



**STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION REQUEST FOR  
INFORMATION RFI 014-21/22  
RE-PROCUREMENT OF THE STATEWIDE MEDICAID MANAGED CARE  
PROGRAM**

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## Proposal Summary

Healthcare Outcomes Performance Company (HOPCo) will deploy its unique, turnkey and fully integrated statewide musculoskeletal (MSK) Population Health and Value-Based Care (VBC) management platform to work directly with the Statewide Medicaid Managed Care (SMMC) program and participating Health Plans, health systems, physicians and patients in a fully aligned manner to measurably and quickly improve quality outcomes, patient access and health equity while dramatically and sustainably lowering the total cost of musculoskeletal care.

For the maximum benefit to the SMMC Program and Recipients, HOPCo recommends The Agency for Healthcare Administration encourage organizations administering Medicaid benefits for musculoskeletal care strongly consider or require the integrated components that HOPCo's programs have been proven to deliver.

### Key Points

#### High-Level Considerations of HOPCo's MSK Population Health and Value-based Care Platform

- HOPCo will work with Health Plans to uniquely analyze historic claims data for the entire continuum of MSK care.
- HOPCo will create a customized and comprehensive operational and management plan to realize improvements in clinical outcomes and savings on spend.
- With its established platform in Florida, HOPCo will manage to success the entire program to ensure optimal results.
- HOPCo will establish program management fees, MSK spend targets and trends and will share savings achieved when compared with actual MSK spend with Health Plans and/or SMMC
- The program will align all stakeholders around value-based care initiatives, targets and goals.
- HOPCo's programs have been proven to bend the cost curve of MSK care by reducing the *total cost of MSK care* by more than 20%.
- HOPCo has already established a statewide clinically integrated network of MSK specialists in Florida who are committed to ensuring collaboration with all stakeholders and success of these programs.
- As with similar programs in other markets, HOPCo is able to rapidly launch the platform if desired with no disruption to current Health Plan arrangements or initiatives and no change in patient relationship with their provider or Health Plan.

## Introduction

The delivery of musculoskeletal (MSK) care is one of the fastest rising areas of costs in US healthcare. MSK conditions represent one of the largest areas of spend for many Health Plans and despite the increased spend, clinical outcomes are not improving systematically. This places a massive burden on payors, employers, patients/members, and state-sponsored

programs as accelerating MSK care costs are outstripping resources for other areas of health care spend.

This problematic trend is driven by a multitude of factors including aging and morbidity, increased clinical options for treatment, and expenses related to unnecessary variation of otherwise clinically indicated and best-practice care. Despite a larger compendium of care options, health inequities across diverse communities remain prominent and add to unnecessary clinical variation, can mitigate timely access to appropriately indicated care which further drives avoidable costs, depresses opportunities for superior clinical outcomes, and promotes additional fragmentation of care.

Left unchecked, the rising costs of MSK care will represent a prominent burden on national, state and payor organizations' ability to control program financing and premium rates.

## HOPCo's Solution

HOPCo has built the only comprehensive and truly vertically integrated platform to manage the entire continuum of MSK healthcare delivery and associated spend, and does so across all market stakeholders (providers, ACOs, physician practices, outpatient facilities, imaging centers, hospitals, post-acute care centers, and so on.). As a result, HOPCo is the only organization with the proven ability to develop and manage MSK population health programs that drive reliable cost savings and improved clinical outcomes for patients, providers, and payors alike through comprehensive value-alignment strategies.

## Background on HOPCo

Healthcare Outcomes Performance Company (HOPCo) is the nation's largest fully integrated MSK value-based health outcomes management platform. This is accomplished through deep, simultaneous and aligned engagement with local physicians and their practices, health system MSK service line management, and direct collaborations with payors for MSK-spend management. The clinical scope includes comprehensive management and optimization across the entire MSK clinical continuum including orthopedics, spine, hand, pain management, podiatry, chiropractic, rehabilitation, and neurology thus comprising at least 30% of the *entire* spend in healthcare.

HOPCo employs over 3,000 dedicated employees and engages with another 2,000+ providers and staff through its partner organizations focused exclusively on improving musculoskeletal care across the country. HOPCo currently manages over 50 orthopedic health system service lines nationwide, is one of the largest conveners of Centers for Medicare and Medicaid Services (CMS) bundle payment programs, is the leader in MSK-focused population health and value-based care (VBC) initiatives and engages with physician practices around the country. HOPCo is the proven, turnkey solution for Health Plans by engaging physicians, health systems,



hospitals, and patients in achieving enhanced savings for the MSK healthcare spend, improved clinical outcomes, and access to high quality care.

