

SCALE+
physician group



Telehealth Service Offering

Building modernized healthcare delivery platforms that yield better results

SCALE (noun): a graduated series of steps or order.

Our singular focus is to help Physicians achieve success with a systematic approach.



Rapidly Changing Clinical Care Delivery Model

With the outbreak of COVID–19, CMS has broadened access to telehealth services:

- The main goal is to keep vulnerable beneficiaries and beneficiaries with mild symptoms in their homes while maintaining access to the care they need – care related to and/or unrelated to the virus
 - Patients are hesitant to leave their home, resulting in less patient flow to the office, while conditions and ailments still permeate through the patient base
 - To remain solvent and continue building relationships with their patients, physicians will need to augment their care delivery model as necessary
- Following CMS’s lead, almost all major payors have now expanded their telemedicine coverage and are encouraging the use of telemedicine services

The following slides represent pre / post COVID–19 regulatory / reimbursement changes

Rapidly Changing Clinical Care Delivery Model

Topic	Pre COVID-19	Post COVID-19
Location of patient	Reimbursed only if the person receiving the service is in a designated rural area and when they leave their home and go to a clinic, hospital, or certain other types of medical facilities for the service (called an originating site)	Medicare can pay for office, hospital, and other visits furnished via telehealth across the country, including patient's places of residence starting March 6, 2020
CPT codes	106 ¹ existing services that apply in specific circumstances	Existing services and 85 additional service codes added for the pandemic
Payment/Other	<ul style="list-style-type: none">▪ Both the remote provider and originating site may bill for the service▪ Some reimbursements not on par with in-person visits	<ul style="list-style-type: none">▪ These visits are considered the same as in-person visits and will be paid at the same rate as regular, in-person visits▪ Technologies used for remote visits, and the way they are used by HIPAA covered health care providers, do not need to fully comply with the requirements of the HIPAA Rules

Rapidly Changing Clinical Care Delivery Model



Type of Service	What is the Service?	HCPCS/CPT Code and Reimbursement*	Patient – Provider Relationship
Medicare Telehealth Visits	A visit with a provider that uses telecommunication systems between a provider and a patient	<p>Common services include:</p> <ul style="list-style-type: none"> 99201-9915 (office or outpatient visits) <ul style="list-style-type: none"> \$23.46 to \$211.12 G0425-G0427 (telehealth consultations, ED or initial inpatient) <ul style="list-style-type: none"> \$101.77 to \$204.99 G0406-G0408 (follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) <ul style="list-style-type: none"> \$39.70 to \$105.38 	<p>For new* or established patients</p> <p>*To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency</p>
Virtual Check-in	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunication device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	<ul style="list-style-type: none"> HCPCS code G2012 [\$14.80] HCPCS code G2010 [\$12.27] 	For established patients
E-Visits	A communication between a patient and their provider through an online patient portal	<ul style="list-style-type: none"> 99421 [\$15.52] 99422 [\$31.04] 99423 [\$50.16] G2061 [\$12.27] G2062 [\$21.65] G2063 [\$33.92] 	For established patients

*All Reimbursements shown are Non-Facility Price (CMS - National payment Amount MAC Locality 0000000)

To combat the cascading effects of COVID–19, small to large practices quickly established telehealth solutions.

- Solutions are limited in scope, lack full practice integration, and cannot provide full revenue support as systems were not built to scale but rather to replace lost appointments as a result of the crisis
 - Most of these solutions lack formalized credentialing, authorization, medical record storing, and various other key healthcare infrastructure components
 - Additionally, the solutions offered seldom reflect the nature of being face to face with a physician – leading to degraded relationships and smaller patient lifetime values
 - Finally, the role of telehealth-based services should not only be focused on replacing in-person visits, but should be aligned to provide new chronic care management, remote patient monitoring, and preventative care

- Telemedicine expansion has been initiated, and it will be politically difficult or impossible for regulators to take away these expanded services after the COVID-19 crisis
- Private payors will continue to expand reimbursement with Medicare
- Providers and health systems need to prepare for continued and expanded telemedicine use across all specialties



The SCALE Difference

At SCALE, we believe the goal of telehealth is to realize care in the most appropriate environment for optimal outcomes and introduce new modalities of care to patients who can benefit from specific remote services.

