The New Landscape of CCM and Esrun, Powered by ChartSpan

Jon-Michial Carter, Co-founder and Chief Growth Officer

September 20th, 2023

SAFE HARBOR

The following demonstration reflects generally available features and functionality and also includes a demonstration of features and functionality that Altera currently anticipates including in future solution releases. The development, release, and timing of any future features or functionality remains at the sole discretion of Altera and should not be relied upon in making purchasing decisions. Please contact your Altera account executive or refer to the related solution documentation for more specific details on the timing and anticipated functionality in future solution releases. Your Altera account executive can also assist in identifying the environment, implementation and configuration specifications that are required for the solutions to perform as demonstrated.

Housekeeping

Recorded session, listening-only mode, lines are muted

Ask questions via Q&A panel

Watch for follow-up email containing webinar recording

CHARTSPAN TENETS

01 **Non-Complex CCM**
A well run CCM program cannot interrupt the daily workflow of a practice or its busy providers and clinical staff

02 **Value Based Care Contribution**
A successful CCM program should make major contributions to Shared Savings and value-based care programs

03 **Community Care**
An CCM clinician is an integrated care team member for each patient's local practice and provider, always putting patients first

04 **Operational Accountability**
Comprehensive CCM analytics like Net Patient Churn, Trailing Enrollment Conversion Percentage, and Recurring Patient Engagement Rates should be transparent and measured

CHARTSPAN - BY THE NUMBERS

VALUE-BASED-CARE LEADER

One in every 10 Medicare patients enrolled in a Chronic Care Management program is supported by ChartSpan

EXPERIENCE

- **Largest** Medicare care coordination provider in the U.S.

- **3 million+** monthly unique patient encounters

- Invested **$50,000,000** into infrastructure, technology, people and processes.

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ChartSpan Investors

MAYO CLINIC

PANORAMIC VENTURES

BSC CAPITAL PARTNERS

SJF VENTURES

CROFT & BENDER

CYPRESS GROWTH CAPITAL

BLUE HERON CAPITAL

CHARTSPAN 150+ CLIENTS

Traditional Ambulatory | Rural Health Centers | FQHCs

CHARTSPAN PARTNERSHIPS

The Preferred CCM Provider for State Hospital & Medical Associations

PREVENTATIVE CARE PROGRAM FOR MEDICARE PATIENTS

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$64 for every eligible and enrolled patient*

20 minutes of coordinated care

billed every 30 days

* Based on the CCM national average

Patient must have

TWO CHRONIC CONDITIONS

Patient must have

24/7 access to care management

11

NURSES FIRST

CHARTSPAN CLINCIAL SERVICES MODEL

Employed Nurses Lead the Care of Every ChartSpan Patient
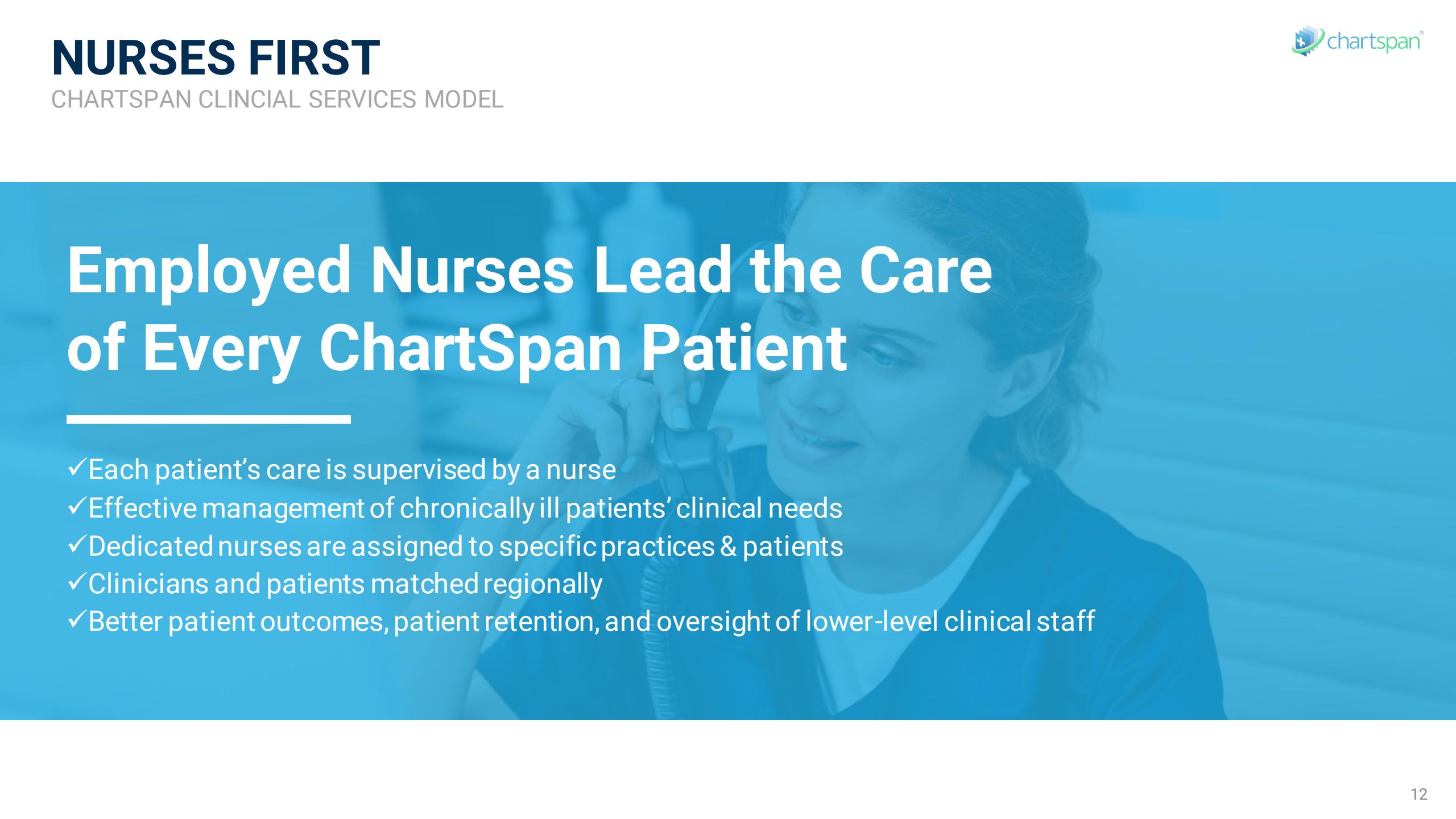
✓Each patient's care is supervised by a nurse

✓Effective management of chronically ill patients' clinical needs

✓Dedicated nurses are assigned to specific practices & patients

✓Clinicians and patients matched regionally

✓Better patient outcomes, patient retention, and oversight of lower-level clinical staff

MEDICARE PATIENT COHORT COMPOSITION

CCM IS **NOT** CASE MANAGEMENT

$$$

High Risk | 5-10%

High Utilizers
Hight Cost and Intensive Case Management

Rising Risk 15-35%

Chronic Disease Management
ED avoidance, assessments and screenings

Cost of care increases as illness burden increases

Lower Risk 60-80%

Prevention and Wellness
Consistent and proactive engagement

$
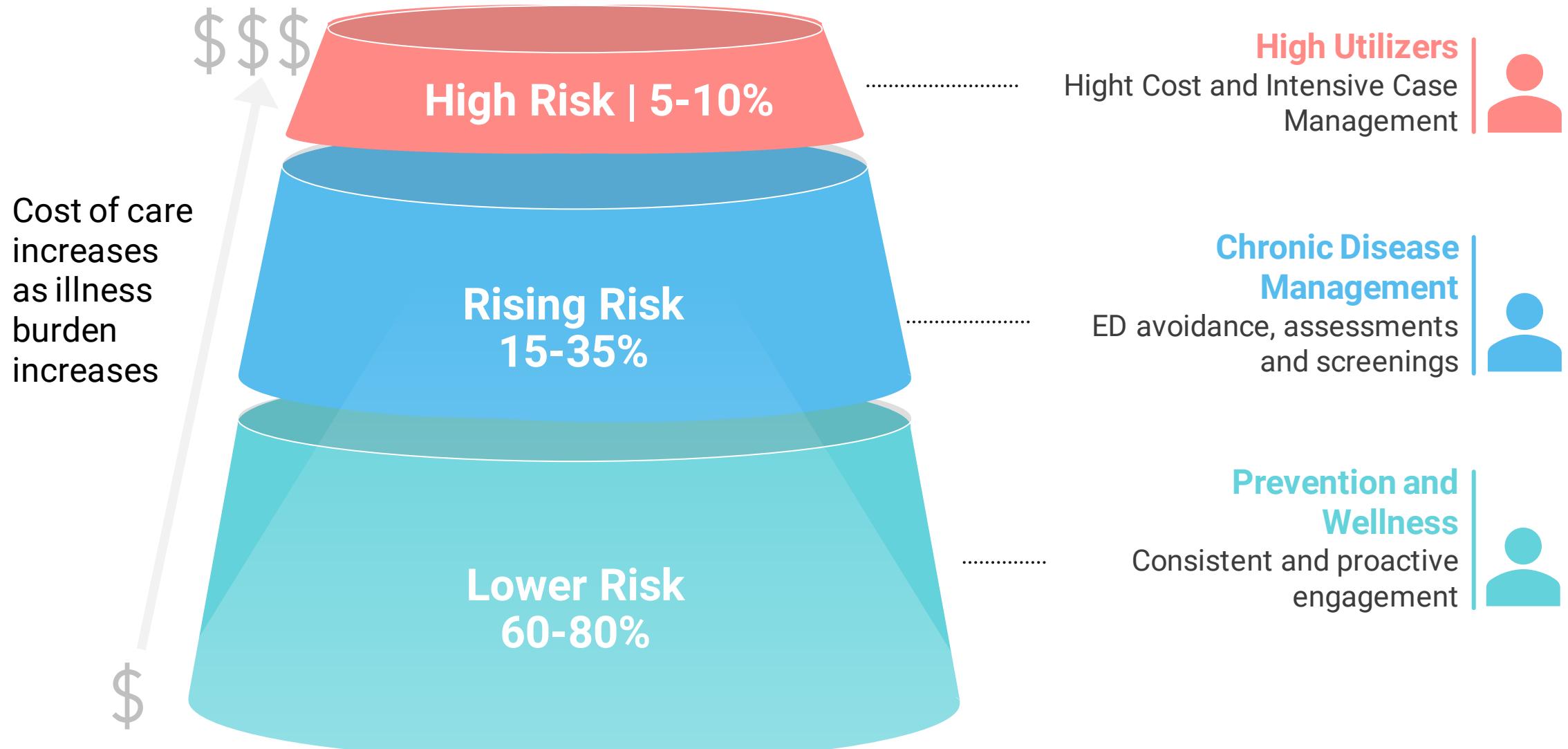
CCM FOR SPECIALISTS

CHRONIC CONDITIONS BY SPECIALTY

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Neurology

- Epilepsy
- Stroke
- Multiple Sclerosis
- Parkinson's
- Chronic Headache
- Many More

