SelectPatient Management

Program Overview for GMD Providers

SelectPatient Management

Agenda

- Overview
- Patient Journey
- Care Navigators
- Program Metrics
- Patient Stories
- Care Plan Review

SelectQuote Overview

SelectQuote Is a Leading Insurance Distribution & Member Engagement Platform

SelectQuote is a leading distributor of Medicare Advantage policies, providing the company with unparalleled access to and relationships with seniors. SelectQuote shares these leads with SelectRx & SelectPatient Management.

Overview of SelectQuote

SelectQuote is a **leading technology-enabled, direct-to-consumer ("DTC")** distribution platform, providing **health, life, automobile,** and **home insurance**

SelectQuote provides direct distribution services to **50+ carriers** who entrust SelectQuote to sell their **"must own" insurance products** through a more transparent, personalized, and easy-to-understand process

38+
Years in Operation

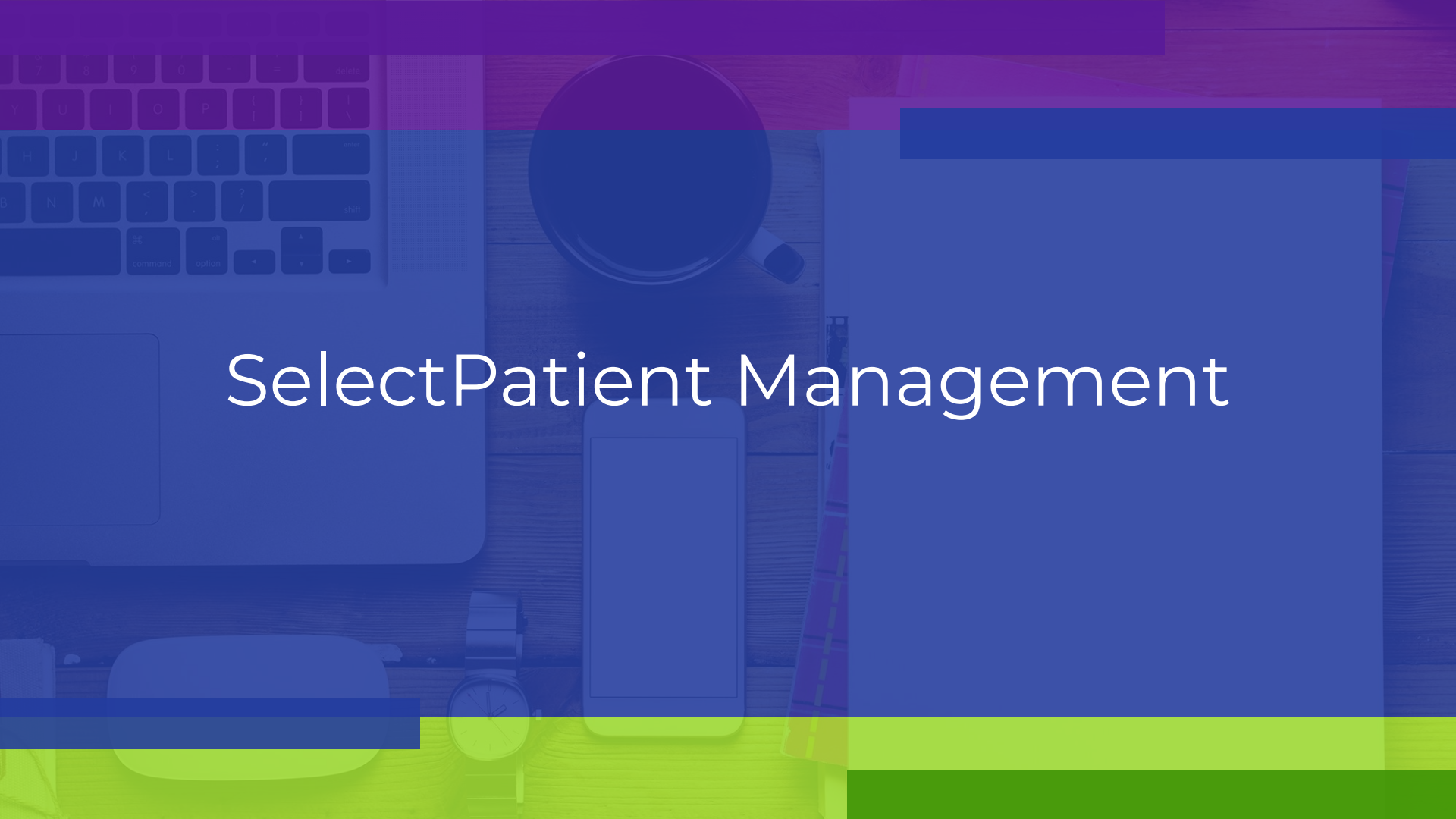
100%
Internal representatives

6M+
Policyholders Served

1 Billion+
Data Points Collected

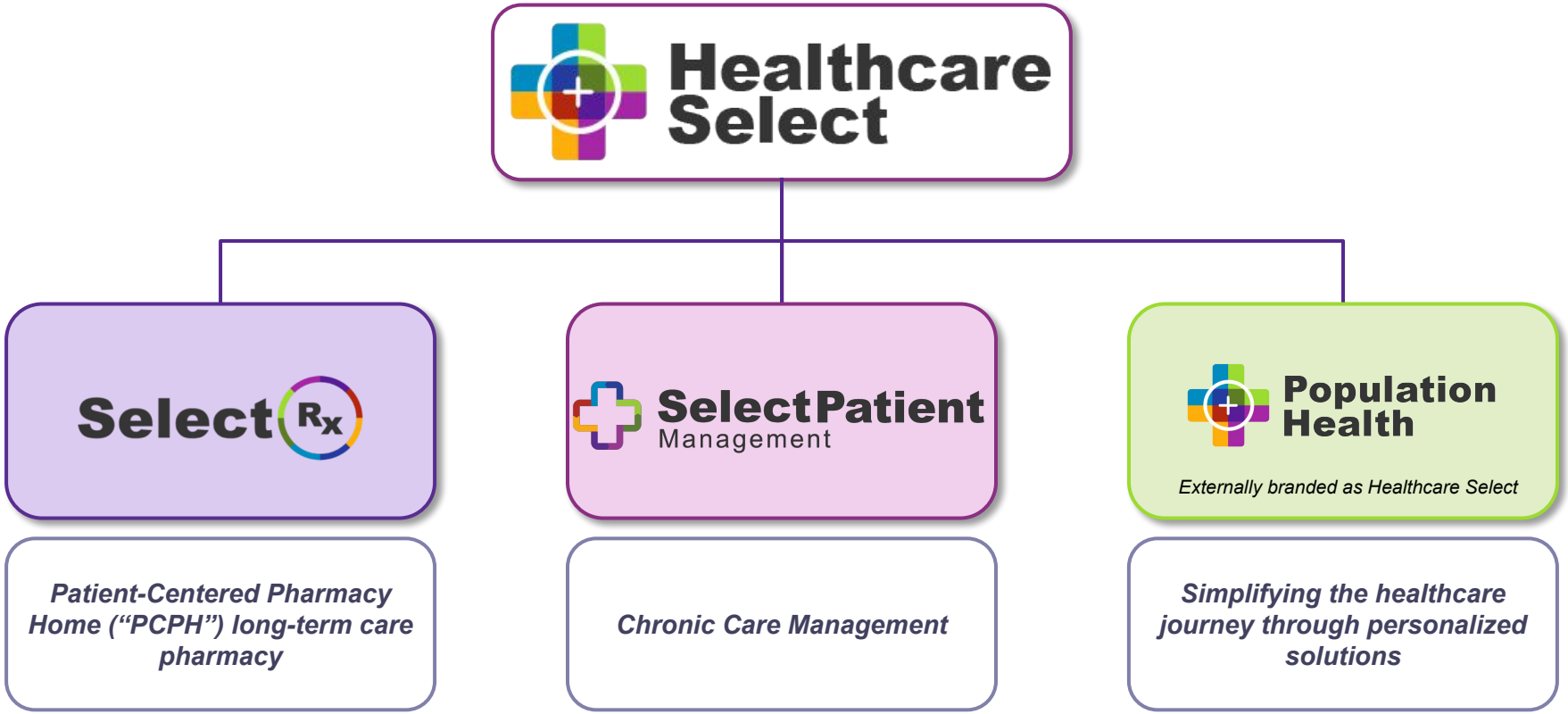
1,900+
Licensed Advisors

30K
Conversations per Day



SelectPatient Management

What is SelectPatient Management?



Healthcare Select's Trusted Relationships with Members Drives Highly Effective Engagement

Customer Acquisition

Internal Lead Generation

Direct-to-Consumer Lead Generation

~600k

New Healthcare Select members annually from SelectQuote leads and Direct-to-consumer marketing leads

Healthcare Select Opt-In

~80%

Opt-in rate to new Healthcare Select terms of service

Health & Lifestyle Survey

~90%

Completion rate of the health & lifestyle survey

Recommendation Engine

~80%

Healthcare product/service pitch rate[1], including SelectRx, value-based care, CCM, SDoH

SelectPatient Management Overview

- Over **eight years** of experience
  - Partnering with **9 Provider Groups,** with more than half of our current partnerships concentrated in the Northeast
  - Servicing **9,000** Medicare and Medicare Advantage patients

- Care Navigators are certified Medical Assistants trained in chronic condition management and lifestyle interventions

