

Physician Engagement Model

Physicians at the Center of Patient Care



A Summary of Bravo Health's Goals

- To create mutually beneficial partnerships that place primary care physicians at the center of patient care
- To provide Bravo Health members with better care and continue to improve patient quality outcomes
- To fairly compensate primary care physicians



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Call to Action: Program in Brief

Bravo Health² is a Medicare Advantage company that represents 300,000 members across its HMO, PPO, and stand-alone Prescription Drug Plans in 46 states.

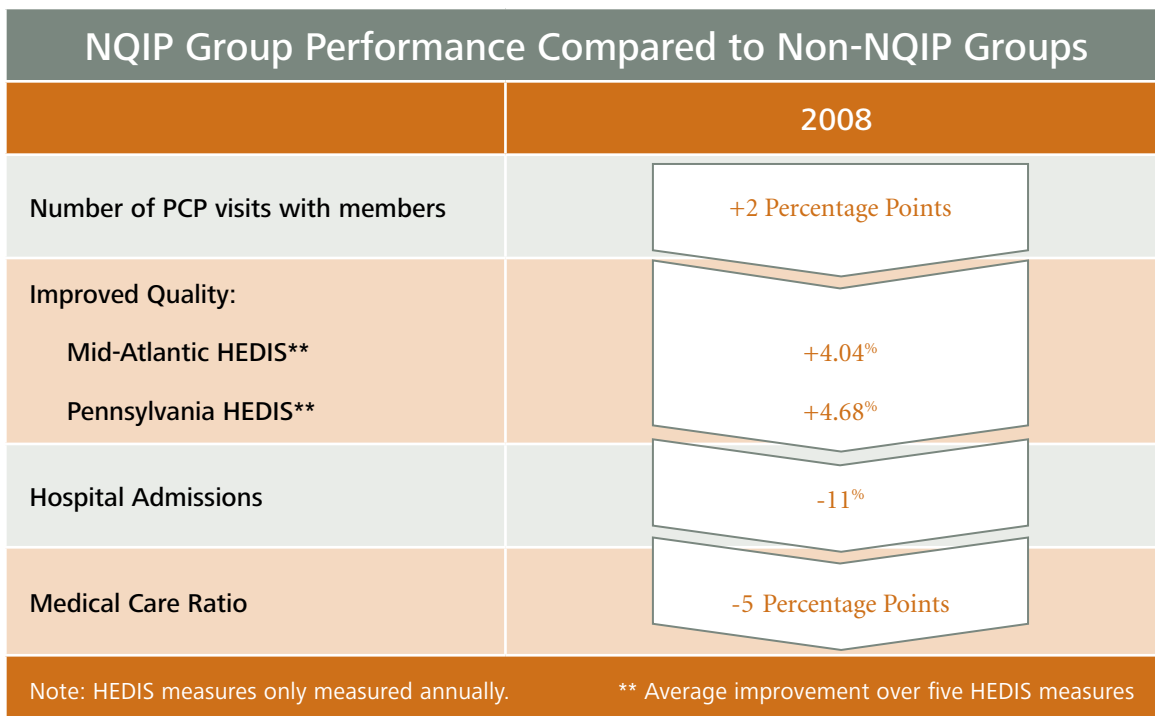
Within these markets, Bravo Health is fundamentally changing the way health care is delivered by creating *partnerships with primary care physicians* (PCPs) that organize and manage the care that members receive. Through these partnerships, Bravo Health has decreased unnecessary ER visits and subsequent admissions, and increased member access to care by providing PCPs with timely and relevant patient care information.

Bravo Health has done this while also *improving overall Healthcare Effectiveness Data Information Set (HEDIS®) scores*, a measure of health plan quality, *for the second consecutive year*. And, Bravo Health recently achieved a Commendable

rating from the National Committee for Quality Assurance (NCQA) in all markets for outstanding improvement in quality and HEDIS scores.

