



Unlocking Clinical and Financial Performance...The Conventus and Navvis Difference

Engaging, Enabling, and Empowering Independent Physicians

November 5, 2020

www.conventusnj.com

www.navvishealthcare.com

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Objectives

- Discuss exclusive sources to optimize revenue sources
- Explain ability to increase per member per month payment (PMPM) through Horizon's commercial and Medicare Advantage value-based program
- Provide information on support available to supplement office infrastructure with people resources and robust health analytics technology
- Describe value-added services available to coordinate with other value-based care programs

Presenters



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ARTLIFTING

Suzanne Hellums | *Sailor's Delight*

About Navvis

Anthony Wehbe, DO
Physician Executive

 **CONVENTUS | NAVVIS**

NAVVIS IS A POPULATION HEALTH MARKET MAKER

We work with health plans, health systems, and physician organizations to build, operate, and manage new business models in alternative payments, unifying and fundamentally changing the way healthcare is delivered

Connecting a Disconnected Healthcare System

The opportunity exists at the intersection of payers, providers, employers, and consumers

PAYERS | **CONSUMERS**
PROVIDERS | **EMPLOYERS**

Our MISSION

TRANSFORMING HEALTH IN THE U.S.
Navvis is creating a tipping point by improving the health of **20 MILLION PEOPLE**

Our VISION

Imagine a healthcare system that never stops caring

Focused on **"What matters to you"** instead of focusing on **"What's the matter with you."**

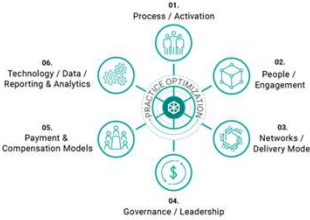
Our PROCESS

PROGRAMS AND INTERVENTIONS DEVELOPMENT

- Define the population (by LOB or VBC)
- Apply analytics and discernment
- Map insights back to the LOB and VBC by way of attribution
- Capture insights to understand where the population can be impacted
- Define and develop the appropriate programs and interventions

Our SOLUTION

The Six Pillars of Population Health



Our PLATFORM

Coreo



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Market-Based Population Health

A MARKET-BASED EXAMPLE: HAWAII

Navvis partners with a market-leading health plan in Hawaii transforming how healthcare is delivered by designing and managing value-based contracts

- Established an Efficient, Real-Time Data Ecosystem
- Deployed a Foundational, Integrated Technology Platform
- Aligned Primary Care & Engaged Providers Through a Value-Based Payment Model
- Reimagined Population Health with a Holistic and Proactive Care Model
- Created Aligned and High-Performing Provider Networks
- Deployed Market-Based Partnerships and Built a Community Care Network

IMPACTS

Country's first nationally focused chair of population health

Results featured in prestigious peer-reviewed journals

First-ever deployment of a state-wide value-based payment model for primary care

10+ 10+ markets and growing

20 20 health system, health plan, and provider organization customers nationwide

As seen in

Healthcare Tech Outlook AHIP JAMA hfma Health Evolution Hospital Review FLACOs HJM-PH OLIVER WYMAN

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Alicia Sterling Beach | Red Landscape Abstraction

What is the Conventus-Navvis New Jersey Partnership?

A High-Performing Value-Based Care Physician Network

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Value Based Services Designed to Engage, Empower, and Enable Physicians

HealthSync A Value-Based MSO Designed to Engage, Empower, and Enable Physicians

Data, Analytics, Reporting

- Clinical, claims and integration with ADT Feeds
- Program specific dashboards
- Population insights
- Risk modeling
- Payment model performance

Core Programs and Interventions

- Total Care Management
- Acute Care Transitions
- Post-Acute Care Transitions
- ED Follow-up
- Annual Wellness Visit
- Quality Care Management
- HCC Coding
- Clinical Programs: Sepsis, COPD, Pneumonia, UTI, Stroke, Seizures, and Cardiac Arrhythmia
- Others defined by population and need