96%

Patient Satisfaction

90%

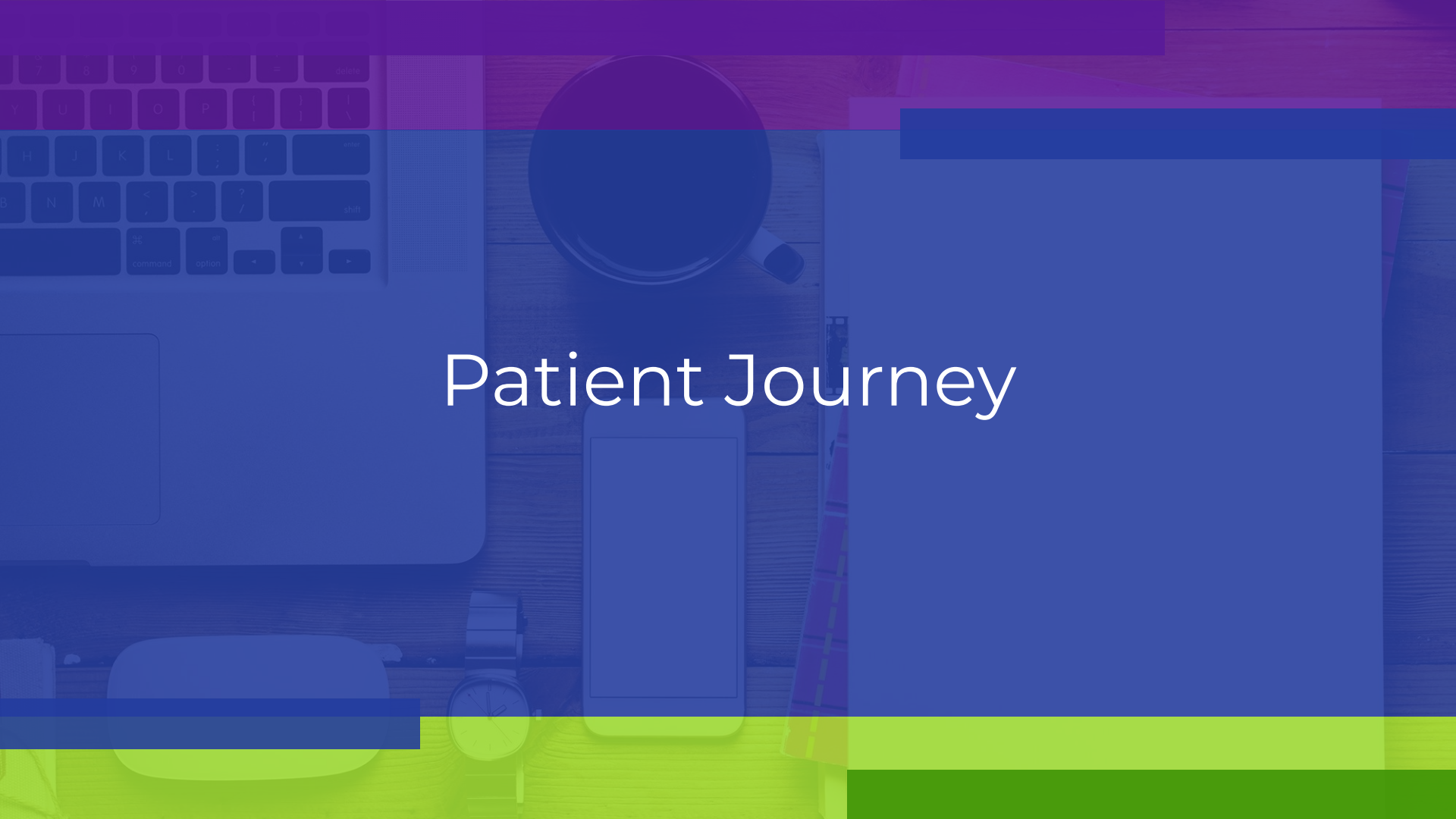
GMD Enrollment Rate

5.3

Interventions Per Member Per Month on Patient's Behalf

90%

Monthly Patient Engagement



Patient Journey

3 Steps to CCM

1

Agent Conducts Program Pitch & Pre-Qualification Screening

2

GMD Provider Performs Enrollment E/M Visit

3

Care Navigator Initiates Monthly CCM Service

Customer Success Agent

1

Agent Conducts Program Pitch & Pre-Qualification Screening

- ➔ Technology identifies patient as a potential lead based on insurance plan
- ➔ Provides program overview and benefits
- ➔ Confirms access to computer or smartphone for telehealth visit
- ➔ Screens eligibility & confirms interest:
  - 2+ Chronic Conditions (+ Respiratory for RTM)
  - Not receiving a similar service
  - Potential for cost share
- ➔ Submits GMD Assessment and helps patient into waiting room

Enrollment Scripting

SelectPatient Management is designed to provide proactive, **monthly outreach** to ensure you are **supported** and have the **resources** you need in attaining your health goals between visits with your doctor.

This program provides you **access to a dedicated Care Navigator** who will contact you by **telephone** once per month and can assist you with things such as...

You will also get access to a **virtual doctor who you will meet with today to help you enroll in this program** and oversee your care.

You might also get access to our **Remote Therapeutic Monitoring program**, where your Care Navigator can keep a close eye on your health and provide timely interventions through daily text messages.

The **telehealth appointment** with a doctor will be the **final step to enroll you into the program.** It's critical that you attend this **initial video appointment** in order to gain access to your Care Navigator who will be calling you monthly to help you manage your health.

