January 12th, 2016

PreManage ED (aka Edie)
Eliminate avoidable risk.

New Mexico ER is for Emergencies project

Ben Zaniello, CMO and VP of Product
Tristan Van Horne, VP of Network Development
Discussion Topics

New Mexico ER is for Emergencies project update

CMT background

PreManage platform

PreManage compliance with Federal Law and New Mexico State Law

“EDIE system has been an excellent tool for patient care. It allows me to better manage patients with chronic medical issues, decrease readmission rates and improve utilization.”

– Marco Hernandez, MD, FACEP, Medical Director, Hollywood Presbyterian and Prime - Sherman Oaks, Downtown L.A.

[Q&A through-out, please]
• Started by an ED social worker
• >7 years since first go-live
• OR, WA, CA, MT, NM, NH, WV, MA, +...
• >900 hospitals, UCs, clinics
• Thousands of providers
• >60 million unique visits
• 100% customer retention since inception
• Endorsed by:

American College of Emergency Physicians®

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Collective Medical Technologies™
## The Problem

### Situation

- Small number of patients generate a disproportionate volume of visits (e.g., <5% of patients w/ ~21% ED visits)
  - Many hop facilities and care settings
  - Hard to know when / how to coordinate appropriately
  - Hospitals generally reimbursed poorly for these visits

### Complications

- Cross-channel / system coordination extremely difficult
  - Too much data, not enough insight
  - Poor workflow integration
- Providers and plans lack timely knowledge of where their patients are, much less which represent imminent future-state risk and require proactive engagement
  - Many transitions (ED to acute, acute to post-acute, both to home, etc.), difficult to track and communicate
Our Approach

1. Identify
   - Real-time patient data / insights
   - Real-time complex acute-encounter risk analytics

2. Pursue
   - Real-time patient-provider attribution – select the right provider(s) to engage
   - Targeted, workflow-embedded notifications

3. Collaborate / Mitigate
   - Single, patient-specific care guideline, shared irrespective of provider organization / affiliation
   - Synthesized, actionable patient insight

Collaborative Care Management Network
Location / Provider / Facility / Payer agnostic
The PreManage platform facilitates communication outside of the ED, and can manage sophisticated event notification

**PreManage ED: Hospital Partnerships**
- Notifications to ED Providers for ED/In-Patient visits
- Shared platform for ED care coordination information
  - High utilization / complex ED patients
- **Specific User Base** (ED Physicians & Care Managers)
- **Focused Population** (High Utilization / Complex ED Patients)

**PreManage Prov/Plan: Payer/Provider + Partnerships**
- Notifications to multiple parties across ED/ In-/Out-patient visits
- Shared platform for all care coordination information; complimentary Service to PreManage ED built on same technology
- **Broad User Base** (Primary / Specialty Care, CCOs, CBOs. Health Plans, Care Coordinators, Social Workers, ED Guides, others)
- **Entire Population** (Active patient population or member base)
  - Medical Homes, Mental Health, Medical Groups, Juvenile, Security, etc.
The PreManage Platform

1. **Minimal Data**
   Comprehensive direct- or HIE-sourced real-time encounter data (ED and IP ADT) spanning facilities.

2. **Risk Identification**
   Real-time detection of the highest-risk individuals moving across facilities (frequency, prescriptions, security, readmissions, diagnoses x demographics, managed patients).

3. **Targeted Notifications**
   Targeted, push-based, real-time insight coupled with care guidelines directly within EHR workflow (actionable synthesis, nothing more).

4. **Collaborative Workflows**
   Single playbook from which to coordinate individualized patient care across stakeholders; push and pull care guidelines from existing platforms.

Collaborative Care Management Network

Location / Provider / Facility / Payer agnostic
Typical workflow: Real-time situational awareness

<table>
<thead>
<tr>
<th>Ongoing</th>
<th>&lt;2 min</th>
<th>&lt;1 Second</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers take action to influence care outcome</td>
<td>Provider notified if visit meets specified criteria</td>
<td>Patient presents at hospital check-in</td>
</tr>
</tbody>
</table>

- **Patient checks in with hospital registration**
- **Hospital records core identification and demographic info**
- **Patient checks in with hospital registration**
- **Hospital presents at hospital check-in**
- **PreManage directly integrates with the hospital EHR; no add’tl data entry required**
- **PreManage identifies patient (even if key information missing from patient’s hospital record)**
- **PreManage cross-references patient with prior ED and In-Patient visit history across systems**
- **If visit triggers a pre-set criterion, PreManage notifies provider**
- **Notifications contain visit history, diagnoses, prescriptions, guidelines, and other clinical meta data + patient-specific plan of care**
- **Provider has the information in hand before she sees patient**
- **Patient-provider information asymmetry is closed; able to make informed care decision**
- **Additional stakeholders with patient stewardship notified in order to proactively engage**
Edie notifications push targeted insight directly into the provider’s workflow, only when relevant, without having to be asked, and not limited to a single hospital or health system

Care Provider Information: Having the details for a patient’s care providers immediately available helps to inform the conversation with the patient, and helps to ensure that the patient gets to the right care in the right setting.

Individualized Care Guidelines: Patient-centered guidelines designed by treating providers and case managers give clinicians bite-sized pieces of the patient’s care coordination puzzle without having to hunt down loads of records.

Care History Information: Clinical information contributed by any ED that a patient has visited, condensed down to date of the event, hospital where the information came from, relevant notes and diagnoses, and chronic condition, surgical, and relevant mental and behavioral health history information. This is the longitudinal patient view boiled down to only the essentials that will help paint a clearer picture.