Urology

- Bladder Cancer
- Prostate Cancer
- Ureter Cancer
- Benign Prostatic Hyperplasia
- Overactive Bladder
- Many More

Dermatology

- Psoriasis
- Eczema
- Shingles
- Skin Cancer
- Rosacea
- Many More

Cardiology

- Hypertension
- Hyperlipidemia
- Valvular Heart Disease
- Coronary Artery Disease
- Atrial Fibrillation
- Many More

Nephrology

- Hypertension
- Renal Cancer
- Chronic Kidney Disease
- Polycystic Kidney Disease
- Kidney Stones
- Many More

Endocrinology

- Hyperthyroidism
- Hypothyroidism
- Endocrine Neoplasia
- Graves' Disease
- Thyroid Cancer
- Many More

CCM RATES INCREASE BY 55%
MEDICARE CCM

NATIONAL REIMBURSEMENT

$64.00 pppm

$42.00 pppm (Esrun/ChartSpan fee)

$22.00 pppm (34% Client profit margin)

TCM, RPM, & CCM
Can occur and be reimbursed during same month

Program Expansion
CMS trying to drive adoption with more codes

CCM SERVICES

REINFORCE PROVIDER CARE INSTRUCTIONS

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Medications
Medication Reviews

Community
Center of Care Continuum

Services
Health Services Inventory

History
Patient Health History

Records
Records Clearinghouse

Adherence
Appointment Adherence

Care Plan
Support Provider Instructions

24/7/365
Triage & Care Support

Behavioral
Psychosocial Assessments

Goals
Patient Focused Goals

Assessments
Assessments & Screenings

Social
Social Determinants of Health

SOCIAL DETERMINANTS OF HEALTH

SDOH Assessments

Proactively search for determinants instead of waiting for them to exacerbate a patient's condition.

Core measures as well as a set of optional measures for **community priorities.**

Access to tens of thousands of **community based organizations** if existing community partnerships do not exist.

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SDOH Platform

- Health Literacy
- Heat/AC
- Medication Discounts
- Family Support
- Safe Housing
- Nutrition & Food
- Transportation
- Financial
- Medication Delivery
- Social Activities
- Access & DME
- Health Equity

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National CCM Claims Data

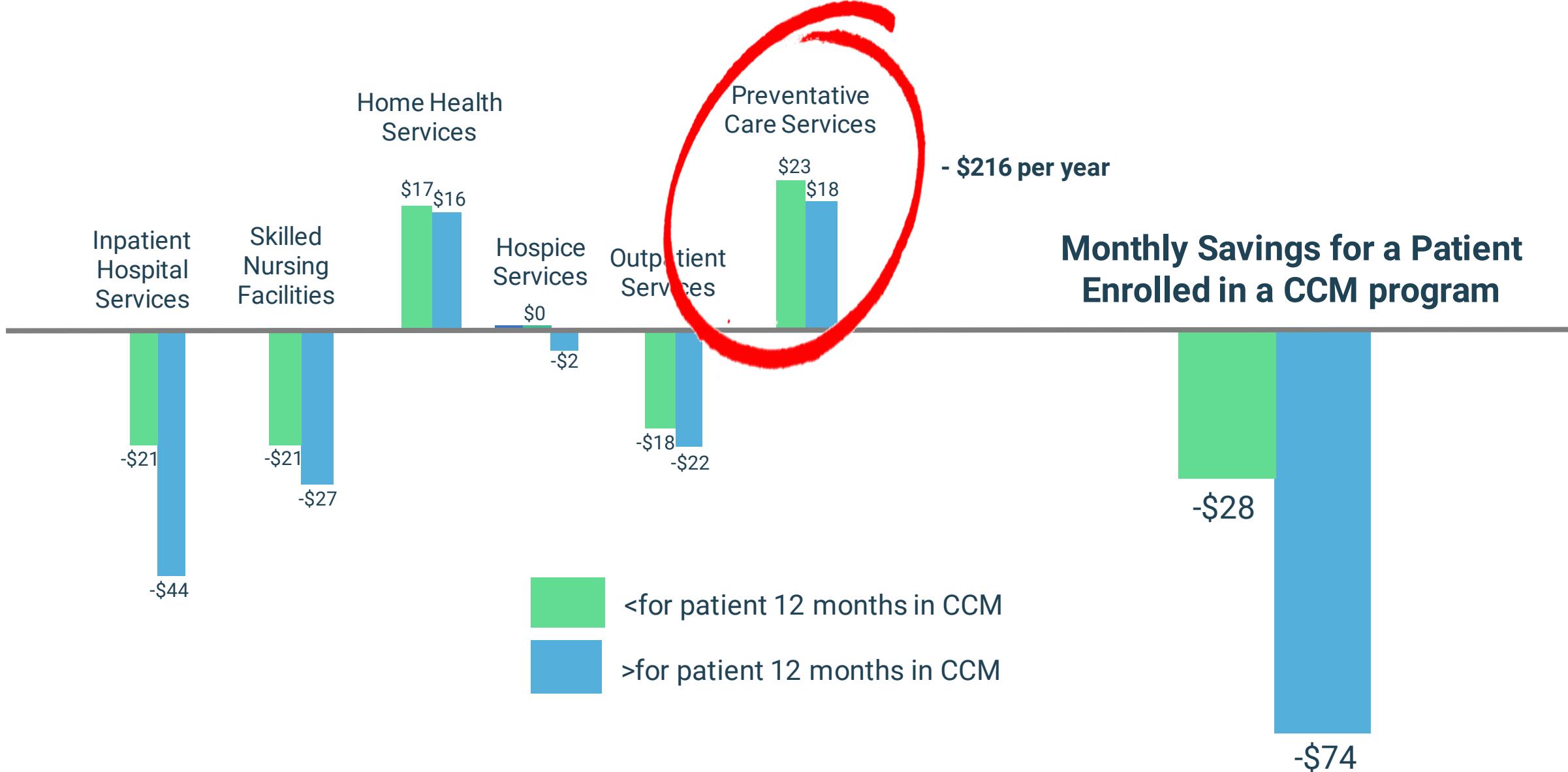# CMS DATA: CCM CLAIMS ANALYSIS

24 MONTHS: ALL CCM PATIENTS IN U.S.

REPORT

FINAL REPORT

Evaluation of the Diffusion and Impact of the Chronic Care Management (CCM) Services: Final Report
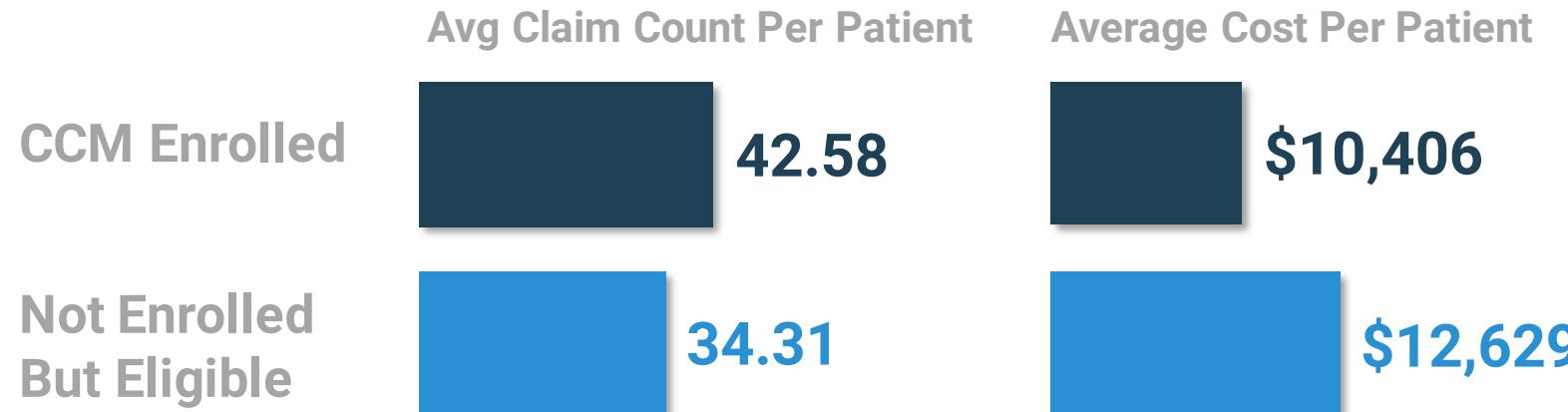
CMS CLAIMS DATA: CCM COST SAVINGS