Telemedicine is not only more efficient and cost effective, but also can create new revenue streams for practices while improving patient care.



SCALE's Long-term Telehealth Solution

Provide providers and systems with SCALE Physician Group scalable support

Providing virtual care that maximizes the health benefits of each patient, reduces the costs involved, and integrates fully into existing practices requires a concerted effort of implementing, advising, and executing on long term solutions.

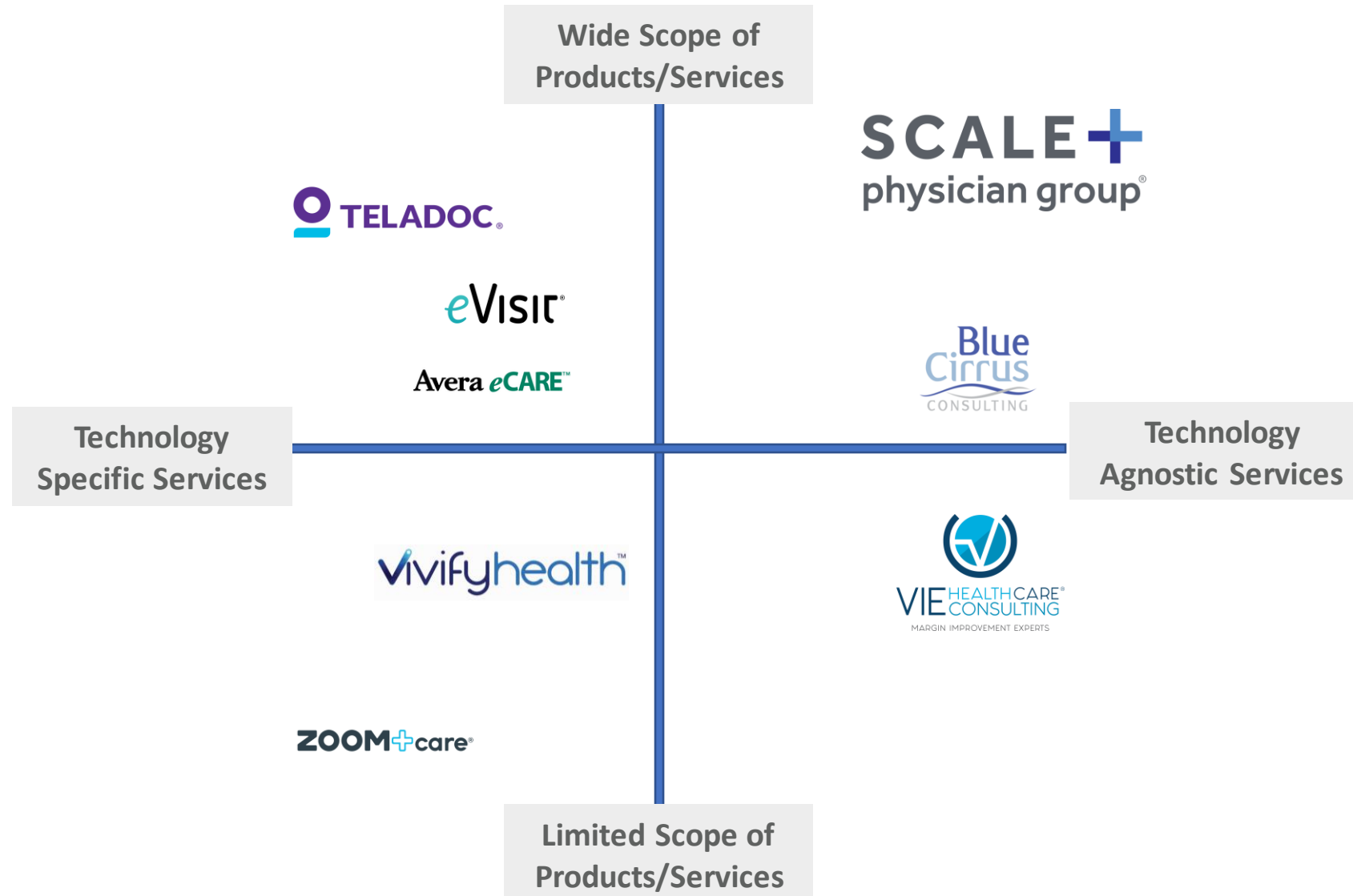
- Representative service offerings:
 - Develop a platform agnostic, practice-specific telemedicine strategy with a prioritized list of goals and objectives
 - Review technologies offered and recommended selection to align with practice strategy
 - Advisory services to lower the telehealth learning curve and improve telehealth/provider credibility in any specialty
 - Integrated virtual network built for existing and new patients – easy to manage and scale as needed
 - Streamlined credentialing and authorization services
- Open and up-to-date solutions
 - Prevent technological obsolescence – telehealth solutions can easily become outdated if not monitored and updated appropriately
 - Payor contracting and continued optimization of reimbursement
 - Management and utilization of data accumulated through telemedicine

