

January 22, 2025



Teams Webinar

凶 New Platform

▶ Encourage Interaction

↘ Opportunity to Ask Questions & Join the Discussion



Meeting Interactions

- ▲ All Participants Microphones Muted
- **U**Questions or Comments
 - Raise your hand if you wish to speak, during Q&A your microphone will be enabled (note: you may be required to unclick the mute button on your end)
 - Type in the Q&A box to have a presenter read your question for all attendees
- Any Qs that are not addressed in the session, will be addressed following the meeting by a member of the SoNE team



Agenda

SoNE HEALTH Medical Group Update

- Governmental Relations and Public Relations Advocacy Update
- ↘ Contracting Update
- Population Health Update: Annual Wellness Visits
- **Comm**unications Updates
- ¥ Q&A



4

SoNE HEALTH Medical Group

Kris Gorman | VP, Physician Services



Who and Why

- ↘ January 12, 2025, announced SoNE HEALTH Medical Group(SHMG)
- SHMG is a physician-owned and governed medical practice
- Our aim is to offer providers a
 supportive employment model, putting the patient/provider relationship in the center of focus







SoNE HEALTH Medical Group will promote an environment where patients, providers, and employees feel seen, heard, cared for, and fulfilled.



We envision team-based, integrated, high quality health care that enhances the experience and satisfaction of every patient, provider and employee.

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7



Empathy:	We approach our work with humanity and a concern for all individuals.				
Respect:	We treat patients and all those with whom we interact with utmost respect.				
Collaboration:	We understand the impact of our work is greater when conducted with a spirit of collaboration.				
Quality:	We strive to deliver the highest quality care to patients throughout their care journey.				
Excellence:	We aim for excellence in all we do.				
Innovation:	We foster a spirit of innovation as our catalyst to seek new and improved ways to deliver care and improve health outcomes.				
Access:	We believe access to high-quality healthcare is a right for all individuals and strive to increase accessibility in all communities.				



Who and Why

- SHMG plans to grow the network, not compete
- ▶ Focus on Internal Medicine/Primary Care
- Specialists only where there are service gaps
- Clinical infrastructure to support providers working to the top of their license
- Support patients receiving the best care with the right provider, at the right time, in the right facility

The Quadruple Aim





Who and Why

▶ Utilize SoNE HEALTH's supportive infrastructure

SoNE's robust Management Services Organization includes a comprehensive suite of solutions to costeffectively manage your practice, allowing you to focus on what matters most - caring for patients.





Government & Public Relations Advocacy

Sullivan & LeShane Brian Flaherty | Executive Vice President Michael Johnson | Co-President & Lobbyist Dan Tapper | Senior Director



11

Strategic Priorities - 2025

Public Relations

- Successfully roll out the SoNE HEALTH Medical Group to public.
- Generate earned media opportunities for SoNE HEALTH spotlighting value-based care and the breadth of the network.
- "Newsjack" opportunities to position SoNE HEALTH as thought leaders in healthcare in Connecticut.
- Work to create partnerships with like-minded statewide organizations to spotlight SoNE HEALTH's strengths.
- Use podcasts, newsletter content, social media to further amplify SoNE HEALTH's messages.



Strategic Priorities - 2025

Government Relations – 2025 Legislative Session



Over 1,500 bills filed to date, with over 10% of the bills filed specifically relating to healthcare policy in Connecticut. The topics range from reimbursements to providers by health carriers, mandatory health insurance coverage for certain conditions, Medicaid policy and the role of private equity in healthcare.

Major priority legislation of the Senate caucus leadership includes:

SB7 "AN ACT CONCERNING PROTECTIONS FOR ACCESS TO HEALTH CARE AND THE EQUITABLE DELIVERY OF HEALTH CARE SERVICES IN THE STATE" (This is the primary Senate bill to address counteraction against Federal policies)

SB10 "AN ACT CONCERNING HEALTH INSURANCE AND PATIENT PROTECTION" (Legislation addressing downcoding and other health insurance administrative action)

SB11 "AN ACT CONCERNING PRESCRIPTION DRUG ACCESS AND AFFORDABILITY' (Recommendations of a task force convened last month concluding its work at the end of this month)