GenieMD Provider

2

GMD Provider Performs Enrollment E/M Visit

- ➔ Holds E/M initiating visit with the patient
- ➔ Confirms clinical eligibility
  - ◆ 2+ Chronic Conditions
- ➔ Consents and enrolls patient into the program
  - ◆ Verbal patient consent
  - ◆ Potential for cost sharing
  - ◆ Right to stop services at any time
  - ◆ Not receiving similar service

CCM Eligible Codes

- CMS defines eligibility as "***two or more chronic conditions*** *that are* ***expected to last at least 12 months or until the patient's death*** *or that place them at significant risk of death, acute exacerbation or decompensation, or* ***functional decline***"

- Our system classifies chronic conditions based on the **CMS Chronic Conditions Data Warehouse (CCW)**
  - There are a **total of 6,640 eligible ICD-10 codes**

- This classification is necessary in order to **prevent claim rejections** based on ICD-10 codes for the CCM service

CMS Requirements for CCM Enrollment

- **Initiating visit with the billing provider**
  - E/M visit with GenieMD provider
- **Written or verbal patient consent**
  - Obtained by the GenieMD provider
- **Possible cost sharing responsibilities**
  - Reviewed during Pre-Qualification screening & confirmed by GenieMD Provider
- **Only 1 practitioner can provider and bill for CCM services**
  - Reviewed during Pre-Qualification screening & confirmed by GenieMD Provider
- **Right to stop CCM services at any time**
  - Reviewed with GenieMD provider

RTM Enrollment

Eligibility

- Must have a respiratory condition
  - Asthma, COPD, OSA
- Only 1 practitioner can provide and bill for RTM services
  - Cannot be enrolled in a similar program

What Makes a Good Candidate?

- Someone who is struggling to manage their condition
- Looking for extra support; Isolated
- Understands how to use text messaging and/or tech-savvy

Care Navigator

3

Care Navigator Initiates Monthly CCM Service

- ➔ Contacts patients **within 48 hours** of enrollment
- ➔ Welcomes patient into the program and reviews chronic conditions
- ➔ Provides **20+ minutes** of care planning activities
- ➔ Documents **care plan** and finalizes billing
- ➔ Contacts patients **each month for ongoing care**

Example SPM Care Journey

Month 1

- SelectQuote identifies potential lead based on insurance type
- Agent conducts pre-qualification screening and sets the patient up for their GenieMD E/M visit
- GenieMD Provider holds E/M visit and enrolls patient into the program
- Patient receives Welcome to the Program email and letter (coming in January 2025)
- Care Navigator contacts patient within 48 hours for initial Monthly Outreach Call

Month 2

- Care Navigator contacts patient for 2nd Monthly Outreach Call
- Discuss patient's BP reading of 150/110 this morning
- Care Navigator educates on proper BP technique and has patient re-take & asks about symptoms
- Once the BP reading is validated, Care Navigator follows GenieMD protocol to schedule a same-day PCP visit
- Initiates three-way call with PCP office to facilitate scheduling

Month 3

- Care Navigator checks in with patient after the PCP visit
- Patient's PCP adjustment BP medication; Care Navigator updates Care Plan
- Care Navigator conducts Month 3 SDOH screening with the patient
- Patient screens positive due to reported food insecurity
- Care Navigator uses FindHelp database to locate and share a local Meals on Wheels service that he is eligible for

Month 4+

- Care Navigator continues to check in on patient's BP readings and medication adherence
- Care Navigator sets a goal for healthy eating while using Meals on Wheels service
- Care Navigator creates condition and patient-focused care plan, which is shared with GenieMD, PCP, and the patient

Care Navigators

Your Care Navigators

10 dedicated Care Navigators

Follow GMD Protocols

- ➔ Scheduling doctor's appointments
- ➔ Developing lifestyle-centered health goals
- ➔ Support with the patients chronic conditions
- ➔ Connecting patients with resources
- ➔ Closing care gaps
- ➔ Navigating the healthcare system

GMD Protocol Example

Blood Pressure	Hypertension Alert >140/>90	Encourage patient to see PCP/Specialist	- Educate on proper BP technique and have them retake their BP - Ask patient if they are experiencing: headache, vision changes, chest pain, dizziness, heart palpitations, or SOB