Telehealth Competitive Landscape



Company	Description	Size*/Location	Client Examples	What is Missing?
eVisit	Virtual care platform – allowing organizations to use their own providers to deliver care – and limited telemedicine consulting services.	<ul style="list-style-type: none"> • 11-50 employees • Headquartered in Mesa, AZ 	Adventist Health System, AMITA Health, Blue Cross BlueShield, ECI Healthcare Partners, Honor Health	Technology-specific services, “one platform fits all” model, limited strategic services
Zoom +Care	Audio and Video tool used for telehealth visits that is HIPAA/PIPEDA enabled. Sub-product of the larger Zoom video conferencing tool.	<ul style="list-style-type: none"> • 201-500 employees <ul style="list-style-type: none"> ○ 2,532 employees at Zoom overall • Headquartered in San Jose, CA 	Bayada Home Health Care, Delta Dental, Johns Hopkins School of Medicine, Phoenix Children’s Hospital	Product only with limited functionality relative to others
Avera eCare	Telemedicine clinicians providing care through the company’s proprietary technology, with limited advisory services, focused on increasing access	<ul style="list-style-type: none"> • 201-500 employees • Headquartered in Sioux Falls, ND 		Technology-specific services, cannot utilize your existing physicians, focused more on public sector and Avera hospitals
Teladoc	Virtual Care Platform and company clinicians providing care across many specialties	<ul style="list-style-type: none"> • Over 2,400 employees • Headquartered in New York, NY 	More than 40% of the Fortune 500 Companies	Technology-specific service with its own clinicians, focused more on employer market not integration into practices
Blue Cirrus Consulting	Management consulting firm with Telehealth-specific services around strategy and implementation	<ul style="list-style-type: none"> • 11-50 employees • Headquartered in Greenville, SC 		Lacks individuals with clinical experience, potentially limited specialty expertise
Vivify Health	Connected care management and remote patient monitoring solutions used by third party providers	<ul style="list-style-type: none"> • 51-200 employees • Headquarters in Plano, TX 	UMPC Health Plan, Trinity Health, Ascension Health, Optum Care, vna Health Group	Technology-specific services with limited scope, focused mostly on remote patient monitoring
VIE Healthcare Consulting	Healthcare consulting firm with Telemedicine services focused in strategy and improving operating margins	<ul style="list-style-type: none"> • 11-50 employees • Headquartered in Wall Township, NJ 	Capital Health	Focused only on cost-reduction and process improvement advisory

How Does SCALE Fit into the Competitive Landscape?





SCALE Telemedicine Expertise



Mark Sapnar, SCALE's Chief Advisor of Telemedicine & Remote Care Delivery

Role Held:

Vice President, Product & Market Strategy

Overview:

- CareGPS is a managed telehealth program remotely delivering disease management, preventive services and daily physiological monitoring to patients nationwide in support of care coordination, interoperability and value-based care programs.
- Led the inception and implementation of a nationwide remote care delivery platform in 2010 for Patient Home Monitoring, focused on remote monitoring of chronic diseases and care coordination with the overseeing primary care groups.



