

Creating a Successful Kidney Program for Providers and Members

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Eric Reimer – Chief Executive Officer



Eric has over 30 years of healthcare services experience and leadership, focused on growing payer service and provider companies. Prior to joining Healthmap, Eric was an operating partner at private equity firm Water Street. He serves as a director of ELAP Services, and is the Co-Chairman of the Board of Healthmap Solutions.

As the former Chief Executive Officer of CareCentrix, the leader in home health benefits management, Eric broadened the management team and introduced innovative product offerings leading to a tripling of company revenues. Previously at Magellan Health Services, he led the Health Plan West Behavioral division serving 15 Blues plans; was Chief Growth Officer responsible for sales, strategy, and acquisitions; and Chief Executive Officer of National Imaging Associates (NIA), where he led the division through 800% revenue growth over two years.

He previously served as Chairman of Unified Women's Care, and OB/Hospitalist Group, and served on the Board of Directors of Beacon Options through their successful transactions. Eric received his bachelor's degree from Washington University and a master's in Business Administration from the Wharton School of Business at the University of Pennsylvania.

Agenda

Healthmap Solutions Company Overview

Pillars of a Successful Kidney Program

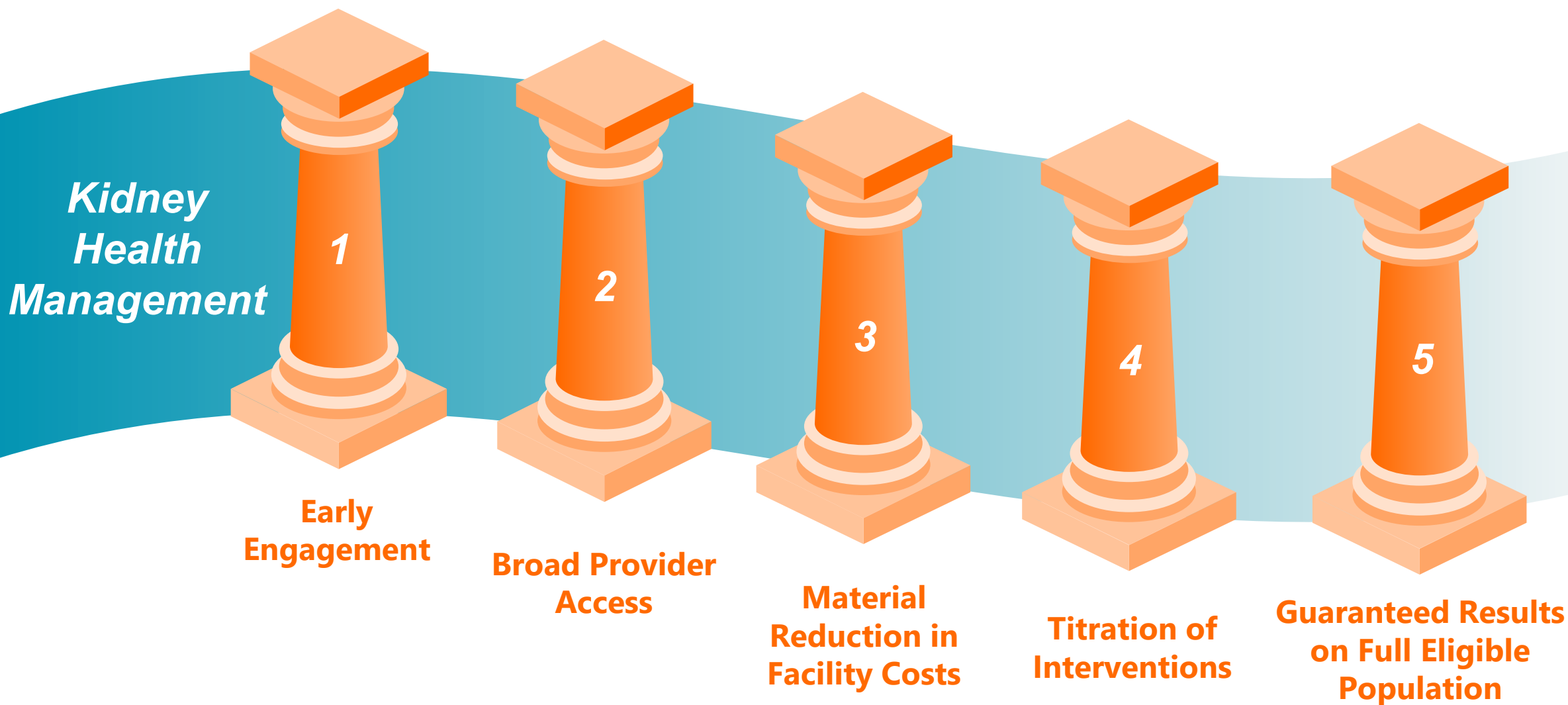
Healthmap's Approach

The Result: Improved Clinical Outcomes



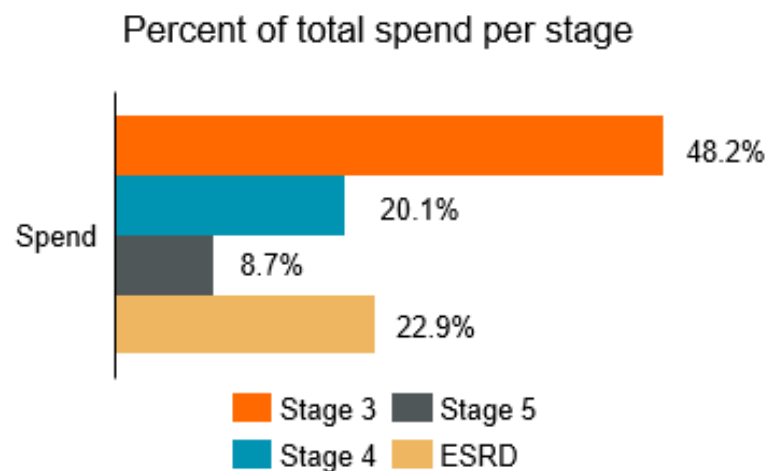
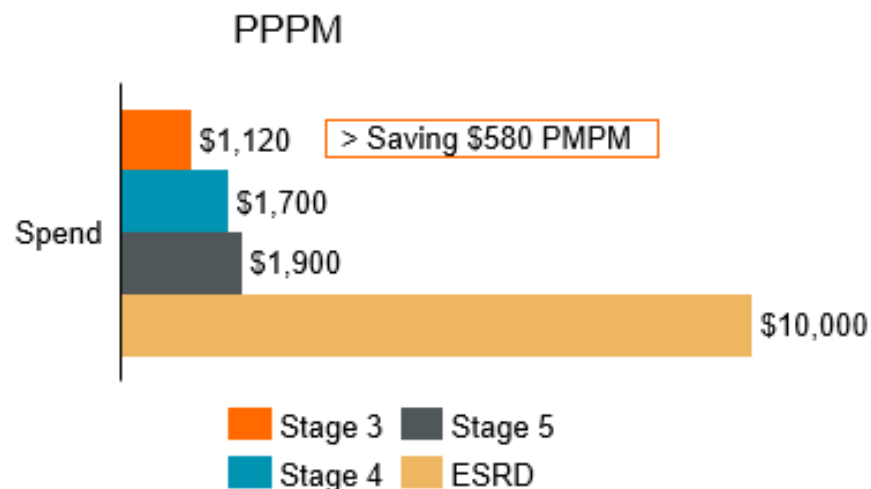