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Strategic Priorities - 2025

Government Relations – 2025 Legislative Session

Committees have raised concepts for bills to be drafted which will have a public hearing in February and March. To date they include:

Public Health Committee:

- Certificate of Need
- Private equity ownership of health care facilities
- Hospital financial assistance

Insurance Committee:

- Mandated health insurance benefit review
- Revisions to the cost growth benchmark program

Human Services Committee:

- Medicaid cost savings
- Increases to Medicaid rates



Strategic Communications: Shaping a brand identity – driving recognition and trust

Your Team - The Sullivan & LeShane Companies



Paddi LeShane CEO Sullivan & LeShane Public Relations, Inc. pleshane@ctlobby.com | 860.560.0001 860.614.3991 (mobile)



Dan Tapper Senior Director Sullivan & LeShane Public Relations, Inc. dtapper@ctpr.com | 860.560.0001 860.573.4236 (mobile)



Brian Flaherty Executive Vice President Sullivan & LeShane Public Relations, Inc. bflaherty@ctpr.com | 860.560.0001 860.878.0082 (mobile)

HEALTH



Michael Johnson Co-President Sullivan & LeShane, Inc. mjohnson@ctlobby.com 860.560.0000 860.614.3990 (mobile)

Population Health Annual Wellness Visits

Tracy Reilly MLS, Manager of Quality & Performance Jannah Moses BS, AWV Coordinator



Agenda

Annual Wellness Visit vs. Physical
 Value Based Care Benefits
 Role of an AWV Coordinator
 Opportunities for 2025
 Financial Impact
 Key Takeaways



Annual Wellness Visit vs. Physical

Initial Preventative Physical Exam

- Serves as a "Welcome to Medicare" visit for new Medicare patients within 12 months of starting Part B Coverage.
- Review of Medical and social history and preventative services education
- Patients pay nothing (if provider accepts assignment)

Annual Wellness Visit (AWV)

- Visit to develop or update personalized prevention plan and perform a health risk assessment
- Standard Part B Coverage covered once every 12 months
- Patients pay nothing (if provider accepts assignment)

Routine Physical Exam

- Exam performed without relationship to treatment or diagnosis of a specific illness, symptom, complaint, or injury.
- <u>Standard Part B</u>: Medicare doesn't cover a routine physical exam
- <u>Standard Part B</u>: Patients pay 100% outof-pocket

Resource: CMS MLN packet: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html



Value Based Care Benefits

- Improve gaps in care closure
- ✓ Increase preventive screens
- ✓ Improve coordination of SIOH needs
- ✓ Optimize coding
- ✓ Maintain active patient panel (Empanelment)
- Prevent hospitalizations, avoidable Emergency Visits
- Optimize Ambulatory Care Sensitive Condition management
- Improve Patient Experience and Satisfaction

AWV Coordination

- Compare claims data with practice EMR to provide most updated list of patients in need of an AWV
- ↘ With support of practice, coordinate patient appointments (in-office)
- ▶ Reminder outreach prior to scheduled appointment
- **Neview** & identify areas of improvement
- Staff education ■



2025 Opportunities

- **▶** Staff Education
 - Provided by aligned Quality Data Coordinator and/or AWV Coordinator
- Schedule next year's AWV at time of the current appointment
- Follow up & reschedule AWV when a patient 'no shows' or cancels appointment
- Accurate, comprehensive, and specific billing & coding
 Improved Workflow



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21

Financial Impact

- **▲** Attribution:
 - Help maintain or increase active Medicare patient panel (empanelment) through Annual Wellness Visits
- ▶ Payor Incentives:
 - Per Member Per Month (PMPM)
 - Bonuses
 - AWV Bonus metrics in certain agreements
 - Meet Quality Measures targets
- ↘ Shared Savings
 - Risk Score: Optimize risk adjustment score and HCC recapture
 - Lower Cost

