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About CLA

- A professional services firm with three distinct business lines
 - Wealth Advisory
 - Outsourcing
 - Audit, Tax, and Consulting
- More than 6,100 employees
- Offices coast to coast
- Serving 8,700+ health care organizations

Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC.



About American Health Partners and American Health Plans Health Plans





American Health Plans owns and operates Institutional Special Needs Plans (I-SNPs) for seniors who reside in longterm care facilities. In partnership with nursing home operators, the plans provide high quality healthcare and manage risk.

amhealthplans.com



AmPharm

AmPharm is a longterm care pharmacy Communities providing complete pharmacy services. including specialized packaging, IV and compounding services. Its staff of clinical pharmacists also monitor and residents. review all

ampharminc.com

medication orders.

AMERICAN HEALTH COMMUNITIES

American Health (AHC) operates 29 skilled nursing and rehabilitation facilities in the Southeast. We provide a full range of care for short-term patients and long-term

ahcseniorcare.com

Unity Psychiatric Care includes five inpatient psychiatric hospitals for seniors experiencing either a mental health crisis or a behavioral disturbance caused by dementia. A new 48-bed hospital for adults of all ages will be opening in 2019.

unitypsych.com

TRUHEALTH

TruHealth's nurse practitioners and physician assistants provide nursing homes and health plans with post-acute care services. Our providers partner with patients' most trusted caregivers-nurses. therapists and primary care physicians.

ourtruhealth.com

TENNESSEE QualityCARE

Tennessee Quality Care provides comprehensive home health and hospice services in West and Middle Tennessee. We work with AHC skilled nursing facilities to provide continued care for patients as their healthcare needs evolve and they transition out of our facilities.

tnguality.com

REHAB AMERICA

Rehab America provides physical. occupational, and speech therapists in AHC skilled nursing facilities. We focus on helping patients achieve and maintain the highest quality of life possible.

rehabamericainc.com





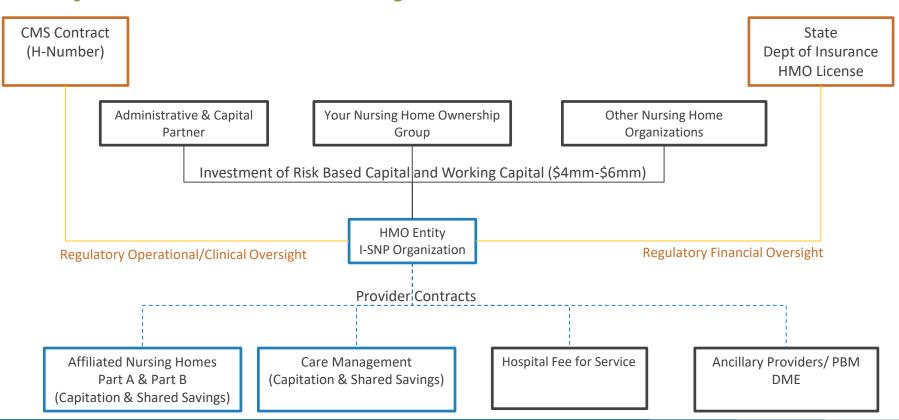
Speaker Introductions

- Dave Schuh has more than 27 years of experience and currently serves as CLA's managing principal
 of health care operations and finance. In addition, he leads CLA's efforts in the development of CLA
 Intuition planning tools for clients in multiple industries. Dave focuses on serving providers across
 all sub-industries of health care by providing strategic, operational, and finance services.
- Stephen Taylor is a principal with CLA's health care group. He has 11 years of experience in public accounting, serving as the primary advisor to a number of health care organizations, including hospitals and health systems, long-term care, and FQHCs. Stephen provides counsel to organizations in compliance, strategic, and operational matters.
- Hank Watson is the vice president of corporate development with American Health Plans where he
 focuses on developing and operationalizing ISNPs with nursing home owners across the country.
 He has been a healthcare executive for more than 10 years. Hank has served as vice president at
 EDG Partners, a healthcare-focused private equity firm, worked in healthcare policy with The Lewin
 Group, and was chief operating officer for a risk adjustment vendor for Medicare Advantage plans.

QA



Corporate Structure of a Provider Owned I-SNP



How do the funds flow?