HOPCo has deep roots in Florida and currently works comprehensively with providers, health systems and payors across the state through its Eastern US office headquarters located in Fort Lauderdale. HOPCo manages more than a dozen health system orthopedic service lines and physician practices in Florida and is working with the largest commercial payor on a statewide procedure and chronic condition-based bundle program. Furthermore, HOPCo has created a statewide network of 200+ MSK specialists who are highly engaged in promoting proven value-based care initiatives aligned around ensuring better access and value for patients seeking MSK care.

HOPCo's business and physician leaders possess the experience, history, expertise, and business acumen to ensure programs with diverse groups of physicians are remarkably successful. For example, HOPCo generated savings of \$23 million in the first year of managing 115,000 lives in one market by managing full global risk on over \$160 million of diagnosis-based musculoskeletal spend while simultaneously improving patient outcomes. In addition to taking full risk for the MSK spend, HOPCo is able to offer payor strategies around commercial and government methodologies for episodes of care and other alternative payment models. HOPCo's team of subject matter experts have over a decade of experience managing bundled payment programs, including close to 100 participants, representing 500 surgeons, and bearing risk for over \$500 million of annual Medicare spend.

## MSK Population Health Program Results

HOPCo's MSK Population Health and VBC models have proven to drive improved patient outcomes and substantial and sustainable savings on spend across broad geographies and patient populations. A more extensive summary of results and benefits can be provided upon request. Some meaningful examples are provided below.

### Proven to Bend the Cost Curve

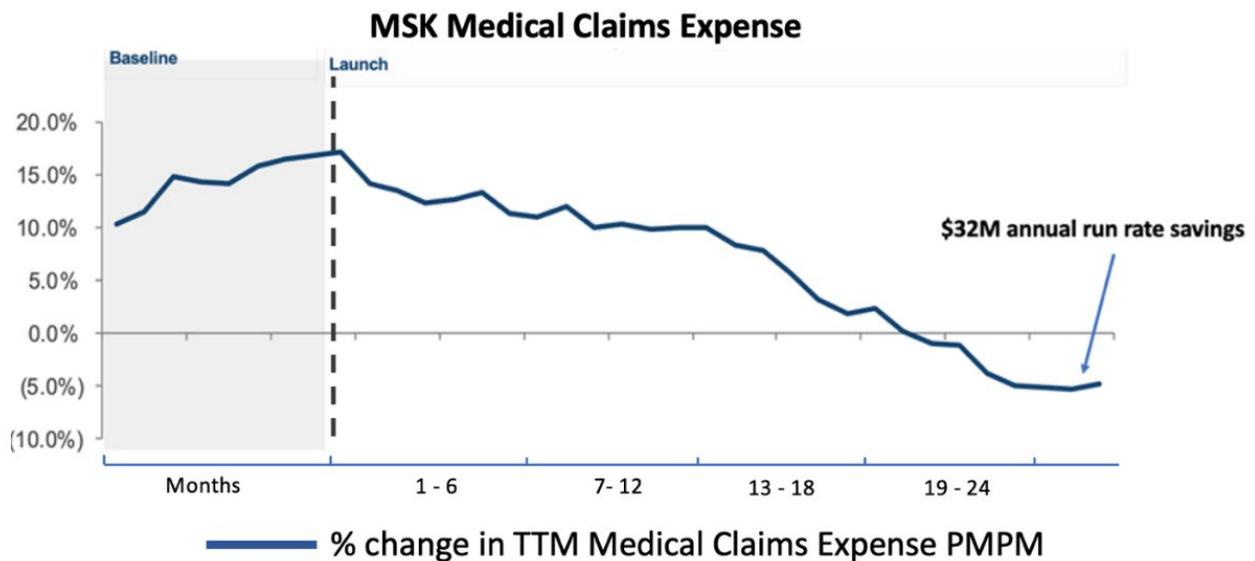
Importantly, HOPCo's programs have decreased the total cost of MSK care by more than 20% thus affecting the entire spend continuum and not just focused areas such as surgical episode costs. The scope and magnitude of these results, including bending of the cost curve trends, has not been previously demonstrated by other organizations which speaks to the uniqueness and effectiveness of HOPCo's proven platform.

### Example of Meaningful Results

- The line on this chart represents Year-Over-Year trend in MSK medical claims expense across the ~26,000 ICD-10 codes associated with MSK care for approximately 115,000 lives in one county.