Essential Pillars to a Successful Kidney Program



Slowing Progression Has a Big Impact

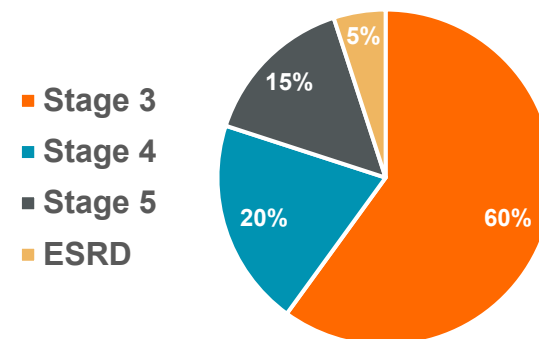
Clear Per Patient Per Month (PPPM) Impact



Early Engagement: A successful KHM program should include management of Stage 3s

- 80% of CKD Stage 3 members and 50% of CKD Stage 4 members don't see a nephrologist
- CKD Stage 3 is asymptomatic and requires working with the PCP in addition to a robust IT/predictive analytics capability

Membership by Stage



Member “Primary” Provider by CKD Stage

Physician Utilization over Prior 12 Months by CKD Stage

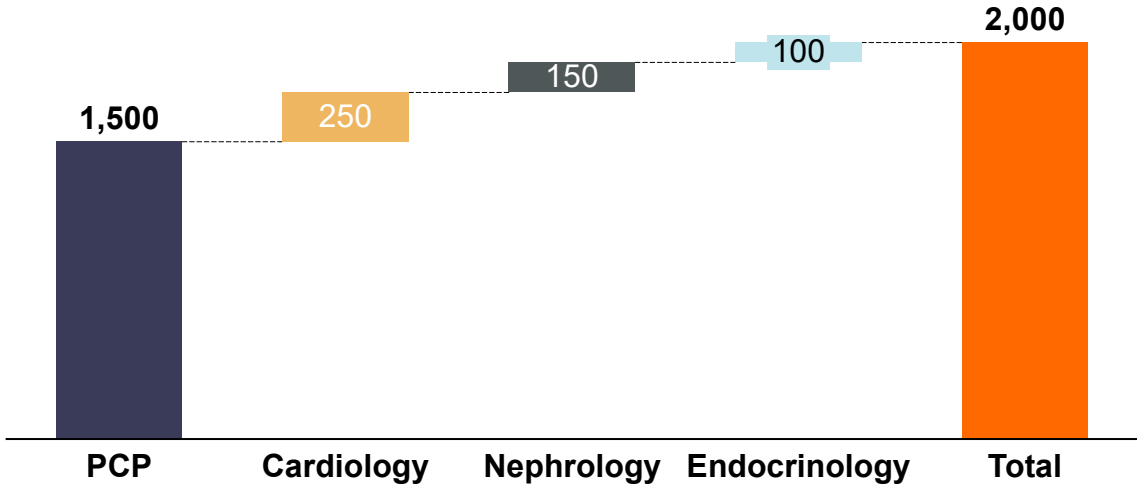
Physician Utilization by CKD Stage			
CKD Stage	% of Program Membership	Visit in Prior 12 Months	
		PCP	Nephrologist
Stage 3	60%	90%	20%
Stage 4	20%	90%	50%
Stage 5	15%	85%	60%
ESRD	5%	80%	100%
Total	100%	90%	40%

- A narrow focus on only Nephrologist engagement would limit program impact to ~40% of members



Early Engagement: Healthmap works with a full array of providers to include PCPs, Nephrologists, Cardiologists, and Endocrinologists in order to slow the progression and manage the costs of stage 3’s and 4’s