PMPM	\$ 1,732	Premiums = Base Rate * HCC Score
Part D PMPM	200	Prescription Drug PMPM
Total PMPM	\$ 1,932	Per Member Per Month (PMPM) = Members * Months in Plan per Year

Total PMPM	Ş	1,932	Per Member Per Month (PMPM) = Members * Months i
Beneficiaries Medical Costs			
SNF Capitation (Part A)	\$	300	SNF PMPM - can get a separate skilled in place PMPM
Care Coordination/Management		300	Primary Care Physicians / NPs
Acute Care, Hospital		268	Inpatient Usage, ER, etc.
All Other Costs		585	Drugs, OP, Specialists, Part B, etc.
Total Medical Costs	\$	1,453	
Pre Gain-Share MLR		75.2%	
Provider Gain-Share	\$	189	Quality incentives/measures
Post Gain-Share MLR		85.0%	
Administrative Expenses	\$	208	
-			
Plan Income(Loss)	\$	82	
Plan Income (Loss) %		4.2%	



How do the funds flow?

PMPM (Including Part D PMPM)



With One In	patient Hos	pitalization
-------------	-------------	--------------

1,932

903.7%

208

\$ (15,735)

, ,		-
Beneficiaries Medical Costs		
SNF Capitation		300
Care Coordination/Management	t	300
Acute Care, Hospital		16,274
All Other Costs		585
Total Medical Costs	\$	17,459
Pre Gain-Share MLR		903.7%
Provider Gain-Share	\$	-

PMPM (Including Part D PMPM)	\$ 1,932
,	 •

PIVIPIVI (IIICIUUIIIG PAIT D PIVIPIVI)	P	1,952
Beneficiaries Medical Costs		
SNF Capitation		300
Care Coordination/Management		300
Acute Care, Hospital		-
All Other Costs		585
Total Medical Costs	\$	1,185
Pre Gain-Share MLR		61.3%
Provider Gain-Share	\$	457
Post Gain-Share MLR	•	85.0%
Administrative Expenses	Ś	208
.,		
Plan Income(Loss)	Ś	82

No Inpatient Hospitalization



Post Gain-Share MLR

Plan Income(Loss)

Administrative Expenses

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How is the Premium calculated, what can be impacted?

The Center for Medicare & Medicaid Services' (CMS) Hierarchical Condition Category (HCC) risk adjustment model assigns a risk score, also called the Risk Adjustment Factor or RAF score, to each enrolled beneficiary.

Risk-adjusted = Base Rate * HCC Score



Age Gender Dual Eligible Status Disability Status Frailty Institutionalization

"Average" RAF Score is 1.0

Higher score = sicker than average patient likely to incur higher cost Lower score = healthier than average patient likely to incur less cost

Per Member Per Month (PMPM) = Members * Months in Plan per Year (Minimum plan covered lives of approximately 400)

Q_A

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The I-SNP is the Financial Conduit to Providing the Care

- SNF Costs capitated payments to SNF for skilled nursing and part B therapy
 - Provides nursing home with cash flow at the beginning of the month
- Care Management / Care Coordination reimbursed on a PMPM or FFS basis
 - Team composition RN, NP, PA, MD, Care Coordinators
 - Carryout the Plan's Care Model
 - ♦ Early identification and intervention of changes in resident's healthcare needs, can more quickly determine clinical needs and direct the healthcare resources to be deployed
 - Care coordination and integration within provider setting may lead to reduced hospital admissions / ER utilization
- Key Takeaway... Reallocate Resources From Acute Care Setting to Nursing Home
 - Invest in clinical care in nursing home
 - Skill in place program
 - Invest in care team
 - Bonus and shared savings incentives for facility
 - Waive 3 day stay
 - Offset tremendous spend in the hospital
 - Care team tied to building