In 2008, Bravo Health's Network Quality Improvement Program (NQIP) was fully implemented to create PCP partnerships. NQIP has been a successful program with *over \$1.7 million in performance incentives paid to PCPs* in 2008. These incentives consisted of payments to PCPs for completing appropriate HEDIS measures, seeing Bravo Health members more frequently, and overall member care management.

When comparing the performance of NQIP participating PCPs to non-NQIP PCPs, one can see the impact NQIP has on the care members receive while providing additional compensation to the PCPs serving these members. Please see the chart below for a breakdown of key performance metrics.



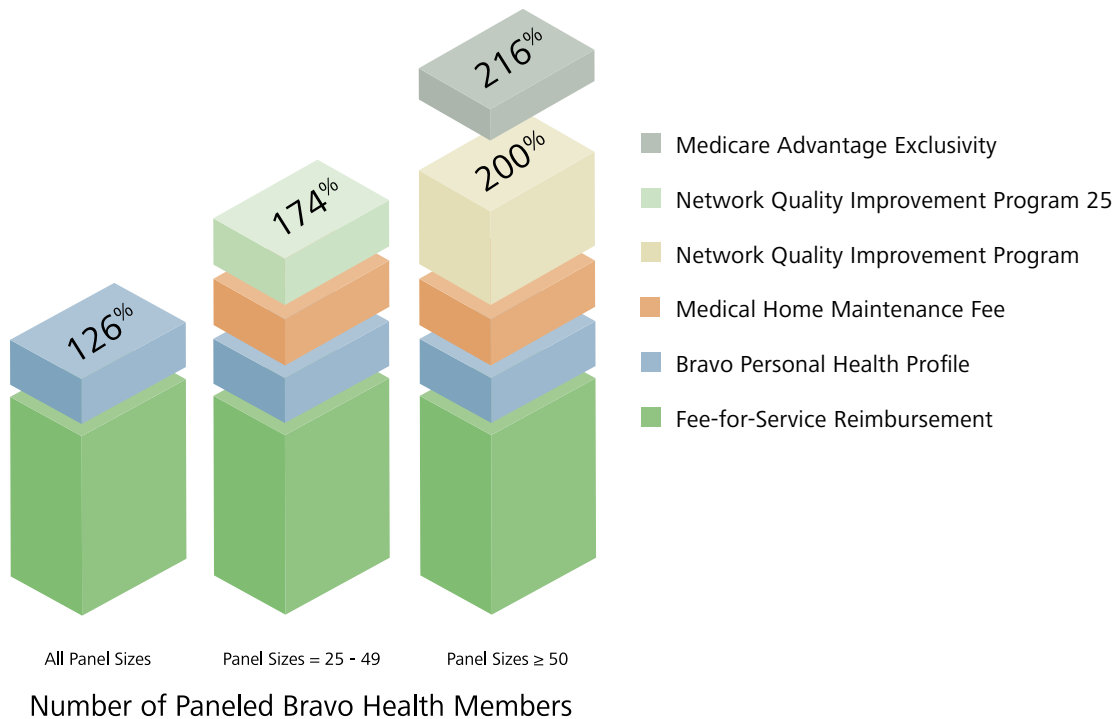
Introducing the Physician Engagement Model

Bravo Health changes the lives of the members it serves. Bravo Health believes that the partnerships created with PCPs improve the care that members receive. However, the NQIP program only reaches a portion of Bravo Health's PCPs and members. Bravo Health wants to partner with you to ensure that Bravo Health

members receive the best care possible and that you are compensated for the additional time and commitment that this model requires. Below is a brief synopsis of the ways that Bravo Health will partner with you to ensure Bravo Health members receive high quality and timely care.

Potential PCP Reimbursement Levels

As a Percent of Medicare



Five Ways to Partner with Bravo Health: Physician Engagement Model¹

In the Bravo Health model, the primary care office is the “medical home” through which PCPs administer comprehensive, preventive, and coordinated care. The Physician Engagement Model aims to reward PCPs for taking responsibility and maintaining awareness of the health status of all of their patients, including their risk status, utilization behavior, and other medical care patients receive outside of the “medical home.”

