

CHARTER of LEGEND HEALTH

Legend Health is designed as a complete healthcare delivery system, founded and led by community leaders as the new standard of healthcare in the country.

This Charter provides a mandate to Legend Health to be the population health manager for an integrated and comprehensive healthcare delivery system. Legend Health will engage with an extensive number of medical providers who participate in Legend Health's *Integration of Care Initiative* ("IOC").

I. CARE DESIGN. Legend Health creates an advanced and integrated healthcare team through a set of healthcare providers, nurse navigators, and healthcare facilities:

- a. A foundation of primary care located throughout the community in easily accessible care centers that are open early, late, and weekends;
- b. A comprehensive team of specialty care providers necessary for the care of these patients, ranging from cardiology to gastroenterology and oncology;
- c. An outpatient network of state-of-the-art facilities that are conveniently located, such as surgical centers, imaging centers, infusion centers, catheterization labs, and urgent care centers;
- d. A team of hospital-based providers (including hospitalists, cardiologists, gastroenterologists, orthopedic surgeons, trauma surgeons, and infectious disease specialists) who manage every Legend patient's journey through the hospital episode;
- e. And, finally, pharmaceutical products and patient medical equipment at federally discounted prices in order to enhance patient utilization compliance.
- f. Further, Legend Health's **nurse navigators and care coordinators** coordinate all of these services for patients, such that each risk-stratified patient has a dedicated nurse navigator. In this team-based care model, Legend emphasizes deep clinical integration.

Legend Health's intent to participate in an Accountable Care Organization ("ACO") under the Medicare Shared Savings Program ("MSSP") is the intent to begin a journey that undertakes global risk on patient populations and that manages the quality and spend on such populations.



II. LEGEND HEALTH'S DUTIES. Towards this goal, Legend Health deploys an **Integration of Care Initiative ("IOC")**, in which Legend Health (i) develops and implements evidence-based clinical practice guidelines; (ii) evaluates participating providers' compliance with guidelines and cultivates their investment of time and resources towards these guidelines; and (iii) cultivates and provides tools, capital, culture, and infrastructure needed for deep clinical integration. Implementation of the IOC across the spectrum of care renders more appropriate, high-quality, and cost-effective care, whereas individual physicians or groups are simply incapable of creating comparable efficiencies.

III. DEEP TECHNOLOGY INTEGRATION. A single enterprise-level information system is fundamental to effective integration along the care spectrum, with the following functionality: (i) a clinical decisions support system; (ii) e-prescribing; (iii) an integrated electronic medical records system; (iv) patient engagement platform; and (v) an interface system across the care spectrum. Legend Health deploys a technology platform that encompasses these functionalities.

IV. OPERATIONAL AND FINANCIAL INTEGRATION

A. The Quality Participation Program. Legend Health organizes a large number of providers under a single entity and enters into value-based and risk-based contracts with payors. To do so effectively, it creates a unique quality-based incentive program (the **"Quality Participation Program"** or **"QPP"**) to manage the quality and cost of care within Legend Health. The QPP generally follows NCQA guidelines, Medicare guidelines, and our own guidelines of best practices, and compensates providers for compliance with such Guidelines (**"Quality Payments"**).

B. QPP's Purpose. The QPP fosters best practices in primary care, comprehensive care at the lowest cost level, and collaboration between primary care and quality specialists. The QPP also thoroughly advances patient care coordination through the entire care continuum, including ED-based case managers in acute care settings, physician and non-physician care coordinators for at-risk patients in the post-acute care settings.

C. QPP Payments and Holdbacks. Each full-time provider participates in the QPP as a full-time provider operating in Legend Health's practice entity or entities. In some instances, Legend Health distributes all of its QPP funds based on providers' compliance with quality metrics as identified for that provider classification.



V. LEGEND HEALTH'S SUPPORT OF ACOs. MSSP ACOs are important to Legend Health as they promote governmental objectives espoused by Legend Health. An MSSP ACO may utilize the Legend QPP model to develop its infrastructure of comprehensive, accessible, and cost-effective care.

VI. ACCOUNTABILITY

A. Accountability Within Legend Health. Legend Health intends to: **(1)** encourage providers to collaborate in a comprehensive high-quality low-cost healthcare delivery system; and **(2)** create an operational structure that creates accountability and assists providers to meet Generally Accepted Quality Metrics ("**GAQMs**") identified under the Department of Health and Human Services. Accordingly, the QPP funds are distributed to each participating provider to the extent of such providers' compliance with GAQMs, as follows:

1. **Satisfaction.** This category relates to satisfaction surveys from patients, staff, and peers.
2. **Comprehensive Services.** This category relates to the comprehensiveness of necessary clinical services provided to patients, and rests on evidence-based clinical guidelines that first comply with the minimum threshold of "standard of care." We have compiled best practices from around the country, including patient safety criteria, preventive care metrics, and at-risk programs. Some of the key core Quality Measures include, without limitation, participation in:
 - a. **Cardio-Metabolic Pathway**
 - o Preventive Diagnostics Program
 - o Mitigation of unnecessary cardiac diagnostics
 - b. **Neuro-Musculoskeletal Pathway**
 - o Responsible Pain Medication Program
 - o Emphasis on functional restoration
 - c. **High Risk Pathway**
 - o Diabetes Management
 - o Chronic Kidney Disease Management
 - o Hypertension Management
 - d. **Asthma and Breathing Disorders Program**
 - o Preventive Diagnostics Program



e. **Psycho-Social Health Program**

- o Anxiety and Depression Management
- o
- o Alzheimer's Management

f. **Cancer Management Program**

- o Oncology Care Management
- o Chronic and specialty Care Management

3. **Outcomes.** This category relates to producing great clinical outcomes for patients.
4. **Access to Care.** This category relates to providing great access to care for patients and the community generally.
5. **Network Integrity/Rightness.** This category relates to healthcare services performed outside the network of qualified providers who can verify quality and cost metrics. This emphasis includes, without limitation:
 - a. Avoidance of high-cost settings (utilizing site of service differentials)
 - b. Avoidance of providers in uncontrolled settings (fraud avoidance)
 - c. Coordination between providers and others in care delivery chain
 - d. Care management of patients to ensure consistently good outcomes

B. Measurement. Legend Health's providers receive their scores of the SCOAR metrics, and are accordingly compensated in QPP funds. Additionally, Legend Health arranges for medical education to providers to promote compliance with the guidelines. Finally, Legend Health implements corrective actions when non-compliance or risk concerns are identified, including mentoring, educational activities, financial withholds and penalties, as well as expulsion from Legend Health.

VII. LEGEND HEALTH'S BENEFITS. Legend Health enters into value-based contracts to ensure that the price of healthcare services is determined by the cost and quality of such services, to improve the quality of care, and to increase the level of patient satisfaction. **Our patients** benefit from preventive screenings, improved outcomes, better adherence, fewer medical errors, lower infection rates, shorter hospital stays, lower admission rates, and elimination of unnecessary duplication of tests. **Our partner payors** benefit from higher patient satisfaction, elimination of unnecessary duplication of services, lower incidence of hospitalization with earlier detection of disease, fewer medical errors, lower infection rates, fewer admission and re-admissions, and lower cost of care.