Technology and Integration

- Integration into the EMR
- Face Sheet

Centralized Resources

- Care management
- Care navigation
- Analytics and performance
- Network management (Post-Acute, Community, Home)
- Help desk

Practice Optimization

- Physician engagement
- Process optimization
- Continuous improvement

Payment Model

- Value-based payment model
- Both one-sided and two-sided risk
- Coordinated journey to full risk
- Analytics and performance
- Attribution model support

Risk-Based Contract Management

- Analysis of value-based and FFS contracts
- Identification of opportunities for new contracts
- Financial modeling
- Funds flow management

Additional Capabilities

- Telehealth
- Remote Patient Monitoring
- Network Integrity
- Referral Management

Physician Leadership

- Governance models/structure
- Physician training
- Physician leadership coaching

Traditional MSO Support and Integration

- Revenue cycle management
- Appointment scheduling
- Credentialing
- Compliance management
- Physician recruitment



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Engaging, Enabling, and Empowering Independent Physicians and Their Teams

Navvis New Jersey Is...



A High-Performing Value-Based Care Network



Horizon BC/BS NJ Commercial and Medicare Advantage Members



Here to Help You Unlock Clinical and Financial Performance



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Conventus-Navvis New Jersey Features and Benefits



No cost for you to participate and no changes to your existing base provider agreement with Horizon



\$4 per member per month in Advanced Performance Payments (APP) for attributed members (**opportunity for \$5MPM for first 50 physicians who sign**)



Opportunity to participate in shared savings based on performance across metrics like preventative care and total cost of care



Programs, clinical care coordination resources, and easy to use technology tools and analytics to support your practice and patients



Support to enhance your practice workflows and processes, identify data trends and patient needs, and align support for your patients

A Value-Based Payment Model Just for Participating

The Baseline: Advanced Performance Payment (APP)

\$4 PMPM based on number of attributed members

Paid Monthly

APP can increase in future periods (\$2 PMPM per year)

Ability to maintain or increase APP PMPM based on quality and net savings

The Incentive: Shared Savings

55% - 70% to network

Based on quality and net savings



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Suzanne Hellums | *Sailor's Delight*

Practice Optimization

Kathy Kleese
VP, Market Partnerships

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Practice Optimization Program

