



Navigating Medicare Advantage Today

Dr. George Williams & Chip Zahn

08.22.2024

Agenda

1

Introductions

2

Intro to Medicare Advantage (MA)

3

WellMed - Our Model

4

Macroeconomic Trends

Introductions

WellMed Participants



George Williams, MD MMM

Regional Medical Director Strategic Partnerships, WellMed

Prior:

- President Methodist Medical Group
- Senior Physician Executive, MultiCare Carelines & Specialty Care

Education:

- Medical School: Baylor College of Medicine
- Masters: University of Southern California
- Undergraduate: Baylor University

Other:

- Family: Three children, new granddaughter Annie turns 2 months today
- Hobbies: Cycling, Fishing, Hiking, Basketball



Chip Zahn, MHA

SVP Strategic Partnerships, WellMed

Prior:

- Group President of Operations, Surgical Care Affiliates
- Chief Operating Officer, Las Colinas Medical Center (HCA facility)

Education:

- Masters: Tulane University
- Undergraduate: The University of Alabama

Other:

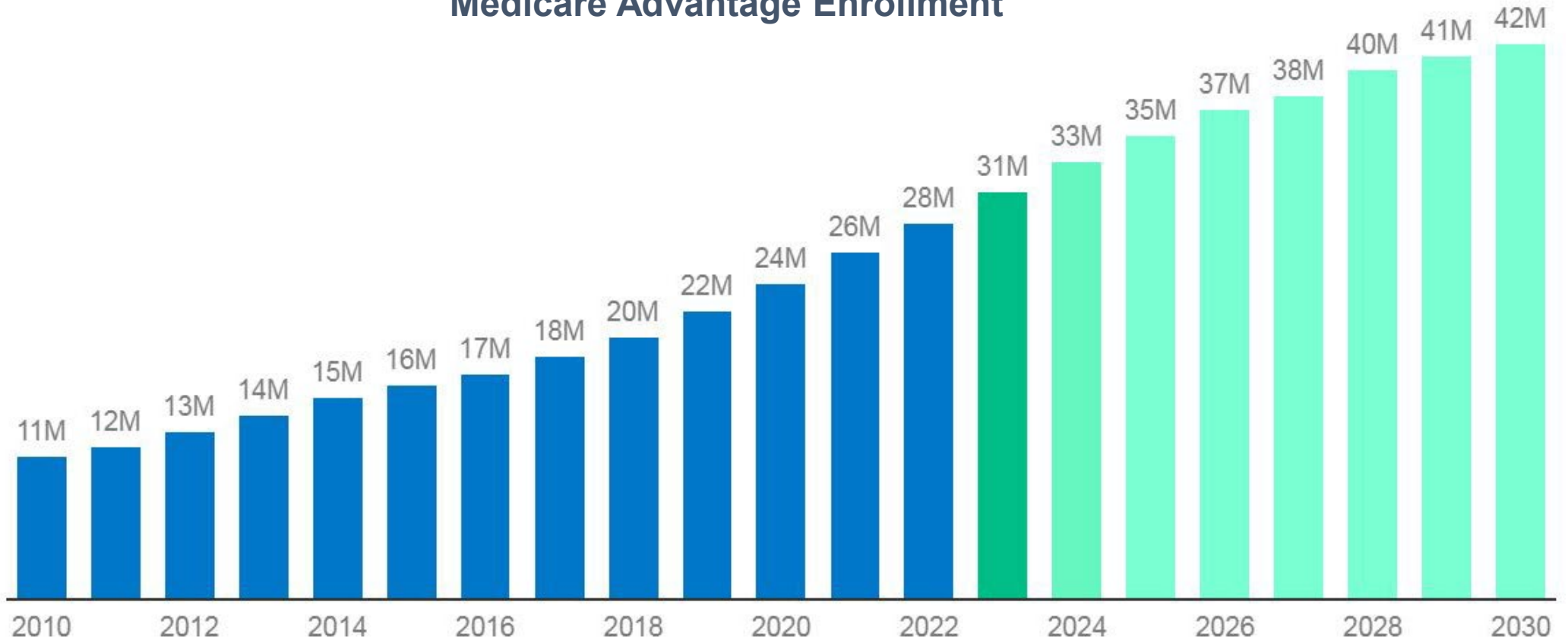
- Family: Two teenage daughters; prayers welcome
- Hobbies: Golfer, working out, Recently teaching my daughter to drive; beware of the black Jeep