- Prior to launch of HOPCo’s program, the trend for the MSK component of care in this population was 12-16%.
- After program launch, the trend on MSK spend rapidly decreased to a sustained -6%, representing savings of more than 20% of the total cost of MSK care over 24 months.
- Clinical outcomes across a variety of measures were demonstrated to be markedly improved.
- For this population, these results equated to \$32 million of run rate annual savings. Approximately 10% of those savings funded earned, performance-based quality bonuses for participating physicians.
- The remaining savings were shared between HOPCo and the health plan to reduce premiums, improve member benefits and access to care.





Additional Quality Improvement and Savings Examples

Category	Detail	Results
<b>Site of service optimization</b>	Clinically appropriate shift of MSK procedures from high-cost inpatient facilities to lower-cost outpatient facilities	60% change in just one year from historic rate
<b>Appropriate Utilization</b>	Adoption and adherence to clinical indications and best practices for procedures	18% reduction of joint replacement surgeries by reducing unindicated procedures
	Adoption and adherence to clinical indications and best practices for advanced imaging	13% reduction of advanced imaging studies (MRI, CT) by avoiding unindicated studies
<b>Improved Population Health Measures</b>	Patient engagement, clinical course tracking with standardized clinical pathways to minimize avoidable complications	22% reduction of hospital admissions by focusing on avoidable admissions
	Patient shared decision making and education regarding MSK conditions and procedures	>95% participation in face-to-face education and care coordination for osteoporosis and prevention measures
<b>Coordination of Care</b>	Multidisciplinary collaboration and coordination of care to reduce waste and improve outcomes	16% (or \$5,800 per episode) reduction of episode cost for hip fracture patients.
	Reduction of unnecessary hospital admissions with streamlined communications between Emergency Department clinicians and MSK specialists.	>90% reduction of hospital admissions for “possible deep vein thrombosis” in cases when outpatient management is the clinically indicated best-practice
<b>Overall Program Cost Savings</b>	Per Member Per Year Savings on MSK spend	Example Program A: 93% growth in savings (\$193 PMPY) from program Year 1 through Year 3
	Per Member Per Year Savings on MSK spend	Example Program B: 72% growth in savings (\$48 PMPY) from program Year 1 through Year 3
	Per Member Per Year Savings on MSK spend	Example Program C: \$227 PMPY savings in program Year 1
<b>Patient Engagement</b>	Patient shared decision making and education regarding MSK conditions and procedures	>95% participation in face-to-face education classes and care coordination for planned procedures
<b>Provider engagement</b>	Adoption and adherence to standardized clinical order-sets and pathways	>95% MSK-physician adherence to evidence-based protocols across broad cohort of providers
	Attendance at program quality and clinical performance feedback meetings	>95% MSK-physician attendance across broad cohort of providers



## Overview of Population Health Program for Musculoskeletal Care

### Operational Strategies

Unique to HOPCo is its proven ability to integrate optimized clinical delivery with comprehensive healthcare analytics, IT platform, medical economics and network development competencies that aligns provider activities around real-time feedback on outcomes and opportunities that support or match evidence-based and best-practice guidelines and targets. By appropriately equipping the MSK providers with HOPCo's proprietary tools, analytics, and vetted care guidelines, the MSK providers in the region are empowered to champion advanced VBC activities in a manner that has been proven to drive better outcomes and performance to previously unmatched levels.

### How HOPCo's Program Is Different

HOPCo's population health and VBC platform has been purposefully built to ensure the payor, physicians and patients experience no disruption or difficulty during deployment or management of the program. **None of the following** common program adoption challenges are required: re-contracting with providers, narrowing of networks, changes to claims adjudication processes, creation of attribution models, determining trigger events, or change in member benefits. It is built and proven to be a turnkey, rapidly deployable and widely adoptable program. Patients see no process changes as the program is entirely agnostic to their interactions with the Agency, health plans, and its network of providers.

Although HOPCo encourages all MSK providers (orthopedics, spine, pain management, neurology, podiatry, chiropractic, and so on) to participate in the quality program and initiatives, HOPCo is still responsible for managing the spend on MSK services delivered by those providers who do not actively participate. Therefore, no attribution modeling is required.

### Medical Economics, Analytics and Program Development

HOPCo has spent years developing medical economics competencies and a robust data warehouse responsible for driving action to improve the risk performance of providers in markets. HOPCo has built and maintains a robust analytics engine to execute a process of financial stewardship by identifying controllable medical cost drivers, monitoring financial and clinical performance and trends, and orchestrating medical action plans to mitigate medical cost trends all while maintaining process integrity.