CLA Clarity I SNP Data Analytics

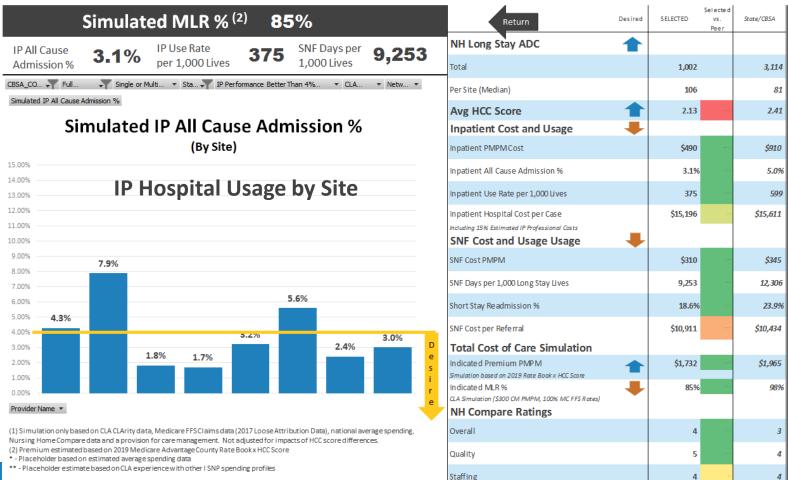


	9	Simulat	ed MLR %	⁽²⁾ 8	5%		Return	Desired	SELECTE D	Selected vs. Peer	State/CBSA
	Cause	3.1%	IP Use Rate	375	SNF Days per	9,253	NH Long Stay ADC	1			
Admis	ssion %	011 /0	per 1,000 Lives		1,000 Lives	-,	Total		1,002		3,114
		PI	MPM Cost Si	mulatio	n ⁽¹⁾		Per Site (Median)		106		81
\$2,500						Avg HCC Score	1	2.13		2.41	
	01/		CVCTERA	Inpatient Cost and Usage	•						
	OV	EKALL	SYSTEM	MEDI	AN SPE	NDING	Inpatient PMPM Cost		\$490		\$910
\$2,000							Inpatient All Cause Admission %		3.1%		5.0%
							Inpatient Use Rate per 1,000 Lives		375		599
					\$300	64 475	Inpatient Hospital Cost per Case		\$15,196		\$15,611
\$1,500					\$300	\$1,475	Including 15% Estimated IP Professional Costs				
			•	375			SNF Cost and Usage Usage SNF Cost PMPM		\$310		\$345
				0,10					4510		φονο
\$1,000							SNF Days per 1,000 Long Stay Lives		9,253		12,306
		\$	310				Short Stay Readmission %		18.6%		23.9%
	640	_					SNF Cost per Referral		\$10,911		\$10,434
\$500	\$49	U					Total Cost of Care Simulation				
							Indicated Premium PMPM	•	\$1,732		\$ 1,9 65
							Simulation based on 2019 Rate Book x HCC Score Indicated MLR %		85%		98%
							CLA Simulation (\$300 CM PMPM, 100% MC FFS Rates)				
\$0	IP Cost	- CN	NF Cost Otho	er Cost *	Care Mgmt **	TOTAL	NH Compare Ratings				
(1) Simula			ta, Medicare FFS Claims da		Ü		Overall		4		3
Nursing H (2) Premi	Nursing Home Compare data and a provision for care management. Not adjusted for impacts of HCC score differences. (2) Premium estimated based on 2017 Medicare Advantage County Rate Book (New Plans) x HCC Score Quality						Quality		5		4
	 Placeholder based on estimated average spending data Placeholder estimate based on CLA experience with other I SNP spending profiles 						Staffing		4		4



