the BCBS of Montana products. BCBS of Montana is now owned by HCHS (Health Care Service Corporation). BCBS is intending to create two products in Billings with “mico-networks” – available starting in 2016. The “micro-network” products will require a longer term commitment.			

All data, reports, records, evaluations, minutes, reviews and other documents completed by or at the request of this Committee in fulfilling its role and responsibilities are deemed peer review and, therefore, confidential pursuant to the SCLHS Policy on Confidentiality Pertaining to Quality Reports and Peer Review, and pursuant to the Montana State Peer Review Protection Act [Sec. 37-2-201, et seq., MCA, and 50-16-201, et seq., MCA]

TOPIC	DISCUSSION	RECOMMENDATION/MOTION	ACTION/FOLLOW-UP
NEW BUSINESS Continued			
2. Provider/Payer Meetings Continued	<p>BCBS of Montana has defined the “micro-network” such that a provider or facility would choose which hospital in Billings to align with. Providers would not be able to be included in more than one network.</p> <p>Discussions are continuing between SVH and BCBS. RMHN has requested to be kept in the loop.</p>		Carol and Ron will keep each other informed of BCBS discussions and developments.
3. New Office Space	Carol Beam indicated that RMHN has a lease agreement with Billings Clinic until February 28, 2015. Still looking at spaces.		
4. Anesthesia Partners Update *Follow up meeting	<p>Carol Beam met with Anesthesia Partners again after the initial meeting, and took the uncashed check to the meeting with a membership agreement for signature.</p> <p>Anesthesia Partners explained that they were advised to not the sign the agreement by their attorney, but could not recall the issues with the agreement.</p> <p>Carol Beam sent Anesthesia Partners the contact information for RNHN's Attorney to discuss the issues with their attorney.</p>		Carol Beam will bring an update to the next Board Meeting
5. ACO Update	<p>RMAHN received the 2nd quarter beneficiary list. 650 beneficiaries were sent enrollment notifications. The beneficiary has 30 days to opt out – the date for opting out is October 24th.</p> <p>RMAHN board meets on October 14th. The RMAHN board will be reviewing the “gap analysis” for those beneficiaries in the plan during the first 6 months of the year.</p>		

TOPIC	DISCUSSION	RECOMMENDATION/MOTION	ACTION/FOLLOW-UP
NEW BUSINESS Continued			
6. Cross Tx/Ortho Montana Yellowstone Surgery Center Pilot Program	<p>Roy Strong, MD – Ortho Montana, met with CrossTx. The original plan was to do a pilot program with Yellowstone Surgery Center; the meeting led to the conclusion that YSC was not the best place to test a pilot project with Ortho Montana as the referral system between the organizations was working well.</p> <p>The next option is to see if the platform can work with referrals between Ortho MT and primary care. IMA would be the desired partner for a pilot project. The SVH team participated in a demo of CrossTX and there are some outstanding questions from the demo. There is also an alternative to work with Fuller Family Medicine.</p>		Roy and Carol will continue to work on implementation of an appropriate pilot project.
7. Other	<p>Carol Beam met with Dr. Demars and discussed the Outreach Program. He was interested in the possibility of using a seat on a hospital chartered flight to Glasgow. Will look at the policy again to determine if there is a benefit to putting an addendum in the policy regarding Chartered Flights.</p> <p>Dale reported that RMHN received a letter from HealthShare indicating they are no longer in business due to the lack of secure funding to maintain operations.</p> <p>Information will be available from HealthShare Montana for the next 60 days (from September 27th). All of the data after that time will be purged.</p>	Dr. McDowell suggested that the policy has to be across the board for all providers.	Carol Beam to review the current policy and financial obligation this request would create to determine feasibility.
	There being no other additional business, the meeting adjourned at 6:08 pm.		

RMHN BOARD OF DIRECTORS
November 4, 2014

RMHN Members to be presented to the Board of Directors for Approval:

INITIAL CREDENTIALING

PROVIDER NAME	SPECIALTY	PRACTICE
Tawny L Stark LCPC	Mental Health	Reflections Counseling LLC
Jeremy S DeHerrera DC	Chiropractic	Back In Motion Chiropractic LLC
Christopher Yang MD	Urology	SVH Yellowstone Urology
Lynn A. Curtis MD	Physical Medicine & Rehab	SVPN Occupational Health Clinic
Julpohng Vilai MD	Pediatrics	The Children's Clinic of Billings
Valerie A Caton FNP	Family Nurse Practitioner	SVPN Long Term Care

RECREREDENTIALING

PROVIDER NAME	SPECIALTY	PRACTICE
Robert G. Byron MD	Internal Medicine	SVPN Hospitalists
Megan B. Littlefield MD	Family Medicine	RiverStone Health
Mark W. Schulke MD	Family Medicine	SVPN Broadwater Clinic
Carolyn F. Smith PA-C	Physician Assistant	SVPN Mountain View Clinic
Lori A Forseth, MD	General Practice (not certified)	SVPN Laurel Medical Center
Diane N Burke DC	Chiropractic	Trinity Chiropractic
Devin B Despain OD	Optometry	Billings Family Optical
David R Gumm PhD	Psychology	SVPN Behavioral Health
Jamie L McMillan OT	Occupational Therapy	Ortho Montana PSC
Jessica Stutts PAC	Physician Assistant	Rocky Mountain Vein Clinic
Mark J Haynes DC	Chiropractic	Montana Health Source
Nadine M Hart PAC	Physician Assistant	SVPN Walk-In
Brooke E Yates PAC	Physician Assistant	SVPN Absarokee
Sarah M Stewart, MD	Family Medicine	SVPN North Shiloh
Curtis R Settergren MD	Orthopaedic Surgery	Ortho Montana

FACILITIES
Billings Cataract & Laser Surgicenter
Beartooth Billings Clinic
Big Sky Diagnostic Imaging of Billings
Big Horn County Memorial Hospital
Holy Rosary Healthcare

SUMMARY OF SEPTEMBER
FY2015 FINANCIALS:
ROCKY MOUNTAIN HEALTH NETWORK
RMHN Board Meeting
11/04/14

Finance Committee Meeting (Virtual)

In general, the finances of RMHN have trended toward the upside over the past several months due to stabilized revenue and expenses after the loss of a client for revenue cycle services. Unbudgeted benefit expense increase halfway through the last fiscal year have us continually looking for new opportunities to increase our efficiencies. Please refer to the Balance Sheet ending September 30, 2014 and to the Statement of Profit and Loss for details.