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Home Health Services

Preventative Care Services

- $216 per year

Inpatient Hospital Services

Skilled Nursing Facilities

$17 $16

Hospice Services

Outpatient Services

$23 $18

Monthly Savings for a Patient Enrolled in a CCM program

$0

-$2

-$21

-$21

-$18 -$22

-$27

-$44

-$28

-$74

■ <for patient 12 months in CCM

■ >for patient 12 months in CCM

*59% of savings was paid in FFS reimbursements

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ChartSpan Claims Data

CHARTSPAN 2022 BENCHMARKS
ANNUAL RETROSPECTIVE CLAIMS ANALYSIS
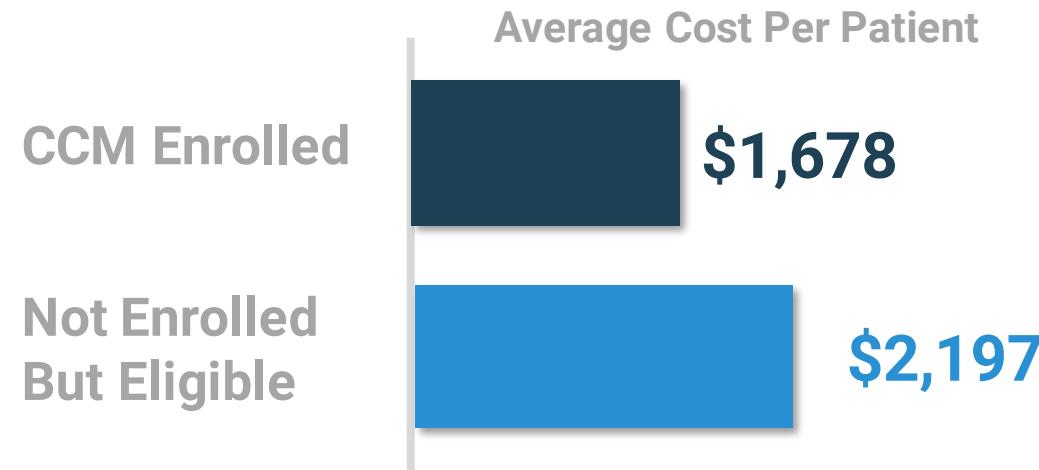
Average Total Cost
CCM Enrolled vs Non-Enrolled

	Avg Claim Count Per Patient	Average Cost Per Patient
CCM Enrolled	42.58	$10,406
Not Enrolled But Eligible	34.31	$12,629

✓ **$2,223** per patient annual **reduction** in total costs
✓ **18% reduction** in annual costs for Medicare, taxpayers and patients

*Averages sourced from annual claims data for ChartSpan clients

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Average Inpatient Costs
CCM Enrolled vs Non-Enrolled

Average Cost Per Patient

CCM Enrolled — **$1,678**
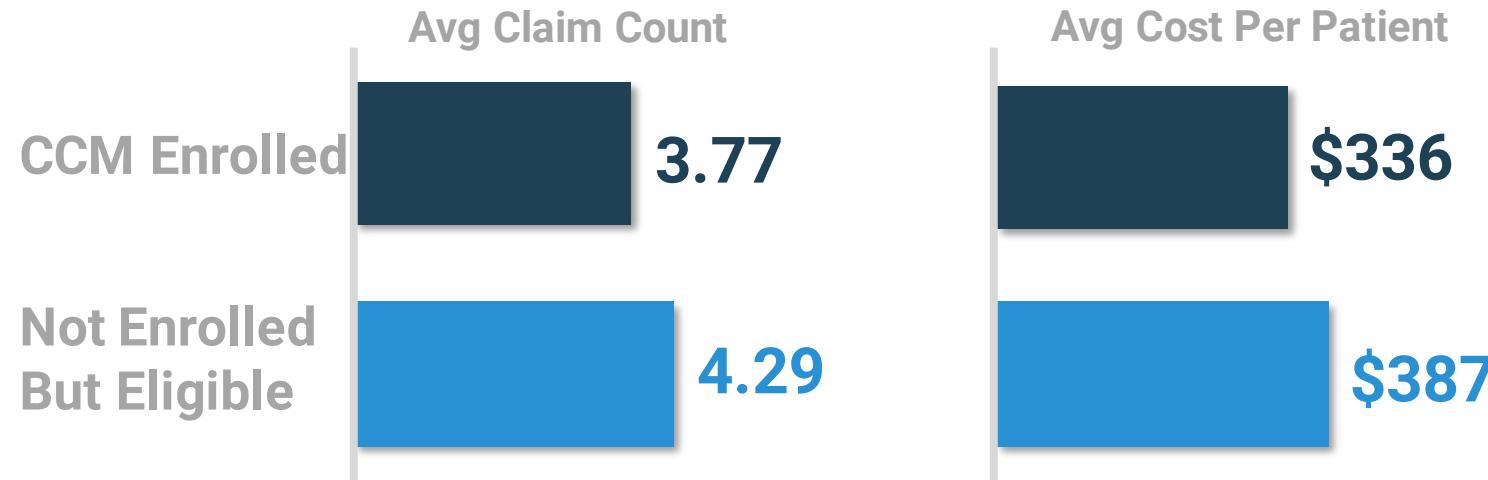
Not Enrolled But Eligible — **$2,197**

✓ **$519** per patient annual **reduction**
✓ **24% reduction** in annual costs for Medicare, taxpayers and patients

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CHARTSPAN 2022 BENCHMARKS
ANNUAL RETROSPECTIVE CLAIMS ANALYSIS

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Average ED Visit Cost
CCM Enrolled vs Non-Enrolled

Avg Claim Count

CCM Enrolled — **3.77**

Not Enrolled But Eligible — **4.29**

Avg Cost Per Patient

CCM Enrolled — **$336**

Not Enrolled But Eligible — **$387**

✓ **$5**2 per patient annual **reduction**
✓ **12% reduction** in ED visits for Medicare, taxpayers and patients

CHARTSPAN 2022 BENCHMARKS
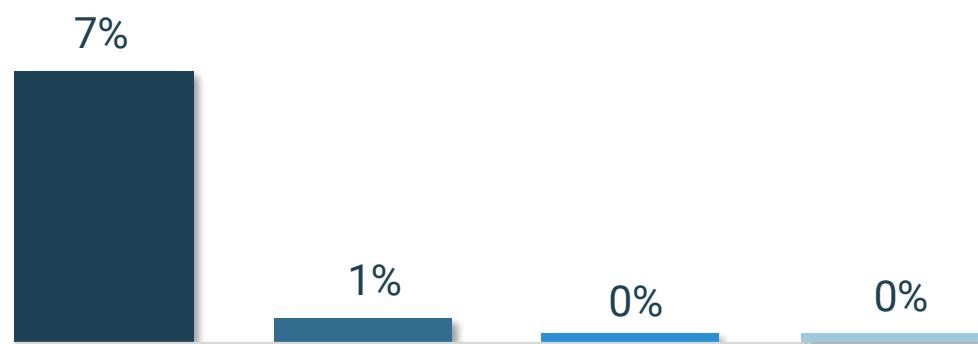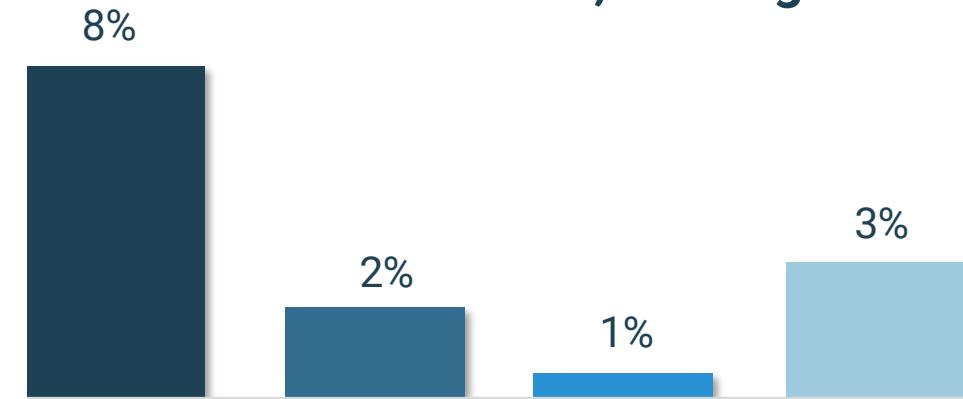ANNUAL RETROSPECTIVE CLAIMS ANALYSIS

Average Readmission Rates

- < 30 day
- Between 61 – 90 day
- Between 31 – 60 day
- > 90 days

CCM Enrolled

7%

1%

0%

0%

Not Enrolled, But Eligible

8%

2%

1%

3%

✓ 13% reduction in 30-day readmission rates
✓ 60- and 90-day readmission rates were not existent