The Physician Engagement Model is a combination of five independent reimbursement programs. Some of these programs have been in the market, and you may already be enrolled in them. However, with the addition of three new programs and an increased effort to coordinate across them, Bravo Health is now offering a comprehensive approach to partnering with you to improve quality patient care. Here is a summary of participation requirements, eligibility thresholds, and potential payments for each program.

Bravo Personal Health Profile™ (BPHP)

BPHP Reimbursement:
\$150 per Health Profile + Preventive Office Visit

In 2009, Bravo Health launched the BPHP Program centered on the completion of the BPHP form. The form serves as a tool to capture and reflect the true quality and level of care being provided to Bravo Health members through complete and accurate coding.

The Bravo Personal Health Profile form provides you with a mechanism to improve your Medical Care Ratio (MCR) through patient care management and proper capture of diagnoses. The MCR is the total dollars spent on health care expenses divided by total premiums. The BPHP form enables you to conduct an in-depth assessment of key diseases and a member’s overall health and serves as a detailed physical medical record that may be used for care planning.

The Bravo Personal Health Profile form guides you in the evaluation of a member’s health through the documentation of subjective and objective measures, and the completion of a condition assessment and treatment plan. In addition, the BPHP form captures key diagnostic codes and HEDIS measures.

The Bravo Personal Health Profile form can be completed one time annually for all Bravo Health members. The program is designed around an easy to follow process for completing the Health Profile form, submitting claims, and receiving payment.

To receive reimbursement as part of the Bravo Personal Health Profile program, you must submit a complete and accurate BPHP form along with a Health Profile claim and a claim for the Preventive Visit. Payment for completion of the form is sent to you upon review of the form and verification of its accuracy.

Medical Home Maintenance Fee (MHMF)

2010 MHMF Payment:
\$7 per member per month

The Physician Engagement Model for 2010 carries with it a new program called the Medical Home Maintenance Fee. The Medical Home Maintenance Fee is designed to incentivize you to become a true partner with Bravo Health by allowing open and frequent communication and access to Bravo Health representatives (such as Medical Directors or Network Representatives) and patients.

New in 2010, providers with 25 or more Bravo Health members will be eligible to enroll in

the MHMF. To enroll in the MHMF, you will need to sign an amendment committing to the program requirements noted below, and also committing to participation in the NQIP or NQIP 25 program (*please see the following pages for details on these programs*).

Once the amendment is executed, you will begin earning a \$7 per member per month payment over and above all other payments. At the end of the year, your participation will be reviewed and your commitment to the Program Requirements will be assessed.

Assuming strong performance and adherence to program guidelines and a maintained membership level of 25 paneled Bravo Health members or more, you will be offered continued participation in the program.

Program Requirements	Requirement Description
Electronic Communication	<ol style="list-style-type: none"> Year 1: Electronic Data Interchange (EDI) Usage; Electronic Claims Submission Year 2: Potential electronic communication with members Year 3: Potential integration of electronic medical record
Patient Access to Care and Communication	<ol style="list-style-type: none"> Same-day appointments subject to triage Appointment within 24 hours for non-urgent/non-emergent cases Routine and preventive appointments within 30-days of request Phone calls returned same day subject to triage
Hospitalist Relationship and Use of Advanced Care Centers where available	Makes use of participating hospitalists and Advanced Care Centers if available and as medically necessary
Participation in BPHP Program	<ol style="list-style-type: none"> Physician and office staff complete BPHP training on form completion and claim submission practices Profiles completed and submitted for at least 50% of Bravo Health members having received an office visit Participation in chart reviews and audits
Conference Calls with Medical Director	Willingness to participate in care management conference calls with Bravo Health Medical Director as needed
Participation in Bravo Health Training Activities	Willingness to participate in Bravo Health training activities that may pertain to, but are not limited to, patient care activities, office management, or patient quality tracking

