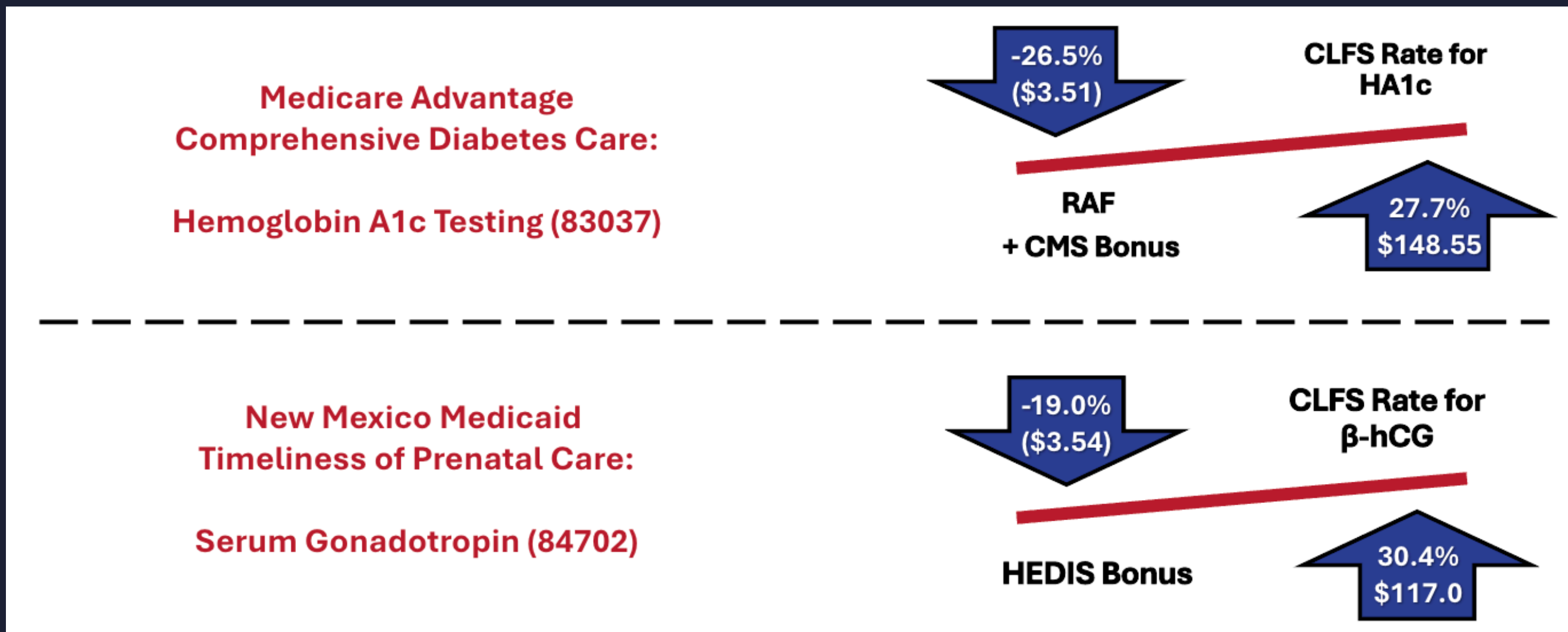






Value Based Care = The transition from paying for a volume of things happening to a patient with no regard for patient outcome – to paying for the results of an integrated care process that resulted in an improved patient outcome.



Tracking Payer Incentives + Payments

Insurers are moving toward risk-based payment models more slowly than expected, but the increase in downside risk-based payment has been consistent and increasing across all payer types.

