



AFFILIATE MARKET MEETING

Q1 2025— March 26, 2025

Agenda

- Group Introductions
- Launch of APP Triage and the Addition of the Call Us First Campaign – Nicole Woodbury
- Launch of a Disaster/Weather Event Protocol for Patients – Nicole Woodbury
- Review of the Newly Created Affiliate Clinical Documentation Website – Rashida Morgan
- Q & A

A professional office setting where a woman in a white blazer is smiling and standing, interacting with two men seated at a conference table. One man is looking at a laptop, and the other is in the foreground, partially out of focus. A large teal banner is overlaid across the middle of the image.

Affiliate Introductions

VMD Affiliate Practices

VillageMD Primary Partners ACO II (D0025)

Emmaus Health
Partners

Hayner Internal
Medicine Associates

Nicholas Boggs DO
PLLC

VillageMD Primary Providers ACO V (D0105)

Clifford J Molin MD
LTD

Meadowcrest Family
Physicians

Lawrenceville Family
Practice

Cumberland Women's
Health Center, PC

VillageMD New Hampshire ACO (D0106)

Derry Medical Center

Southern New
Hampshire Internal
Medicine Associates,
PC

VMD Affiliate Practices-Let's Get to Know Them

Practice Name	ACO ID	Location	Number of REACH Providers	REACH Lives (Feb'25)
Emmaus Health Partners	D0025	Ann Arbor, Michigan	9	192
Nicholas Boggs, DO PLLC (PY2025)	D0025	Monroe, Michigan	1	10
Hayner Internal Medicine Associates	D0025	Howell, Michigan	2	266
Clifford J Molin MD LTD	D0105	Las Vegas, Nevada	12	1,287
Meadowcrest Family	D0105	Crystal River, Florida	15	4,353
Lawrenceville Family Practice	D0105	Lawrenceville, Georgia	2	554
Cumberland Women's Health Center, PC	D0105	Smyrna, Georgia	1	37
Derry Medical Center	D0106	Derry, New Hampshire	47	5,310
Southern New Hampshire Internal Medicine Associates, PC	D0106	Derry, New Hampshire	16	2,080

Attribution pulled from VMD Attribution Monitor



Launch of APP Triage and the Addition of the Call Us First Campaign

Call us First Initiative Overview

Objectives:

- 1) Educate patients to contact Village Medical as their **first point of contact** for prompt and reliable care for non-life threatening and common medical issues
- 2) Provide patients with a dedicated phone number that is answered **in real time** by a person on their care team
- 3) Ensure when patients do call, they have a positive experience and are provided **meaningful** care

Approach:

- Implemented targeted campaigns to educate patients to “Call Us First” to provide reliable care and avoid unnecessary urgent care and ER visits. Campaign includes:
 - Promotion of singular phone number with 24/7 coverage
 - Targeted multimodal (text, email, portal) outreach to High-Risk patients
- Improved 24/7 coverage with the addition of a Virtual Care Team to provide our high-risk patients with direct access to an APP at any time
 - HR patients NOT enrolled in HR Programs is directed to call a dedicated phone line answered by a team of APPs (Virtual Care Team) at any time to support with questions or medical concerns.
 - Once a patient enrolls in a HR Program, they are directed to call their specific HR Program number (VMH, VMAC, or individual CM number) which is answered by their care team during business hours and rolled over to the Virtual Care Team after hours

CUF Materials

- **Patient-Facing Collateral**
 - Welcome Letter (blurb included in SWCP-A welcome letter)
 - Call Us First specific brochure
 - Magnet/Front of the refrigerator
 - Wallet card
 - Advanced Care Directive envelope with adhesive to be stuck to refrigerator or back of door
- **Village Medical Advanced Care Practice Signage (10+ practices)**
 - Pull-up banner in lobby
 - Patient Point screens
 - Call Us First pin for staff to wear
 - T-Shirts for staff
 - Door Sign – Reinforce Call Us First as the patient exits the practice
- **Continued Reinforcement**
 - Call Us First Quarterly Email
 - Call Us First Quarterly SMS

Stay Well Care Plan Letter



Text

Village Medical:
Whenever you have a medical question, Call Us First at xxx-xxx-xxxx for 24/7 healthcare support. Reply HELP for help. STOP to Opt out.