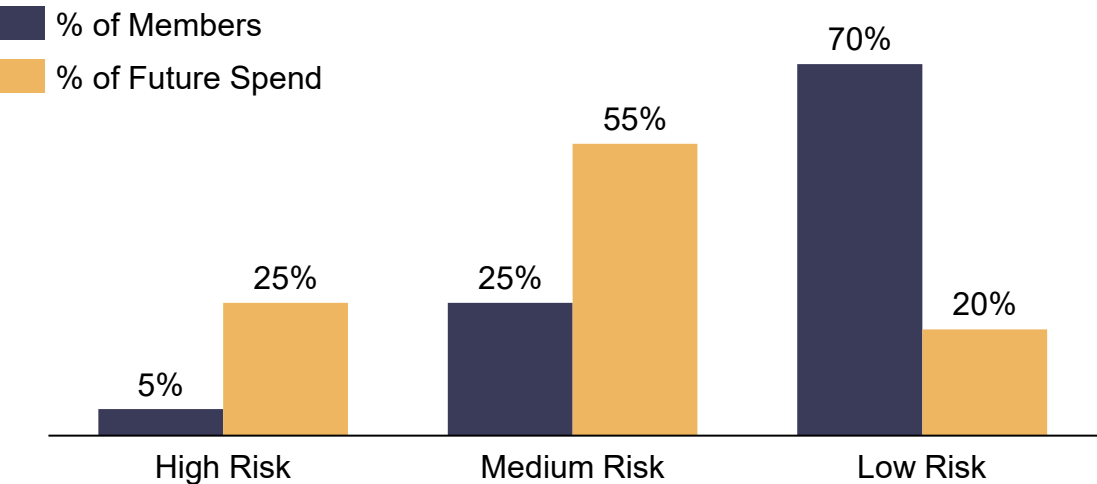
Practice Count by Specialty – Illustrative 10,000 Members



- An illustrative population of 10,000 members is typically covered by ~2,000 distinct practices in our client’s existing network, ~75% of which are PCP practices
- Engaging with 2,000 Physicians vs. 150 Nephrologists **requires a scalable approach and systems to drive provider engagement and change**
- Healthmap’s technology platform, Compass, allows it to **broadly impact 70+% of members** by delivering longitudinal care coordination across your provider network

Leveraging Provider Network to Impact the Majority of “All” Eligible Members

Distribution of Spend & Attributed Eligible Membership



- High and medium risk members account for **~30% of members and 80% of future spend**
- Our **proprietary risk stratification technology** categorizes members based on their risk of **experiencing a future adverse event** factoring in various member attributes (e.g., spend and utilization history, other comorbidities, member demographics)

Distribution of Clinical Risk Status by CKD Stage

	Illustrative 10,000 Members by Risk Status		
CKD Stage	High/Med.	Low	Total
Stage 3	1,500	4,500	6,000
Stage 4	600	1,400	2,000
Stage 5	500	1,000	1,500
ESRD	400	100	500
Total	3,000	7,000	10,000
% Stage 3/4	70%	85%	80%

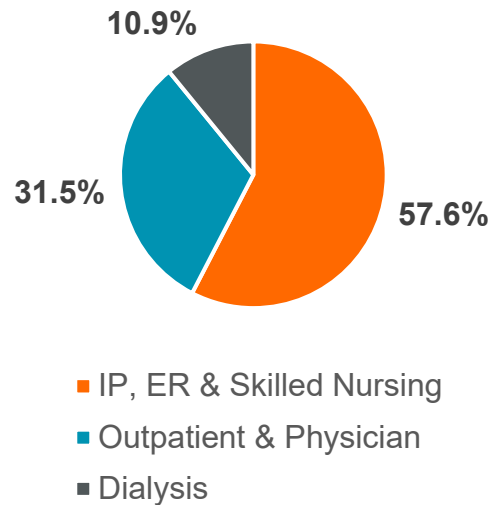
- CKD Stage 3/4 members account for ~80% of program eligible members and ~70% of all high/medium risk members; **it is critically important to identify members early and manage upstream prior to further CKD progression**
- This model informs our clinical operations and **ensures that we allocate resources efficiently and in a scalable fashion**



2 Broad Access: Healthmap collaborates with the full spectrum of your provider network in order to gain member participation, minimize disruption, and maintain provider access. Given how nephrology access is already “tight,” any solution must maintain or broaden access to nephrologists.