Network Quality Improvement Program (NQIP)

The flagship of Bravo Health's Physician Engagement Model is its Network Quality Improvement Program (NQIP). NQIP is Bravo Health's pay-for-performance program that financially incentivizes PCPs to provide high quality and cost-effective care to Bravo Health members. NQIP was established in Bravo Health's Philadelphia and Baltimore markets in the middle of 2007. It was founded on the principle that PCPs are ultimately responsible for the care members receive since PCPs can provide the preventive and proactive care that keeps individuals healthy and chronic conditions under control.

Historically, NQIP has only been available to PCPs with panel sizes of 50 Bravo Health members or more as the Medical Care Ratio on which the program is based is not statistically reliable at smaller panel sizes. However, due to the success of the program and the improvements in care it appears to be producing, we have modified the program so that PCPs with panel sizes between 25-49 members could also participate.

To that end, we have left the NQIP program untouched but created a refined version of the program for PCPs with panel sizes between 25 and 49 members. This program is called NQIP 25. Please refer to the sections below for the specific participation requirements and potential payments for the original NQIP program as well the new NQIP 25 program. PCPs are only eligible for either the NQIP or NQIP 25 in any given year.

2010 NQIP Incentive:

Average maximum incentive of \$15 per member per month

The NQIP program partners with you and financially rewards you for:

1. *Seeing members often and following a member's care even when provided by a specialist or hospital.*
2. *Ordering clinically proven and appropriate preventive and diagnostic tests.*
3. *Prescribing generic prescription drugs whenever possible.*

To participate in the NQIP program, you must maintain a panel size of 50 or more Bravo Health members, sign the NQIP amendment, and agree to participate in monthly face-to-face meetings with a Bravo Health Network Representative who will provide you with data on your paneled members' utilization, pharmaceutical consumption, and recent diagnoses. These discussions often take the form of a call-to-action where you are informed of a member's hospital admission or recent discharge that you may not have been aware of otherwise. This allows you to follow-up with that member and ensure proper follow-up care and treatment, as well as the opportunity to reach out for preventive care in the future.

If you are eligible for the NQIP program and accept participation in the program through a signed contract, you will be provided a list of objectives for the year. You will receive an objective for your Medical Care Ratio, a target for your percentage of generic prescription drugs filled versus brand name drugs, and a list of relevant HEDIS metrics with their respective targets.

To receive payment in the NQIP program, you must first achieve your Medical Care Ratio target. Network Representatives will report progress on a monthly basis. Should you achieve your medical care target, you are then eligible to also earn payments for achieving your generic prescription fill rate and annual HEDIS targets. Each HEDIS metric has its own target and is measured independently. Network Representatives will also share progress-to-date on generic prescription fill rates and HEDIS metrics during monthly meetings. Progress checks – if earned – will be paid each quarter. Checks are paid five months after the close of the quarter to ensure sufficient time for claims run out. HEDIS payments will only be paid at the close of the fourth quarter to allow for a complete measurement year.

Of the incentive you are eligible for in the NQIP program, you will receive 40% of the incentive based on achieving your Medical Care Ratio target, 50% for your HEDIS performance (*equally proportioned across all relevant HEDIS measures*), and 10% for your generic prescription fill rate. You must achieve your Medical Care Ratio to be eligible for the generic prescription fill rate and HEDIS incentives.

2010 NQIP 25 Incentive:

\$2.50 per member per month for exceeding the generic prescription fill rate

\$7.50 per member per month for exceeding the HEDIS metrics

(If you assume 10 metrics, each measure will then be worth \$0.75 per member per month)

The NQIP 25 program is designed to be an introductory NQIP program for PCPs. In any given year, you can only be eligible for either the NQIP program or NQIP 25 program based on your panel size on the date of measure.