Program Philosophy

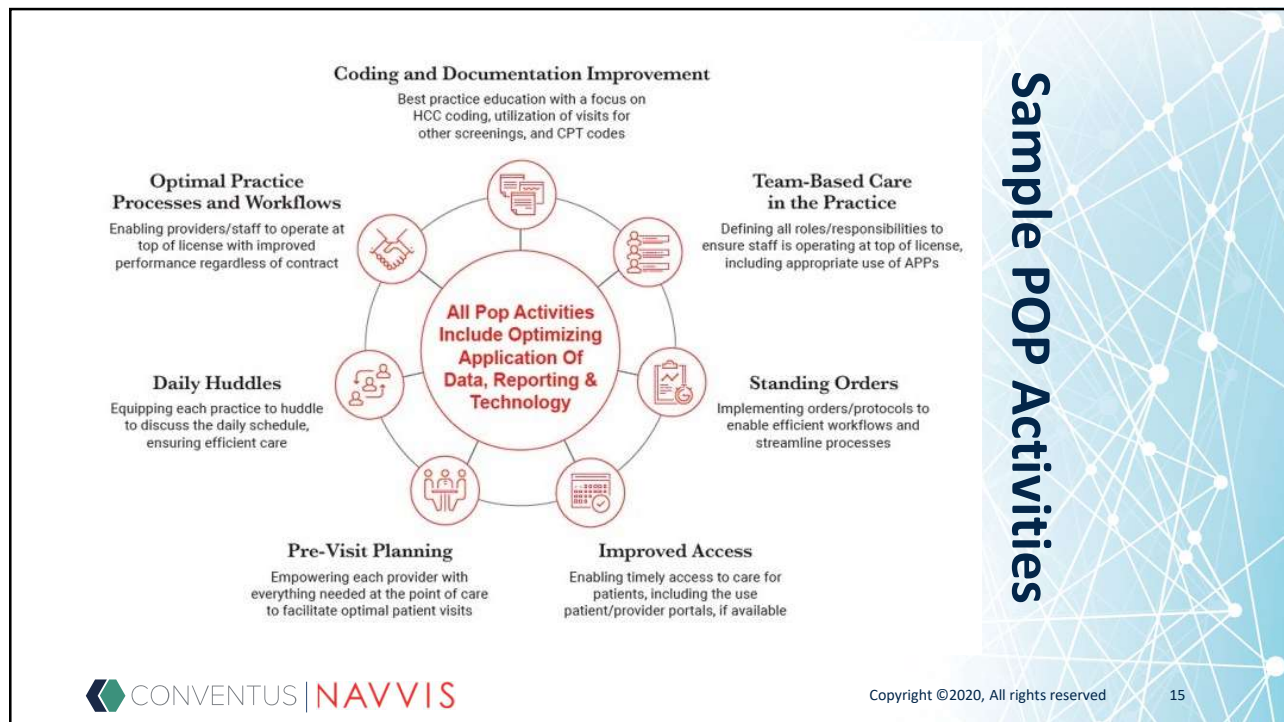
1. Doing things with providers, not to them and around them
2. Understanding what matters most to providers
3. Focusing on provider well-being as the "Fourth Aim" in healthcare
4. Optimizing what they are, not transforming them into something they are not

Approach

- Our team is focused on addressing what matters to providers, care teams, and staff
 - Helps enhance processes, workflows, and understanding of patient/population data
 - Sets practice up for success in value-based payment models
 - Enables a top of license approach
- A dedicated resource for your practice
 - Your Practice Optimization Manager serves as connector between the practice and centralized and in-market Navvis New Jersey teams

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In-Market and Centralized Support For Your Practice

Annette Albertson RN, BSN, MBA
Sr. Director Client Operations

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In-Market and Centralized Support

Enabling Providers and Their Teams to Practice at Top of License

- **Practice Optimization Program** to enhance your processes and workflows, and to provide data and insights
- **Programs** to support patients with high risks, quality gaps, or during care transitions
- **Care navigators and coordinators** to engage with patients as an extension of your team in support of your care plan
- **Actionable data analytics** to help improve the quality and efficiency of care to your patients
- **Real-time observation** of patients to identify patient needs and guide patients back to your office for care



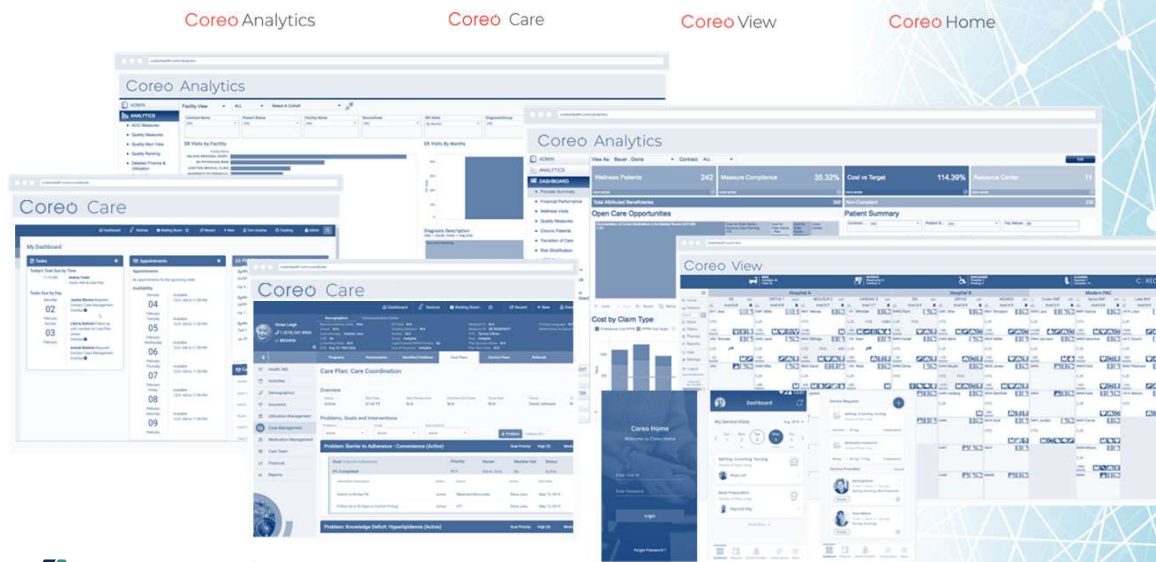
Patient-Centric, Physician-Led Programs and Care Coordination: NAVVIS NJ Programs