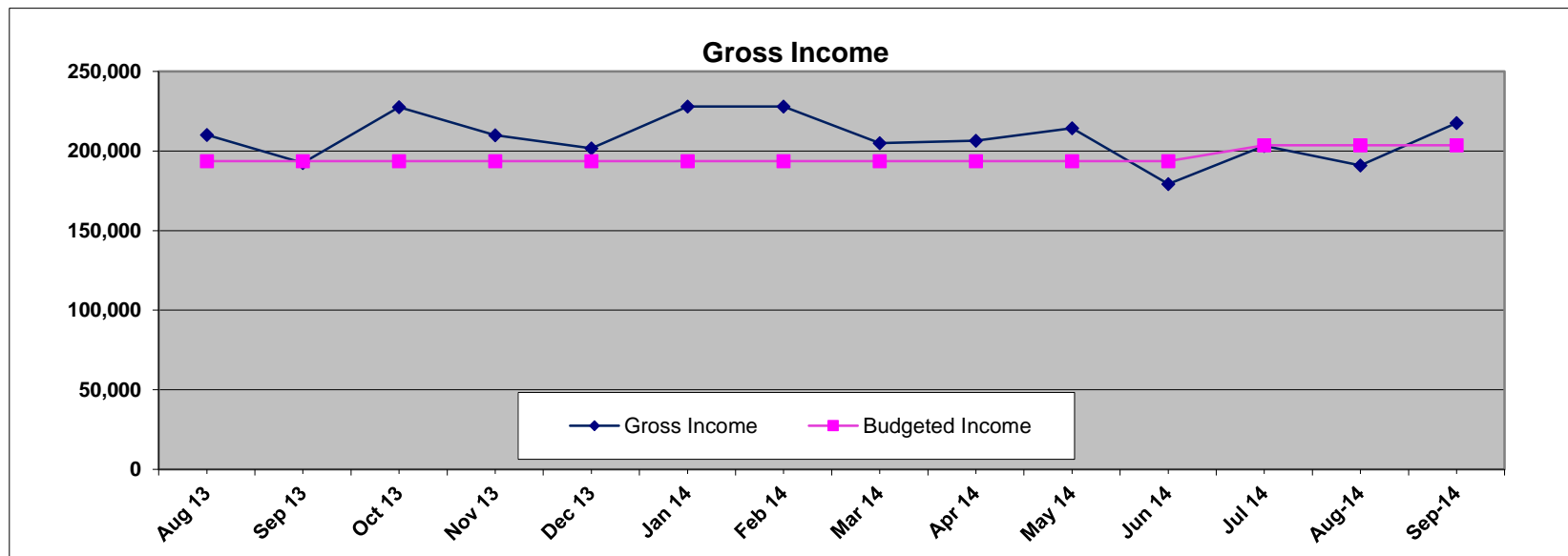
Our AR is \$616,129. The Current Ratio (current assets/current liabilities) is 3.36. Our total assets are \$2.395M. Under Liabilities, the Accounts Payable is \$64,180 to SVH.

Regarding variances in the P&L, the budgeted income and expenses that have varied widely as most of the service lines have been transferred to the centralized Denver office has now come closer to the newer budgeted numbers for our new fiscal year beginning July 1, 2014. Trimming of the expenses will continue. The Billing service line had a decent month (\$6k positive budget variance and YTD positive variance of \$2K). Collections service line had a decent month with a positive variance of \$5K for the month and positive \$19K variance for the YTD. The service line of Administrative Withhold had a no so good a month with a negative variance of \$20K and YTD negative variance of \$26K. (Most of the information we have been requesting has come in from our payers and partners, the reports that we have been requesting from the EPIC system from the Denver office have finally come to be. We are under budget for salaries and benefits for the month (positive variance of \$26K for the month and positive variance of 23K YTD). The salary variance is due to the amount that is being paid for the interim Executive Director (30K a month plus expenses prior to 8/15/14) and also an

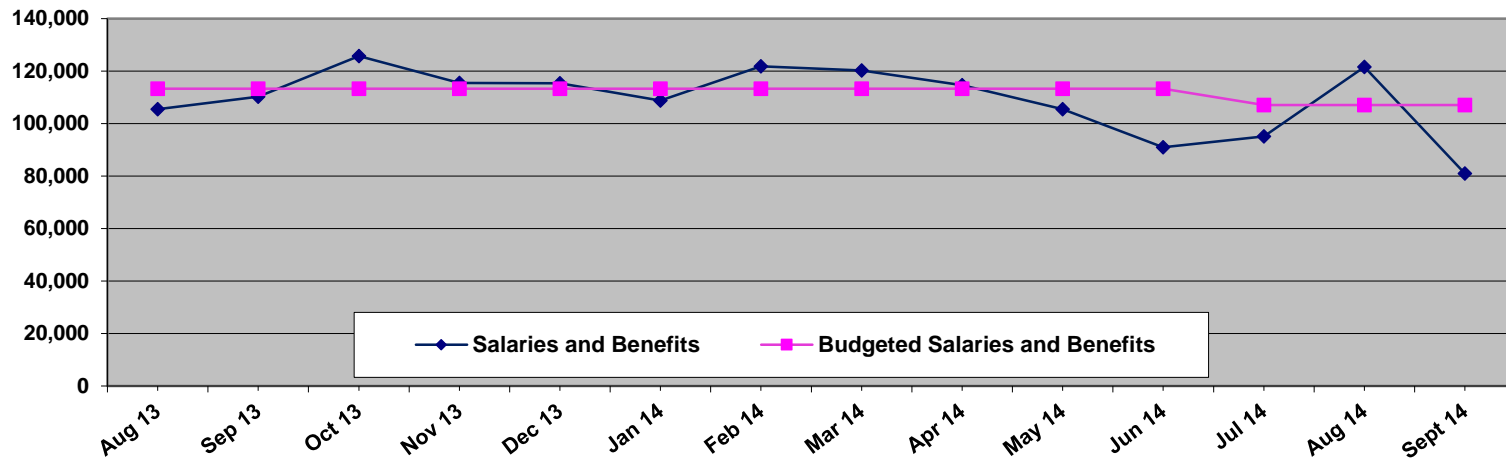
allocation of personnel to the Rocky Mountain Accountable Health Network (ACO) (33% of Steve, Mary and Dale and Carol). The PTO Liability increased due to an employee transfer. Salary expense was listed on our budget reconciliation process and we will continue to strive for efficiencies in all of our processes. We have changed our IT outsourcing company from Eide Bailly in the middle of September 2012 to Altitude Tech and will see a reduction in the cost of the IT support by 40% with an increased level of support.

The sale of our interest in the Rocky Mountain Professional Building attributed to a large gain on that investment when it was posted on 8/25/14 for a gain of \$258K. We also show a slight gain (\$10K) on disposal of assets which would be the sale of the cubicles and other assorted assets that went along with the sale of our interest in the building

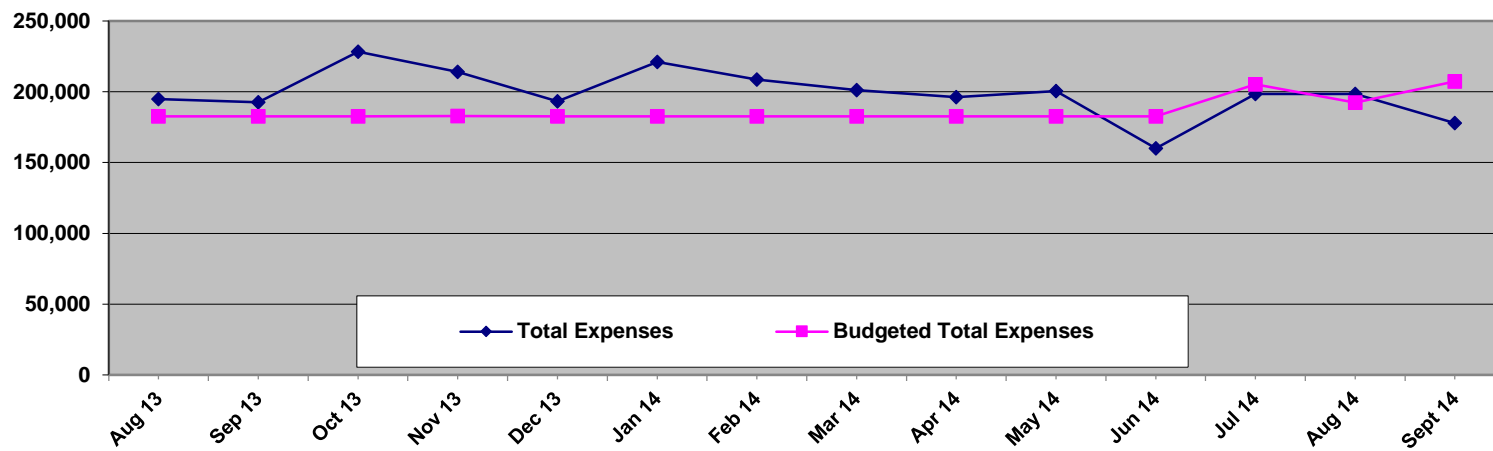
On balance, we show a \$39K gain for the month of September 2014 and 244K gain YTD and a positive \$43K budget variance for the month of September 2014 and a positive \$251K budget variance YTD.