Program Metrics

SPM Program Metrics

- ➔ We currently have **1,200 active patients** participating in our program
- ➔ CN's have completed **4,387 billable CCM calls** with patients
- ➔ **198 patients have disenrolled** from the program
  - ◆ *The highest disenrollment reason is Cost Concern*
- ➔ **400 patients** we have been **Unable to Reach** post-enrollment
  - ◆ *Patients either never answered our call or stopped answering our calls after an initial billing event*

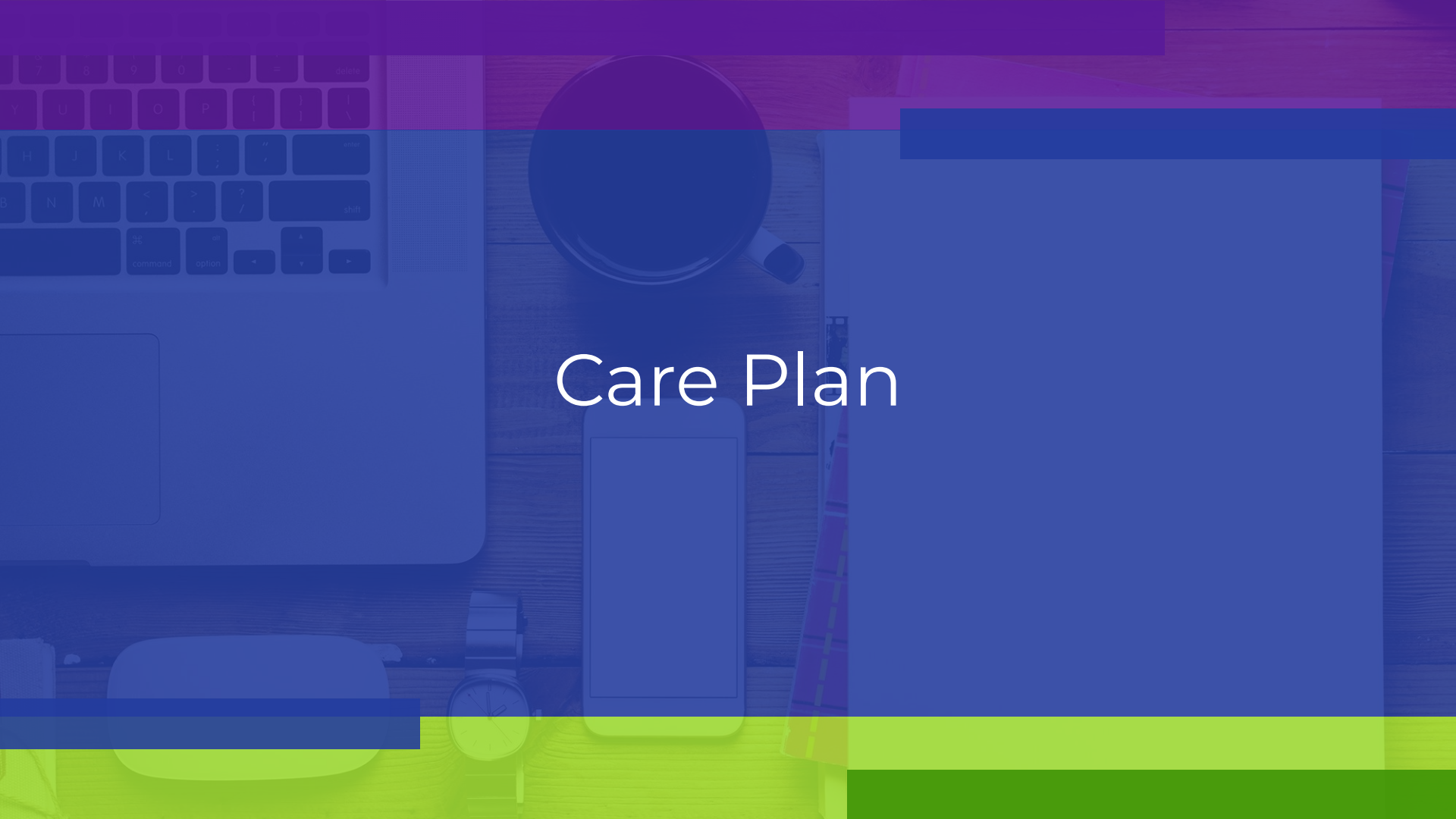
Provider Best Practices for a Successful Program