Illustrative Distribution of Cost by Service Type

Percent Total Cost by Service Category



PPO & HMO Financial Results

PPPM Basis		September 2021– May 2022			Savings as %	Category as
#	Service Category	Baseline	Actual	Savings	of Baseline	% of Savings
1	Facility Costs*	\$950	\$737	213	22%	123%
2	Outpatient & Physician	519	565	(46)	(9%)	(27%)
5	Dialysis	179	172	8	4%	4%
Total		\$1,648	\$1,474	\$175	11%	100%

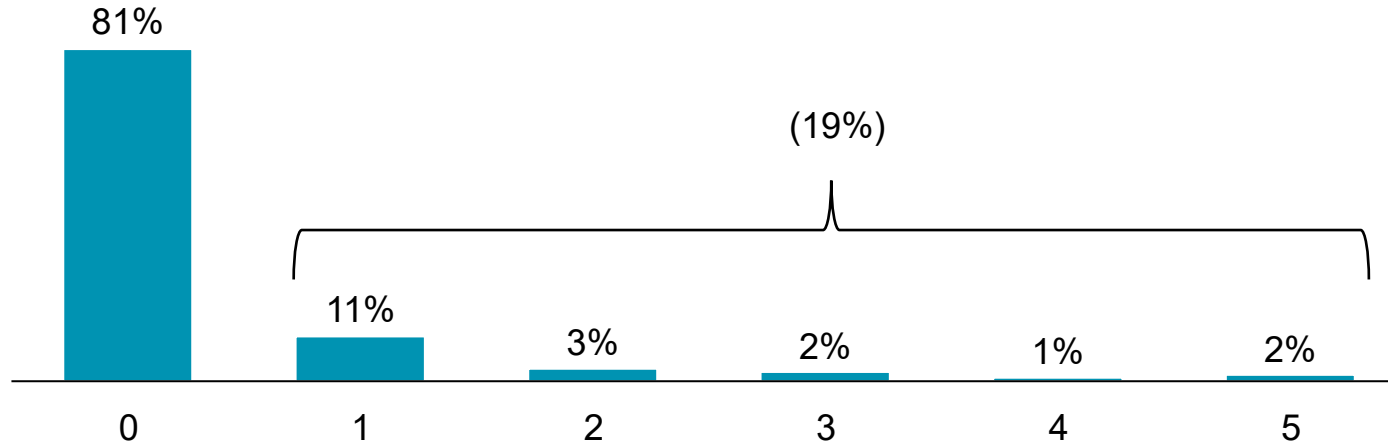
*Facility Costs = Inpatient, ER & Skilled Nursing

- For eligible population (3's – ESRD), facility costs represent ~60% of total spend, vs ~10% for dialysis.

Material Reduction in Facility Costs: Typically, greater than 100% of our total savings are driven by reducing unnecessary facility utilization through proactive care and adherence

Ability to Materially Reduce Facility Costs

Illustrative Inpatient Admissions per Member in an Unmanaged Population



- 19% of kidney members experience the complexity of an inpatient admission
- 65% of the members with 3+ admissions are in CKD Stage 3
- **Healthmap reduces inpatient services by 20% - 25% across fully eligible populations**

Distribution of Admissions Per Member by CKD Stage

CKD 3	87%	79%	77%	72%	66%	62%
CKD 4/5	12%	18%	20%	20%	24%	27%
ESRD	1%	3%	3%	8%	10%	11%
Total	100%	100%	100%	100%	100%	100%

Material Reduction in Facility Costs: To drive material savings and outcomes, Healthmap focuses on dramatically reducing facility costs for all eligible members, and the majority of frequent admitters are CKD Stage 3 members