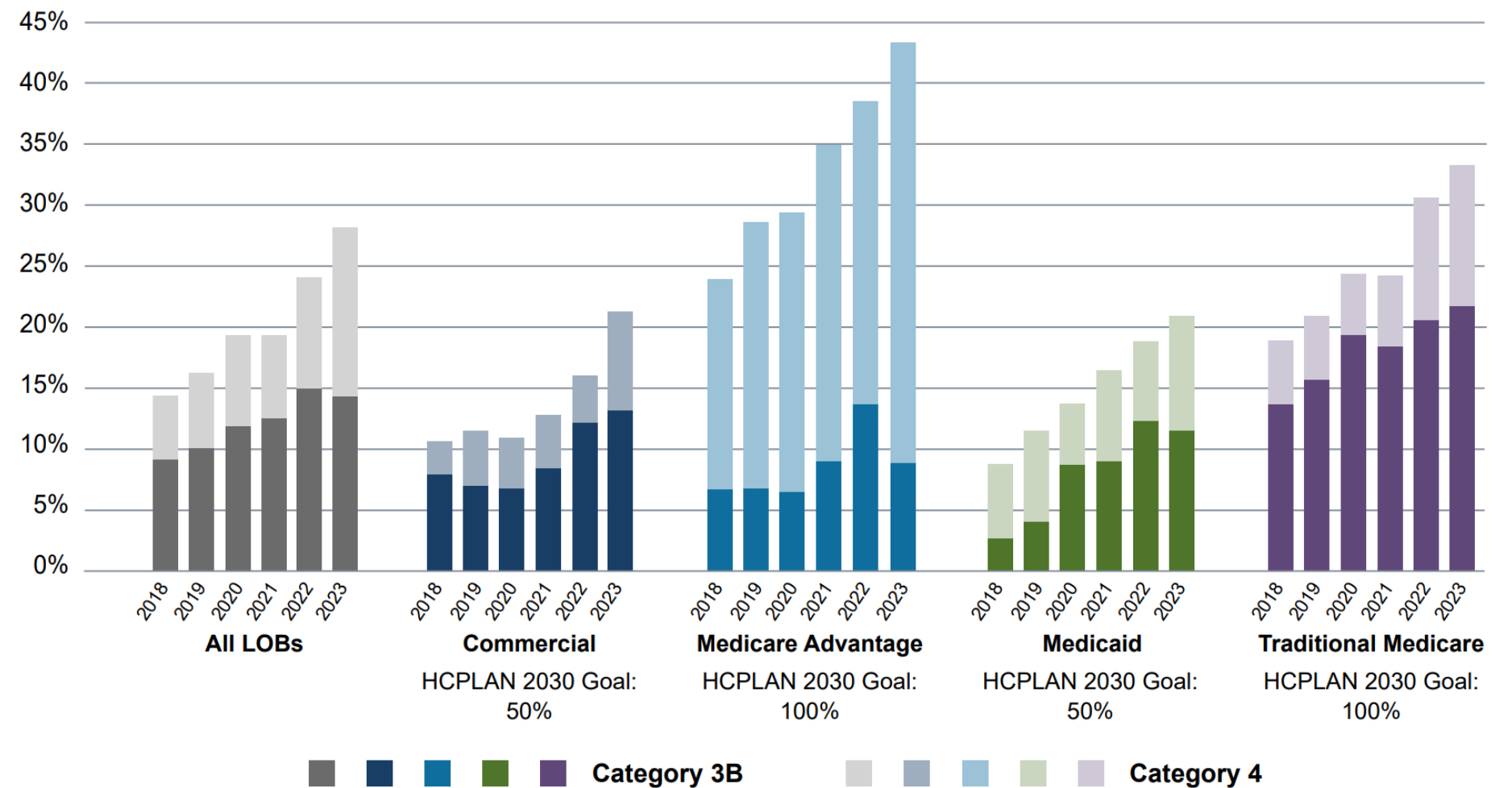
Key

 Category 1 Fee for Service – No Link to Quality & Value	 Category 2 Fee for Service – Link to Quality & Value	 Category 3 APMs Built on Fee-for-Service Architecture	 Category 4 Population-Based Payment
	A Foundational Payments for Infrastructure & Operations B Pay for Reporting C Rewards for Performance D Rewards and Penalties for Performance	A APMs with Upside Gainsharing B APMs with Upside Gainsharing/Downside Risk	A Condition-Specific Population-Based Payment B Comprehensive Population-Based Payment

Spending in Categories 3B-4 by Year and by LOB

Data Years 2018-2023

The bar graph below illustrates progress in the adoption of downside risk APM spending (Categories 3B-4) by LOB since 2018.