VALUE-BASED CARE PROGRAM PERFORMANCE

ANNUAL CLAIMS DATA

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Net Savings

ACO MSSP Savings

$145
Per Patient, Per Year

CCM Industry Savings

$251
Per Patient, Per Year

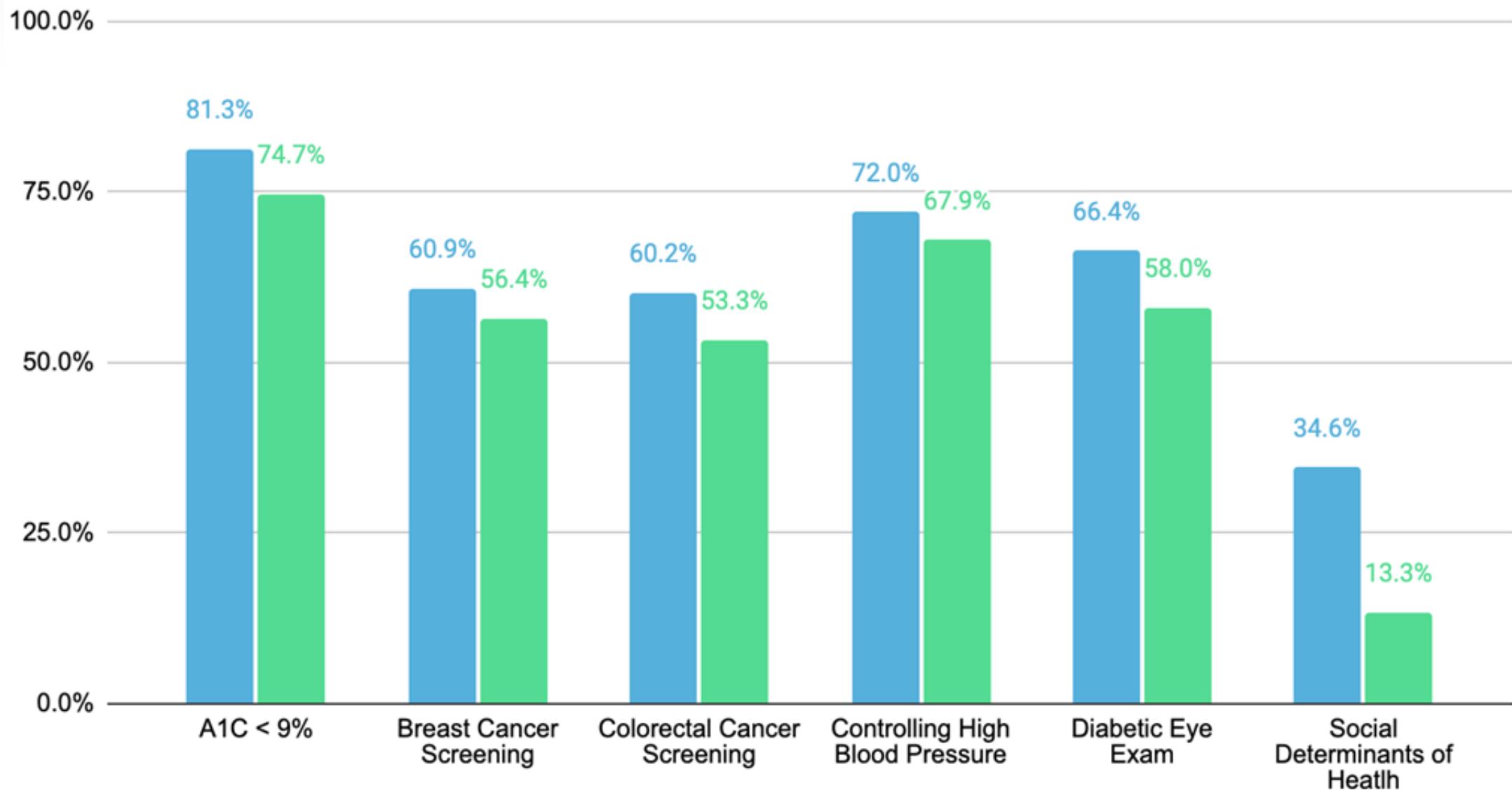### ChartSpan Savings

$1,455
Per Patient, Per Year

ChartSpan CCM programs outperform the typical MSSP ACO in annual savings by **900% per year** and perform **6x better** than the average CCM program
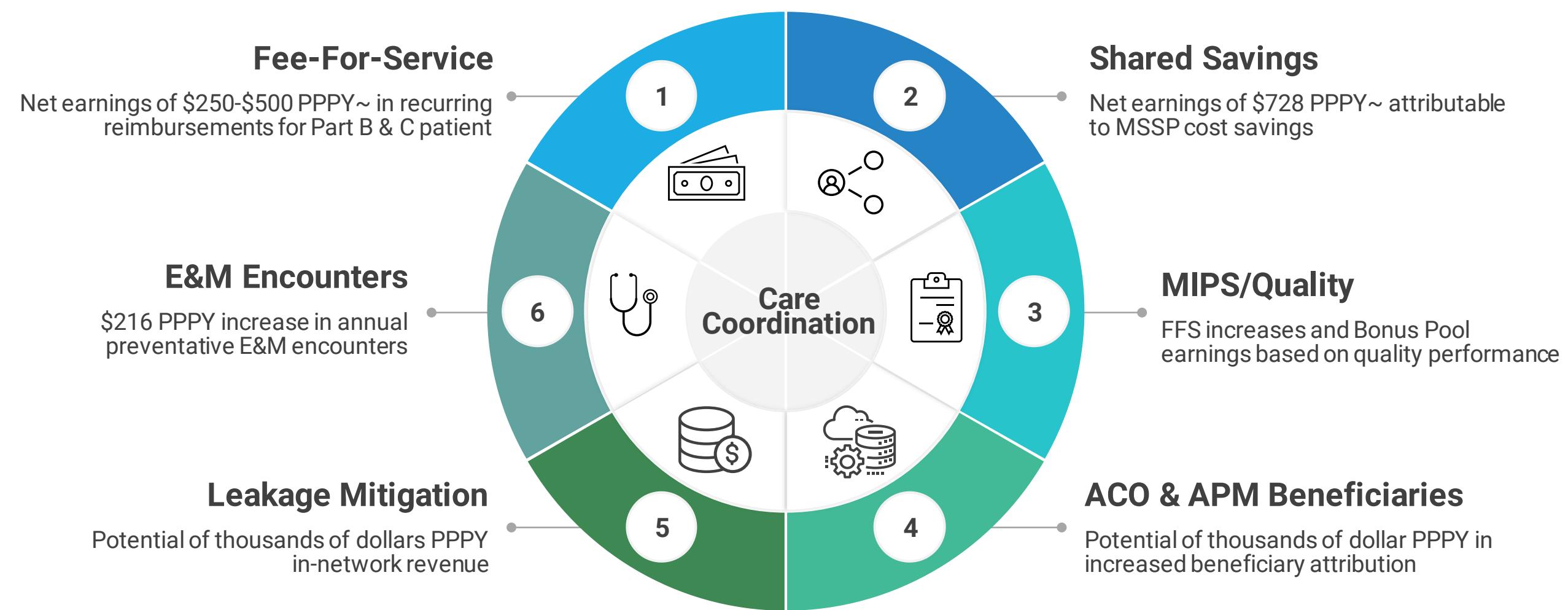
QUALITY MEASURE PERFORMANCE

PRACTICES WITH CCM SCORE HIGHER ON QUALITY MEASURES

Measure	Blue	Green
A1C < 9%	81.3%	74.7%
Breast Cancer Screening	60.9%	56.4%
Colorectal Cancer Screening	60.2%	53.3%
Controlling High Blood Pressure	72.0%	67.9%
Diabetic Eye Exam	66.4%	58.0%
Social Determinants of Heatlh	34.6%	13.3%

THE POWER OF CARE COORDINATION PROGRAMS

PARALLEL RECURRING ANNUAL REVENUE STREAMS

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Fee-For-Service

Net earnings of $250-$500 PPPY~ in recurring reimbursements for Part B & C patient

Shared Savings

Net earnings of $728 PPPY~ attributable to MSSP cost savings

E&M Encounters

$216 PPPY increase in annual preventative E&M encounters

Care Coordination

MIPS/Quality

FFS increases and Bonus Pool earnings based on quality performance

Leakage Mitigation

Potential of thousands of dollars PPPY in-network revenue

ACO & APM Beneficiaries

Potential of thousands of dollar PPPY in increased beneficiary attribution

1 2 3 4 5 6

CCM Operations

chartspan®

Turn-key, fully managed Chronic Care Management service

The most challenging part of running a CCM program

Data Integration	Eligibility Verification	Education Campaigns	Enrollment Consent	Clinical Engagement	Population Health	Claims Billing	Quality Performance	Patient Services
Data extraction and processing	Eligible patient lists reviewed and approved	Marketing email, silent VMs, and mail	Patient consents recorded and archived	24/7/365 Clinical patient support	Address care gaps in CCM population	Real time billing drives cash flow	Patient satisfaction scores and audits	Patient questions and support
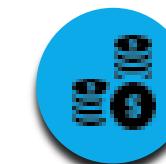
Enrollment never ends