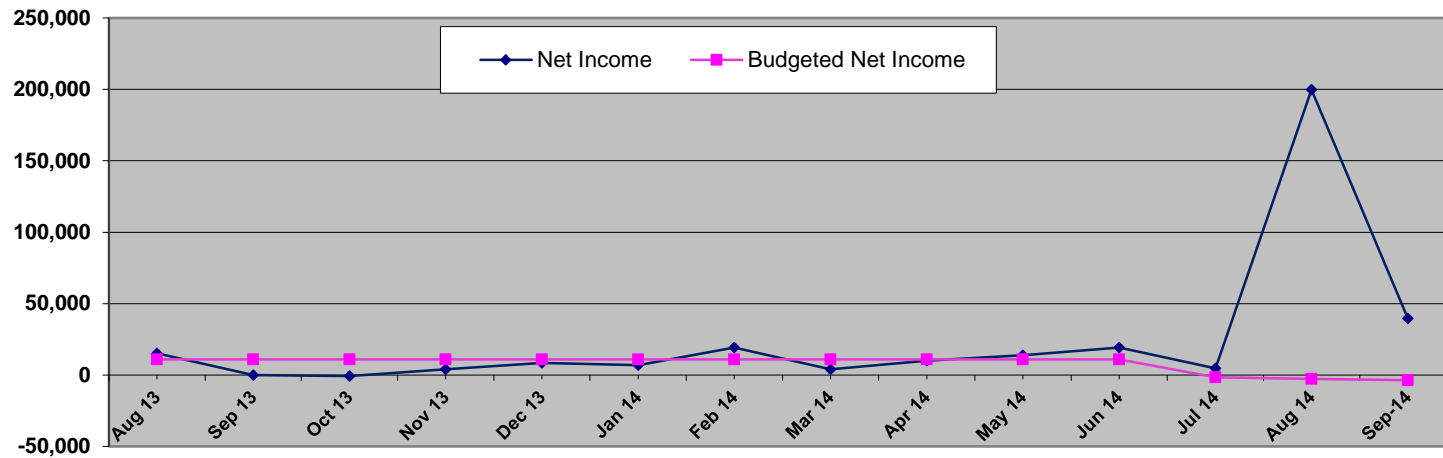
Salaries & Benefits



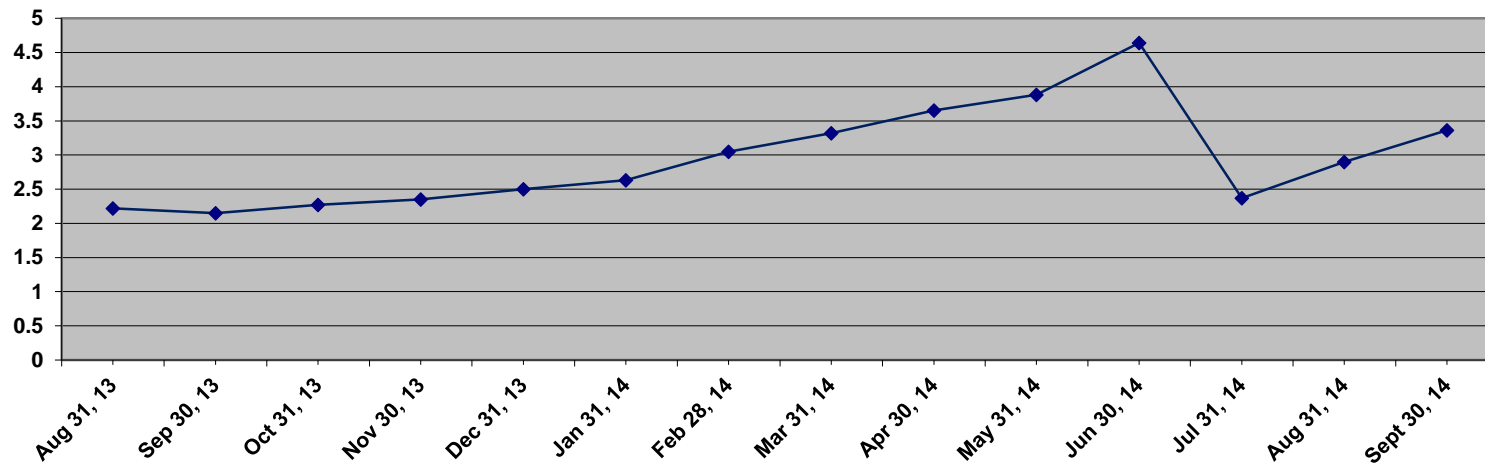
Total Expenses



Net Income



Current Ratio = Current Assets/Current Liabilities



Rocky Mountain Health Network, Inc.
Balance Sheet
As of September 30, 2014

	<u>Sep 30, 14</u>
ASSETS	
Current Assets	
Checking/Savings	
Total Checking/Savings	1,287,574.23
Accounts Receivable	
1200 · Accounts Receivable	<u>616,213.78</u>
Total Accounts Receivable	616,213.78
Other Current Assets	
Total Other Current Assets	<u>564,334.76</u>
Total Current Assets	2,468,122.77
Fixed Assets	
1700 · Computer Software	
Total 1700 · Computer Software	2,271.33
1750 · Office Equipment & Furniture	
Total 1750 · Office Equipment & Furniture	<u>35,855.29</u>
Total Fixed Assets	38,126.62
Other Assets	
Total Other Assets	<u>-110,358.39</u>
TOTAL ASSETS	<u><u>2,395,891.00</u></u>

Rocky Mountain Health Network, Inc.
Balance Sheet
As of September 30, 2014

	<u>Sep 30, 14</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Total Accounts Payable	75,464.79
Other Current Liabilities	
Total Other Current Liabilities	<u>658,938.62</u>
Total Current Liabilities	<u>734,403.41</u>
Total Liabilities	734,403.41
Equity	
Total Equity	<u>1,661,487.59</u>
TOTAL LIABILITIES & EQUITY	<u><u>2,395,891.00</u></u>

Rocky Mountain Health Network, Inc.
Profit & Loss Budget vs. Actual
July through September 2014