- ★ Provide **more than 2 ICD-10 codes** whenever possible
  - *This gives our Care Navigators more to focus on when speaking with our patients!*
- ★ Include **next steps** or specific instructions **for the Care Navigator in the visit note**
  - *We review your visit notes prior to each call to ensure continuity of care*
- ★ Discuss **next steps with patient** when ending the visit
  - *Your Care Navigator will call you within 2 days to get you started with this program. They will be calling from an 855 phone number.*

Patient Stories

An elderly diabetes patient reported a **fasting blood sugar reading of over 532** to her CN. The CN encouraged the patient to recheck her reading. Once the reading was confirmed, the **CN followed GMD protocol** and **advised that the patient go to the ED**. CN initiated a 3 way call with Emergency Services and stayed on the line until they arrived. **The patient ended up being hospitalized for 1 week as a result!**

A patient had been struggling to get ahold of her **Urology office after her appointment was cancelled**. She had reported **severe UTI symptoms** to her CN. Per protocol, the **CN performed a 3 way call with the office and got her scheduled for a same day appointment**. The patient was so grateful to her CN for facilitating access to the care she needed.



Care Plan

Lifestyle Goals

MAKE HEALTHY FOOD CHOICES

DATE ADDED: 06/14/2024 **TARGET COMPLETION:** 4 Months **STATUS:** On Track

ASSOCIATED CATEGORIES/CONDITIONS: Healthy Eating

BASELINE: **TARGET:**

DESCRIPTION:
Eat a well balanced healthy diet focusing on lean sources of protein, whole grains (brown rice, quinoa, oats), and a variety of vegetables. Avoid processed foods. Use healthy cooking methods such as baking and grilling.

DATE	PROGRESS NOTE
07/19/24	Patient reports she has been making sure to avoid late night eating and has been mostly eating fruits and yogurt. She states she plans to discuss a weight loss plan with her new PCP at her upcoming appt.

INCREASE DAILY ACTIVITY AS TOLERATED

DATE ADDED: 06/14/2024 **TARGET COMPLETION:** 4 Months **STATUS:** On Track

ASSOCIATED CATEGORIES/CONDITIONS: Physical Activity

BASELINE: **TARGET:**

DESCRIPTION:
Patient to engage in regular physical activity as tolerated.

DATE	PROGRESS NOTE
07/19/24	Patient reports she has a gym at her living facility and plans to start using it soon.

Interventions

MEDICATION: Compliance/Adherence **DATE:** 07/19/24 **CREATED BY:** Raquel Morales

PRIORITY: NORMAL **ESCALATION:** ---

DESCRIPTION:
Patient reports taking all medications as prescribed and denies any need for refills at this time. Patient states she was seen at urgent care 10 days ago for refills of Acyclovir and Pregabalin.

EMR REVIEW: Insurance Update **DATE:** 07/19/24 **CREATED BY:** Raquel Morales

PRIORITY: NORMAL **ESCALATION:** ---

DESCRIPTION:
Patient reports her insurance has changed to Anthem BCBS effective 7/1/24. ID # MMA371W01432 - group: CAMCRWP0