“DEMYSTIFYING” VALUE-BASED ATTRIBUTES

Traditional FFS

Patients

Panel

Provider Billings= Revenues

Clinical Information System

Rev & Exp P/L

UOS x Price

Documentation for Billing

Value-Based

Members/Beneficiaries

Attribution/Roster

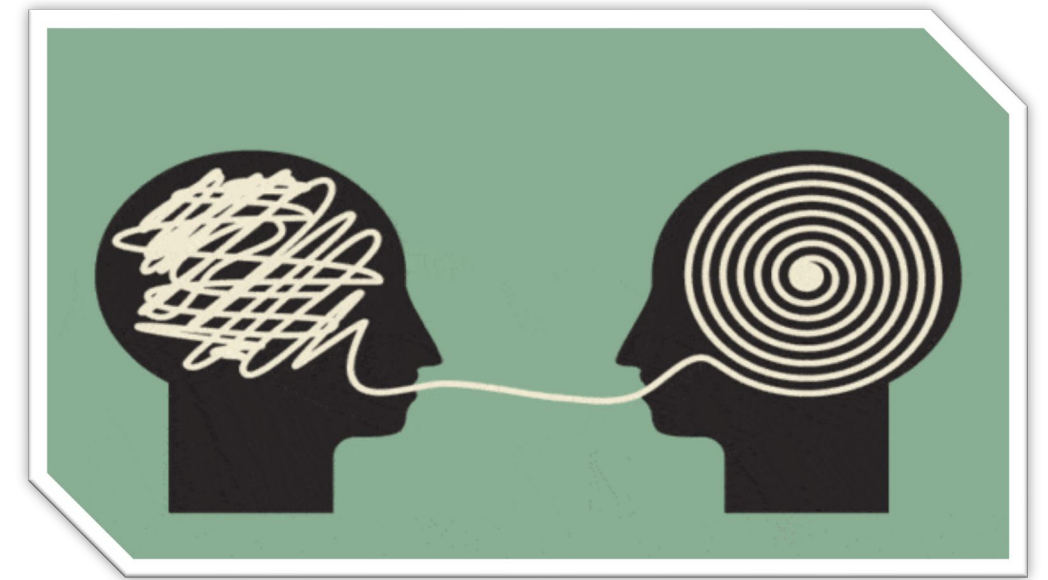
Medical Claims Paid= Cost

Closed Claims: All Utilization

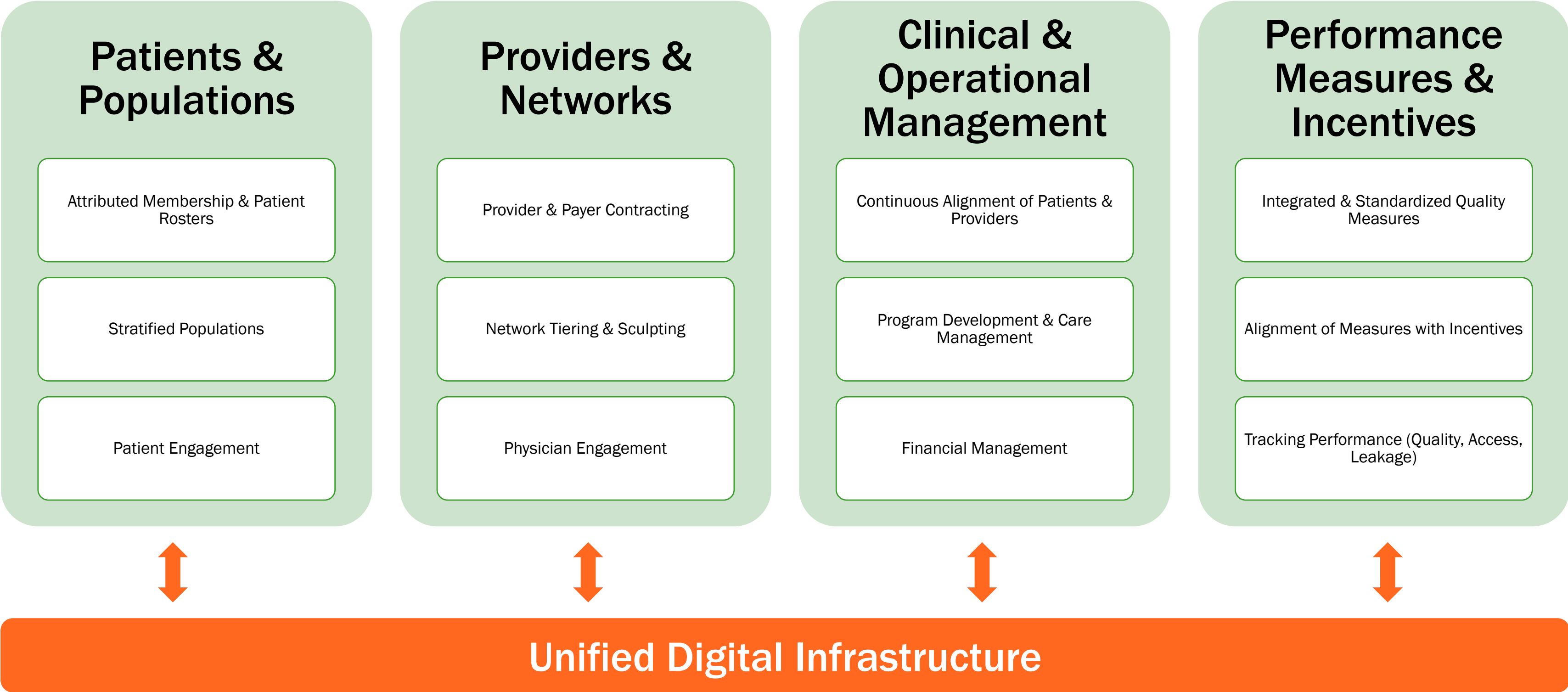
Medical Loss Ratio of Attribution (P/L)

PMPM

Documentation for Risk Adjustment



KEY REQUIREMENTS & INFORMATION FOR THE VALUE CYCLE



THE OVERWHELMING CHANGE HAPPENING IN HEALTHCARE



US Healthcare: huge and unsustainable

- \$4.3Tn US healthcare Market whereof \$400Bn in SAM for Healthcare IT*
- 18% of GDP*
- Cost increases >> inflation

Transform
to Value Based
Care (VBC)

Control spend and quality through Value Based Care

- Aligned incentives - payors & providers
- Shared Financial risk
- 41% of all Healthcare Payments and growing

Issues blocking VBC success

1. Providers struggle financially
2. Weak Operational support. Providers “flying blind”





WEAK UNDERSTANDING OF WHAT PATIENTS PROVIDERS ARE RESPONSIBLE FOR (ATTRIBUTION) LEADS MISSED REVENUE*



- \$1.5 billion missed opportunity for Missouri alone*
- 5x bigger opportunity through risk-adjustment in Capitated states