- **Acute Care Transitions Program:** Engage with all patients who are discharged home from an acute setting and follow for 30-days post discharge with the intent to reduce any avoidable readmissions
- **Total Care Program:** Engagement of the highest risk patients based on your payer's risk scores. Address access to care, navigation, education, medication management intended to improve overall health outcomes and reduce total cost of care
- **Emergency Department Avoidance Education Program:** Engages and intervenes to address primary care access, patient/family education, care coordination and identify physician access opportunities in partnership with Practice Optimization Program
- **Annual Wellness Visit Program:** Identifies patients who have not completed an AWW and facilitates scheduling a visit. This Program is intended to promote engagement with the PCP
- **Quality Metric Management Program:** Provides interventions to achieve quality metric gap closure. The Program is intended to achieve optimal quality performance in selected measures and support achievement of quality goals

Our Approach

- We identify patients in need of care based on risk, quality care needs, and/or healthcare events
- We engage, guide, and coordinate care for patients across the continuum, focusing on "What Matters Most" to each person
- We reinforce your care plan and support patients and their families between care visits

EMR-Integrated Technology: the Coreo Platform



Coreo: Near Real-Time Data Insights

Example: Utilization and Cost



- View patient list by number of ER Visits
- Trend visits
- View by resulting diagnosis
- Patient level claims data can give greater insight in to use patterns
- Provider level claims data can give greater insight into costs

Coreo: Actionable Data and Information

Person-Centric, Actionable Information Aggregated from Multiple Sources

Daily Huddle Sheet

Amanda Aaron

Home Phone: (817) 713-4032 | Date of Birth: 8/28/1934

Care Opportunities	Action	Assigned	Due	Status
Care for Older Adults – Advance Care Planning	Not Selected	5/4/2017	Not Set	New

Silvia Abarca

Home Phone: (817) 774-5801 | Date of Birth: 6/14/1932

Care Opportunities	Action	Assigned	Due	Status
Care for Older Adults – Advance Care Planning	Not Selected	5/4/2017	Not Set	New
Care for Older Adults – Functional Status Assessment	Not Selected	5/4/2017	Not Set	New
Care for Older Adults – Medication Review	Not Selected	5/4/2017	Not Set	New
Care for Older Adults – Pain Assessment	Not Selected	5/4/2017	Not Set	New
Controlling High Blood Pressure	Not Selected	5/4/2017	Not Set	New
Hypertension (HTN): Blood Pressure Control ACO #28	Not Selected	5/4/2017	Not Set	New