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Intro to Medicare Advantage

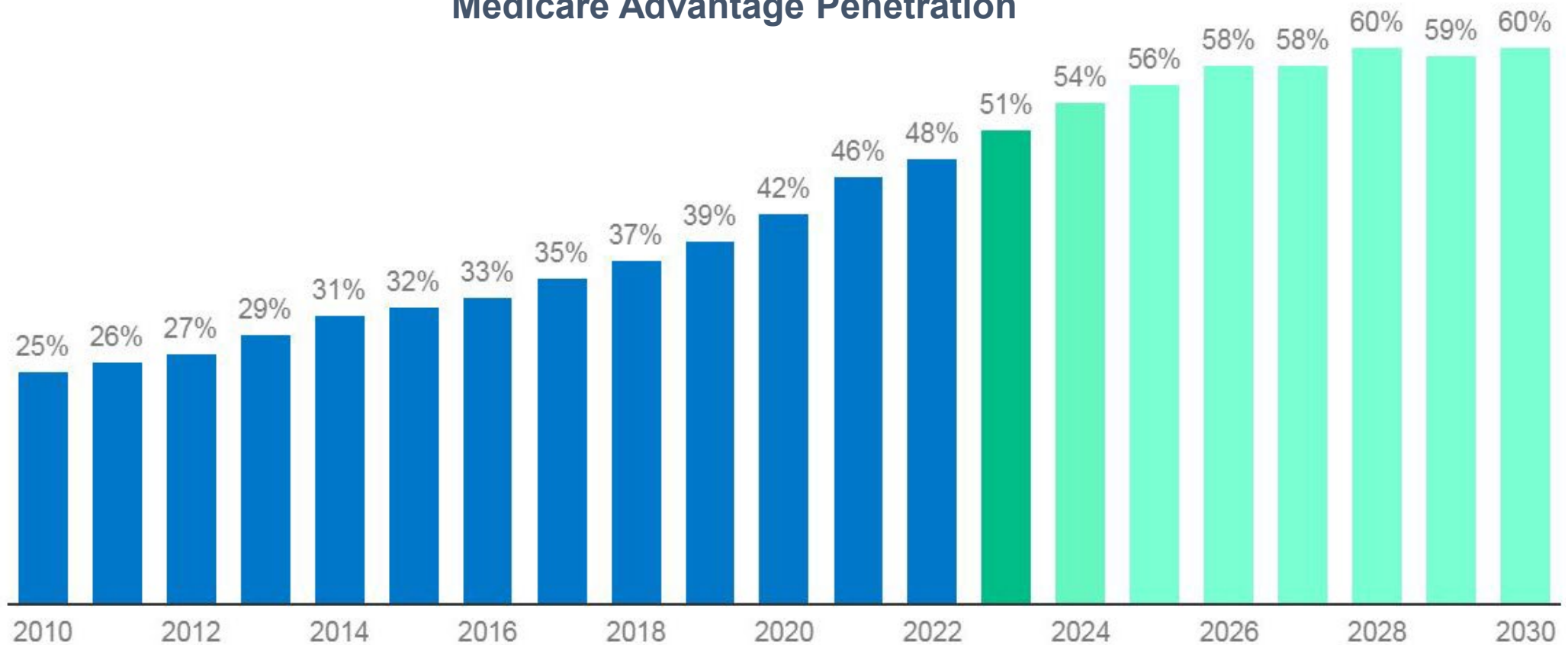
Medicare Advantage Enrollment



*Source: KFF analysis of CMS Medicare Advantage Enrollment Files, 2010-2024; Medicare Chronic Conditions (CCW) Data Warehouse from 5 percent of beneficiaries, 2010-2016; CCW data from 20 percent of beneficiaries, 2017-2020; CCW data from 100 percent of beneficiaries, 2021-2022, and Medicare Enrollment Dashboard 2023-2024

Intro to Medicare Advantage

Medicare Advantage Penetration



*Source: KFF analysis of CMS Medicare Advantage Enrollment Files, 2010-2024; Medicare Chronic Conditions (CCW) Data Warehouse from 5 percent of beneficiaries, 2010-2016; CCW data from 20 percent of beneficiaries, 2017-2020; CCW data from 100 percent of beneficiaries, 2021-2022, and Medicare Enrollment Dashboard 2023-2024

Intro to Medicare Advantage (MA)

Why Engage in MA?