					TOTAL			
	Sep 14	Budget	\$ Over Budget	% of Budget	Jul - Sep 14	Budget	\$ Over Budget	% of Budget
Ordinary Income/Expense								
Income								
4000 - Membership Dues	28,516.91	29,560.83	-1,043.92	96.47%	85,089.29	88,682.53	-3,593.24	95.95%
4010 - SVH Matched Funds	28,516.91	29,509.50	-992.59	96.64%	85,089.29	88,528.50	-3,439.21	96.12%
Total 4020 - Administrative Withhold	81,385.78	101,962.92	-20,577.14	79.82%	279,807.49	305,888.72	-26,081.23	91.47%
4030 - Billing Services	26,135.29	20,000.00	6,135.29	130.68%	62,490.40	60,000.00	2,490.40	104.15%
4040 - Collections	14,492.55	9,673.00	4,819.55	149.83%	48,286.34	29,019.00	19,267.34	166.4%
Total 4500 - Telephone Services	36,851.29	3,289.09	33,562.20	1,120.41%	38,953.78	9,867.19	29,086.59	394.78%
Total 4520 - IDX System Lease	-692.63	121.75	-814.38	-568.9%	-249.65	365.25	-614.90	-68.35%
Total 4700 - Sales	333.38	0.00	333.38	100.0%	6,513.31	0.00	6,513.31	100.0%
4750 - Services	2,047.72	8,411.92	-6,364.20	24.34%	5,587.02	25,235.72	-19,648.70	22.14%
Total Income	217,587.20	203,529.01	14,058.19	106.91%	611,567.27	610,586.91	980.36	100.16%
Expense								
Total 6000 - Salaries	63,986.51	78,748.16	-14,761.65	81.26%	238,889.44	236,244.52	2,644.92	101.12%
Total 6500 - Benefits	16,926.71	28,308.08	-11,381.37	59.8%	58,665.64	84,924.32	-26,258.68	69.08%
6560 - Payroll Expenses	0.00	1,173.00	-1,173.00	0.0%	1,078.00	3,519.00	-2,441.00	30.63%
Total 6820 - Taxes	4,685.96	1,511.67	3,174.29	309.99%	13,092.11	4,534.97	8,557.14	288.69%
Total 7320 - Office Supplies	1,000.03	1,091.83	-91.80	91.59%	3,157.60	3,275.53	-117.93	96.4%
Total 7350 - Postage and Delivery	649.22	923.42	-274.20	70.31%	2,454.26	2,770.22	-315.96	88.59%
Total 7400 - Purchased Services	4,390.15	5,253.07	-862.92	83.57%	13,043.41	15,759.33	-2,715.92	82.77%
Total 7450 - Professional Fees	8,368.75	2,452.50	5,916.25	341.23%	13,373.25	4,357.50	9,015.75	306.9%
Total 7600 - Insurance	4,213.26	4,252.92	-39.66	99.07%	12,639.74	12,758.72	-118.98	99.07%
Total 7710 - Rent	13,456.40	38,373.00	-24,916.60	35.07%	88,210.02	115,119.00	-26,908.98	76.63%
Total 7770 - Utilities	1,235.15	1,487.83	-252.68	83.02%	4,582.66	4,463.53	119.13	102.67%
Total 7820 - Telephone	2,554.52	2,379.08	175.44	107.37%	6,804.85	7,137.24	-332.39	95.34%
Total 7840 - Computer Expense	8,930.30	11,862.83	-2,932.53	75.28%	30,134.16	35,588.57	-5,454.41	84.67%
7860 - Donation	0.00	833.33	-833.33	0.0%	0.00	2,500.03	-2,500.03	0.0%
Total 7870 - Travel & Ent	6,297.76	10,779.82	-4,482.06	58.42%	24,163.48	32,364.62	-8,201.14	74.66%
7895 - Miscellaneous	3.50				4.43			
Total 7969 - Depreciation Expense	858.46	3,002.84	-2,144.38	28.59%	6,864.20	9,008.44	-2,144.24	76.2%
8151 - Bank Service Charges	636.04	494.92	141.12	128.51%	2,372.82	1,484.72	888.10	159.82%
8154 - Bad Debt Expense	324.69	445.83	-121.14	72.83%	915.66	1,337.53	-421.87	68.46%
8165 - Gain/Loss on Disposal of Assets	0.00				-9,961.26			
Total Expense	138,517.41	193,374.13	-54,856.72	71.63%	510,484.47	577,147.79	-66,663.32	88.45%
Net Ordinary Income	79,069.79	10,154.88	68,914.91	778.64%	101,082.80	33,439.12	67,643.68	302.29%
Other Income/Expense								
Total Other Income	-15,950.47	-6,627.75	-9,322.72	240.66%	208,619.81	-19,883.25	228,503.06	-1,049.22%
8220 - Federal Tax Expense-Provision	23,429.81	7,126.42	16,303.39	328.77%	65,460.57	21,379.22	44,081.35	306.19%
Net Other Income	-39,380.28	-13,754.17	-25,626.11	286.32%	143,159.24	-41,262.47	184,421.71	-346.95%
Net Income	39,689.51	-3,599.29	43,288.80	-1,102.7%	244,242.04	-7,823.35	252,065.39	-3,121.96%

The background of the slide is a photograph of a mountain climbing scene. In the foreground, a person's hands are visible, wearing a blue jacket, holding a thick, braided orange and yellow rope. The rope is knotted and extends across the frame. In the background, a hiker in a red jacket is standing on a rocky peak, also holding a rope. The landscape is filled with snow-capped mountains under a blue sky with scattered white clouds.

Rocky Mountain Accountable Health Network 2014 Quarter 2 Experience

7 October 2014



ACO QUALITY OF CARE MEASURES

OVERVIEW OF MEASURES

- Combination of preventative care, condition-specific care, safety, satisfaction
- Combination of single and composite (i.e., points are all or none based on a target) measures
- Point based earning begins in 2nd year
- Complete and accurate reporting for all quality measures required in 1st year

SLIDING SCALE MEASURE SCORING

Points	Percentile Rank vs. Nat'l Benchmark
2.00	$\geq 90^{\text{th}}$
1.85	80^{th}
1.70	70^{th}
1.55	60^{th}
1.40	50^{th}
1.25	40^{th}
1.10	30^{th}
0	$< 30^{\text{th}}$

- Scoring is based on point system
- Points earned for percentile ranking of ACO against national benchmark
- High performance in one area can compensate for under-performance in another
- Composite measures are an area of risk → all or none scoring

IMPACT OF MEASURES SCORE ON SAVINGS

Domain	Number of Individual Measures	Total Possible Points	Domain Weight
Patient/Caregiver Experience	7	14	25%
Care Coordination/ Patient Safety	6	14	25%
Preventive Health	8	16	25%
At-Risk Population	12	14	25%
Total in all Domains	33	58	100%

CMS Savings Methodology

- Calculates potential savings (i.e. total performance year expenditures minus benchmark)
- Determines whether savings generated are greater than or equal to Minimum Savings Rate (MSR) (i.e. sliding scale for 9K-9.9K MSR = 3.0-3.1%)
- Calculates shared savings percentage – equal to the product of the quality score up to the maximum of 50% (e.g. quality score is 29, ACO receives 50% of maximum savings or 25% of the total savings)

LIMITATIONS/CHALLENGES: DATA

- Data available and used to assess performance in this report:
 - Historical CMS medical claims data from Jan 2013 to end of Q2
 - Reflects beneficiaries assigned as of Q2
 - ~ 25% re-assignment of beneficiaries creates potential for shifts in performance status

DATA NOT CURRENTLY AVAILABLE

EMR Data

- SVPN EMR data
 - **Impacts:** BMI, Fall Risk Screening, Depression Screening, Med Reconciliation, A1c measures, potentially several others
- EMR data for services rendered outside SVPN
 - **Impacts:** Several measures

Claims Data

- Historical CMS medical claims data for any beneficiary who opts out of data sharing agreement with ACO
- Historical CMS prescription drug claims data
 - **Impacts:** beta blocker, aspirin, antithrombotic, ACE/ARB, statin metrics

ADDITIONAL CONSIDERATIONS

Some measures require more than 12 months of historical data

- **Examples:**
 - Breast cancer screening: 27 months including 12 months prior to measurement period
 - Colorectal cancer screening: 12 months fecal occult blood, 4 years sigmoidoscopy, 9 years colonoscopy including 12 months prior to measurement period

Some measures are not available on the ADSP

- **Examples:**
 - Patient/Care Giver Experience (7 measures)
 - Care Coordination/Patient Safety (1 measure – EHR)

LIMITATIONS/CHALLENGES: DATA

The following measures currently give an accurate picture of RMAHN Performance on ACO Measures

Reliable Performance Status

- All-Condition Readmission: Actual Rate (65 years and older)
- Blood Pressure Screening & Follow Up
- Diabetes: BP < 140/90
- ACO Diabetes: Tobacco Non-Use
- Hypertension: BP Control
- Influenza Immunization
- Potentially Preventable Admission: COPD or Asthma
- Potentially Preventable Admission: Heart Failure
- Tobacco Use Assessment
- Tobacco Cessation Intervention