Richard Ackerman

Home Phone: (214) 982-9994 | Date of Birth: 1/11/1943

Care Opportunities	Action	Assigned	Due	Status
Adults Access to Preventive/Ambulatory Health Services	Not Selected	5/4/2017	Not Set	New
Adults Access to Preventive/Ambulatory Health Services Ages 65+	Not Selected	5/4/2017	Not Set	New
Care for Older Adults – Advance Care Planning	Not Selected	5/4/2017	Not Set	New
Care for Older Adults – Functional Status Assessment	Not Selected	5/4/2017	Not Set	New
Care for Older Adults – Medication Review	Not Selected	5/4/2017	Not Set	New
Care for Older Adults – Pain Assessment	Not Selected	5/4/2017	Not Set	New
Colon Cancer Screening	Not Selected	5/4/2017	Not Set	New

Member HCC Face Sheet

Not Covered

A D 8 - Metastatic Cancer and Acute Leukemia		2,484
☐ 1970 - Secondary malignancy lung	THOMAS, WILLIAM - MSSP	9/1/15
A D 21 - Protein-Calorie Malnutrition		0,713
☐ 2639 - Protein-cal malnutr NOS	THOMAS, WILLIAM - MSSP	9/1/15
A D 47 - Disorders of Immunity		0,521
☐ 29411 - Auto-immune indist panel	ABITOVE, OLUTOVYN - MSSP	3/5/15
A D 109 - Vertebral Fractures without Spinal Cord Injury		0,487
☐ 8502 - Fx dorsal vertebrae close	LEIGH, MARGARET - MSSP	9/1/14
A D 75 - Myasthenia Gravis/Myoneural Disorders and Guillain-Barre Syndrome/Inflammatory and Toxic Neuropathy		0,408
☐ 2018 - Neuropathy due to drugs	THOMAS, WILLIAM - MSSP	9/1/15
A D 111 - Chronic Obstructive Pulmonary Disease		0,346
☐ 498 - Chr airway obstruct HCC	ALDENSHINE, MICHAEL - MSSP	3/2/15
A D 108 - Vascular Disease		0,299
☐ 4401 - Renal artery atheroscler	ANASTASE, ALEXANDRU - MSSP	3/2/15
A D 48 - Coagulation Defects and Other Specified Hematological Disorders		0,252
☐ 2875 - Thrombocytopenia NOS	KUMAR, AJITA - MSSP	7/29/15

Recommendation

A D 78 - Parkinson's and Huntington's Diseases		0,091
☐ NoClng - Recommendation (J,B-Rx)	-Johne Hopkins ACO	

Covered

A D 85 - Congestive Heart Failure		0,368
☐ 4280 - CHF NOS	ABITOVE, OLUTOVYN - MSSP	1/15/16
A D 84 - Cardio-Respiratory Failure and Shock		0,329
☐ 5184 - Acute lung edema NOS	BUCKMAN, PENELOPE - MSSP	1/15/16
A D 33 - Intestinal Obstruction/Perforation		0,310
☐ 5501 - Paralytic ileus	BACON, JAMES - MSSP	12/4/16



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Navvis New Jersey
is Driving Outcomes

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David McCauley | Holcyon

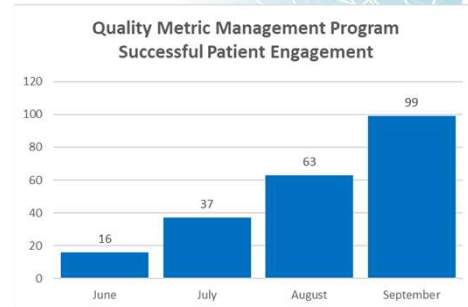
Level 3 Quality Performance in 2020

Metric	National All LOB 75 Percentile	National All LOB 90 th Percentile	Navvis New Jersey Performance*
Screenings			
Adult BMI Assessment (ABA)	67	70	74.25
Breast Cancer Screening (BCS)	57	60	68.66
Colorectal Cancer Screening (COL)	51	56	58.09
Cervical Cancer Screening (CCS)	59	62	67.64
Disease Control			
Comprehensive Diabetes Care: Eye Exam (CDCE)	45	51	27.84
Comprehensive Diabetes Care: (HbA1c) Poor Control (>9%) (CDC)	31	26	53.05
Comprehensive Diabetes Care: Medical Attention for Nephropathy (CDC)	68	70	73.15