Measure	Measure Incentive	Score	Compliant	Qualified	Target 1	Target 2	Target 3
ASTHMA RX RATIO MY - TOTAL 5 TO 64 RATIO > 0.50	\$25.00	60.00%	6	10	62.26%	64.78%	70.67%
CHILDHOOD IMM MY - COMBO 10	\$35.00	4.00%	1	25	28.01%	38.20%	45.50%
COMP DIAB N MCR MY - NON-MCR A1C<8	\$30.00	14.29%	3	21	31.90%	46.83%	51.34%
COMP DIAB N MCR MY - NON-MCR BP<140/90	\$20.00	0.00%	0	21	54.26%	58.52%	65.69%
COMP DIAB N MCR MY - NON-MCR EYE EXAM	\$30.00	9.52%	2	21	46.96%	51.36%	57.91%
IMMS ADOLESCENT MY - COMBO 1	\$25.00	60.87%	14	23	58.18%	82.00%	87.10%
LEAD SCREENING MY - LEAD SCREENING MY	\$20.00	61.54%	16	26	63.45%	71.53%	77.86%
WELL CARE VST MY - TOTAL	\$30.00	8.27%	35	423	41.38%	45.31%	53.83%
WELL CHILD 30 MY - WELL CHILD VISITS FOR AGE15-30 MONTHS	\$30.00	41.18%	7	17	67.38%	70.67%	76.12%
WELL CHILD 30 MY - WELL CHILD VISITS IN THE FIRST 15 MONTHS	\$30.00	31.82%	7	22	48.69%	54.92%	61.25%

SELECT QUALITY MEASURES USED IN VBC CONTRACTS

Quality Measure	Eligibility	Quality Measure	Eligibility
Adults' access to Preventative/ ambulatory Health Services (AAP)	Members 20 years of age and older	Lead Screening in Children-HEDIS (LSC)	Members 0-2 years of age
Advance Care Planning (ACP)	Members 66 years of age and older	Lead Screening in Children-MDH (LSC)	Members 12-23 months of age
Antidepressant Medication Management (AMM)	Members 18 years of age and older	Medication adherence for Cholesterol (Statins) (MAC)	Members 18 years of age or older
Appropriate Testing for Pharyngitis (CWP)	Members 3 years of age and older	Medication adherence for Diabetes Medications (MAD)	Members 18 years of age or older
Asthma Medication Ratio (AMR)	Members 5-64 years of age	Medication adherence for Hypertension (RAS antagonists) (MAH)	Members 18 years of age or older
Avoidance of antibiotic Treatment for acute Bronchitis/Bronchiolitis (AAB)	Members 3 months of age and older	Metabolic Monitoring for Children and adolescents on antipsychotics (APM-E)	Members 1-17 years of age
Blood Pressure Control for Patients With Diabetes (BPD)	Members 18-75 years of age	Osteoporosis Management in Women Who Had a Fracture (OMW)	Women 67-85 years of age as of Dec 31 of the measurement year
Breast Cancer Screening-E (BCS-E)	Female Members 50-74 years of age	Osteoporosis Screening in Older Women (OSW)	Women 65-75 years of age as of Dec 31 of the measurement year.
Care for Older adults (COA)	Members 66 years of age and older	Pharmacotherapy Management of COPD Exacerbation (PCE)	Members 40 years of age and older
Cervical Cancer Screening (CCS) and (CCS-E)	Female members 21-64 years of age	Plan all-Cause Readmission (PCR)	Members 18 years of age and older
Child and adolescent Well-Care Visits (WCV)	Member 3-21 years of age	Prenatal and Postpartum Care (PPC)	Women who had a live birth(s) on or between 1Q/8 year prior to the measurement year and 1Q/7 of the measurement year.
Childhood Immunizations (CIS) and (CIS-E)	Children turning 2 years old in Measurement Year	Prenatal Immunization Status (PRS-E)	Pregnant members who deliver at >37 weeks during the measurement year
Chlamydia Screening in Women (CHL)	Female members 16-24 years of age	Risk of Continued Opioid Use (COU)	Members 18 years of age or older
Colorectal Cancer Screening (COL-E)	Members 45-75 years of age	SSI adults ambulatory Care Visit (SSIA)	Adults enrolled in a disabled coverage group (SSI) aged 21-64 years old