SUMMARY PERFORMANCE Q2 2014

MEASURES: SCREENING AND PRIMARY CARE

MSSP Measure	MSSP Benchmarks (2014/2015)							YTD (Q2 2014) Perform	YTD Percentile Rank	Current Pts Earned
	30 th Pctl	40 th Pctl	50 th Pctl	60 th Pctl	70 th Pctl	80 th Pctl	90 th Pctl			
ACO Adult Weight Screening and Follow up**	40.79	44.73	49.93	66.35	91.34	99.09	100	37%	<30th	0
ACO Blood Pressure Screening and Follow Up	30	40	50	60	70	80	90	46%	40th+	1.25
ACO Breast Cancer Screening	28.59	42.86	54.64	65.66	76.43	88.31	99.56	62%	50th+	1.40
ACO Colorectal Cancer Screening	19.81	33.93	48.49	63.29	78.13	94.73	100	17%	<30th	0
ACO Depression Screening and Follow Up**	5.31	10.26	16.84	23.08	31.43	39.97	51.81	0%	NR	NR

KEY



ACO is scoring below minimum 30th percentile resulting in 0 earned points potential



Results are directionally correct and may be enhanced by additional data in EMR, lab, Rx

**

Data is not yet available from the EMR but is in progress of being resolved

MEASURES: SCREENING AND PRIMARY CARE

MSSP Measure	MSSP Benchmarks (2014/2015)							YTD (Q2 2014) Perform	YTD Percentile Rank	Current Pts Earned
	30 th Pctl	40 th Pctl	50 th Pctl	60 th Pctl	70 th Pctl	80 th Pctl	90 th Pctl			
ACO Fall Risk Screening**	17.12	22.35	27.86	35.55	42.32	51.87	73.38	0%	NR	NR
ACO Influenza Immunization	29.41	39.04	48.29	58.6	75.93	97.3	100	61%	60th+	1.55
ACO Pneumococcal Vaccination	23.78	39.94	54.62	70.66	84.55	96.64	100	11%	<30th	0
ACO Medication Reconciliation after Discharge**	30	40	50	60	70	80	90	0%	NR	NR
ACO Tobacco Use Assessment and Tobacco Cessation Intervention	30	40	50	60	70	80	90	77%	70th+	1.70

KEY



ACO is scoring below minimum 30th percentile resulting in 0 earned points potential



Results are directionally correct and may be enhanced by additional data in EMR, lab, Rx

**

Data is not yet available from the EMR but is in progress of being resolved

MEASURES: AT RISK POPULATION – CAD COMPOSITE

MSSP Measure	MSSP Benchmarks (2014/2015)							YTD (Q2 2014) Perform	YTD Percentile Rank	Current Pts Earned
	30 th Pctl	40 th Pctl	50 th Pctl	60 th Pctl	70 th Pctl	80 th Pctl	90 th Pctl			
ACO Coronary Artery Disease Composite Metric (All or Nothing Scoring)	54.08	61.44	66.11	69.96	72.32	76.4	79.84	19%	<30th	0
ACO Coronary Artery Disease: ACEI/ARB Use in Diabetes and/or LVSD								48%		
ACO Coronary Artery Disease: Lipid Control or Statin Use								27%		

KEY



ACO is scoring below minimum 30th percentile resulting in 0 earned points potential



Results are directionally correct and may be enhanced by additional data in EMR, lab, Rx

**

Data is not yet available from the EMR but is in progress of being resolved

MEASURES: AT RISK POPULATION – DIABETES COMPOSITE

MSSP Measure	MSSP Benchmarks (2014/2015)							YTD (Q2 2014) Perform	YTD Percentile Rank	Current Pts Earned
	30 th Pctl	40 th Pctl	50 th Pctl	60 th Pctl	70 th Pctl	80 th Pctl	90 th Pctl			
ACO Diabetes: A1C <= 9	10	20	30	40	50	60	70	49%	60th+	1.55
ACO Diabetes Composite Metric (All or Nothing Scoring)	17.39	21.2	23.48	25.78	28.17	31.37	36.5	6%	<30th	0
ACO Diabetes: A1C < 8								42%		
ACO Diabetes: Aspirin Use with Ischemic Vascular Disease								43%		
ACO Diabetes: BP < 140/90								45%		
ACO Diabetes: LDL < 100								23%		
ACO Diabetes: Tobacco Non-Use								62%		

KEY



ACO is scoring below minimum 30th percentile resulting in 0 earned points potential



Results are directionally correct and may be enhanced by additional data in EMR, lab, Rx

**

Data is not yet available from the EMR but is in progress of being resolved

MEASURES: AT RISK POPULATION – HYPERTENSION, HF, IVD

MSSP Measure	MSSP Benchmarks (2014/2015)							YTD (Q2 2014) Perform	YTD Percentile Rank	Current Pts Earned
	30 th Pctl	40 th Pctl	50 th Pctl	60 th Pctl	70 th Pctl	80 th Pctl	90 th Pctl			
ACO Hypertension: BP Control	60	63.16	65.69	68.03	70.89	74.07	79.65	64%	40 th +	1.25
ACO Heart Failure: Beta Blocker Use for LVSD	30	40	50	60	70	80	90	52%	50 th +	1.40
ACO Ischemic Vascular Disease: LDL < 100	35	42.86	51.41	57.14	61.6	67.29	78.81	22%	<30 th	0
ACO Ischemic Vascular Disease: Use of Aspirin or Other Antithrombotic	45.44	56.88	68.25	78.77	85	91.48	97.91	20%	<30 th	0

KEY



ACO is scoring below minimum 30th percentile resulting in 0 earned points potential



Results are directionally correct and may be enhanced by additional data in EMR, lab, Rx

**

Data is not yet available from the EMR but is in progress of being resolved

MEASURES: ADDITIONAL CONDITION-SPECIFIC CARE

MSSP Measure	MSSP Benchmarks (2014/2015)							YTD (Q2 2014) Perform	YTD Percentile Rank	Current Pts Earned
	30 th Pctl	40 th Pctl	50 th Pctl	60 th Pctl	70 th Pctl	80 th Pctl	90 th Pctl			
ACO All-Condition Readmission: Actual Rate (65 years and older)	16.62	16.41	16.24	16.08	15.91	15.72	15.45	9%	90th+	2.00
ACO Potentially Preventable Admission: COPD or Asthma	1.24	1.02	0.84	0.66	0.52	0.36	0	2%	<30 th	0
ACO Potentially Preventable Admission: Heart Failure	1.22	1.03	0.88	0.72	0.55	0.4	0.18	9%	<30 th	0

KEY



ACO is scoring below minimum 30th percentile resulting in 0 earned points potential



Results are directionally correct and may be enhanced by additional data in EMR, lab, Rx

**

Data is not yet available from the EMR but is in progress of being resolved



SUMMARY OF OPPORTUNITIES

OPPORTUNITIES

- **Close gaps in care around preventative/screening measures**
 - Mammography screening
 - Colonoscopy screening
 - Pneumococcal immunization
- **Close gaps in care with At-Risk Populations**
 - Hypertension control
 - Diabetes control measures
 - Heart failure/IVD measures
- **Leverage community campaigns to target specific measures**
 - October – Breast Cancer Awareness Month
 - November – American Diabetes Month
- **Conduct Mail & Telephonic Outreach**
 - Beneficiaries with more than 2 – 3 or more gaps
- **Initiate Care coordination planning**
 - Preventable admissions around COPD/Asthma and heart failure



RECOMMENDATIONS: QUALITY IMPROVEMENT PLAN

PROPOSED QI PLAN

- **Conduct Chart Abstractions**

- Lumeris will provide practices with a list of beneficiaries with open gaps that could be potentially closed with additional information from the chart. Measures that could be improved could include:
 - Mammography screening
 - Colonoscopy screening
 - Pneumococcal immunization
 - Hypertension control
 - Diabetes control measures