*As of 9/25/20

The Navvis New Jersey Network is currently **achieving Level 3 Shared Savings** for Quality Measures

50% of **other population health vendors** offering services through your payers are **below Level 3**



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About Conventus

Carolyn Hoitela, MLS
Director, Practice Management



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Conventus Was Founded on a Promise

- One of New Jersey's largest medical professional liability insurers
- Formed by and governed through an alliance of physicians
- We uniquely understand the complexity of running a successful practice
- Together with our industry experts, we provide solutions to help protect your practice from financial loss and guide you through changing healthcare requirements
- We help you focus on what you do best—delivering care to your patients

Exclusive Member Insured Benefits

- 24/7 Practice Advice Hotline
 - Confidential Hotline available at no cost
- Knowledgebase of Templates, Forms and Tools
 - Customizable key practice tools and resources dedicated to reducing risk and promoting patient safety and patient centered care.
- Practice Consultation and Plan
 - Strategies for risk reduction and quality patient outcomes, creating measurable results in building a foundation to promote quality and patient safety
- Webinars, Podcasts and Educational Programs
- Risk Alerts and Educational Briefs
- Online CME



The Conventus Difference

Carolyn Hoitela, MLS
Director, Practice Management



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Conventus Practice Resources Hands-on Support

- Assistance in coordinating value-based care (VBC) programs
 - Setup practice for success in meeting quality reporting for necessary program to avoid penalties in VBC models (e.g. Merit-based Incentive Payment System)
 - Collaborative support for existing programs to positively drive outcomes
- Practice optimization by streamlining workflow processes
 - Quality measure selection to avoid duplicating work across other VBC programs
- Focused Risk Management Support
 - Provide strategies for risk reduction and quality patient outcomes, while helping to achieve measurable results in building a foundation to promote quality and patient safety
 - Review of current and emerging risk trends in key areas such as operations, workflow processes, patient care services, risk and compliance management, and more
- Customizable practice tools and resources dedicated to reducing risk and promoting patient safety and patient-centered care



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Next Steps

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What Do You Need To Do Next

- 1 Reach out to your contact below with any questions or comments
- 2 Get connected with Kathy Kleese, Navvis NJ representative to discuss participation agreement
- 3 Sign and send agreement no later than **11-30-2020**

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Questions

NAVVIS NJ Team

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Anthony J. Wehbe, DO, MBA Physician Executive

Anthony J. Wehbe, DO, MBA, FACOI, is a practicing board certified Internal Medicine physician and award-winning healthcare executive. Dr. Wehbe's people-centric, physician-focused leadership has optimized clinical outcomes and financial performance at integrated health systems in the Philadelphia region. He has designed and executed strategies that maximize revenue and market share, while improving quality and containing costs.

Dr. Wehbe's expertise spans the full range of healthcare and physician leadership—from fiscal stewardship and operations excellence to provider recruitment, team building and patient satisfaction. Most recently, as Senior Vice President & Physician Executive, Dr. Wehbe provided operational, clinical and financial oversight for several entities at Jefferson Health New Jersey. He has managed Hospitalist and Peri-operative Medicine programs, primary and specialty care, medical and surgical specialties; home health care; long-term care facility and sub-acute rehabilitation centers, population health management teams, both on the health system side and physician group side. Dr. Wehbe created and led an integrated care management team, ensuring patients received the appropriate and most efficient care throughout their course of treatment, amongst the underserved and uninsured communities. He has been recognized as "Top Doc" over several years by many publications, and in 2017, he was named to Philadelphia Business Journal's honor roll of "40 Under 40" top executives.