Billing & Coding

NK SONE	Medicare & Medicare Advantage - AWV Billing Grid					
K SONE HEALTH	Aetna MA	Anthem MA	Connecticare MA	United MA	Standard Medicare (Part B)	
Welcome to Medicare (IPPE) G0402*	Allowed once per lifetime. Covered only within the first 12 months of enrollment into Medicare Part B or MA plan					
Initial AWV G0438*	Allowed once per lifetime. Covered only after the first 12 months of enrollment into Medicare Part B or MA coverage <u>AND</u> 12 months after Welcome to Medicare IPPE visit (if provided)					
Subsequent AWV G0439*	Allo	Allowed once every 12 months				
Routine Physical 99381 - 99387 99391 - 99397	Allo	NOT COVERED				
Covers same day AWV + Routine Physical?	No, single preventive service allowed per day	Yes, add modifier 25 to the physical code	Yes, add modifier 25 to the physical code	Yes, do not add modifier	NOT COVERED	
Covers same day AWV + E/M visit?	Yes, add modifier 25 to the E/M code**	Yes, add modifier 25 to the E/M code	Yes, add modifier 25 to the E/M code	Yes, add modifier 25 to the E/M code	Yes, add modifier 25 to the E/M code	
Covers same day Routine Physical + E/M visit?	Yes, add modifier 25 to the E/M code*	Yes, add modifier 25 to the E/M code	Yes, add modifier 25 to the E/M code	Yes, add modifier 25 to the E/M code	NOT COVERED	



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Resource: <u>CMS AWV Billing and Coding</u>

23

Key Takeaways

- ► AWVs are NOT the same as Annual Physicals
- ▶ An AWV is beneficial to the patient & the practice
- ▲ Medicare advantage plans can have an AWV & physical billed on the same day with the proper modifier
- **Best** practice: Schedule next year's AWV in advance
- ↘ Take advantage of resources available through SoNE!

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Contact Information

Tracy Reilly, MLS

Manager of Quality & Performance ⊾Primary Number: (203) 456-9104 ⊾Tracy.Reilly@sonehealthcare.com

Jannah Moses, BS

Temp AWV Coordinator

▶ Primary Number: (860) 333-6513

⊻jannah.moses@sonehealthcare.com



Addendum/Resources



AWV Toolkit

Annual Wellness Visit (AWV) Toolkit

Annual Wellness Visit (AWV) Toolkit



Your turnkey guide for strengthening this valuable Medicare preventative service with your patients





Studies

- "Patients attending an AWV are more likely to receive mammograms, pap smears, bone density measurements, prostate cancer screenings, colorectal cancer screenings, and vaccinations compared to those who do not attend."
 - Jiang, Miao, Danny R. Hughes, and Wenyi Wang. "The effect of Medicare's Annual Wellness Visit on preventive care for the elderly." Preventive Medicine 116 (2018): 126-133.
- "AWVs allow time for the provider to focus solely on <u>wellness</u> rather than a chronic disease, enhancing the clinician-patient relationship."
 - Hamer MK, DeCamp M, Bradley CJ, Nease DE Jr, Perraillon MC. Adoption and Value of the Medicare Annual Wellness Visit: A Mixed-Methods Study. Med Care Res Rev. 2023 Aug;80(4):433-443. doi: 10.1177/10775587231166037. Epub 2023 Apr 26. PMID: 37098854; PMCID: PMC11520687.



Marketing & Communications

Lisa Farren, PCM | Director, Marketing & Communications



SoNE In the News

↘ Hartford Courant, January 12

- SoNE Puts Freedom in the Hands of Doctors
- ↘ Hartford Business Journal, January 13
 - Healthcare Economic Forecast
- ▶ News12, January 16
 - Physician-Owned Health Network Says It Has Something Different to Offer
- **V** Press Releases





Podcasts & Blogs

▶ New podcasts and blogs posted regularly

Website, Pulse enewsletter, LinkedIn

↘ Encourage network participation

- Share topics
- SoNE members to author blogs
- Providers interested in podcasting
- Contact marketing
 - <u>Marketing@sonehealthcare.com</u>



Save the Date

▶ Pulse LIVE

- Wednesday, February 19 | Virtual
- Wednesday, March 19 | SoNE Office | Windsor, CT

↘Networking@Night

Thursday, April 3 | Marriott | Windsor, CT



Questions & Discussion



Questions? Email:

ProviderRelations@sonehealthcare.com



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