Magnet



Call Us Anytime



Talk to Your Care Team



Scan to Call Now

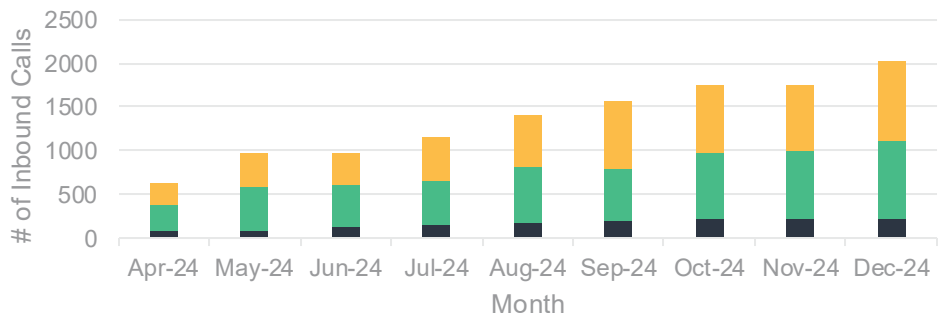


Campaign Calendar

Call Us First Campaign	Jan	Feb	March	April	May	June	July	Aug	Sept	October	Nov	Dec
SWCP-A/CUF Patient Letters & SMS Text												
Phoenix												
Unenrolled Tier 4 (1000)			4-Mar			4-Jun			4-Sep			4-Dec
Unenrolled Tier 3 (2085)			17-Mar			16-Jun			16-Sep			16-Dec
Unenrolled Tier 2 (3037)		26-Feb			26-May			26-Aug			26-Nov	
VMAC Enrolled (506)	3-Jan											
VMH Enrolled (608)												
Atlanta												
Unenrolled Tier 4 (402)		13-Feb			13-May			13-Aug			13-Nov	
Unenrolled Tier 3 (956)		25-Feb			25-May			25-Aug			25-Nov	
Unenrolled Tier 2 - Haven't launched yet (TBD)												
VMAC Enrolled (318)												
VMH Enrolled (435)												
Unenrolled Tiers 2-4 Affiliates												
Houston												
Unenrolled Tier 4 (2492)			3-Mar			2-Jun			2-Sep			2-Dec
Unenrolled Tier 3 (4500)			11-Mar			11-Jun			10-Sep			11-Dec
Unenrolled Tier 2 - Haven't launched yet (3600)												
VMH Enrolled (1109)												
VMAC Enrolled Fairmont - 9 ; MCA - 155												
Michigan												
All practices (8 - 8555)	30-Jan			28-Apr			28-Jul			28-Oct		

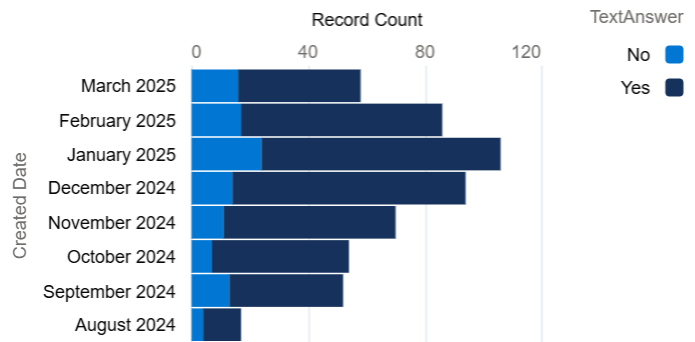
Impact

Inbound Call Volume



ED Diversion of HR Phone Line

Limited to Patients from HR Phone Line



[View Report \(ED Diversion of HR Phone Line\)](#)

- By educating HR patients to call Village Medical as first point of contact, and providing reliable 24/7 care, increased inbound call volume by 44% from Aug to Dec 2024
 - ~50% of calls were from the highest risk patients (Tier 2-4)
 - Largest volume from Tier 4 patients (55%)
- In Q4 2024, there were 126 calls to the VVCT where patient indicated they were thinking about going to the ED and 87% were diverted.
- Continue to see >80% diversion in 2025



Launch of a Disaster/Weather Event Protocol for Patients

Emergency Preparedness

Key objectives:

1. Prepare patients for an emergency by crafting a plan should they be impacted by a natural disaster.
2. Prevent disruption to healthcare services and use of medical equipment.
3. Remind patients that we are here to support them 24/7.

Approach:

1. **Identify disaster vulnerable population:** Used Analytics to identify high-risk Medicare and Medicare advantage patients with a DME claim for hospital bed, lift, motorized wheelchair/scooter, or nebulizer/humidifier in the last 6 months
2. **Flag disaster vulnerable patients in system:** Created a “disaster vulnerable” field in Salesforce to inform care team members of patients dependent on equipment powered by electricity or battery.
3. **Incorporate emergency preparedness into care plans for high-risk patients especially those who are disaster vulnerable:** Trained care team members to complete an emergency preparedness assessment in Salesforce to ensure patients have a plan to stay connected to family, are signed up to receive alerts from their power company and are on the list for priority power restoration, are prepared to survive without power for several days and registered for any state emergency assistance programs.
4. **Track patient disaster preparedness:** Documented patient as “disaster registered” in Salesforce if informed their local power company of electric dependency and/or registered for state emergency assistance programs.
5. **Outreach to high-risk patients when alerted of severe weather event:** Call patients to review disaster preparedness plan and remind of safety precautions.