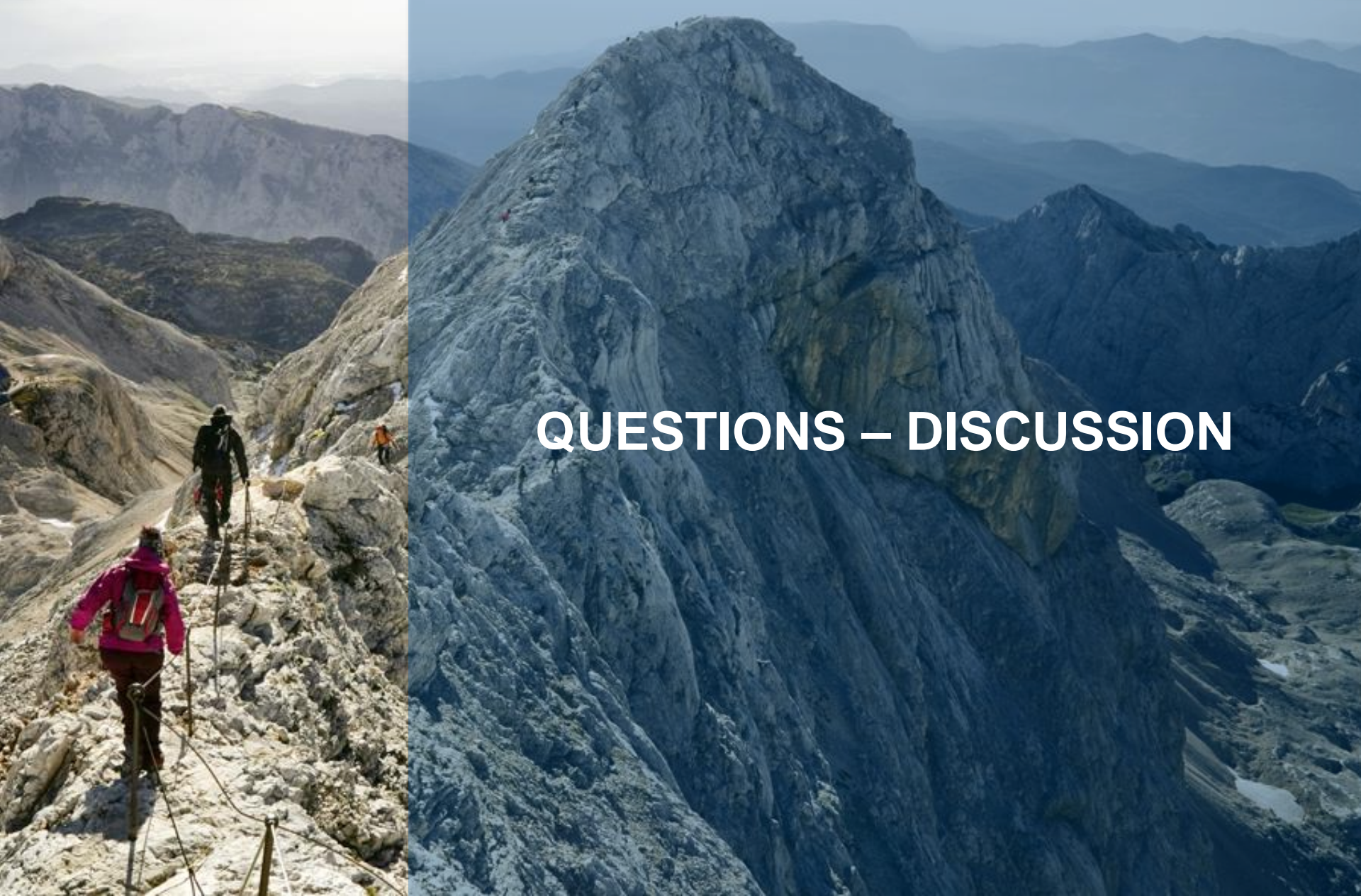
- **Implement Mail Outreach Campaign**

- For beneficiaries with up to 2 gaps in care
- Mammogram Screening – October 2014
- Diabetes Awareness – November 2014
 - Lumeris will develop draft content and target lists
 - RMAHN will print and mail

- **Initiate Telephonic Outreach**

- For beneficiaries with more than 3 gaps in care
 - Lumeris will develop draft call script
 - RMAHN will do telephonic outreach

- **Monthly Monitoring of results and recalibration as needed**



QUESTIONS – DISCUSSION



Q1-Q2 2014 COMPARISON PERFORMANCE

Q1-Q2 COMPARISON SCREENING AND PRIMARY CARE

MSSP Measure	MSSP Benchmarks (2014/2015)							YTD (Q1 2014) Perform	YTD (Q2 2014) Perform	Change
	30 th Pctl	40 th Pctl	50 th Pctl	60 th Pctl	70 th Pctl	80 th Pctl	90 th Pctl			
ACO Adult Weight Screening and Follow up**	40.79	44.73	49.93	66.35	91.34	99.09	100	42%	37%	▼
ACO Blood Pressure Screening and Follow Up	30	40	50	60	70	80	90	47%	46%	▼
ACO Breast Cancer Screening	28.59	42.86	54.64	65.66	76.43	88.31	99.56	61%	62%	▲
ACO Colorectal Cancer Screening	19.81	33.93	48.49	63.29	78.13	94.73	100	15%	17%	▲
ACO Depression Screening and Follow Up**	5.31	10.26	16.84	23.08	31.43	39.97	51.81	0%	0%	■

KEY



ACO is scoring below minimum 30th percentile resulting in 0 earned points potential








Results are directionally correct and may be enhanced by additional data in EMR, lab, Rx

**

Data is not yet available from the EMR but is in progress of being resolved

Q1-Q2 COMPARISON SCREENING AND PRIMARY CARE

MSSP Measure	MSSP Benchmarks (2014/2015)							YTD (Q1 2014) Perform	YTD (Q2 2014) Perform	Change
	30 th Pctl	40 th Pctl	50 th Pctl	60 th Pctl	70 th Pctl	80 th Pctl	90 th Pctl			
ACO Fall Risk Screening**	17.12	22.35	27.86	35.55	42.32	51.87	73.38	0%	0%	
ACO Influenza Immunization	29.41	39.04	48.29	58.6	75.93	97.3	100	62%	61%	
ACO Pneumococcal Vaccination	23.78	39.94	54.62	70.66	84.55	96.64	100	10%	11%	
ACO Medication Reconciliation after Discharge**	30	40	50	60	70	80	90	0%	0%	
ACO Tobacco Use Assessment and Tobacco Cessation Intervention	30	40	50	60	70	80	90	86%	77%	

KEY



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**

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Q1-Q2 COMPARISON

AT RISK POP. – CAD COMPOSITE

MSSP Measure	MSSP Benchmarks (2014/2015)							YTD (Q1 2014) Perform	YTD (Q2 2014) Perform	Change
	30 th Pctl	40 th Pctl	50 th Pctl	60 th Pctl	70 th Pctl	80 th Pctl	90 th Pctl			
ACO Coronary Artery Disease Composite Metric (All or Nothing Scoring)	54.08	61.44	66.11	69.96	72.32	76.4	79.84	17%	19%	▲
ACO Coronary Artery Disease: ACEI/ARB Use in Diabetes and/or LVSD								46%	48%	▲
ACO Coronary Artery Disease: Lipid Control or Statin Use								26%	27%	▲

KEY



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**

Data is not yet available from the EMR but is in progress of being resolved

Q1-Q2 COMPARISON

AT RISK POP. – DIABETES

MSSP Measure	MSSP Benchmarks (2014/2015)							YTD (Q1 2014) Perform	YTD (Q2 2014) Perform	Change
	30 th Pctl	40 th Pctl	50 th Pctl	60 th Pctl	70 th Pctl	80 th Pctl	90 th Pctl			
ACO Diabetes: A1C <= 9	10	20	30	40	50	60	70	57%	49%	
ACO Diabetes Composite Metric (All or Nothing Scoring)	17.39	21.2	23.48	25.78	28.17	31.37	36.5	5%	6%	
ACO Diabetes: A1C < 8								48%	42%	
ACO Diabetes: Aspirin Use with Ischemic Vascular Disease								43%	43%	
ACO Diabetes: BP < 140/90								48%	45%	
ACO Diabetes: LDL < 100								23%	23%	
ACO Diabetes: Tobacco Non-Use								68%	62%	