An in-depth analysis of historic claims and trend is completed to produce a multitude of detailed models and reports covering the entire scope of MSK care. This includes utilization rates per 1000, costs per service unit, and per member per month (PMPM) costs for each major MSK service category (inpatient, hospital outpatient, ASC, imaging, physical therapy (PT), skilled nursing facilities (SNF), PCP, and specialist), in order to thoroughly analyze sources and drivers of spend and trend. Analyses are drilled down to the individual provider level in order to

identify variation in practice patterns and other opportunities for improvement. Detailed models analyzing and projecting trends are used to set targets and metrics for performance evaluation. Models analyzing utilization rates, cost per service unit, PMPM costs, and quality rates are developed by type of surgery, by site of service, and by provider relative to network peers and standardized benchmarks further provide insight into improvement opportunities. Benchmarks are developed and refined over time using a massive data warehouse with more than 13 years of outcomes data.

Detailed operational plans based on data are developed that outline the specific areas of opportunities to increase quality outcomes, reduce waste, increase access to care and improve savings across the entire network and by specific region. The medical action plan includes case management for all surgical interventions and a physician incentive program to encourage physicians to use standardized care pathways and appropriate utilization of services based on a patient's health status including site of service, post-acute care, pain management, imaging and ancillary care

Ongoing reporting and monitoring of results is achieved by integrating monthly claims data with quality data and comparing emerging information to benchmarks, targets and historic data. Network, regional and physician level reports, used to identify areas that may be underperforming relative to targets, are reviewed with participating providers while clinical experts and subject matter experts are deployed to work with the network on these identified issues. Financial reporting is done using claim lags to develop Incurred But Not Reported (IBNR) adjustments to actual medical claims costs in order to provide a complete assessment of emerging results.

HOPCo's model assumes full risk for MSK care provided to a population of members based on 26,000 MSK ICD-10 codes as the primary diagnoses. A 'risk pool' is funded with a target based on trended historical claim costs. During the performance period, any claims with one of the ICD-10 codes as the primary diagnosis are charged against this risk pool. At the end of the performance period, the surpluses remaining in the risk pool, target less actual claims and program management fees, are shared among participating physicians, HOPCo, and payors. HOPCo drives savings through its platform of medical economics, standardized care pathways, surgical case management and physician incentive programs.

As part of the full risk program, HOPCo will establish areas of potential savings, such as appropriate utilization of surgical site of service, SNF admissions and length of stay, Imaging, PT, Pain Management, Acute Admissions, Readmissions, etc. By employing HOPCo's platform of medical economics including benchmarks, standardized care pathways, quality tools and infrastructure, surgical case management, and physician incentive programs, HOPCo improves quality and reduces cost.



### Comprehensive Care Redesign

Given that HOPCo's MSK population health programs address the total cost of care and are inclusive of the entire MSK spend on a diagnosis basis, the HOPCo programs offer comprehensive care plans, insights, and care optimization for nonsurgical care as well. Complete, best-practice care guidelines are aligned with quality outcomes targets identified through the claims and care pattern analyses that HOPCo's program deploys to providers.

HOPCo's clinical management focus stretches well beyond the MSK specialist to ensure the greatest possible results, is inclusive of and engages with all providers for which a MSK-associated diagnosis may be made (PCP, Physical Therapist, Emergency Room providers, and so on).

HOPCo offers participating providers access to web-based care management and patient engagement platforms. The approach to redesigning and managing care, and to improving quality and patient experience, involves educating and engaging patients frequently throughout the entire care journey and not solely during the surgical episode. For those members where surgical care is appropriate, providers are able to enroll the patient in care pathways prior to surgery and engage with dedicated care navigators before, during and after surgery.

### Proprietary Technologies and Analytics Drive Performance

In addition to the comprehensive analytics infrastructure that is able to analyze and integrate varied data sources including claims data, hospital and facilities data, and clinical outcomes data, a number of other technologies, applications and tools are made available to participating providers to help optimize program performance, clinical outcomes and savings.