Gil Leistner, SCALE's Chief Advisor of Telehealth and Telemedicine

Role Held:
Founder & CEO

Overview:

- Gil is the founder and CEO of Master Medical Network®, a telemedicine company providing communications, human resource allocation and telehealth implementation solutions to the healthcare industry since 2010.
- In 2014, as an adjunct to Master Medical Network®, Gil co-founded Overl.ai, Inc., a company providing automation in consumer healthcare, healthcare provider workflow management and healthcare application integration. Overl.ai was acquired in 2017



David Kovel
SCALE's Chief Advisor, IT & Data Strategy

Organization Background: 60 provider, multispecialty, multilocation practice in NJ

Overview:

- Three-week deployment of remote synchronous patient engagement (tele-visits) for >20% of practice encounters that would have been missed or delayed due to COVID safety guidelines.
- Utilized add-on module AthenaOne platform, addressed workflow modifications (triage, coding, and data capture), trained providers, patients, staff and support teams.



Mark Sapnar
SCALE's Chief Advisor, Telemedicine & Remote Care Delivery

Former Role: Director of Remote Care Process and Delivery

Overview:

- A public healthcare pioneer focused on in-home monitoring and disease management services serving patients nationwide with chronic conditions.



Mark Sapnar
SCALE's Chief Advisor, Telemedicine & Remote Care Delivery

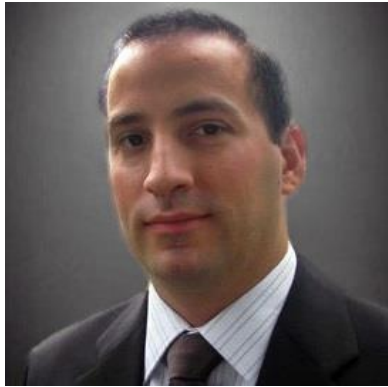
Former Role: Co-Founder

Overview:

- IT Mobility is a product and integration consultancy with extensive experience in healthcare interoperability and HIPAA/HITECH compliance.



The SCALE Team



Mark Sapnar

Mark Sapnar is the Chief Advisor of Telemedicine & Remote Care Delivery at SCALE Physician Group.

Mark is an innovator and leader who bridges business and technology teams to transform and simplify the customer experience. He brings extensive domain experience in health and wellness, hospitality, and fin-tech (lending and compliance).

Mark is the Vice President of Product and Market Strategy at CareGPS Health, a fully managed telehealth solution that improves patient care and generates new revenue for independent and group physicians. He leads a team of product managers and a portfolio of products to deliver value by extending quality patient care into the home.

Previously, Mark co-founded Data Scientific, a technology startup focused on asset inventory, change management, and regulatory compliance, where he led the company to a strategic acquisition by Serena Software. He also co-founded IT Mobility, a strategic product consultancy and managed service provider, where he is still Chairman of the Board.

Mark also held notable positions including Head of Product for CareBlue, a venture-backed healthcare start-up delivering SaaS RCM solutions to patients, and Director of Product Delivery and Consulting at Appian, a business automation software company.

Mark graduated from Massachusetts Institute of Technology with a BS in Management Science and is an Agile Certified Product Manager (AIPMM).



Gilbert Leistner

Gil is the founder and CEO of Master Medical Network®, a telemedicine company providing communications, human resource allocation and telehealth implementation solutions to the healthcare industry since 2010. In 2014, as an adjunct to Master Medical Network®, Gil co-founded Overl.ai, Inc., a company providing automation in consumer healthcare, healthcare provider workflow management and healthcare application integration. Overl.ai was acquired in 2017.

Gil began developing solutions for healthcare industry problems in the late 1970's, when he worked with Riverside Hospital in New Jersey to design one of the first three Hospice programs funded by US National Institutes of Health. His efforts continued through the 1980's and 1990's with support for development of telemedicine technology, and, most recently, through his creation of algorithms and business models for the software and platform behind the MasterMedical® healthcare delivery system. Gil has been granted multiple patents covering healthcare financial products and the management and delivery of remote healthcare services.