CHARTSPAN PATIENT SLAs & ENGAGEMENT

OPERATIONAL METRICS

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Inbound Response Time

SLA
:30

Actual
:17

Percent - Patients Texting

Year	Percent
2018	0%
2019	4%
2020	9%
2021	21%
2022	50%

Voice Mail Response Time

SLA
5:00

Actual
3:49

Percent - Patient Appointments

Year	Percent
2020	0%
2021	26%
2022	62%
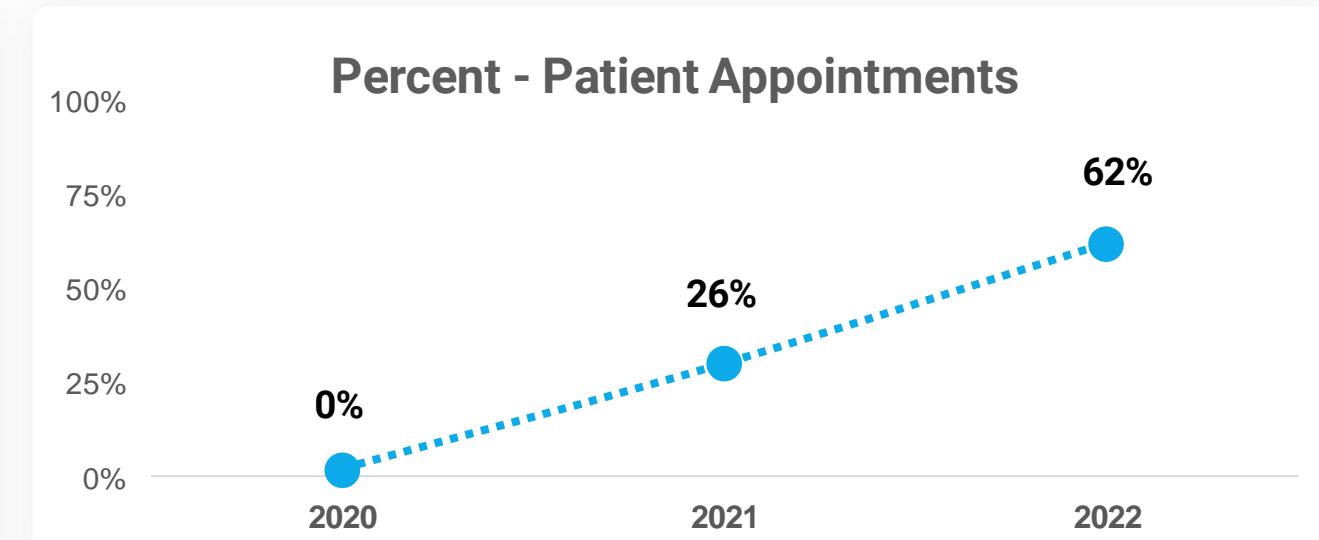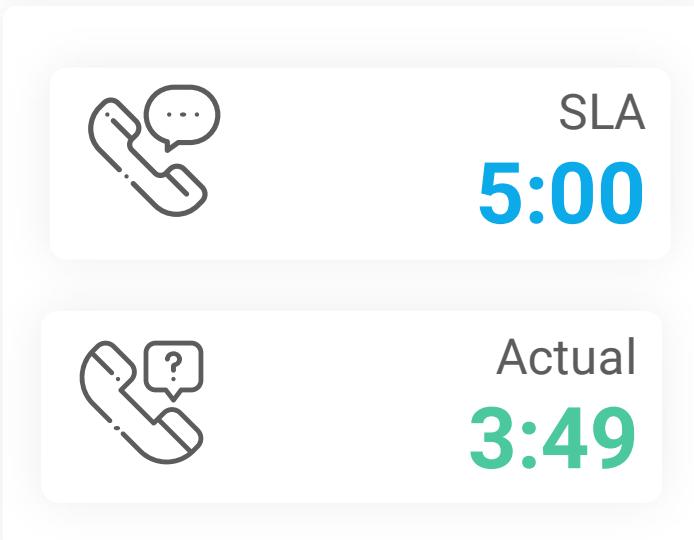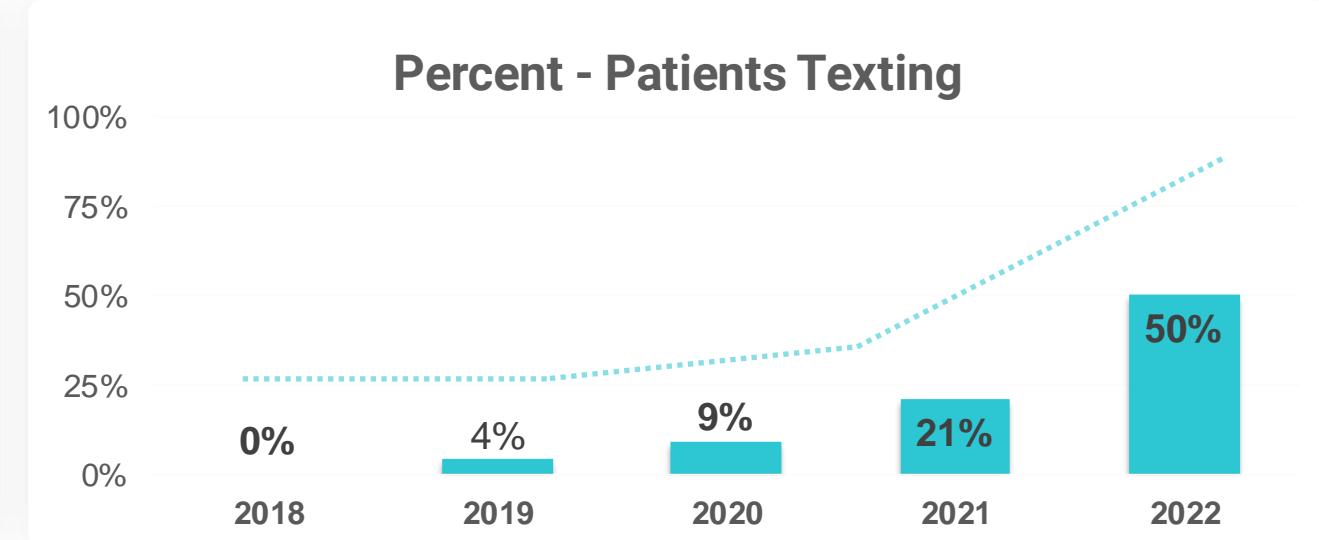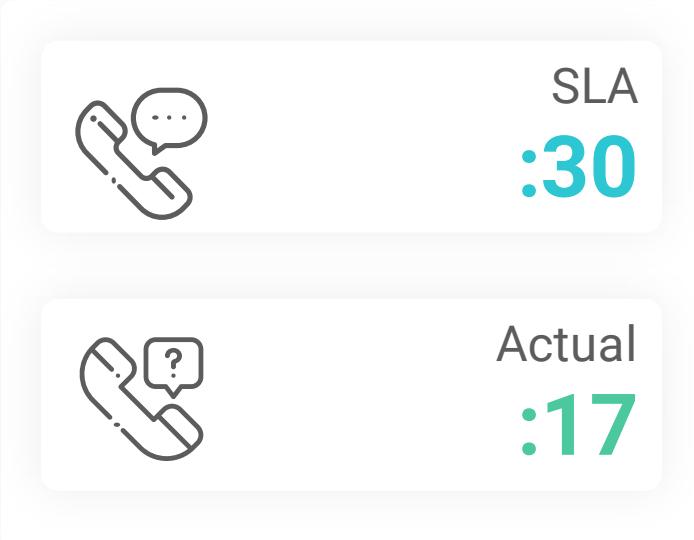
INTEGRATED MULTIMODAL CCM
MULTIPLE PATIENT ENGAGEMENT CHANNELS

- Telephonic
- SMS
- Email
- Patient Portal
- Direct mail

CCM Partnership Preparation

YOUR TEAM FOR SUCCESS

CHARTSPAN'S CCM PROGRAM ADVOCATES

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Pre-Implementation Lead

+ Leads functional analyses and technical assessments
+ Customizes the design of all value-based care programs
+ Ensures customers goals are aligned with program delivery

Implementation Project Manager

+ Implementation phase contact
+ Drives predictable time to ROI
+ Oversees all project timelines & deliverables pre-launch

Client Success Director

+ Primary contact
+ Drives adoption and advocacy of your program
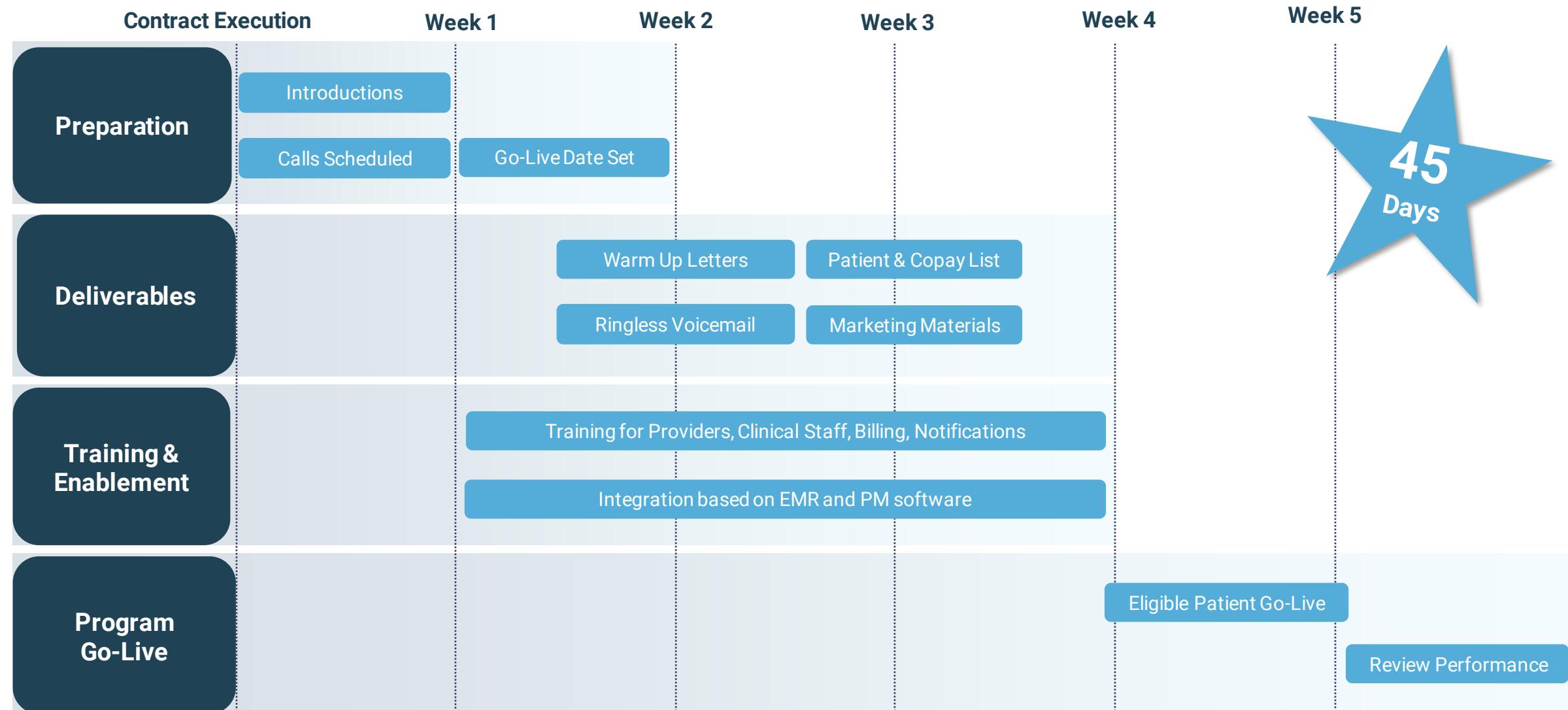+ Conducts executive touchpoints and business reviews