The tools and applications, many of which are smartphone accessible, include integrated functionalities. A brief list includes applications for:

- Clinical complication tracking
- Patient reported outcomes tracking
- Predictive analytics for patient outcomes and health care resource utilization
- Adherence to clinical pathways and protocols
- Patient education and engagement platform
- Provider education and engagement platform
- Remote care management and navigation platform
- Hospital episode of care performance monitoring
- Focused Professional Practice Evaluation (FPPE)
- Ongoing Professional Practice Evaluation (OPPE)

### Patient Engagement

Patients receive online alerts and notifications of what they should expect and need to do to navigate their care, surgery and recovery. The entire care team (nurse, physician, staff, and family) have access to ensure the patient remains on course throughout their episode of care.

The platform is also an effective tool for collecting patient reported outcomes, patient experience feedback, physician outcomes and behavior tracking, and enables partners to collect outcomes prior to and extending well beyond surgery. Collected data is aggregated for benchmarking to drive quality improvement with all providers. In addition, HOPCo utilizes predictive assessment tools for various clinical situations. One example is the predictive analytics tool which accurately predicts several weeks prior to surgery which patients will likely require skilled nursing facility placement consideration and which modifiable patient factors could be addressed ahead of time to mitigate and otherwise avoid that SNF need in a clinically appropriate manner.

#### [Provider Network Management, Provider Engagement and Performance Metrics](#)

While the IT and analytics platforms are impressive technologies that allow HOPCo to successfully manage and track surgical episodes of care, HOPCo also takes a “hands on” approach by having dedicated clinical experts who educate program participants, help establish and facilitate care redesign goals, and support the providers on any other program-related topics. The HOPCo team meets directly with physicians and practice organizational leaders regularly to review quality performance, identify patterns and cost drivers, and make actionable recommendations based on best practices.

#### [Provider Network Requirements](#)

No new requirements for the provider network are necessary. HOPCo utilizes the Health Plan’s existing network of providers and encourages all MSK providers (orthopedics, spine, pain management, neurology, podiatry, and so on) to participate in the quality program and initiatives. No narrowing of networks is required nor anticipated.

#### [Metric-Driven, Aligned Incentive Program](#)

HOPCo also manages the performance-based quality incentive programs that further align providers to the quality targets and metrics that are inclusive to nonsurgical and surgical care. Robust reporting and provider-specific scorecards that are tied to program quality targets are created that outline performance and opportunities. Metric-specific physician score cards are created and regularly shared with each provider by MSK expert leaders equipped to highlight care pattern adjustments that would result in improved scorecard performance and increased quality incentive opportunities but more importantly, optimize patient clinical quality outcomes. Performance then unlocks earned quality bonuses which are funded by the savings that such activities reliably produce. Physicians are therefore substantially aligned around quality and savings goals and not on volume of services. HOPCo manages all such activities including administering earned quality bonuses.

For context, metrics in similar programs have included: reduction of unindicated advanced imaging for MSK conditions, reduction of avoidable hospital readmissions, reduction of avoidable complications, improvement of comorbidity monitoring and status such as BMI status



smoking cessation for surgical patients and diabetes control management, and improvement in patient engagement.

If participating providers are shown to perform poorly on any metric, HOPCo works with them to determine the root cause and implement care improvement interventions. The use of clear analytics and actionable data, in combination with the engagement of experienced clinical leaders and subject matter experts, creates a powerful system for driving continuous improvement in advanced VBC programs.

Given the vertically integrated nature of HOPCo's expertise, HOPCo's ability to solve problems regardless of the cause is unmatched. For example, if a problem is due to clinic operations, HOPCo deploys its team of experts to assist. If there is a lack of outpatient capacity in a market that is driving a site of service optimization issue, HOPCo uses its team of lane experts that can assess and manage such an issue (even if additional ASC capacity is needed, for example). If a problem exists in the Emergency Department or the nursing floor of an acute care facility, HOPCo has clinical experts uniquely qualified to work with the hospital to redesign such care. The various teams include experts in the post-acute space as well, so HOPCo can drive performance in such facilities to decrease readmissions, ED visits, and length of stay.

HOPCo also deploys resources to engage all providers in the market encouraging participation to grow the scope, influence and therefore value opportunities for the program. Local physician leaders with support from national clinical experts will be dedicated to growing the program in a manner that is inclusive of all providers who care for patients with MSK diagnoses in the region.





## Step by Step Program Design, Setup, Management and Performance Targets

Below represents the typical approach to HOPCo's MSK Population Health program rollout.