Health Factors

Health Factors

Living Situation

- With Extended Family 06/14/24

Mobility

- Cane 06/14/24
- Walker 06/14/24

used when needed

Medication Management

- Sets up/manages own medications 06/14/24

Social Determinants of Health

- Difficulty affording medication 06/14/24

Dietary Considerations

regular diet

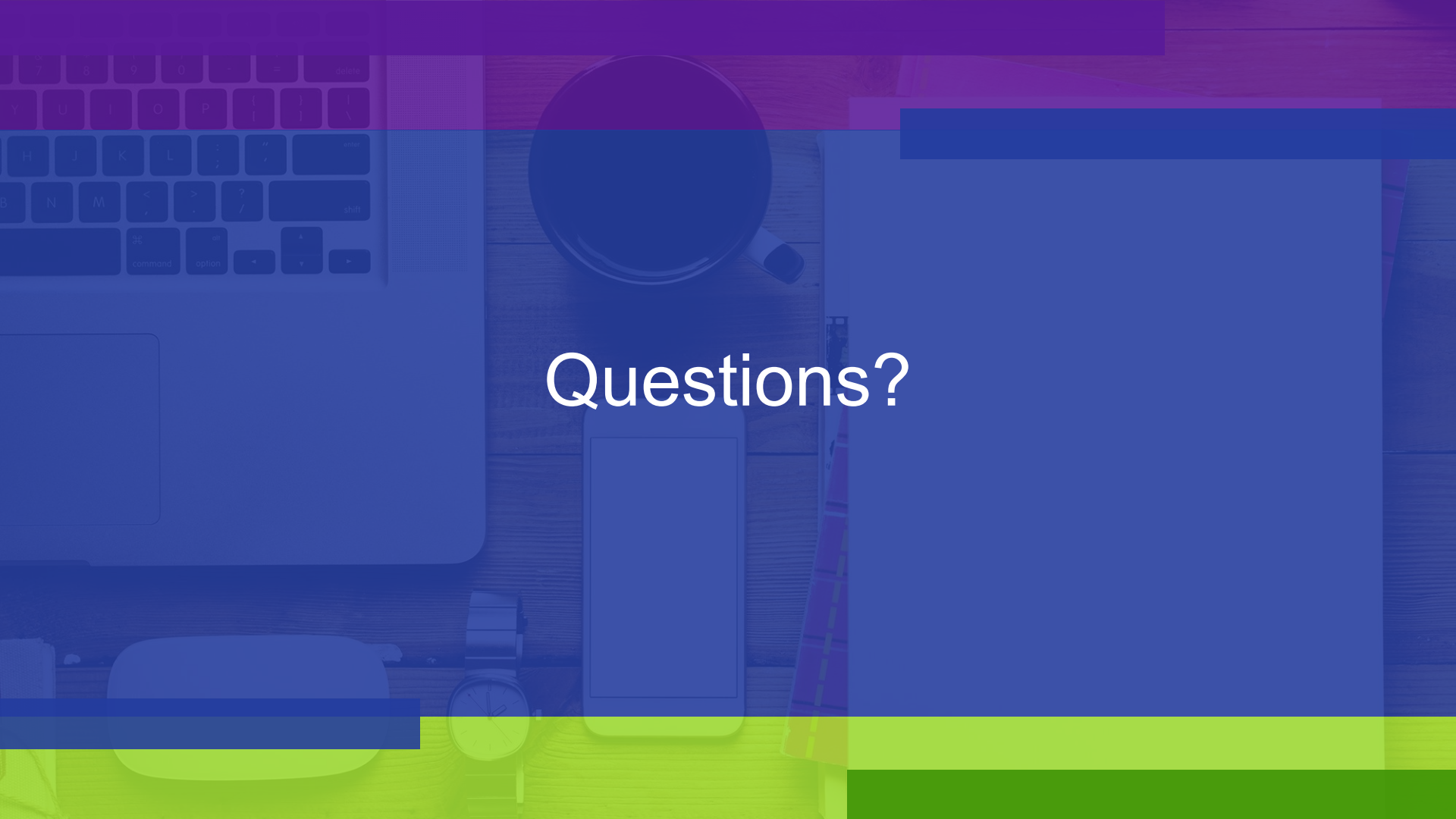
Transportation

- Drives self 06/14/24

Clinical Challenges

- Impaired vision 06/14/24

glaucoma and using eye glasses


Questions?