To participate in the NQIP 25 program, you must maintain a panel size of 25-49 Bravo Health members, sign the NQIP 25 amendment, and agree to participate in quarterly face-to-face meetings with a Bravo Health Network Representative who will provide you with data on your paneled members' required HEDIS metrics, generic prescription fill rate to date, and other standard NQIP data.

If you are eligible for the NQIP 25 program and accept participation in the program through a signed contract, you will be provided a list of objectives for the year. You will receive a target for your percentage of generic prescription drugs filled versus brand name drugs, and a list of relevant HEDIS metrics and their respective targets. These will be the same targets as individuals in the NQIP program; you will simply not receive a Medical Care Ratio target.

To receive any payment in the NQIP 25 program, you must meet your generic prescription drug fill rate or at least one HEDIS target. Each HEDIS metric has its own target and is measured independently. You will receive quarterly updates on your progress during meetings with a Network Representative and will receive a progress check – if earned – each quarter. Checks are released five months after the close of the quarter to ensure sufficient time for claims run out. HEDIS payments will also be released quarterly, should a HEDIS target be achieved by the date of measure.

Medicare Advantage Exclusivity

2010 Exclusivity payment: \$5 per member per month

Beginning in 2010, Bravo Health is also pleased to announce the opportunity for qualified PCPs to establish an exclusive contracted relationship with Bravo Health. You are not required to participate with Exclusivity. If you choose not to participate in Exclusivity, you are still eligible for all other incentive programs, as limited by each program’s participation requirements.

Exclusivity will take the form of an established relationship where Bravo Health members

account for 80% of your Medicare Advantage patient panel and where you agree to not accept any additional non-Bravo Health Medicare Advantage plans.

To be considered for exclusivity, you must currently hold 50 or more paneled Bravo Health members and be interested in partnering with Bravo Health on all aspects of member care. Bravo Health is willing to offer an additional \$5 per member per month payment for this exclusivity. However, not all PCPs are eligible, as requirements vary by state.

Should you be interested in a discussion about Medicare Advantage Exclusivity, please speak with your Network Representative.

Becoming the Center of Patient Care

We cannot serve our members without you, our Primary Care Physicians. We are grateful to be joining you in the effort to provide patients with efficient and high-quality care. We will only succeed by partnering with you and by working

with you to provide quality care for our members. We define partnership as financially rewarding you for providing that care. Consider the chart below to review the positive financial impact we believe we can make for you and your practice.