### Step 1: MSK Population Health Program Design and Setup

- HOPCo receives historic claims data for approximately 26,000 ICD-10 diagnosis codes that encompass MSK care.
- Inclusive of all providers, facilities and services in the existing network.
- Comprehensive analysis of claims data performed by HOPCo's advanced medical economic and national clinical experts.
- Includes all functional areas of MSK care delivery: inpatient, outpatient, surgical, nonsurgical, imaging, physical therapy, SNF and so on.
- Historical quality and spend profiles are compared to benchmark data, and opportunities for improvement and decreasing unjustified variation of care in all areas are detailed.
- Visibility is simultaneously broad across regions and granular down to the individual facility and provider level.
- Comprehensive and detailed reports and models are created for each functional area including trend models, clinical outcome improvement models, reserve models, savings models and many others.
- A specific operational plan for each functional area by region/population is created from which the program will be operationalized and managed.
- Quality outcomes, spend and trend targets are determined for each functional area to which the program is held accountable.

### Advantages of HOPCo's Approach and Why it Matters

- ✓ HOPCo's program is built to work with all Medicaid health plans in Florida.
- ✓ HOPCo's program address the total cost and quality of MSK care, not just the narrower scope of surgical episode costs and related outcomes.
- ✓ HOPCo assumes risk for MSK care delivered across the entire network and even on those providers who choose not to participate. In other words, it is **NOT a narrow network approach**.
- ✓ HOPCo's MSK population health quality initiatives sit alongside existing health plan networks and therefore re-contracting with providers/facilities or changes in member benefits are **NOT required**.
- ✓ The program is designed to work with and even enhance existing value-based care initiatives.
- ✓ Clear quality outcomes and savings targets are identified before program launch.
- ✓ Program savings can be used to improve benefits, access to care for members and reduce premiums or financial burden for payors
- ✓ A portion of savings generated by the program is returned to providers based on performance and adherence to program initiatives to align behaviors, goals and incentives.
- ✓ Providers aligned around value initiatives rapidly improve coordination of care and allow clinical specialists to more effectively 'look upstream' in the care continuum to improve quality and value.



- Continuous data analysis is performed after program launch to provide real time feedback on performance and achieved goals.

### Step 2: MSK Population Health Program Deployment and Management

- HOPCo engages with all MSK specialists in the existing health plan network to outline program goals and opportunities.
- Through participating provider agreements, earned quality bonuses are passed on to providers based on performance.
- HOPCo employs and installs in the market a large team of clinical experts including case managers, navigators, and clinical quality experts to ensure optimum performance of the program.
- Joint Operating Committees and Clinical Quality Committees involve local physician leaders and provide ongoing oversight and management to the network. Frequent review with providers that adjusts physician behavior and drives desired results is combined with review of peer competitive data to improve individual physician performance.
- Hundreds of standardized, evidence-based and peer-reviewed care protocols, pathways and order sets encompassing the entire spectrum of nonsurgical and surgical MSK care are adopted.
- A multitude of specific and integrated clinical improvement and savings programs are implemented and managed in the market specific to identified opportunities (see below “Example of HOPCo Clinical and Quality Programs”).
- The specific technology, clinical outcomes tracking and non-burdensome tools including, clinical decision support, predictive analytics, patient engagement, complications tracking tools, patient experience measures, ongoing analytic tools and clinical performance

### Advantages of HOPCo’s Approach and Why it Matters

- ✓ HOPCo’s manages the entire MSK population health program with a dedicated, in-market team of managers, navigators, patient care specialists and other leading national MSK experts.
- ✓ There is no ‘heavy lift’ on the part of the health plan or patients.
- ✓ HOPCo does not interfere with existing provider contracts or payment rates with the health plan. Instead, providers are incentivized to align around the value-based care goals of the program.
- ✓ Physicians can easily engage in this program as no change in contracting with the health plan or change in reimbursement models occur.
- ✓ HOPCo has already engaged with hundreds of MSK specialists throughout Florida who are now participants in our high value network.
- ✓ The participating physicians adopt the turnkey and comprehensive population health platform which empowers them to be value-based care champions for their region.
- ✓ There is no cost to adoption for participating physicians.
- ✓ All quality improvement activities of the program have broad reach and raise the quality outcomes results well beyond the clinical care provided within the specialist’s office.
- ✓ Health Equity is systematically improved as all patients have access to the same, vetted, evidence-based care pathways as part of this program.



monitoring are all made available to participating providers at no cost.