- Deliver high quality care for elders
- Reduce unnecessary readmissions
- Opportunity to grow and support your specialist provider network
- Important component of total Primary Care revenue
- Complimentary to your ACO strategy / Supports budget for value-based care team

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About Us

WellMed Beginnings

Dr. George M. Rapier III founded WellMed

in 1990 as a single clinic in the Medical Center area of San Antonio, Texas. He focused on **preventive care and strong patient relationships** instead of responding to the patient's symptoms after they became ill.



About Us

WellMed Vision, Mission & Values

Vision

To change the face of health care delivery for the nation by providing quality, proactive patient care with a focus on prevention.

Mission

To help the sick become well and to help patients understand and control their health in a lifelong effort at wellness.

Our Values

INTEGRITY

COMPASSION

RELATIONSHIPS

INNOVATION

PERFORMANCE

INCLUSION

Then and Now

MA MEMBERSHIP
107,121

EMPLOYEES
2,065

EMPLOYED CLINICS
61

2013



2024



MA MEMBERSHIP
972,873

EMPLOYEES
12,864

EMPLOYED CLINICS
280

- Updated as 7/1/24
- MA Membership includes: WellMed, USMD, HCAT & Optum FL Full Risk Members



South Region at a Glance

Staff Model

280

Primary Care &
Specialist Locations

1,046

Employed Healthcare
Clinicians

910 PCPs & APCs
136 Specialist & Hospitalists

Contracted

16,655

Locations

26,527

Contracted Healthcare
Clinicians

10,427 PCPs & APCs
16,100 Specialist & Hospitalists

Employees

12,864

MA Patients

972,873

Markets

Florida:

Greater Orlando, Greater Tampa,
North Florida, Northeast Florida,
Southwest Florida, South Florida,
Treasure Coast

New Mexico:

Southwest New Mexico

Texas:

Austin, Corpus Christi, Dallas/Fort
Worth, El Paso, East Texas,
Houston, Rio Grande Valley, San
Antonio, Waco, West Texas

• Updated as 7/1/24



Our Model

Why Partner?

- The model is proven and compliments other value-based programs
- We are experiencing exponential growth in MA lives and are trusted by the largest payers
- MA penetration is expected to continue to grow over coming years
- Our model extends beyond MA; also impacting commercial patients
- Opportunity for health system to participate in upside only gain share

Our Model

How We Partner



Our Model

Engagement Options - Option 1

Quality Incentive Services Agreement (QISA)



\$25 per patient per year



See additional slide



\$150 per patient seen



\$100 per patient per quarter



\$600 per provider per year

This QISA is a contract with providers that allows WellMed to provide incentives to providers and patients. The QISA's primary function is to establish a contractual relationships between WellMed and the PCP for the purpose of providing provider and patient rewards for QRA activities. The QISA is not a participation agreement and does not change or replace the PCP's participation agreement with the Health Plan.