Gil is a member of the American Telemedicine Association where he has served as a peer reviewer for annual meetings, co-presented continuing medical education courses on the business of telemedicine, and co-authored ATA publications on telemedicine implementation. He is a member of several ATA Special Interest Groups, including Business and Finance, Remote Monitoring, and Telehealth Nursing. He is also a member of the recently formed Partnership For Artificial Intelligence, Telemedicine & Robotics In Healthcare (PATH) where he will be advancing the implementation of such technologies to improve healthcare globally.

Before making telemedicine development his day job, Gil spent over 30 years on Wall Street and then La Salle Street as a member of the American Stock Exchange, the Chicago Board of Trade, the Chicago Board Options Exchange and the Chicago Mercantile Exchange. At the CBOT and CME, he served on numerous exchange oversight and management committees including Strategic Planning, Market Development, and Product Development, as well as Chairman of the Special Task Force to the Executive Committee (CBOT) responsible for shaping the exchange's initial efforts to centralize transaction processing and clearing in the OTC derivatives market.

Gil served on the advisory board of the International Association of Financial Engineers at its founding. He has been a director of the Chicago Board of Trade Educational Research Foundation and of Reef Check, a worldwide coral reef conservation organization. He was an adjunct instructor at the International Trading Institute in Chicago and in the initial financial engineering program at the Polytechnic Institute of New York. He has a BA (Hons.) degree from the University of Lincoln (England), was awarded a Level 7 certification in Leadership and Management by the City & Guilds of London Institute, and is a Certified Physician Practice Manager (AAPC).



David Kovel

David Kovel is the Chief Advisor of IT & Data Strategy at SCALE Physician Group.

David currently leads the information systems technology department as CIO for Continuum Health Alliance, a management services organization. He oversees all of Continuum's technology services, operations, and applications, while supervising strategic planning to ensure that Continuum and its healthcare clients are at the forefront of technological developments that maximize service and efficiency.

A seasoned healthcare technology practitioner, David has served as a senior executive for a number of health care and related organizations. As the interim CIO and senior technology leader for several physician, he has led provider organizations across the country in a variety of markets. He brings deep expertise in technology architecture, information systems planning, strategic technology deployment, operational and business process improvement, application development and implementation, business sourcing services integration, organization development, and change management.

David earned his undergraduate degree from the University of Maryland and holds a Master of Information Systems Management from UMBC. He is a Certified Professional in Health Care Information and Management Systems (CPHIMS) and served on the technology faculty at the Carey Business School of the Johns Hopkins University, teaching Carey MBA students.

SCALE's deep bench of seasoned & diverse healthcare expertise



Platform development & operations execution team



Roy Bejarano
Co-Founder & CEO



Jason Schifman
Co-Founder & President



David Friend
*Chief Advisor,
Restructuring*



Jeff Kahn
*Chief Advisor, Human
Capital Management*



David Kovel
*Chief Advisor, IT &
Data Strategy*



Robert Trenczer
*Chief Advisor, Revenue
Cycle Management*



Tracy Bahl
*Operating Partner,
National Payor Strategy*



Mike Mirt
*Chief Advisor, Executive
Payor Strategy*



Suniti Ponkshe
*Chief Advisor, Payor
Contracting Strategy*



Daniel Maimin
*Chief Advisor,
Marketing Strategies*



Susan Silhan
*Vice President, Marketing
& Communications*



Sandy Seay
*Chief Advisor, Human
Resource Solutions*



Kylie Luff
*Senior Advisor, Human
Resource Solutions*



Ernest A. Varvoutis, III
*Operating Partner,
Hospital Systems*



Bill Ingram
*Vice President,
Platform Development*



Rob Popdan
*Analyst, Platform
Development*



Jack Trunz
*Analyst, Platform
Development*



Jack Carrier
*Associate, Platform
Development*



Jonathan Kron
*Operating Partner,
SCALE Europe*



Jatinder Garcha
*Vice President, Platform
Development, SCALE
Europe*



Parbinder Kaur
*Vice President, Platform
Development, SCALE
Europe*

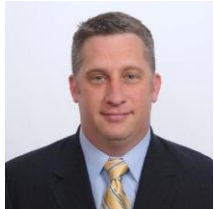
SCALE's deep bench of seasoned & diverse healthcare expertise