Director of Quality/Pop Health

+ Works with your practice to prioritize quality measures
+ Provides reporting files you can act on for care gap closure
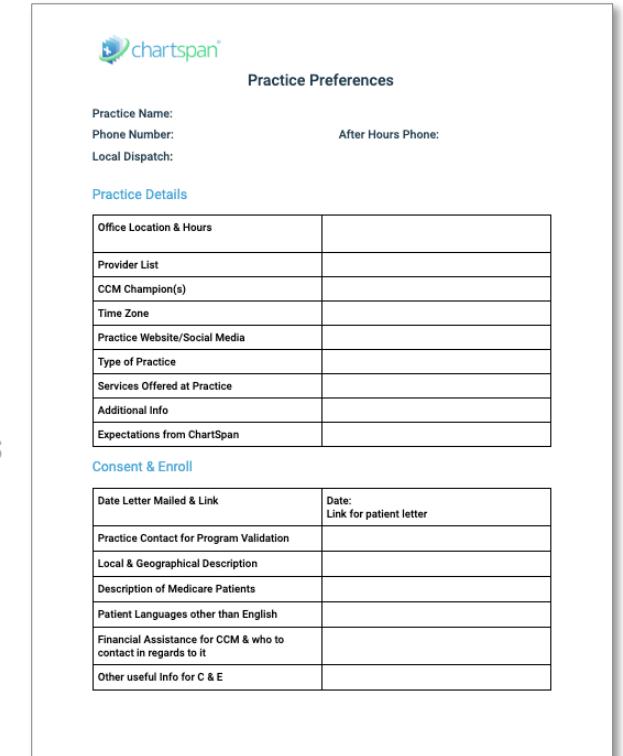+ Excellent resource for your quality initiatives

TYPICAL IMPLEMENTATION TIMELINE

WHAT TO EXPECT WHEN LAUNCHING YOUR PROGRAM

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	Contract Execution	Week 1	Week 2	Week 3	Week 4	Week 5
Preparation	Introductions Calls Scheduled	Go-Live Date Set				
Deliverables			Warm Up Letters Ringless Voicemail	Patient & Copay List Marketing Materials		
Training & Enablement		Training for Providers, Clinical Staff, Billing, Notifications Integration based on EMR and PM software				
Program Go-Live					Eligible Patient Go-Live	Review Performance

45 Days

35

PROVIDER PREFERENCES

EACH CCM PROGRAM CUSTOMIZED BASED ON CLIENT PREFERENCES

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Language Preferences

Clinical Protocols

Location & Staff Info

Practice

Insurance Exceptions

Provider Pronunciations

Local SDOH Partners

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Practice Preferences

Practice Name:
Phone Number: After Hours Phone:
Local Dispatch:

Practice Details

Office Location & Hours	
Provider List	
CCM Champion(s)	
Time Zone	
Practice Website/Social Media	
Type of Practice	
Services Offered at Practice	
Additional Info	
Expectations from ChartSpan	

Consent & Enroll

Date Letter Mailed & Link	Date: Link for patient letter
Practice Contact for Program Validation	
Local & Geographical Description	
Description of Medicare Patients	
Patient Languages other than English	
Financial Assistance for CCM & who to contact in regards to it	
Other useful Info for C & E	

Clinical Services

CHARTSPAN CHART-MARKERS™

Technology Enabled, Human Driven

	Inventory Markers | **Assess**	Identify Markers | **Detect**	Intervene Markers | **Action**
Months 1 - 4	✓ Health History Review ✓ Care Continuum Inventory (provider record retrieval.) ✓ Condition Awareness Assessment ✓ Healthy Living Assessment (diet, exercise, etc.) ✓ Establish SMART Care Goals	✓ Provider Access/Health Equity Issues ✓ Condition Management Challenges ✓ Health Education Needs ✓ SMART Care Goal Non-Adherence	✓ Social Partner Connections ✓ Provider and Service Accessibility ✓ Improved Condition Self-Management ✓ SMART Care Goal Adherence
Months 5 - 8	✓ SDOH Screening ✓ Medication Adherence ✓ Fall Risk Screening ✓ Ancillary Service Assessment ✓ SMART Care Goals Management	✓ Social Barrier Discovery ✓ Medication Problem Identification ✓ Fall Risk Indications ✓ Tertiary Service Need Identification ✓ SMART Care Goal Non-Adherence	✓ Provider Awareness ✓ Medication Compliance ✓ Engage Tertiary Service Providers ✓ SMART Care Goal Adherence
Months 9-12	✓ Psychosocial Screening ✓ Cognitive Screening ✓ DME Screening ✓ SMART Care Goals Management	✓ Mental and Social Indicators ✓ Early Impairment Association ✓ Medical Device Suitability ✓ SMART Care Goal Non-Adherence	✓ Mental Health Support ✓ Medical Equipment Needs Filled ✓ SMART Care Goal Adherence
Annually	**6-10** Screenings & Assessments **12-20** Patient Engagements	**2-3** Clinical Notifications **1-2** Condition Detections	**2-3** Care Gap Assists **3-4** Patient Assists

MIPS ASSESSMENTS

ASSISTANCE WITH IMPROVING YOUR MIPS SCORES

MIPS Assessments:

Depression Screening

Diabetes Hemoglobin A1c Poor Control

Influenza Immunization

Pneumonia Vaccination

BMI

Breast Cancer Screening

Colorectal Cancer Screening

Controlling High Blood Pressure

Diabetic Eye Exam

Your CCM care team and Quality team work together to identify gaps in care.

STANDARD ASSESSMENTS
PROACTIVELY IDENTIFY CARE GAPS

Your CCM care team and Quality team work together to identify gaps in care.

Patient Assessments:

Cognitive Assessment

Functional Assessment

Durable Medical Equipment Needs

Medication Adherence Assessment

Social Determinants of Health

Condition Awareness Assessment
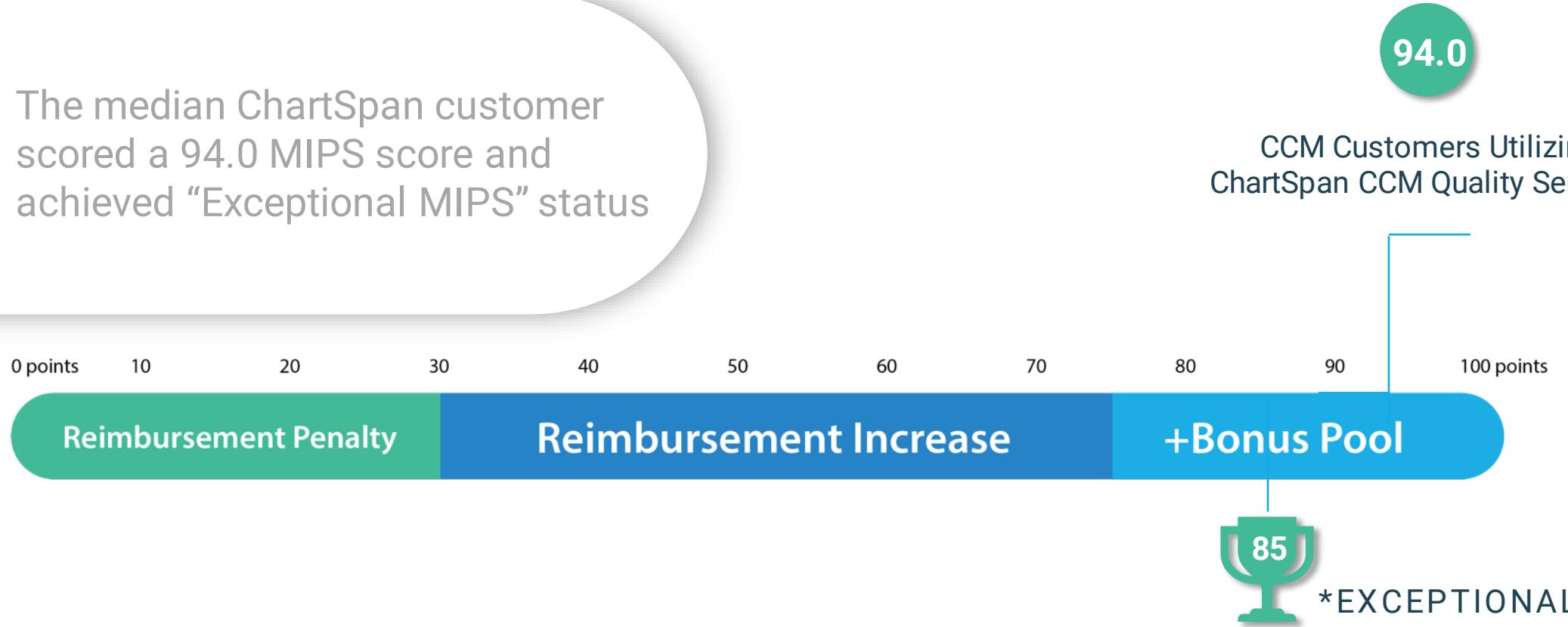
Daily Health Assessment