Gap Incentive Program

Category	Measure Acronym	Measure Description	Payment Amount	Payment Frequency	Max # Gap Closures per Year
Facility Measures including Transitions of Care	TRC-MRP	Transitions of Care - Medication Reconciliation Post- Discharge	\$100	Annually	Per Event
	TRC-PE	Transitions of Care - Patient Engagement	\$100	Annually	Per Event
	FMC	Follow-up after Emergency Department Visit for People with Multiple High-risk Chronic Conditions	\$100	Annually	Per Event
Care and Value	TRC PE7	Patient Engagement After Inpatient Discharge 7 Days	\$125	Annually	Per Event
	PCPOV (PV)	Primary Care Provider Office Visit	\$25	Quarterly	1
Pharmacy and Medication	MAC	Medication Adherence for Cholesterol	\$125	Quarterly	Per 100-day conversion
	MAD	Medication Adherence for Diabetes Medications	\$125	Quarterly	Per 100-day conversion
	MAH	Medication Adherence for Hypertension	\$125	Quarterly	Per 100-day conversion
	SPC	Statin Therapy for Patients with Cardiovascular Disease	\$100	Annually	1
	SUPD	Statin Use in Persons with Diabetes	\$100	Annually	1
Screening and Disease Management	GSD (HBD)	Glycemic Status for Patients with Diabetes	\$50	Annually	1
	CBP	Controlling High Blood Pressure	\$50	Annually	1
	BCS-E	Breast Cancer Screening	\$100	Quarterly	1
	EED	Diabetes Care - Eye Exam for Patients with Diabetes	\$100	Quarterly	1
	COL-E	Colorectal Cancer Screening	\$100	Quarterly	1
	OMW	Osteoporosis Management in Women who had a Fracture	\$100	Quarterly	1
	KED	Kidney Health Evaluation for Patients with Diabetes	\$50	Quarterly	1
	COA- MR COA- PA	Care for Older Adults - Medication Review & Pain Assessment (Bundled)	\$150	Annually	1