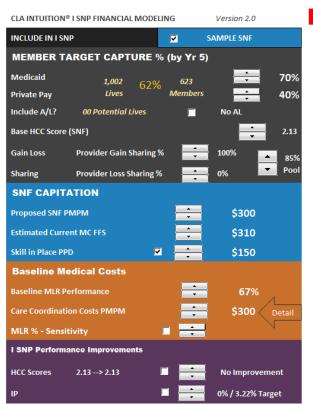
CLA Clarity I SNP Data Analytics

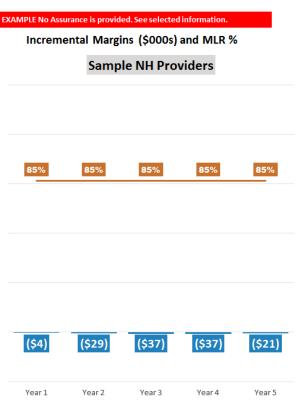








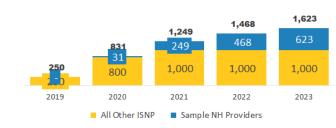




Plan Premiums and Pre Tax Margins



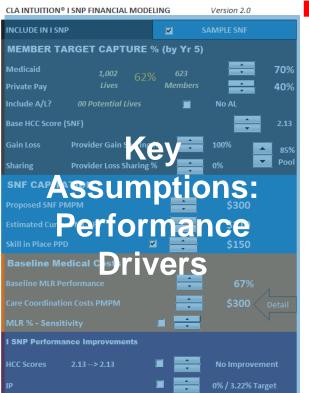
Members by Organization

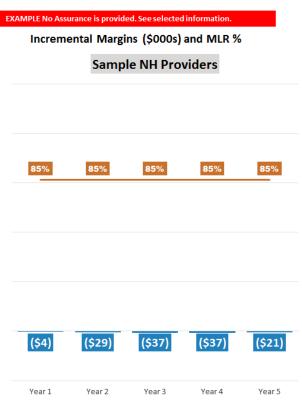








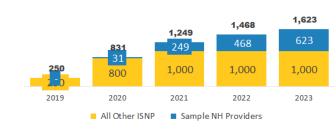




Plan Premiums and Pre Tax Margins



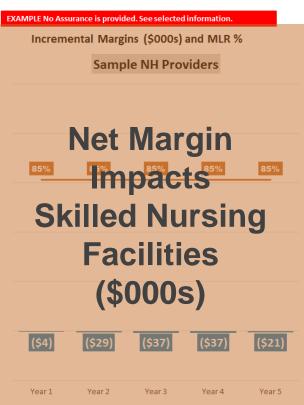
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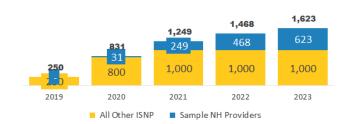




Plan Premiums and Pre Tax Margins

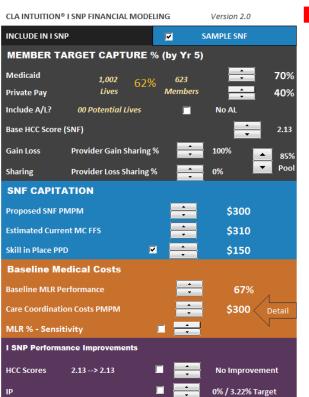


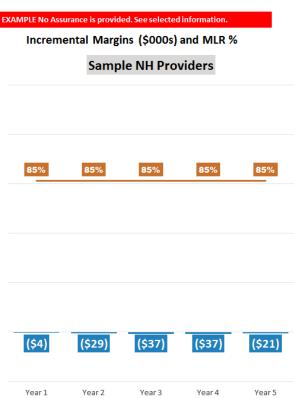
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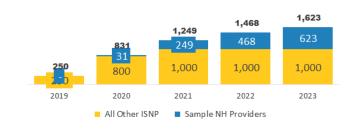






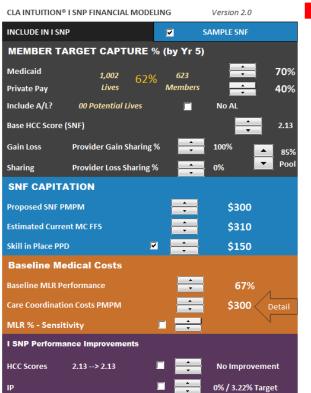


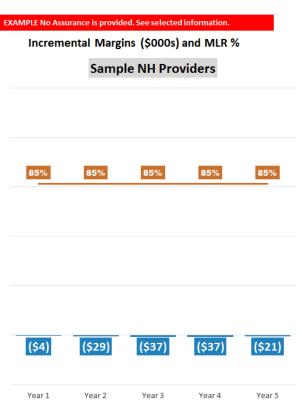
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Plan Premiums and Pre Tax Margins