Titration of Intervention Intensity

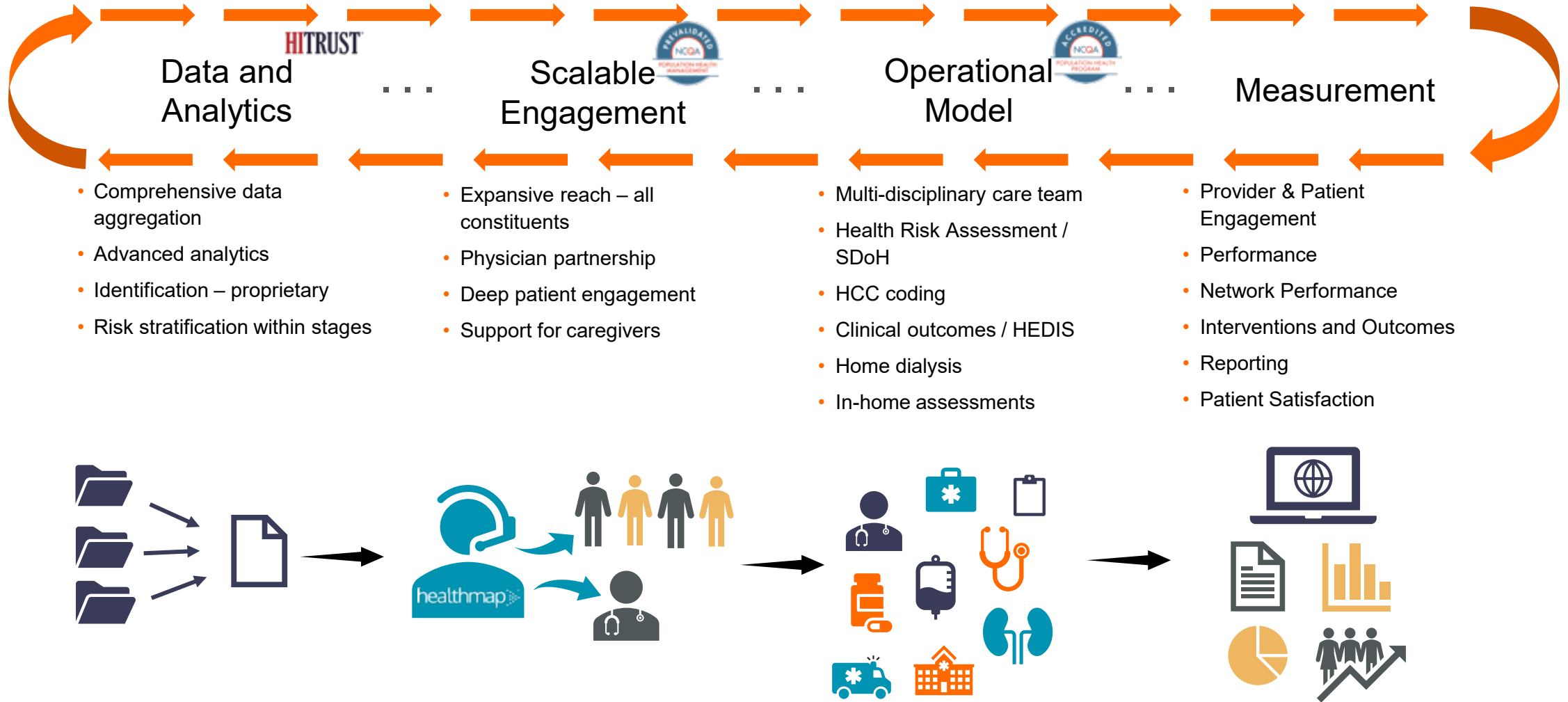
In a population of CKD – ESRD, member's needs, conditions, and spend is across a broad spectrum. A model that manages a population of patients with one type or intensity of intervention will by definition either be ineffective on the most intense patients or will not provide an ROI on the healthier, less expensive patients



Titration Intensity of Interventions:
Healthmap titrates interventions (apps, texts, phone, video calls, and home visits) and intensity to facilitate scaling and drive outcomes at a meaningful ROI to the Plan