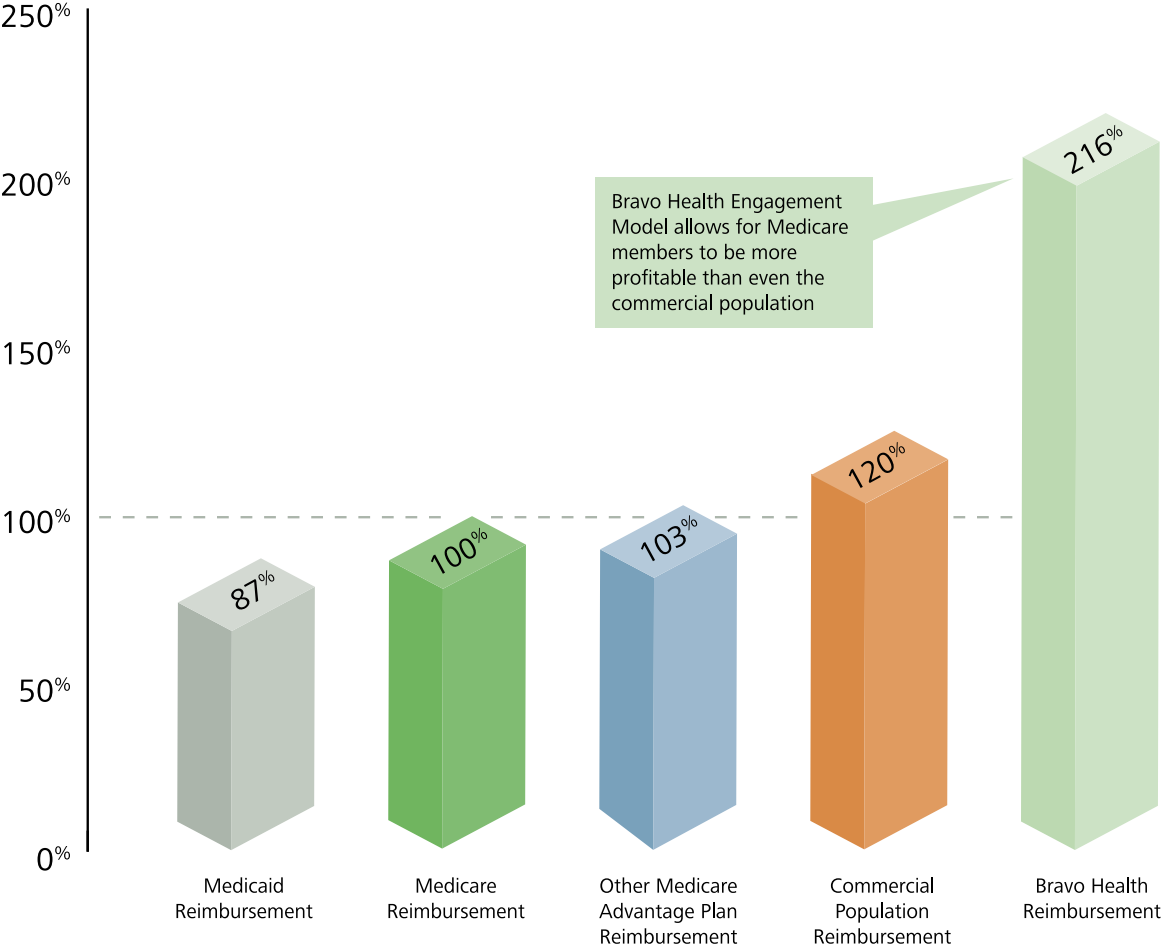
PCP Income Model*			
	Medicare Annual Reimbursement	Bravo Health Annual Reimbursement**	Potential Additional Revenue**
25 Patients	\$9,000	\$16,482	\$7,482
50 Patients	\$18,000	\$38,964	\$20,964
100 Patients	\$36,000	\$77,928	\$41,928
250 Patients	\$90,000	\$194,820	\$104,820
500 Patients	\$180,000	\$389,640	\$209,640

* All reimbursement values represent gross reimbursement.

** Figures are based on the maximum incentive available.

Physician Income Model Comparison

Potential Bravo Health Reimbursement Compared to Others*



* All reimbursement figures represent gross reimbursement

Bravo Health Contact Information



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¹ All of these programs are offered at Bravo Health's sole discretion and may be modified in its sole discretion.

This Physician Engagement Model is not intended to and does not contain direct or indirect incentives to (a) induce Provider to reduce or limit medically necessary services to Bravo Health members; (b) reduce or limit items or services to Provider's own patients; (c) generate referrals; or (d) purchase, lease, or order any services other than the specific services described in the underlying Agreement in place between Bravo Health and the Provider. All payments specified in this model are consistent with what the parties reasonably believe to be a fair market value for the services provided. In no event shall any aligned medical services incentive compensation payment or surplus payment hereunder be equal to or greater than the amount that would put Provider at substantial financial risk as defined in 42 C.F.R. §417.479.

² Bravo Health refers to: Bravo Health Texas, Inc., in the State of Texas; Bravo Health Pennsylvania, Inc., in the Commonwealth of Pennsylvania and the State of New Jersey; and Bravo Health Mid-Atlantic, Inc., in the State of Maryland and in the District of Columbia.



More information about Bravo Health may be found at www.bravohealth.com.

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