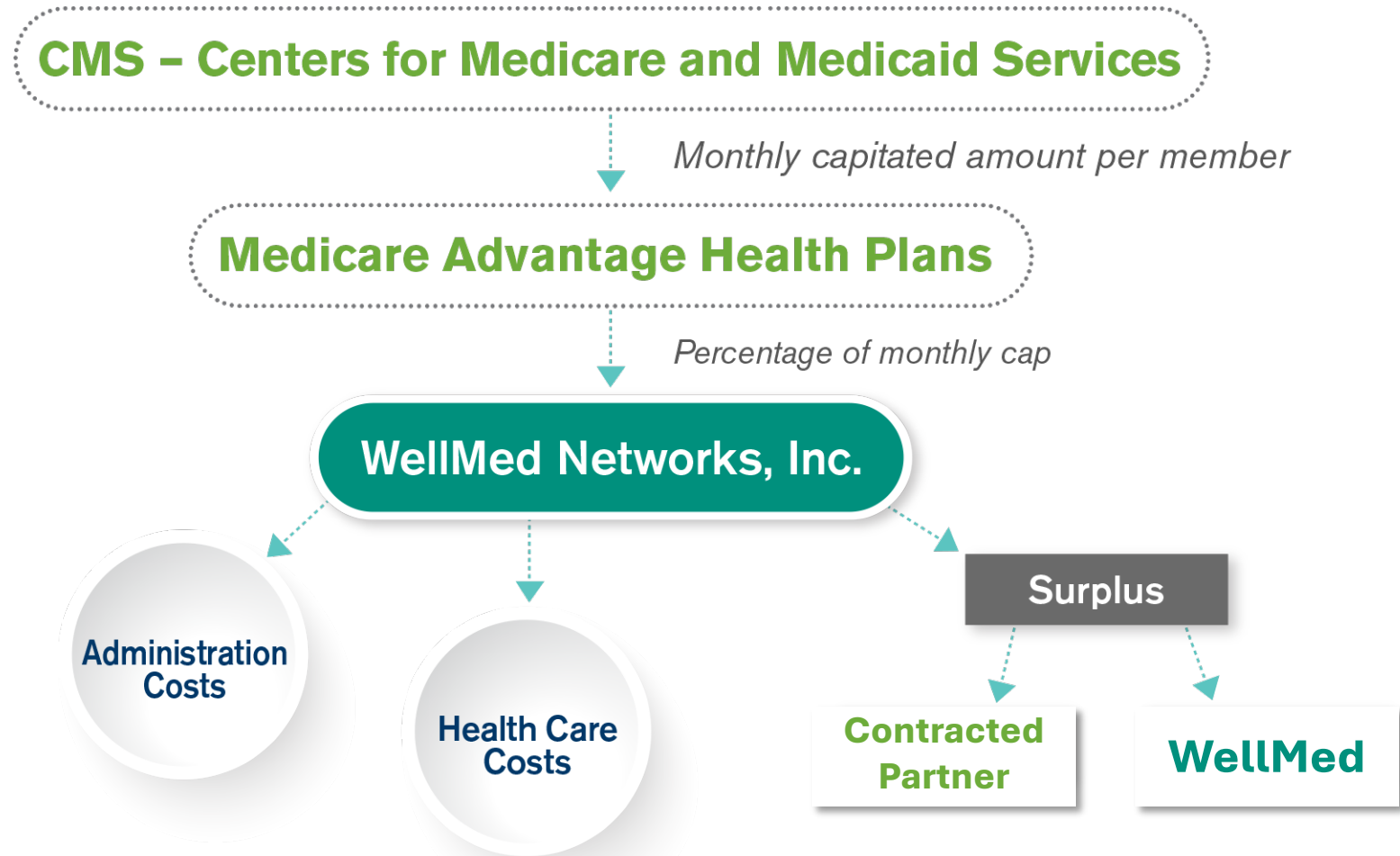
Our Model

Engagement Options - Option 2



Our Model

Engagement Options - Option 2

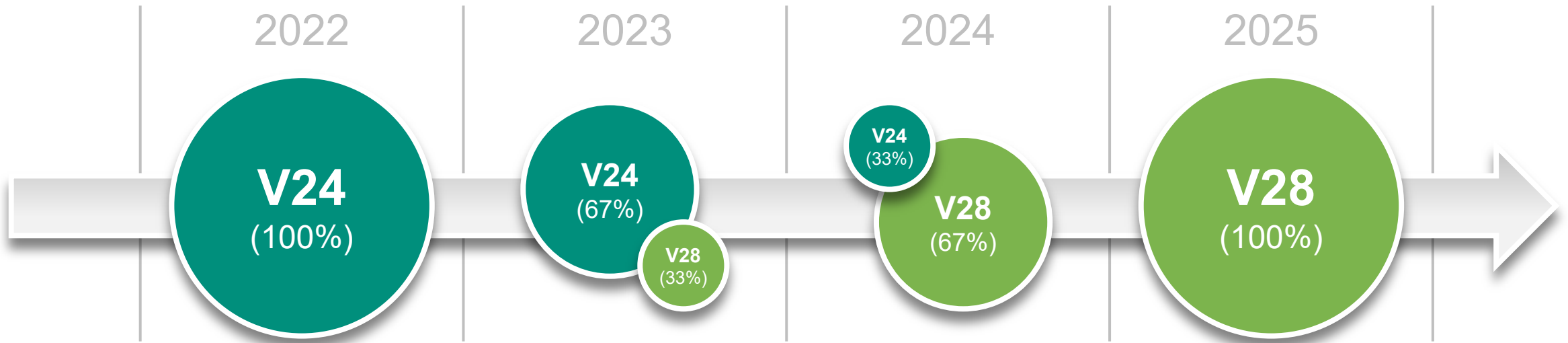


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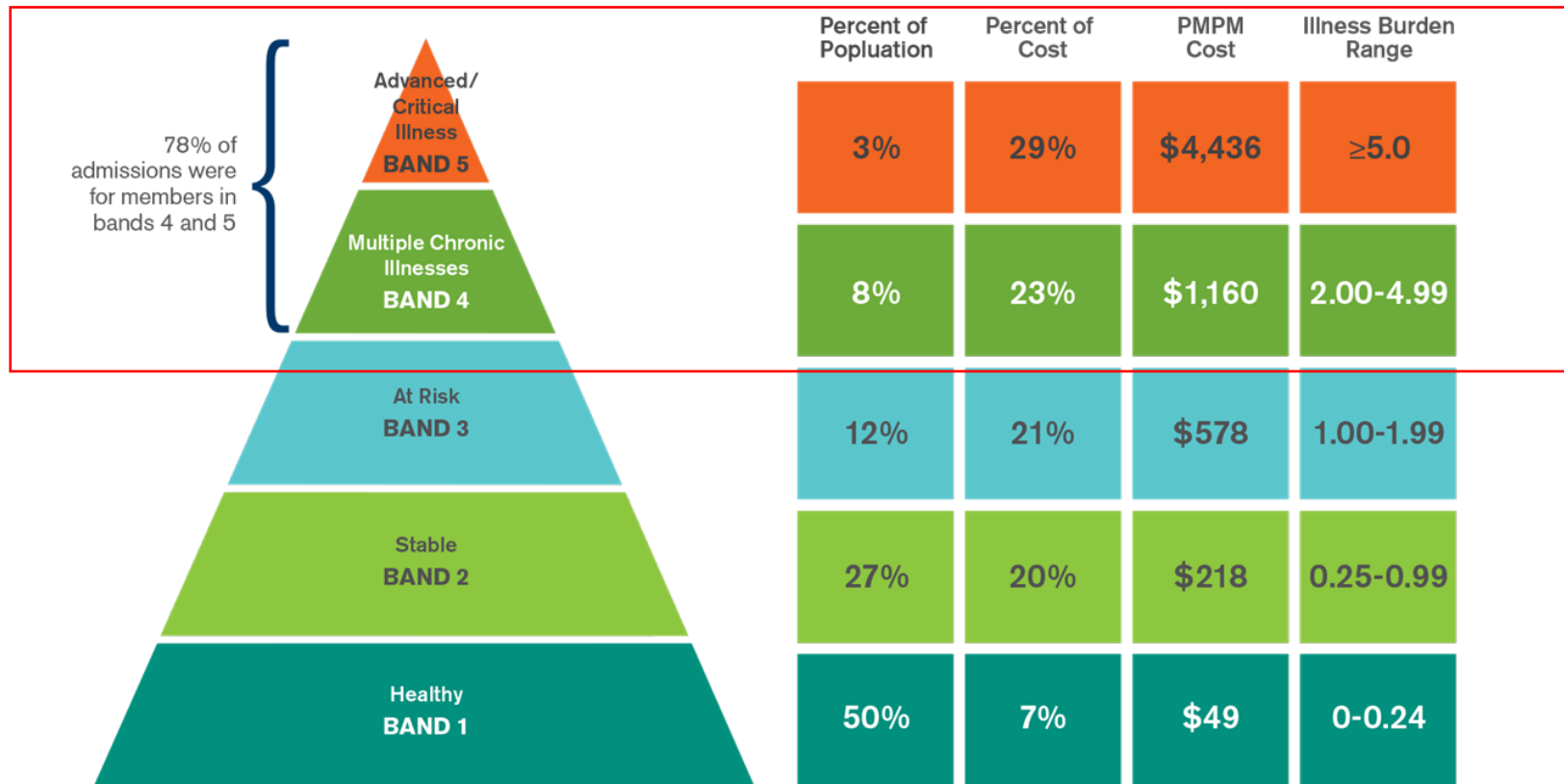
Future Success in Medicare Advantage

2023 Final Notice: Facts



Future Success in Medicare Advantage

The Illness Pyramid



Source: CareFirst HealthCare Analytics – 2012 Data

Future Success in Medicare Advantage

Taking Action-Where to Focus, What to Do?

A large, 3D-rendered red '100%' symbol with a slight shadow and reflection on a white surface.

Patients Seen

A teal-colored circle with a white border and a drop shadow, containing the text 'High-Risk Population Management' in white.

High-Risk
Population
Management

A teal-colored circle with a white border and a drop shadow, containing the text 'Transition of Care' in white.

Transition
of Care

A teal-colored circle with a white border and a drop shadow, containing the text 'Specialty Referrals' in white.

Specialty
Referrals

A teal-colored circle with a white border and a drop shadow, containing the text 'Clinical Documentation' in white.

Clinical
Documentation

How We Partner

- Promote the Quadruple Aim of advancing Quality, Patient Experience, Cost Efficiency, and Provider Satisfaction
- Establish and disseminate best practices and tools to manage Medicare Advantage patients
- Educate and support our partners by knowing "Where You Are"
- Share actionable data regularly
- Engage in mutual problem solving

Questions?