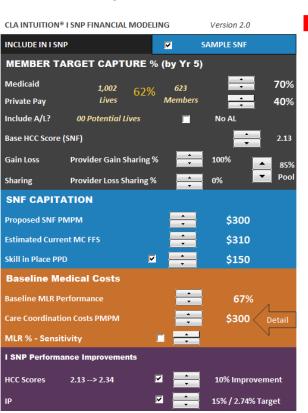


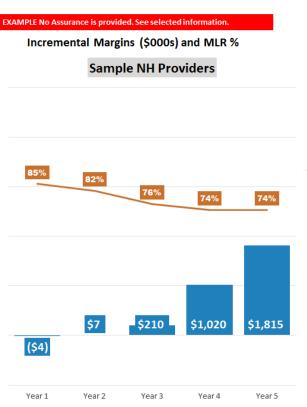


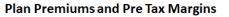
CLA Intuition[®] I SNP Financial Modeling Tool **Example "Success"**





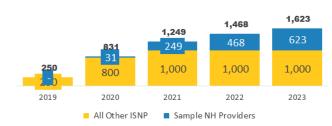






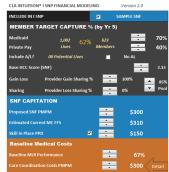


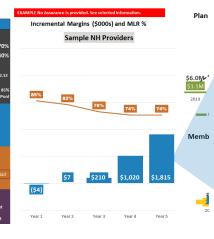
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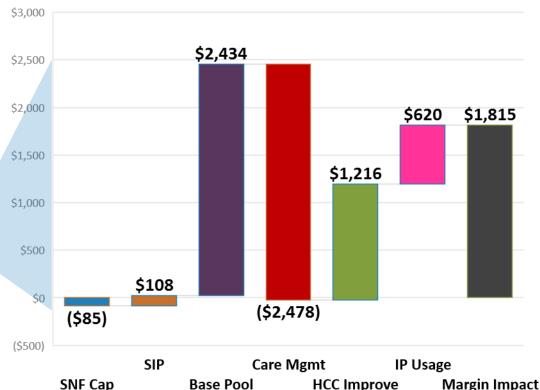


Understanding Your Value Drivers in a Risk Relationship



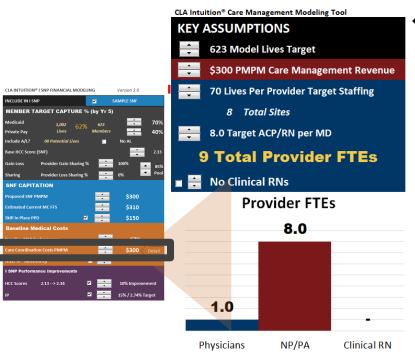


SNF Net Margin Drivers (Yr 5) \$000s

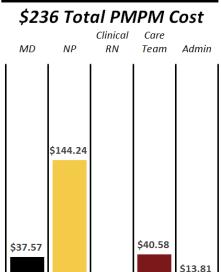


CLA Intuition[®] Care Management Modeling Tool **Understanding the Provider Economics of Care Management**







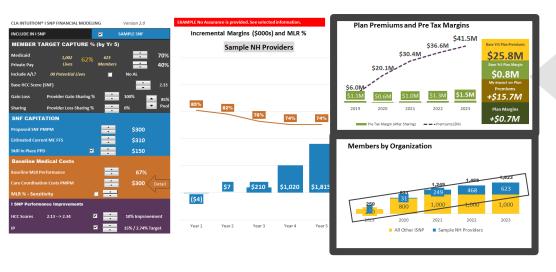


\$0.00

Care Mgmt PMPM Cost

70 Lives Per Provider Target Staffing

Understanding Your Value to an Risk Based Payer (I SNP Plan)





My membership (623 lives by year 5) and performance inside the I SNP produces value to the I SNP plan \rightarrow \$15.7M of Premium and \$0.7M of Plan Margin





What is important?

- Enrollment spread the risk
- Model of care/care management reduction in IP utilization
- Optimization of RAF (HCC) increase premium
- Real opportunity is in the MLR "gain-share"
 - MLR < 85 percent provider gets this money through aspects such as quality bonuses – you have to spend at least 85 percent MLR
- Ancillary business structure/ownership (e.g. pharmacy)
- Funding of reserves (based on state requirements)

QA



Questions?

WEALTH ADVISORY | OUTSOURCING | AUDIT, TAX, AND CONSULTING