Medication Management	Adherence: Monitor member adherence with prescribed medication regimen Avoid: A medication that should be avoided given member's stage of CKD was prescribed Duplication: 2+ medications in the same medication class prescribed Interaction: 2+ medications that interact negatively and cause kidney damage prescribed
Specialist Utilization	Referral: Coordinate specialist referrals Compliance: Ensure compliance with scheduled office visits
HCC Insights	Various: Promote recapture rate for chronic conditions
Lab Testing	Various: Recommended series of tests to monitor kidney, cardiovascular, and other disease risk
Condition Monitoring	Hypertension: Ensure proper utilization of medications and real-time monitoring of blood pressure Diabetes: Comprehensive member education program focused on lifestyle management Anemia: member education about signs and symptoms Behavioral: Identify anxiety, depression, and mood disorders
RRT Education	Home Dialysis & Transplant: Empower members with improved education and assist in developing personal RRT plan
SDoH	Various: Address social barriers, including food insecurity, transportation, and utility assistance
Admission/Readmission Management	Admission: Address avoidable ER visits and inpatient admissions through proactive engagement Readmission: Ensure appropriate transitions in care

Kidney Health Management Program Cycle



Predictable & Guaranteed Results on Full Eligible Population

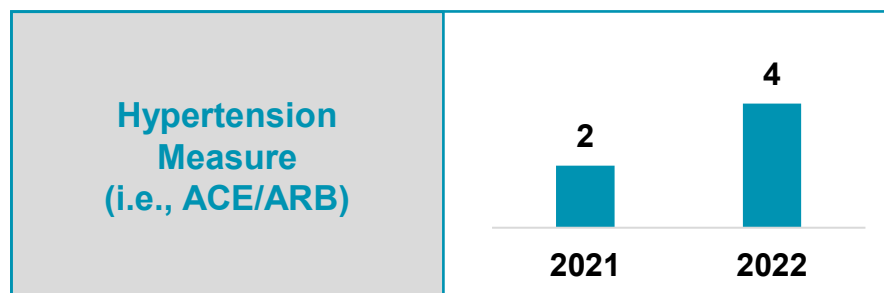
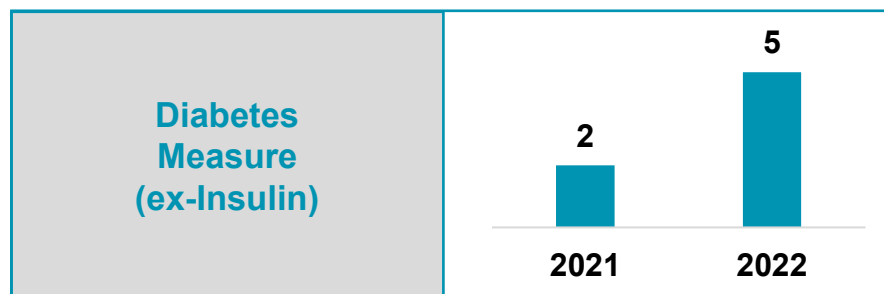
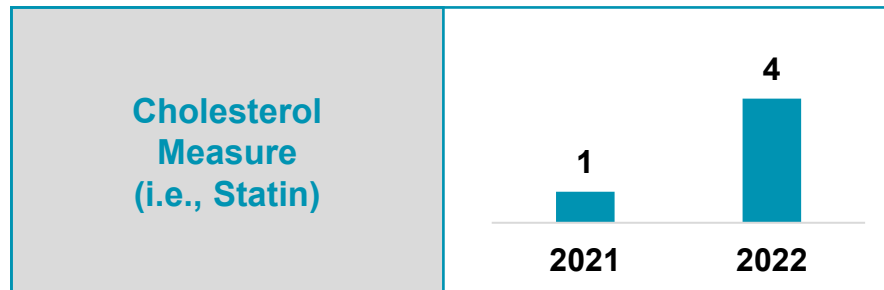