### Step 3: Program Performance and Aligned Incentives

- Region and program-specific clinical score cards for each physician are created based upon identified goals and targets for the program.
- HOPCo clinical management teams regularly meet (monthly or more frequent) with each MSK physician in the market to ensure high-quality and timely feedback on performance and results.
- Individual performance to targets is outlined as well as opportunities for improvement and strategies to achieve better results.
- Highly effective physician-to-physician coaching from dedicated national MSK experts ensure MSK specialists remain highly engaged around best practice protocols and results.
- The highly effective feedback includes results for each physician for every functional area.
- Physicians are eligible to earn performance-based quality bonuses based on identified targets and metrics that are aligned to drive value.
- Participating physicians are incentivized and highly aligned to implement program best-practice initiatives.

### Advantages of HOPCo's Approach and Why it Matters

- ✓ The real-time feedback to physicians of high-quality performance data helps catalyze both performance and wider program adoption.
- ✓ No other program has the peer-to-peer connectivity of national MSK experts meeting with each MSK physician in the market to help ensure successful outcomes.
- ✓ Physicians quickly begin to compete on value and clinical outcomes instead of patient throughput and patient volume.
- ✓ Ultimately, MSK specialist physicians become aligned around value-based care programs in a manner that is otherwise cost and resource prohibitive for them without HOPCo's platform.
- ✓ As physicians are incentivized to follow the best clinical pathways at the appropriate time for patients with specific indications, this is by definition **not a Utilization Management program**.
- ✓ Instead, the program has a proven track record for providing true population health for MSK specialty care.



## Example of HOPCo’s Clinical and Quality Programs

Patient Engagement	Provider engagement
<ul style="list-style-type: none"> <li>○ Care management of non-operative, pre-operative and post-operative patients</li> <li>○ Digital patient engagement resources to allow patients to ask clinical questions and communicate clinical concerns</li> <li>○ Evidence-based, best-practice patient education materials encompassing all musculoskeletal conditions</li> <li>○ Online in-home therapy pathways to augment or replace standard therapy treatments and improve engagement</li> <li>○ Proactive community and online education teaching sessions by board-certified orthopedic and post-acute care specialists</li> <li>○ Care management/navigation that incorporates patient AND family to optimize outcomes</li> <li>○ Improved <b>Health Equity</b> through standardized pathways across clinical settings and the socio-economic status of the patient</li> </ul>	<ul style="list-style-type: none"> <li>○ Online resources of evidence- based clinical pathways for care of inpatient and outpatient musculoskeletal conditions</li> <li>○ Proprietary tools and apps that connect providers to data, guidelines and outcomes to optimize performance</li> <li>○ Care management feedback on the clinical course of patients after surgery</li> <li>○ Regular provider meetings to discuss quality and performance scorecard results</li> <li>○ Market-specific quality metrics and scorecards automatically generated each month to track performance by provider</li> <li>○ Physician incentive plan based on achieving success in pre-determined KPI</li> <li>○ Identify preferred services and facilities to enhance performance, e.g., ASCs, SNFs, home health and hospitals</li> <li>○ Improved care integration involving primary care and musculoskeletal subspecialists</li> </ul>
Aligned Incentives	
<ul style="list-style-type: none"> <li>○ Non-operative clinical pathways to support population health and wellness</li> <li>○ Examples: <ul style="list-style-type: none"> <li>▪ Fracture prevention program</li> <li>▪ Bone health program</li> <li>▪ Low back pain program</li> </ul> </li> <li>○ Manage and direct care to appropriate site of service</li> <li>○ Peri-operative clinical pathways to prevent complications and avoidable readmissions <ul style="list-style-type: none"> <li>▪ DVT / VTE prophylaxis program</li> <li>▪ Post-acute clinical pathways</li> <li>▪ Patient optimization</li> </ul> </li> <li>○ Clinical pathways to support appropriate use of ancillary services including DME, imaging, and Physical Therapy</li> <li>○ Care management to decreased readmissions and emergency department visits</li> <li>○ Pre-surgical risk assessment and resource need assessment</li> <li>○ Preferred SNF network based on quality and cost</li> <li>○ Audits of provider records to track adherence to evidence-based pathways</li> </ul>	



## Integration with AHCA's Requirements

### CMS Interoperability Rule

HOPCo's platform is compatible and compliant with CMS Interoperability and Patient Access rules and relevant patient data security requirements.

### Florida Health Care Connections (FX) Project

HOPCo's MSK integrated population health and physician engagement platform has a proven track record of addressing each critical item of the Agency's Florida Health Care Connections (FX) Project.