Security Event Details: Knowing if a patient has been a security threat in the past, to himself or others, is a critical piece of information. Edie can alert you and your hospital’s security staff of the date of any security-related event, where the event occurred, the type of event, and any relevant details surrounding the event.

PDMP Information: Edie Notifications can display narcotics prescription information from state PDMP databases—where permitted by applicable law—thus eliminating the need for ED clinicians to query yet another database while giving them a valuable perspective on a patient’s recent prescription history.

Visit History: Seeing how many total ED and In-Patient visits your patient has had in the last 12 months, the reasons for the visits, and the locations of the visits gives you a clearer understanding of long-term ED-utilization patterns, helping to kick-start an objective conversation with the patient.
Example of Edie EHR integration

ED Tracking Board in Epic

EDIE Alert
Example of PreManage ED EHR integration

ED Tracking Board in Cerner
State-level Data: Washington experienced a 10% drop in total Medicaid ED visits year-over-year (~$34M in savings); with significant credit given to PreManage ED (EDIE)

<table>
<thead>
<tr>
<th>9.9%</th>
<th>ED visit rate</th>
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<tbody>
<tr>
<td>• Population: WA Medicaid</td>
<td></td>
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<tr>
<td>• ED Visit Definition: ER Code 0450 with exclusions³</td>
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<tr>
<td>• Time Period: Jul’12 – Jul’13</td>
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<tr>
<td>• Payers: UHC, Molina, CCW, CHPW, Amerigroup</td>
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<td>• Methodology: Actual claims reconciliation</td>
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<thead>
<tr>
<th></th>
<th>Jul-13</th>
<th>Jul-12</th>
<th>Reduction</th>
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<tbody>
<tr>
<td>ED Visits</td>
<td>40,907</td>
<td>44,936</td>
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<tr>
<td>Assigned Medicaid Members</td>
<td>1,090,697</td>
<td>1,078,788</td>
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<tr>
<td>ED Visits / 1K members</td>
<td>37.5</td>
<td>41.7</td>
<td>4.1 visits / 1K</td>
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<td>9.9% decrease</td>
<td>4,074 visits per mo</td>
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• WA HCA estimated $34M Year 1 savings
• 5-years of straight reductions in opioid-related deaths

| 27%  | Reduction in opioid overdose deaths (2008 – 2013)  |
| 24%  | Reductions in ED visits with opiate Rx  |
| 27%  | Decrease in # of high utilizers w/ >1 prescriber |

Note: ¹Defined as patients with five or more visits annually; ²Defined as “less serious”; ³e.g., included if no in-patient admission, death or surgical status code attached
Source: WSHA FY2015 Report
Outside Legal Opinion to confirm PreManage ED operates in compliance with NM state and federal privacy regulations

Conclusions

• **Patient Consent:**
  - The HIPAA Privacy Rule allows hospitals to disclose PHI for “treatment”, “payment”, “health care operations”, and “public health” activities without patient consent / authorization
  - NM state law is consistent with this HIPAA Privacy Rule TPO disclosure framework

• **Opt in vs. Opt out:**
  - PreManage ED can operate on “opt out” basis (i.e., default is to share patient info unless patient “opts out”);
  - The “opt in” requirements for “Record Locator Services” New Mexico Electronic Medical Records Act do not apply to PreManage ED

• **Sensitive Information (“SI”):**
  - Some categories of PHI are subject to extra privacy restrictions (usually via additional patient consent requirements)
  - Examples: psychotherapy notes, substance abuse treatment information, HIV test results, genetic testing information
  - PreManage ED employs conservative compliance approach: (1) most SI is excluded from coming into PreManage by technical and/or policy controls; and (2) in limited cases where SI does come in to PreManage ED, technology restricts access to appropriate clinicians

Outputs

• **Christensen Legal Opinion:** available for distribution to all NM hospitals for review

• **Approved contract documents:** Master Subscription Agreement and PreManage ED Service Order Form for distribution to / review by all NM hospitals

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May 26, 2016
Mr. Travis K. Smith
President & Chief Operating Officer
Collective Medical Technologies, Inc.
9815 S. Monroe Street, Suite 501
Sandy, UT 84070

Re: Legal Opinion of the following PreManage Services under New Mexico State and Federal Law:

1. PreManage ED
2. PreManage Community

Dear Travis:

This letter is to provide Collective Medical Technologies, Inc. ("CMT") with my opinion about the following health information exchange services and activities under Federal law and the laws of the State of New Mexico:

- The use of the PreManage ED service (also known as the “Emergency Department Information Exchange” or EDIE in other states) to share Health Information among emergency departments (“EDs”).
- The use of PreManage to share Health Information for purposes of care coordination, case management and population-based activities.

A. Short Answer for PreManage ED

The short answer is that Health Care Providers can use PreManage ED to exchange such information, without patient authorization, provided that:

- They have entered into a Master Subscription Agreement ("Subscription Agreement") and Business Associate Agreement ("BAA") with CMT, as operator of
**Potentially** share with ED Personnel *only*: Care recommendations, Care History (Patient Background), Crisis Plans, pysch hospital or mental health clinic Care Manager Contact Info, etc.

Notifications to mental/behavioral health care managers for any ED visit or inpatient admission/discharge from other hospitals across NM + view of patient’s clinical history in PreManage ED web portal

42 CFR Part 2 = no sharing with other hospitals through PreManage ED (may change under new/proposed regulations)

Notifications to SAT facility care managers for any ED visit or inpatient admission/discharge from other hospitals across NM + view of patient’s clinical history in PreManage ED web portal