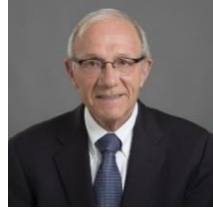
Clinical service line advisor team



Marcello Celentano
Chief Advisor,
Ophthalmology
Provider Platforms



Larry Crist
Chief Advisor,
Urgent Care



Bob DeCresce
Chief Advisor,
Pathology



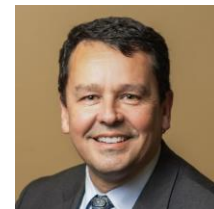
Laurie East
Chief Advisor,
Pediatric Provider
Platforms



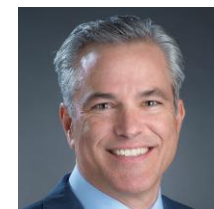
Chad Eriksen
Chief Advisor,
Clinical Research



Steve Fiore
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Orthopedic
Provider Platforms



Dave Fitzgerald
Chief Advisor,
Orthopedic
Provider Platforms



Steven Graubart
Chief Advisor, Micro
Hospitals and Operating
Partner, Texas



William Hughson
Chief Advisor,
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Provider Platforms



Gilbert Leistner
Chief Advisor,
Telehealth &
Telemedicine



**Gregory Levitin,
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Provider Platforms



Richard Loewenstein
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Platforms



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Chief Advisor,
Vascular Platforms



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Chief Advisor, Home,
Health
& Hospice Platforms



Thomas Petrone
Chief Advisor,
Radiology & Radiation
Oncology



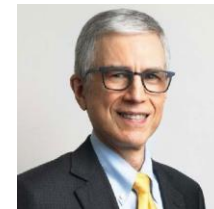
Janice Pyrcce
Chief Advisor,
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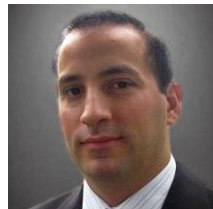
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Physician Services Programs



David Reese
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Infusion & Pharma
Services



**Keith F. Safian,
MBA, FACHE**
Chief Advisor,
Healthcare System
Strategy



Mark Sapner
Chief Advisor,
Telemedicine &
Remote Care
Delivery



Steve Straus
Chief Advisor,
Ophthalmology
and Dermatology
Provider Platforms



Charles Trunz
Chief Advisor,
Hospital Relations
& Urgent Care



James Usdan
Chief Advisor, Dental
Provider Platforms
& Physical Rehab



About SCALE Physician Group

The right resources + expertise can determine success or failure

SCALE is exclusively focused on studying, building and institutionalizing Physician Group best-practice

- We believe that no single individual can adequately solve for all the variables that drive Physician Group performance – that is why our approach is to come with a village, an army of proven experts
- Our team will work side-by-side with your Board and operational leadership, augmenting & empowering your organization’s scaling ambitions; we meet with our practices weekly, bi-weekly, and monthly, as we organize around the given practice’s management disciplines and related decisions.