Fall Risk Screening

2021 CHARTSPAN QUALITY SCORES
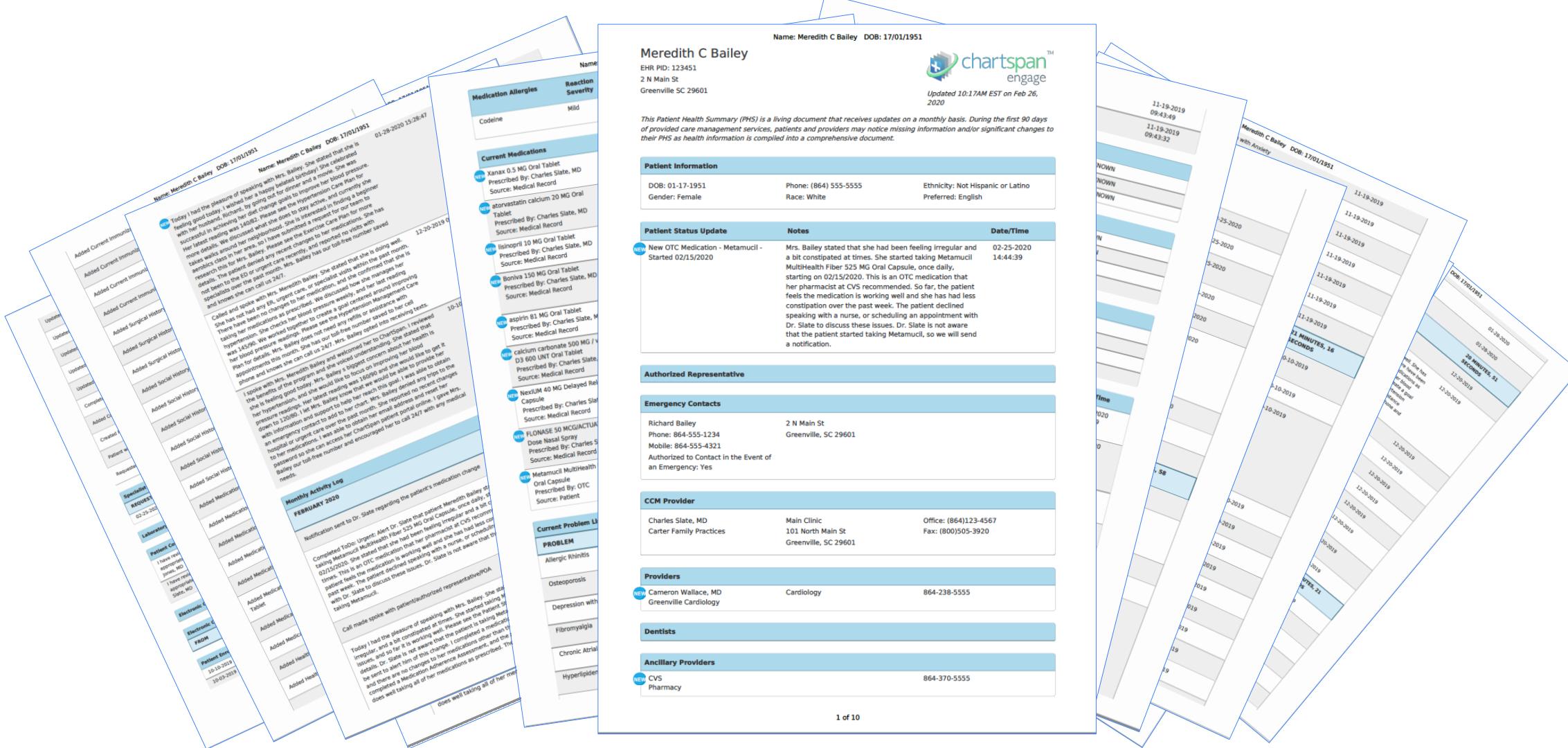
LEVERAGING CCM TO DRIVE EXCEPTIONAL QUALITY SCORES

The median ChartSpan customer scored a 94.0 MIPS score and achieved "Exceptional MIPS" status

94.0

CCM Customers Utilizing
ChartSpan CCM Quality Services

| 0 points | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 points |

Reimbursement Penalty | Reimbursement Increase | +Bonus Pool

85

*EXCEPTIONAL

CCM CLINICAL DOCUMENTATION

PATIENT HEALTH SUMMARY (PHS)

Patient Satisfaction

PATIENT SATISFACTION SCORING

THE HIGHEST PATIENT RATED CCM PROGRAM IN THE U.S.

ChartSpan NPS™ Score = 77.4*

9's and 10's
Promoters
82.8%

7's and 8's
Passives
11.8%

0's thru 6's
Detractors
5.4%

4.3 out 5 patients give ChartSpan's CCM program
a perfect 10 or 9 score.

*Based on patient NPS surveys from 152 different customers

Enrollment

ENROLLMENT CONVERSION
THE HIGHEST ENROLLMENT CONVERSION IN THE INDUSTRY

chartspan

For a cohort of 10,000 patients, every 10% difference in enrollment conversion equals **$133,056** in net revenue

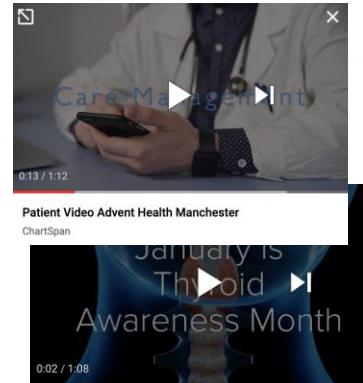For a cohort of 10,000 patients, ChartSpan will invest more than **$27,000** in enrollment labor and costs

Average Health System — 7%
Average CCM Vendor — 14%
ChartSpan Average — 55%
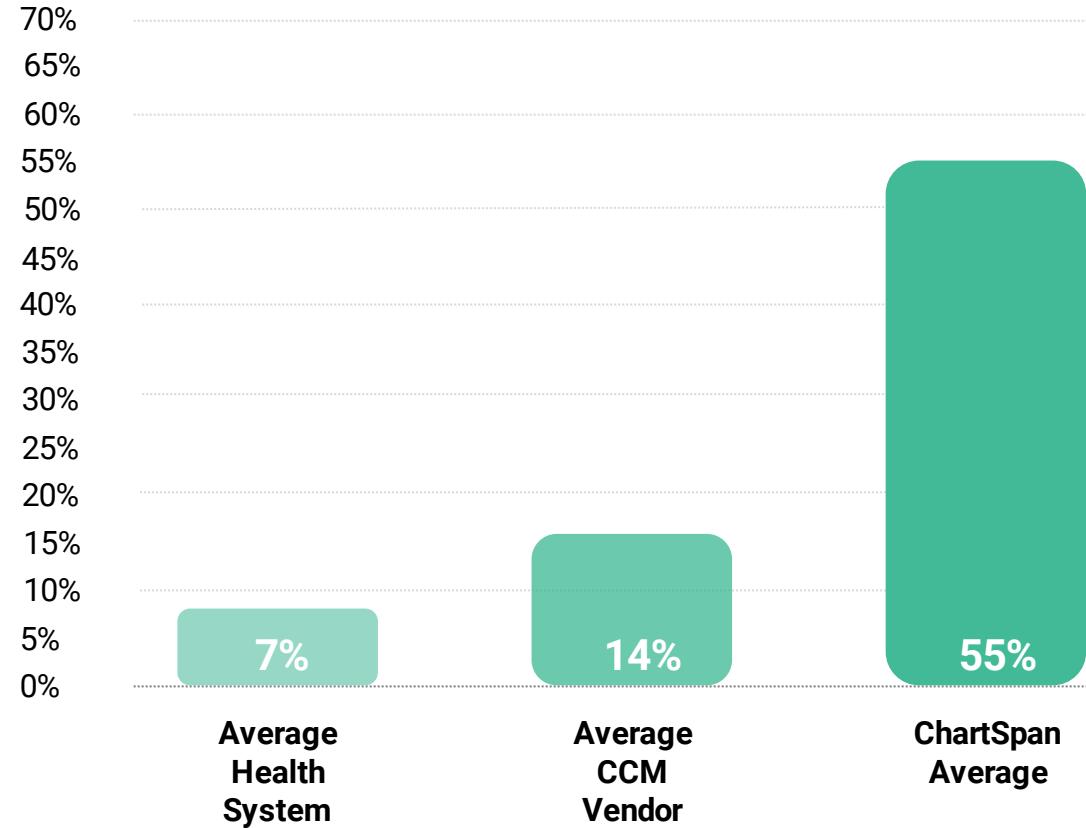
EDUCATING PATIENTS ABOUT CCM