Metric	Performance Year 1 Performance ⁽¹⁾	Healthmap Value Proposition
Gross Savings	~\$120 (PPPM)	<ul style="list-style-type: none">~80% of savings are due to reduction in inpatient spend, as specifically designed by our Kidney Health Management (KHM) programExpect to generate \$200+ PPPM of run-rate gross savings in PY2
Inpatient Utilization	~20-30% Reduction in Admits & 30-Day Readmits	<ul style="list-style-type: none">Proactive engagement to avoid unnecessary hospitalizations and ED visitsEnsure appropriate transitions in care and deliver readmissions instructions and interventions within 48 hours of discharge
Home Dialysis Rate	~20-40% of New Dialysis Starts are Home-Based	<ul style="list-style-type: none">Provide dialysis education and develop individual renal replacement therapy planEarly referral to nephrologist in preferred network incentivized to drive home dialysis
Dialysis Crash Rate	50+% Reduction in Dialysis Crash Rate	<ul style="list-style-type: none">Ensure proper nephrology care and/or vascular accessFor every crash avoided, there is a corresponding ~85% reduction in cost of initiating dialysis, representing ~\$30,000 per episode
Engagement Rate	70+% Engagement	<ul style="list-style-type: none">Ability to drive intervention closures highly contingent on engagement in KHM programEngagement is defined as members attributed to onboarded providers and/or engaged directly with a Healthmap Care Navigator

(1) Reflects average of Healthmap's Medicare Advantage experience with >20,000 members across various health plans

Clinical Outcomes

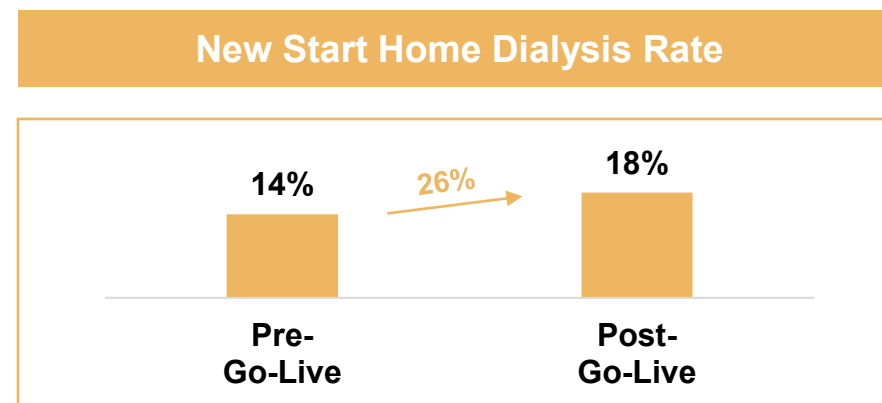
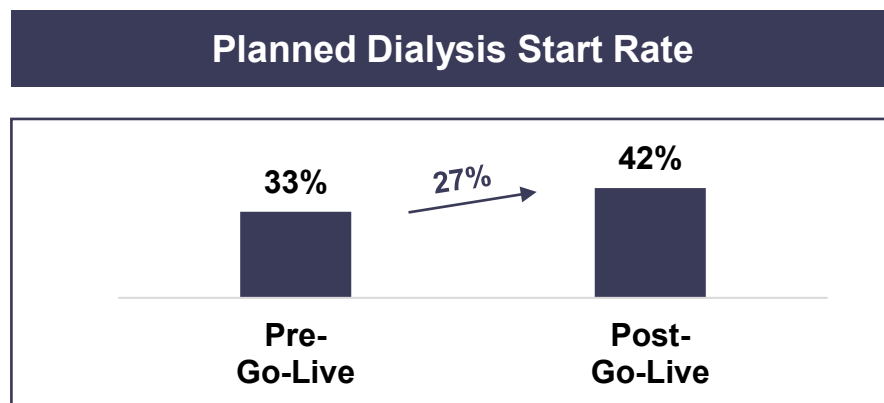
Medication Adherence (Star Rating)



Slowing CKD Disease Progression



Clinical Outcomes



- Healthmap categorizes dialysis starts as crashed vs. planned based on three variables:
 - Nephrologist Visit Counts: <3 nephrologist visits in prior 12 months
 - Pre-ESRD CKD Staging: Lack of prior CKD Stage 5 diagnosis
 - Initiation via Inpatient Admission: Dialysis start via inpatient admission and length of stay >1 week
- Members with planned dialysis starts are 2-3x more likely to utilize home dialysis

Thank You

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