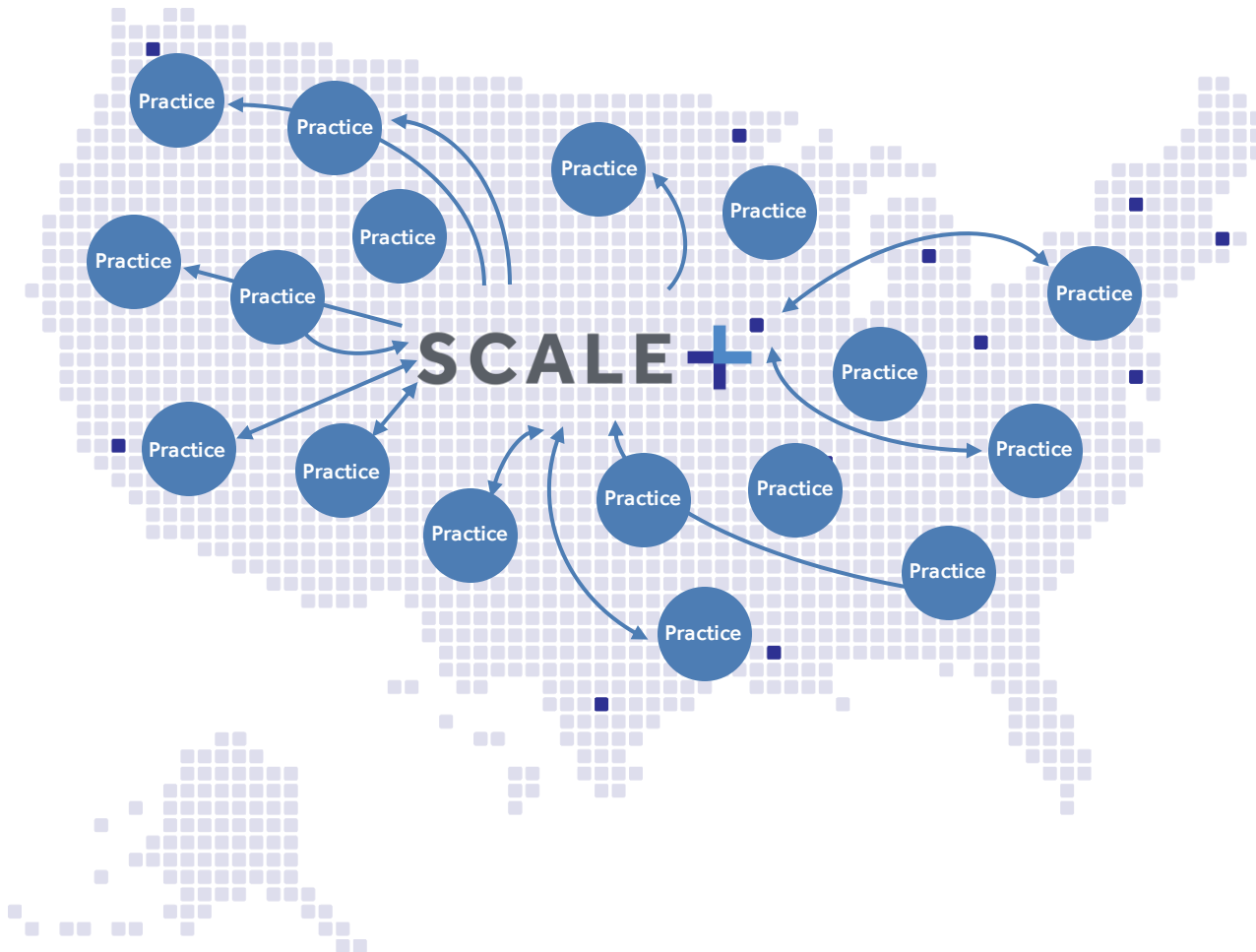
Illustrative Example of Physician Group + SCALE project team structure:



The SCALE network: Compounding crowd wisdom



SCALE identifies, institutionalizes and shares pockets of best-practice from Physician Groups nationally



- Every interaction with a Physician Group presents an opportunity to compare and analyze what works across a range of management disciplines and clinical specialties as we seek to continuously perfect our scaling algorithms
 - #1 Clinical specialties
 - #2 Service offering portfolios
 - #3 Growth and integration strategies
 - #4 Geographic focus and expansion
 - #5 Physician practice and MSO ownership structures
 - #6 Physician compensation structures
 - #7 Staffing ratios, physician recruitment strategies, mid-level utilization
 - #8 Payor contracting strategies
 - #9 Operational domain performance
- Our takeaways from each engagement help drive increased value-add and better performance results across our broader client portfolio

Our partners represent a broad network

19

Physician Group engagements

1,410

Providers across our partners

16

States our partners operate across

54

Service line and operational solutions offered by SCALE

Our team's extensive and diverse expertise

41

Healthcare companies founded by our team

31

Exits from healthcare companies our team has led

116

Healthcare c-suite roles our team has held

33

Healthcare private equity funds our team has advised (operating partner)

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