PATIENT MARKETING

Ringless Voicemail

Provider recorded patient calls to drive patient engagement

Videos

Compelling enrollment and condition specific videos for patients

Patient Video Advent Health Manchester
ChartSpan

Thyroid Awareness Month
ChartSpan

Email

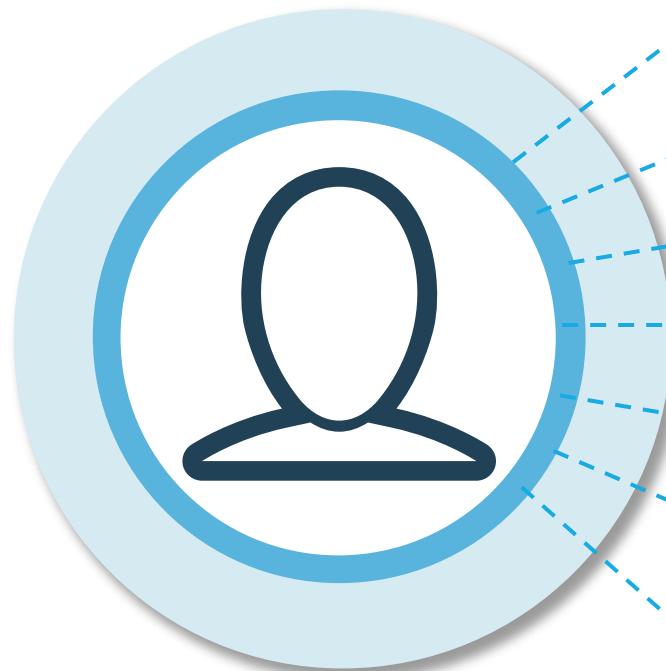Your patients receive thoughtfully crafted; client approved emails encouraging enrollment and engagement
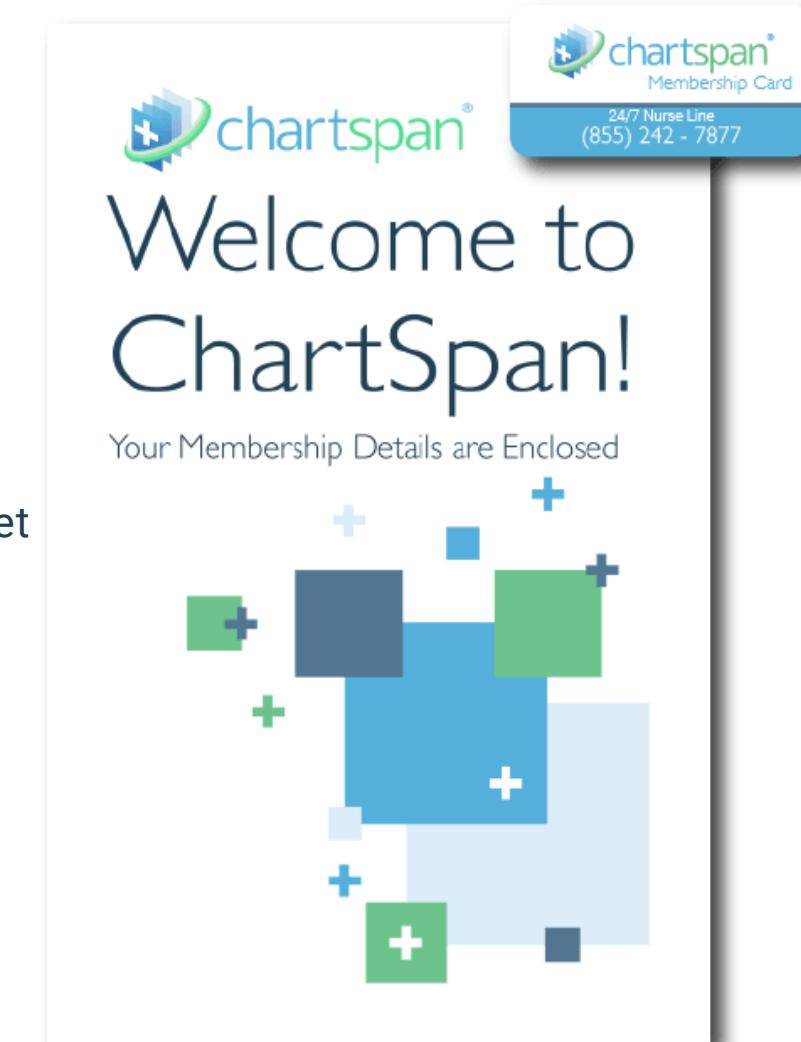
Printing Department

Patient welcome packets and educational materials mailed to patients

PATIENT ENGAGEMENT

CHARTSPAN ENSURES HIGH ENROLLMENTS RATES THROUGH PATIENT ENGAGEMENT

Patient Informational Brochures

Provider Office Posters

State-of-the-art Telephony System

New Membership Welcome Booklet

Membership Key Tag

Personalized Care Plans

SMS Text

chartspan

chartspan®
Membership Card

24/7 Nurse Line
(855) 242 - 7877

chartspan®

Welcome to ChartSpan!

Your Membership Details are Enclosed

CCM Billing

RAPIDBILL (Standard or Auto)
AUTOMATING CCM CLAIMS

$ Ensure CCM program success doesn't overwhelm your billing department

$ <u>Standard</u> RapidBill ensures **600 enrolled patients** will only require 10-12 hours of billing work per month

$ <u>Auto</u> RapidBill ensures **600 enrolled patients** will only require seconds to bill

50

CCM Quality Assurance

QUALITY ASSURANCE
AUDIT RUBRIC

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Category	%	Pts Earned	Poss Points
Overall	84.17%	289	343
Call Value	86.45%	134	155
Chart Value	75.61%	62	82
Compliance	100.00%	30	30
Soft Skills	82.50%	63	76

Rating	Rank	Action
5 = Exceptional	100% - 98%	Celebrate
4 = Exceeds Expectation	97.99% - 93%	Praise/Coach
3 = Meets Expectation	92.99% - 85%	Coach
2 = Needs Improvement	84.99% - 65%	Coaching Plan/Portal
1 = Unacceptable	64.99% - 0%	Corrective Action Plan

	Category	Section Score			Notes
		% Score	Pts Earned	Poss Pts	
	Call Value / Rating	86.5%	134.00	155.00	
1	Demonstrated evidence of pre-call planning — Meets Expectation	85%	14.45	17	Good Job following up on the headaches the patient had been experiencing during our previous call.
2	Executed a call that added value — Meets Expectation	85%	22.95	27	You did a fantastic job addressing the patient's back pain, and working together to set a SMART goal.
3	Asked patient how they are feeling and followed up as needed — Meets Expectation	85%	22.1	26	
4	Asked patient about hospital/urgent care visits & med changes — Meets Expectation	100%	15	15	
5	Displayed empathy and emotional intelligence — Meets Expectation	85%	22.95	27	
6	Utilized scripts, templates, tools and resources as needed — Meets Expectation	85%	22.1	26	
7	Used call time effectively — Meets Expectation	85%	14.45	17	
		% Score	Pts Earned	Poss Pts	Notes
	Chart Value / Rating	75.6%	62.00	82.00	
8	Added critical, meaningful, patient-centered content — Yes	100%	20	20	
9	Added Urgent(s) accurately and completely — N/A		0	0	
10	Added Patient Status Update accurately and completely — N/A		0	0	
11	Close notes accurately captured conversation & added value — No	0%	0	20	You did a great job with documenting your close notes. There was just a few things that were omitted: *Patient stated she did not know if she had any bruises or not, but she had some test done. (4:00) *Patient stated that she has our toll-free # on her keychain
12	Used proper spelling, capitalization, punctuation and grammar — Yes	100%	11	11	
13	Performed legitimate work while in chart — Yes	100%	20	20	
14	Worked chart to 20 minutes — Yes	100%	11	11	
		% Score	Pts Earned	Poss Pts	Notes
	Compliance / Rating	100%	30.00	30.00	
15	Provided monitor/record disclosure statement — Yes	100%	10	10	
16	Verified patient identity by full name, DOB & zip code — Yes	100%	10	10	
17	Medical advice/opinion given remained within scope of practice — Yes	100%	10	10	
		% Score	Pts Earned	Poss Pts	Notes
	Soft Skills / Rating	82.5%	62.70	76.00	
18	Demonstrated proper language skills — Meets Expectation	85%	16.15	19	
19	Used open-ended questioning technique — Needs Improvement	75%	14.25	19	Patient stated her blood pressure was good. Asking open-ended questions here would have given a better understanding of her definition of "good." For example, what was her last reading? How is she managing it? What does her diet consist of? Is she able to engage in physical activity, if so what kind? Has her back pain affected her blood pressure?
20	Demonstrated active listening — Meets Expectation	85%	16.15	19	
21	Showed agility and flexibility — Meets Expectation	85%	16.15	19	

Data

NO-CHARGE DATA INTEGRATIONS

A SEAMLESS FLOW OF DATA BETWEEN CHARTSPAN AND YOUR EHR

chartspan®

ChartSpan offers No-Charge Data Integrations with ESRUN HEALTH clients

- ☑ Receive a no-charge, bidirectional clinical and one-way billing data exchange
- ☑ Eliminate manual data entry and save your staff time
- ☑ Expedite claim processing and revenue generation
- ☑ Clinical data available for providers and clinicians, in near real time
- ☑ Ensure your data is secure with HITRUST Certified technology
- ☑ We pay 100% of the integration charges*

*Minimum 36-month contract required. Available for integrations utilizing common API or HL7 data feed standards for any EHR or PMS. Any third-party, IT fees or EHR data blocking charges are not included in "no charge" offer.

CCM Proforma

Example Proforma

Annual Fee-For-Service Revenue		
Patients	**Financial**	**Client Profit**
10,000 Medicare Patient Population	**$64.00** Medicare Reimbursable Rate	**$998,525*** Client Annual Profit
8,200 Medicare Eligible Population	**$42.00** Esrun/ChartSpan Service Fee	*Assumes national average, 82% patient co-pay collection rate
4,510 CCM Enrolled Population	**$22.00** Example Net Revenue	

Medicare Part B & C

82% Conversion

55% Conversion

Example Proforma

Preventative E&M Encounter Revenue

Patients	Financial	Recurring Revenue
Medicare Part B & C **10,000** Medicare Patient Population	**$216** PPPY	**$974,160** Gross - Annual Recurring Revenue
82% Conversion **8,200** Medicare Eligible Population	**7%** Average Practice Profit Margin	**$68,181** Client Profit
55% Conversion **4,510** CCM Enrolled Population		

Example Proforma

Shared Savings Contribution Revenue

Patients	Financial	Annual Revenue
4,000 Medicare Eligible Population	**$1,455** PPPY	**$3,201,000** Gross Savings
2,220 CCM Enrolled Population		**$1,280,400*** Net Distribution

Attribution (label for 4,000 row)

55% Conversion (label for 2,220 row)

*Assumes Track A or B Participation

Example Proforma

Total Annual Profit

$998,525
Fee-For-Service
Reimbursements

$68,181
Increase in Preventative
Care Services

$1,280,400
Increase in Shared
Savings

$2,347,106
Total Annual Recurring Profit

QUESTIONS?

ASCENDING TO NEW HEIGHTS IN HEALTHCARE