### Enables High-Quality and Accessible Data

HOPCo has a purpose-built, comprehensive and sophisticated data aggregation and analytics infrastructure which allows integration and transparency in a real-time manner around data sources including payor claims, clinical quality reporting, patient reported outcomes, clinical appropriateness criteria, patient experience, and hospital service line quality metrics in order to evaluate program financial performance and benchmarking relative to best practices to identify additional opportunities.

### Utilizes Evidence-Based Decision-Making

All aspects of MSK care in HOPCo's program utilize fully vetted, peer-reviewed and evidence-based pathways, protocols and algorithms that are constantly being updated by a dedicated national Clinical Quality team. The evidence-based decision-making platform encompasses the entire continuum of MSK care (i.e. not just the surgical or perioperative component of MSK care). HOPCo works with all provider and facility stakeholders in the region to ensure alignment and adoption of these evidence-based best practices. Furthermore, health equity is improved across the community as all patients, regardless of geography, socioeconomic status or other community differences, have access to the streamlined care under the coordinated and standardized evidence-based pathways and clinical protocols.

### Improves Health Care Outcomes

Through the clinical quality and outcomes tracking platform and associated analytics, HOPCo aligns physician behavior and practice around the reliable improvement of clinical outcomes in a measurable and accountable manner.

### Improves Provider and Recipient Experiences

Because of the ease by which these quality programs can be both deployed and adopted in markets, both physicians and patients experience a measurable improvement in their respective experience. Physicians become true VBC program "champions" and further accelerate wider market adoption rather than passive or unenthusiastic program "participants" as can often be seen in other, less fully integrated models. Patient experience is enhanced



through improved outcomes and interactions with highly engaged providers and care navigators.

#### Enables Good Stewardship of Medicaid Funds

HOPCo's entire VBC platform is built to quickly deliver measurable value to the community and payor organization in the form of enhanced quality outcomes and savings on MSK care spend. The financial resources saved and shared with the payor can be redirected to other payor initiatives and ultimately ensure greater use of health care dollars across the board. The reduction of waste and unjustified variation of care has an immediate and sustainable benefit for AHCA, SMMC and patients.

#### Reduces Complexity

HOPCo's population health and VBC platform has been purpose-built to ensure the Health Plan, physicians and patients experience no disruption or difficulty during deployment or management of the program. **None** of the following common challenges are required: re-contracting with providers, narrowing of networks, changes to claims adjudication processes, creation of attribution models, determining trigger events or change in member benefits. HOPCo's program is instead built and proven to be turnkey, rapidly deployable and widely adoptable. Patients see no process changes as the program is entirely agnostic to their interactions with the Health Plans and its network of providers.

#### Improves Integration With Partners

A foundational pillar of HOPCo's population health and VBC platform is how key stakeholders are integrated and fully aligned around value-based goals and incentives. It has proven to enhance communications and collaborations between payors, physicians and health systems all to create greater value to the benefit of the patient. This has dramatically supported health equity improvements for patients.

#### Enables Holistic Decision-Making Rather Than Short-Term Focus

Due to the nature of the comprehensive MSK population health approach, HOPCo's program is by definition sustainable. It is distinctly different from other more narrowly focused VBC programs in which opportunities for lasting value often diminish after 1-2 years. Typically in such circumstances, erosion of quality outcomes ensues as the program effectiveness diminishes. In contrast, HOPCo's proven model for MSK population health and value-based care helps ensure that the Health Plan can maintain its value enhancements to the community and patients.



## Summary

HOPCo's Population Health and VBC programs for specialty MSK care have proven to increase quality outcomes for patients while substantially and sustainably reducing spend for the total MSK cost of care across wide populations.

HOPCo's purpose-built platform has many advantages over other approaches including:

- A proven track record of success across broad populations of patients and providers
- Completely vertically integrated to ensure widest possible adoption and optimized results
- Applicable to entire populations across wide geographies and multiple payors
- Turnkey and rapidly deployable with a complete management and operational infrastructure to ensure adoption and success
- Metric driven with clear targets and deliverables for quality improvements and savings
- Not disruptive to Health Plan processes and infrastructure
- Complimentary to and compatible with existing VBC initiatives
- Not disruptive to patient interactions with providers and health plans
- Improves Health Equity for patients
- An existing and growing network of highly engaged MSK providers is already in place across Florida

**For the above reasons, HOPCo is confident that its platform can quickly and greatly benefit Florida Recipients of Medicaid services and will strongly support the missions of the State Medicaid Managed Care program and The Agency for Health Care Administration to provide better healthcare for all Floridians.**