Disaster Registered
<input type="checkbox"/>
Disaster Vulnerable
<input type="checkbox"/>

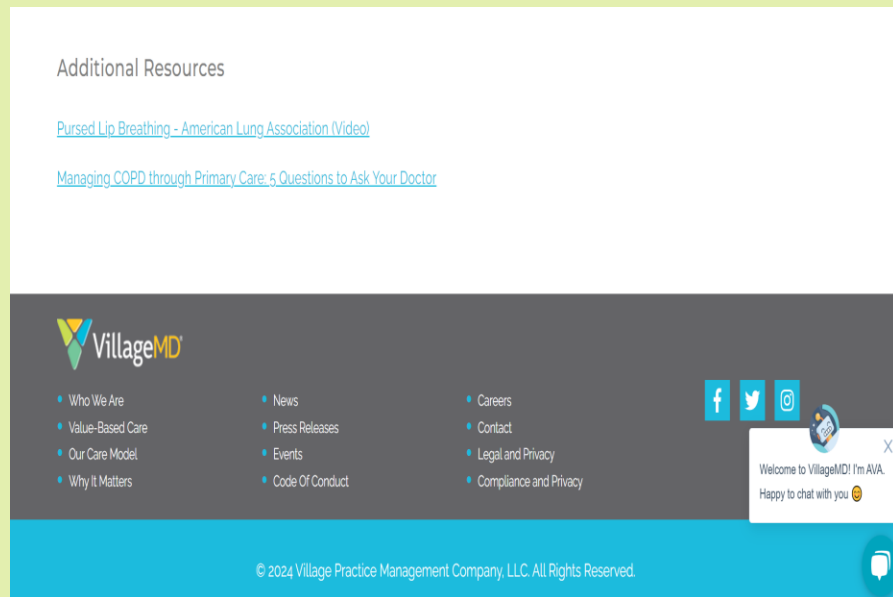
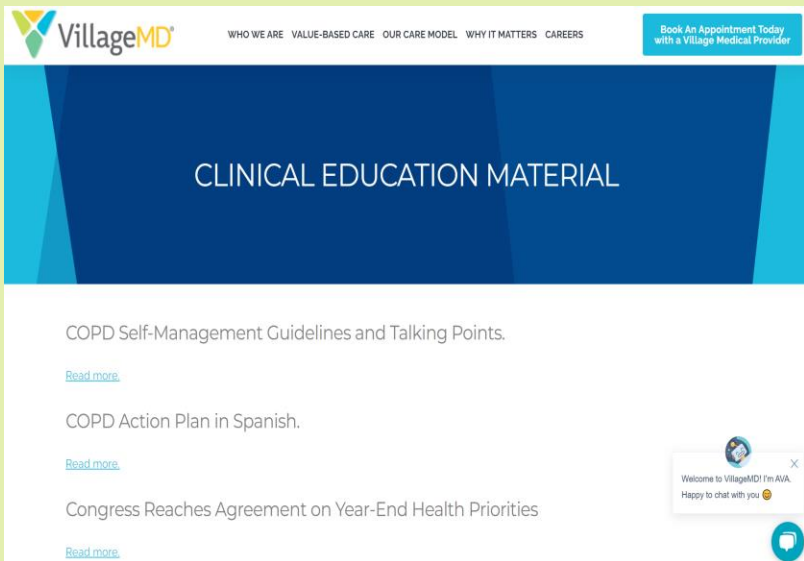


A photograph of three healthcare professionals in a meeting. A woman in a white lab coat stands in the center, smiling, while a man in a light blue shirt sits to her left, looking at a laptop. Another man is partially visible on the right, also looking at a laptop. The scene is set in a modern office with a large screen on the wall.

Affiliate Clinical Documentation Website

Affiliate Practice URL

- ▶ **Purpose:** An online platform for Affiliate Providers to have access to password protected clinical education materials shared with them during our new Affiliate Provider Meetings.
- ▶ **URL:** <https://www.villagemd.com/clinical-education-material>
- ▶ **Password for Documents:** Village1





Q & A

Closing Comments

ACO Operations Team

Jodi Mueller-Cabaluna

Manager, ACO Operations

- Ownership/oversight/signature authority
- Business strategy
- Claims
- Network Contracting
- Primary point of contact
- Team vision, direction, & improvement
- Compliance
- Communication / Education
- Quality monitoring, Improvement and Reporting
- **MSSP, EOM Lead**

TBD
Program Coordinator

- Attribution & provider rosters (Ad Hoc-Courtney)
- Data reporting (Courtney)

Courtney Clouser

Program Coordinator

- Waivers, Beneficiary Enhancements and Incentives
- CAHPS Surveys
- Voluntary Alignment
- Beneficiary Notifications
- Marketing/Websites
- ACO Mailboxes
- Written Notices

Rashida Morgan

Project Manager

Health Equity Lead

- Health Equity Data Reporting
- Health Equity Progress
- Community Resources
- Meetings/tasks/timelines
- VBC Board Meetings
- Affiliate Provider Meetings
- Incentive Bonus Payments
- EOM Lead (Future state)