KEY



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Results are directionally correct and may be enhanced by additional data in EMR, lab, Rx

**

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Q1-Q2 COMPARISON

AT RISK POP. – HYPERTENSION, HF, IVD

MSSP Measure	MSSP Benchmarks (2014/2015)							YTD (Q1 2014) Perform	YTD (Q2 2014) Perform	Change
	30 th Pctl	40 th Pctl	50 th Pctl	60 th Pctl	70 th Pctl	80 th Pctl	90 th Pctl			
ACO Hypertension: BP Control	60	63.16	65.69	68.03	70.89	74.07	79.65	74%	64%	▼
ACO Heart Failure: Beta Blocker Use for LVSD	30	40	50	60	70	80	90	52%	52%	■
ACO Ischemic Vascular Disease: LDL < 100	35	42.86	51.41	57.14	61.6	67.29	78.81	21%	22%	▲
ACO Ischemic Vascular Disease: Use of Aspirin or Other Antithrombotic	45.44	56.88	68.25	78.77	85	91.48	97.91	20%	20%	■

KEY



ACO is scoring below minimum 30th percentile resulting in 0 earned points potential



Results are directionally correct and may be enhanced by additional data in EMR, lab, Rx

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Q1-Q2 COMPARISON

ADDITIONAL CONDITION-SPECIFIC CARE

MSSP Measure	MSSP Benchmarks (2014/2015)							YTD (Q1 2014) Perform	YTD (Q2 2014) Perform	Change
	30 th Pctl	40 th Pctl	50 th Pctl	60 th Pctl	70 th Pctl	80 th Pctl	90 th Pctl			
ACO All-Condition Readmission: Actual Rate (65 years and older)	16.62	16.41	16.24	16.08	15.91	15.72	15.45	10%	9%	▲
ACO Potentially Preventable Admission: COPD or Asthma	1.24	1.02	0.84	0.66	0.52	0.36	0	2%	2%	■
ACO Potentially Preventable Admission: Heart Failure	1.22	1.03	0.88	0.72	0.55	0.4	0.18	7%	9%	▼

KEY



ACO is scoring below minimum 30th percentile resulting in 0 earned points potential



Results are directionally correct and may be enhanced by additional data in EMR, lab, Rx

**

Data is not yet available from the EMR but is in progress of being resolved

Rocky Mountain Health Network Humana Shared Savings Program Committee

Results of our discussion – Core Principles for Distributing Shared Savings

Core Principle	Rationale
Keep the program simple, fair and practical to implement	<ul style="list-style-type: none"> Distributing the shared savings needs to be easy to understand The method for distribution must be transparent and clear The distribution process cannot be overly burdensome The program must be consistent
Pay the savings to the Practice and let the Practice distribute to the individual providers	<ul style="list-style-type: none"> All of the research confirms that distributing money – even if nominal – is critical Paying the savings to the Practice is easier administratively Paying the Practice gives the Practice the ability to distribute based on it's own criteria
Allocate a portion of the shared savings each year to RMHN to cover the cost of administering the program	<ul style="list-style-type: none"> RMHN has costs associated with the HSSP contract RMHN needs to recover some of its costs The amount allocated to RMHN will be determined annually
<p>The savings distribution methodology will evolve over time.</p> <ul style="list-style-type: none"> Year 1 of shared savings – allocate the shared savings (after RMHN OH payment) equally among the participating providers Year 2 of shared savings – allocate the shared savings (after RMHN OH payment) based on participation in ACO activities as well as participating as a provider <ul style="list-style-type: none"> Assign “engagement score” for various levels of ACO participation – Board Member, Committee Member, Seminar Attendee, etc Allocate additional distribution based on engagement Year 3 of shared savings – to be determined based on the experience in years 1 and 2 	<ul style="list-style-type: none"> In the literature that the committee researched, the findings consistently supported distributions based on participation. We read over and over again to focus the shared savings on the active physicians In keeping with the core principle of simplicity and fairness, the committee agreed to a very basic distribution formula for the first year – divide the total shared savings by the number of participating providers and distribute As the committee increases its level of knowledge and comfort with shared savings, the intent is to review the distribution plan annually during the 4th quarter of the year for implementation the first of the following year. Another common distribution plan we will consider in the future: <ul style="list-style-type: none"> Primary care share based on the number of attributed patients Specialists share based on the number of encounters Shared savings would also reflect a minimum level of compliance with the quality metrics

Humana MA Quality Metrics (RMHN is guaranteed at least \$2 pmpm):
Specific to the Primary Care Providers (152 participating as of 10/2014)

Model Practice HEDIS Rewards

Measure	Performance Standard	Reward
Breast Cancer Screening	81%	\$0.50 PMPM
Colorectal Cancer Screening	65%	\$0.50 PMPM
Diabetes Care - Blood Sugar Controlled	84%	\$0.50 PMPM
Diabetes Care - Cholesterol Controlled	59%	\$0.50 PMPM
High Risk Medication	3%	\$0.50 PMPM
Diabetes Treatment	87%	\$0.50 PMPM

Humana

Model Practice Performance Rewards

Measure	Performance Standard	Rate
Re-admission rate, 30 days	12%	\$1.25 pmpm
ER Utilization Per 1,000	283/1,000	\$1.25 pmpm
Disease Management	80%	\$1.25 pmpm
Medication Adherence	73%	\$1.25pmpm

Humana

Shared Savings

The shared savings are based on our ability to improve on the Medical Expense Ratio (MER). Humana MA will establish 3 pools – facility (Medicare Part A), provider (Medicare Part B), prescriptions (Medicare Part D) – and each pool will be evaluated separately to determine potential savings.

CY2014 (beginning 4/1)	Medical Expense Ratio Target = 87% per pool	Shared savings = 50% of surplus PER pool
CY2015	Medical Expense Ratio Target = 86% per pool	Shared savings = 50% of surplus PER pool
CY2016 and beyond	Medical Expense Ratio Target = 85% per Pool	Shared savings = 50% of surplus PER pool Shared deficit = 50% PER fund

Shared deficit applies if there are 2,000 or more assigned members OR we DO NOT opt out of shared risk model by 4/1/2015.

If we opt out of the shared risk model, we will continue to be eligible to share 50% of the savings in each pool based on an 85% MER target.

The following table provides an example of shared savings potential based on Q1/2014 claims.

	Jan	Feb	Mar	Quarter Total
Attributed members	449	449	455	
Premium Paid PMPM	689.08	705.64	705.50	
Claims Paid PMPM	597.84	402.13	624.36	
MER	86.76%	56.99%	88.50%	
Total Premium	309,396.92	316,832.36	321,002.50	947,231.78
Total Claims	268,430.16	180,556.37	284,083.80	733,070.33
MER - Actual				77.39%
MER - Target (87%)				824,091.65
Savings:				91,021.32
RMHN Share - 50%				45,510.66

