

Introducing Answer Health Senior Care Advantage: a partnership between Answer Health and agilon health

Answer Health Senior Care Advantage is a model of care for Medicare Advantage patients who enroll in participating health plans, where primary care physicians and their teams assume responsibility for designing a high quality and value-based network using data to refine referral decisions, develop clinical programs, and motivate physicians.

1. What is Answer Health Senior Care Advantage?

Answer Health Senior Care Advantage, a joint venture between Answer Health and agilon health, is a model of care for Medicare Advantage patients who enroll in participating health plans. Answer Health physicians and clinical teams, along with agilon health, will assume responsibility for high quality and efficient care and for performing additional care management and administrative functions typically provided by the health plans.

Through this integrated payment and care delivery model and partnership, Answer Health physicians will be provided access to data and operational support to refine referral decisions and clinical program development in the interest of improving patient outcomes.

The main characteristics of the program include:

- **Global risk contracting** with health plans which covers all professional, hospital, ancillary care and administrative payments, which are risk-adjusted to capture differences in patient population characteristics.
- **Practice growth** strategy and tactics that help physicians engage patients in the Medicare value proposition.
- **Physician recruitment** support to build capacity and provide continuity of patient care among retiring physician populations.
- **Improved quality and efficiency of care** of all participating members attributed to Answer Health physicians.

January 1, 2022 is the anticipated effective date of the new program.

Health plan participation is being discussed with local and national plans that Answer Health physicians have relationships with. The result will be the delivery of timely, efficient and coordinated care services in the most appropriate settings which improves quality of care.

2. Why Medicare Advantage and why now?

Seniors across the country are increasingly selecting Medicare Advantage plans for their Medicare coverage because it offers more benefits for the money than traditional Medicare. Answer Health leadership have recognized this trend and the opportunity to transform the way Answer Health physicians' senior patients are cared for.

- Over 49% of Medicare recipients in the state have elected to enroll in Medicare Advantage plans, exceeding trends nationwide.
- Medicare Advantage enrollment penetration in the Answer Health service area is slightly above the state average at 52%; the average for counties in the Grand Rapids region is 57% and 49% for counties in the Traverse City region. MA penetration in 7 counties in the service area exceeds 60%, demonstrating a high affinity to the Medicare Advantage value proposition. This is a terrific opportunity for growth as patients age in, employed seniors retire and fee-for-service patients learn the merits of what Answer Health Senior Care Advantage and Medicare Advantage have to offer.
- Answer Health physicians have been proactive and successful in caring for patients under an accountable care model for several years and this partnership is a natural next step in the evolution of population health and value-based healthcare.

The Answer Health Senior Care Advantage program is not a Medicare Advantage plan, rather, it is a new approach to care delivery. Under this program, the patient choosing one of the participating Medicare Advantage plans will have access to the innovative care programs that Answer Health physicians have designed to enhance access to wellness and health education services, as well as care coordination resources when needed.

- This program will be available to all Medicare Advantage members enrolled in participating plans and provides them with the best of both worlds – **flexibility in choosing their benefits** from any one of our health plan partners and **access to this new patient focused care program** with Answer Health physicians.
- A key area of focus for Medicare Advantage patients is the **Annual Wellness Visit**. A recent agilon health survey of patient satisfaction with their AWW reflects that **more than 75%** follow up on the recommended screenings and protocols from their doctor following an AWW.
- Patients report **high satisfaction with the AWW service and make positive lifestyle changes** that are important for improving and maintaining good health at a much higher rate than the general population.



- Importantly, physicians can, in the course of treatment, recommend Medicare Advantage plans to their patients, and agilon health will be providing all physicians with more information and education to make these recommendations to their patients. In addition, agilon health will be developing robust relationships with local health plan sales representatives and will introduce telephonic and website resources from a trusted national vendor to assist Answer Health patients in making their Medicare coverage decisions.

3. Why partner with agilon health?

Answer Health leadership has endorsed a partnership with agilon health to help support the practices' movement to integrated payment and care delivery transformation. As a result of the financial structure of these arrangements, which is based upon a percentage of the health plan premium, we can evolve the health care delivery system and take control over total cost and quality of care.

In addition, agilon health:

- provides technology-enabled clinical and administrative expertise and capital that allows physician organizations, like Answer Health, to transition successfully to true value-based healthcare from fee-for-service.
- provides downside risk protection.
- offers an aligned incentive model for providers.
- builds a consistent market brand for Medicare Advantage, standard processes to manage care and a common economic structure, regardless of the patient's underlying health plan.

This partnership offers a superior and singular patient and physician experience across disparate plans. It allows Answer Health physicians to sustain independence, embrace risk, grow the Medicare Advantage business, and **position themselves to thrive in a value-based health care environment** for many years to come.

4. What is the global risk contracting business model that optimally allows primary care physicians to transition to value-based healthcare for Medicare Advantage patients?

agilon health structures integrated payment and care delivery contracts with Medicare Advantage health plans, in collaboration with their physician practice partners.

- Answer Health Senior Care Advantage will take global risk against a percentage (%) of the health plan's premium.
- There will be robust data exchange between the health plans and Answer Health Senior Care Advantage.
- This transformative structure helps primary care physicians access a revenue stream for not only the care they personally perform, but also for the care they manage.

5. Who is the leadership team that will be involved in managing this partnership?

The leadership team includes a team of local executives and physicians (including many leaders from Answer Health as well as experienced resources from agilon health. agilon health is based in Long Beach, California with offices in Akron, Austin, Buffalo, Columbus, Dayton, Hartford, Pittsburgh, Southeast Ohio Toledo and Wilmington. agilon health will share an office with Answer Health in Grand Rapids.

- Mark Steingold is the Executive Director for the Answer Health Senior Care Advantage operation.
- Pamela Zelasko, MD, will serve as Medical Director for Answer Health Senior Care Advantage.
- Associate Medical Directors for the partnership are Jennifer Battiste, MD, Rose Ramirez, MD, John Millett, MD, David Parker, MD, Jake Flynn, MD, Diardre Quinn, MD and John Hamersma, MD.
- An Executive Committee made up of Answer Health executives and agilon health leaders will be formed.
- agilon health brings resources and expertise to execute all of the necessary functions that are required to operate this transformative partnership arrangement. These functions include health plan contracting, provider network development, data analytics, burden of illness identification, HEDIS/quality performance and reporting, clinical care management, provider engagement, communications and marketing.
- Recruiting efforts are underway to add multiple administrative and clinical resources (including leadership roles) to the agilon team in the Answer Health market to support implementation and oversee the operations.

6. If I get any questions from media, how do I handle?

Please respond to all calls and queries from editorial or broadcast media in the following way. "Thank you for contacting Answer Health. All media requests must go through our media relations team at 949-279-2719."