Dr. Wehbe earned both his undergraduate and MBA degrees from Philadelphia's St. Joseph's University. He graduated from the Philadelphia College of Osteopathic Medicine and completed residency at UMDNJ. Dr. Wehbe holds memberships in the American College of Health Care Executives, American Association for Physician Leadership, American Academy of Telemedicine, American College of Osteopathic Internists, American College of Physicians, American College of Preventative Medicine, American Osteopathic Association, and the American Medical Association, among others.



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NAVVIS NJ Team (cont'd)

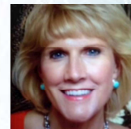
www.navvishealthcare.com

Kathy Kleese

Vice President, Market Partnerships

Kathy works to establish high performing networks in SE PA and New Jersey. Prior to joining Navvis, Kathy was Vice President of Business Development with Zelis, a National Saas health care technology company. In this role she was responsible for growth within the BCBS markets and National and Regional payer arenas. Kathy has also worked with DonJoy Orthopedics as Vice President of Payer Development, Devon Health Services as Chief Operating Officer and Coventry Health Care as Vice President on National Network Development.

Kathy is a demonstrated innovator in health plan network solutions with over 25 years of experience in client account management and risk based contracting solutions. Kathy will be working from her home office in Pennsylvania.



Contact Information:
484-860-0630

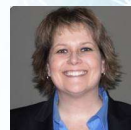
kathy.kleese@navvishealthcare.com

Annette Albertson RN, BSN, MBA

Sr. Director Client Operations

Annette's clinical and educational experience provides significant strength serving Navvis' Clients. She helps lead Navvis' programmatic operations engaging patients uniquely while remaining vigilant of the population goal to exceed the Quadruple Aim. Clinically, Annette has served patients in many roles including working with patients experiencing complex medical conditions, engaged patients through call center operations, provided outreach to patients through health and wellness programs, and collaborated with healthcare care providers in clinical office settings.

Annette's professional clinical experience includes roles with Anthem, SSM Health, Esse Health, Healthways, and BJC Health System. These experiences allow Annette to work with clients to improve processes serving patients effectively, and because of her leadership experience in these healthcare organizations, Annette uses Six Sigma and healthcare administration knowledge to assist our Clients realize success with new models of reimbursement. She obtained her Bachelor and Master of Business Administration degrees from the University of Phoenix and Bachelor of Nursing at St. Louis University.



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Conventus Practice Resources Team

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Carolyn Hoitela, MLS

Director, Practice Management

Ms. Hoitela bring her 18 years of expertise in clinical and business optimization to assist practices in applying data and workflow processes to support practice transformation. Her extensive experience with Electronic Health Record Systems and quality improvement, helps practices by providing hands on support to maximize and drive change through practice redesign and implementation of patient-centered outcomes in order to remain competitive in today's dynamic healthcare environment. She has worked with hundreds of providers to help them explore the benefits, challenges, and opportunities within the changing healthcare marketplace.

In her past work, Ms. Hoitela led the Physician Office quality improvement projects for Healthcare Quality Strategies, (HQS) the Quality Improvement Organization for NJ more than 10 years. She and her team were dedicated to helping practices, through education and assistance, by achieving CMS process goals.



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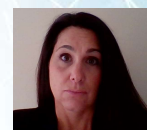
choitela@conventusnj.com

Cheryl Kelly

Practice Management Consultant

Ms. Kelly joined the Practice Resources Team with over 20 years of experience in consulting to hospitals, health systems and physician practices. She is skilled in workflow redesign in both clinical and non-clinical areas and offers hands on support implementing patient-centered solutions. Ms. Kelly has extensive experience with quality improvement initiatives and value-based care models including MIPS, MSSP and other payor sponsored programs.

Prior to joining Conventus, Ms. Kelly worked as the Director of Strategic Planning & Program Development for a community hospital in New Jersey. She worked diligently in the development of their physician network and spearheaded their value-based care initiatives



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