Big Sky Healthcare Credentialing Service, LLC

Income Statement and Cash Flow for the Twelve Months Ending December 31, 2014

Preliminary - For Discussion Purposes Only

	Actual 1/31/2014	Actual 2/28/2014	Actual 3/31/2014	Actual 4/30/2014	Actual 5/31/2014	Actual 6/30/2014	Actual 7/31/2014	Actual 8/31/2014	Actual 9/30/2014	Forecast 10/31/2014	Forecast 11/30/2014	Forecast 12/31/2014	Forecast 12/31/2014
Beginning Cash	\$ 1,196	\$ 1,196	\$ 6,842	\$ 17,627	\$ 1,015	\$ 4,865	\$ 22,644	\$ 21,940	\$ 25,460	\$ 26,071	\$ 18,368	\$ 19,352	\$ 1,196
Revenues													
LLC Member Services													
PHO Member Credentialing Charges													
Rocky Mountain Health Network	2,760	2,760	2,760	2,760	2,760	2,760	2,760	2,760	2,760	2,760	2,760	2,760	33,125
Monida Healthcare Network	2,439	2,439	2,439	2,439	2,439	2,439	2,439	2,439	2,439	2,439	2,439	2,439	29,273
Non-member Credentialing													
NCQA - Level II													
Annual Fees	-	-	-	-	-	-	-	-	-	-	-	-	-
Panel Forms	-	-	-	-	-	-	-	-	-	-	-	-	-
NCQA - Level I													
Annual Fees	-	-	-	-	-	-	-	-	-	9,454	-	-	9,454
Panel Forms	-	-	-	-	-	-	-	-	-	-	-	-	-
Credentialing Services	342	230	259	575	500	1,803	1,913	1,154	1,200	800	500	500	9,776
New Hospital Setup Fees	-	-	-	-	-	16,650	-	-	-	-	-	-	16,650
TOTAL REVENUES	5,542	5,430	5,459	5,775	5,700	23,653	7,113	6,354	6,400	15,454	5,700	5,700	98,279
Expense													
Marketing Expenses													-
Personnel Charges	4,241	4,241	4,241	4,241	4,241	4,241	4,241	4,241	4,241	4,241	4,241	4,241	50,897
Credential Research Fees	-	-	-	442	-	568	313	1,154	400	-	50	50	2,977
NCQA Certification	-	-	-	-	-	-	-	-	-	-	-	-	-
Software Subscription	2,464	2,465	2,464	2,465	2,464	2,465	2,689	2,689	2,689	2,689	2,689	2,689	30,921
Depreciation Expense	-	-	-	-	-	-	-	-	1,645	183	183	183	2,194
Amortization Expense	-	-	-	-	-	-	-	-	700	78	78	78	934
Insurance	-	-	-	-	-	-	6,344	-	-	-	-	-	6,344
Meeting Expense	-	-	-	219	-	-	-	-	-	-	-	-	219
Tax Preparation Fees	-	-	-	-	-	-	-	-	723	-	-	-	723
General & Administrative Expenses	425	425	425	425	425	425	425	425	425	425	425	425	5,096
TOTAL EXPENSES	7,130	7,131	7,130	7,792	7,130	7,699	14,012	8,509	10,823	7,616	7,666	7,666	100,305
Net Income	\$ (1,588)	\$ (1,701)	\$ (1,671)	\$ (2,017)	\$ (1,430)	\$ 15,954	\$ (6,899)	\$ (2,155)	\$ (4,423)	\$ 7,838	\$ (1,966)	\$ (1,966)	\$ (2,026)

Big Sky Healthcare Credentialing Service, LLC

Income Statement and Cash Flow for the Twelve Months Ending December 31, 2014

Preliminary - For Discussion Purposes Only

	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Forecast	Forecast	Forecast	Forecast
	1/31/2014	2/28/2014	3/31/2014	4/30/2014	5/31/2014	6/30/2014	7/31/2014	8/31/2014	9/30/2014	10/31/2014	11/30/2014	12/31/2014	12/31/2014
CASH FROM OPERATIONS													
Change in Accounts Receivable	(5,542)	216	5,326	1,605	(1,850)	(17,640)	15,972	(1,680)	-	-	-	-	(3,593)
Change in Accounts Payable	4,666	4,666	4,666	(18,664)	4,666	-	(4,666)	4,666	-	-	-	-	-
Software Expense Paid	-	-	-	-	-	-	-	-	-	(35,490)	-	-	(35,490)
Software Expense Amortized	2,464	2,465	2,464	2,465	2,464	2,465	2,689	2,689	2,689	2,689	2,689	2,689	30,921
Insurance Purchased	-	-	-	-	-	-	-	-	-	-	-	-	-
Insurance Amortized	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Change from Operations	1,588	7,347	12,456	(14,594)	5,280	(15,175)	13,995	5,675	2,689	(32,801)	2,689	2,689	(8,162)
CASH FROM INVESTING ACTIVITIES													
Asset purchases	-	-	-	-	-	-	-	-	-	-	-	-	-
Depreciation and Amortization	-	-	-	-	-	-	-	-	2,345	261	261	261	3,128
Total Change from Investing Activities	-	-	-	-	-	-	-	-	2,345	261	261	261	3,128
CASH FROM FINANCING ACTIVITIES													
Borrowing - MHNR	-	-	-	-	-	-	-	-	-	17,000	-	-	17,000
Repayments - MHNR	-	-	-	-	-	-	(7,800)	-	-	-	-	-	(7,800)
Borrowing - RMHN	-	-	-	-	-	17,000	-	-	-	-	-	-	17,000
Repayments - RMHN	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Change from Financing Activities	-	-	-	-	-	17,000	(7,800)	-	-	17,000	-	-	26,200
NET INCREASE/(DECREASE) IN CASH	1,588	7,347	12,456	(14,594)	5,280	1,825	6,195	5,675	5,034	(15,540)	2,950	2,950	21,166
ENDING CASH	\$ 1,196	\$ 6,842	\$ 17,627	\$ 1,015	\$ 4,865	\$ 22,644	\$ 21,940	\$ 25,460	\$ 26,071	\$ 18,368	\$ 19,352	\$ 20,336	\$ 20,336

9:29 AM

10/27/14

Accrual Basis

Big Sky Healthcare Credentialing, LLC
Balance Sheet
As of September 30, 2014

	<u>Sep 30, 14</u>
ASSETS	
Current Assets	
Checking/Savings	
US Bank	26,025.07
Total Checking/Savings	26,025.07
Accounts Receivable	
Accounts Receivable	3,639.45
Total Accounts Receivable	3,639.45
Total Current Assets	29,664.52
Fixed Assets	
Accumulated Depreciation	-3,838.02
CVO Software	6,580.00
Total Fixed Assets	2,741.98
Other Assets	
Accumulate Amortization	-1,323.38
Prepaid Expense	21,509.08
Startup Expenses	4,669.00
Total Other Assets	24,854.70
TOTAL ASSETS	<u>57,261.20</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	35,490.00
Total Accounts Payable	35,490.00
Other Current Liabilities	
Loan from RMHN	17,000.00
Total Other Current Liabilities	17,000.00
Total Current Liabilities	52,490.00
Total Liabilities	52,490.00
Equity	
Capital Contribution	40,000.00
Retained Earnings	-29,299.19
Net Income	-5,929.61
Total Equity	4,771.20
TOTAL LIABILITIES & EQUITY	<u>57,261.20</u>

9:28 AM

10/27/14

Accrual Basis

Big Sky Healthcare Credentialing, LLC
Profit & Loss
January through September 2014

	<u>Jan - Sep 14</u>
Ordinary Income/Expense	
Income	
Credentialing Income	
Credentialing Income	7,976.75
Set Up Income	16,650.00
Total Credentialing Income	<u>24,626.75</u>
Member Assessments	
MHN Monthly Charge	21,955.05
RMHN Monthly Charge	24,844.05
Total Member Assessments	<u>46,799.10</u>
Total Income	71,425.85
Expense	
Amortization Expense	700.38
Meeting Expense	219.40
Personnel Charge - MHN	38,169.00
Credential Research Fees	2,877.45
Depreciation Expense	1,645.02
Insurance Expense	6,343.79
Software Subscription Expense	22,852.92
Professional Fees	
Accounting Services	722.50
Total Professional Fees	<u>722.50</u>
G&A Charge - MHN	3,825.00
Total Expense	<u>77,355.46</u>
Net Ordinary Income	<u>-5,929.61</u>
Net Income	<u><u>-5,929.61</u></u>