



Humana®

Preparing to increase downside risk

Parameters for success and effectiveness

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Learning objectives

- Value-based care overview
- Expanding value-based care beyond the PCP
- The future of value-based programs
- Examine why providers are pursuing value-based care
- Outline how practices have gone about making changes to succeed in value-based care

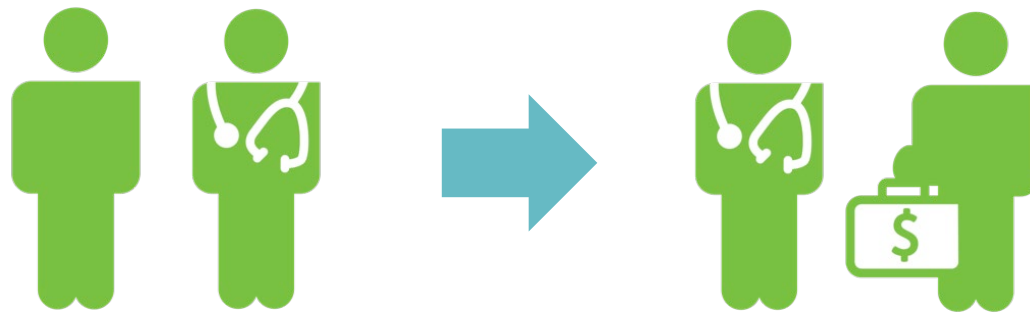
Poll question

Where is your organization on the path to value-based care?

- Thinking about it
- Just starting
- A good way down the path
- All in

Transitioning from fee-for-service: Better outcomes and lower costs with value-based care

Before



See patient

Get paid

Addressing the need of the individual patient right now

After



Addressing the need of the patient population to be healthy long-term

Changing industry

- Percentage of healthcare payments tied to value-based care reached 40.9% in 2020, up from 38.2% in 2019.
- That percentage encompasses roughly 238.8 million Americans, or 80.2% of the country's covered population.
- “These results highlight a continued move away from a fee-for-service system that reimburses only on volume, and towards patient- and value-centered APMs.”

Source: 2021 Health Care Payment Learning and Action Network, a part of the U.S. Department of Health and Human Services. Comment from 2018 LAN .

Humana's value-based membership

68.3%

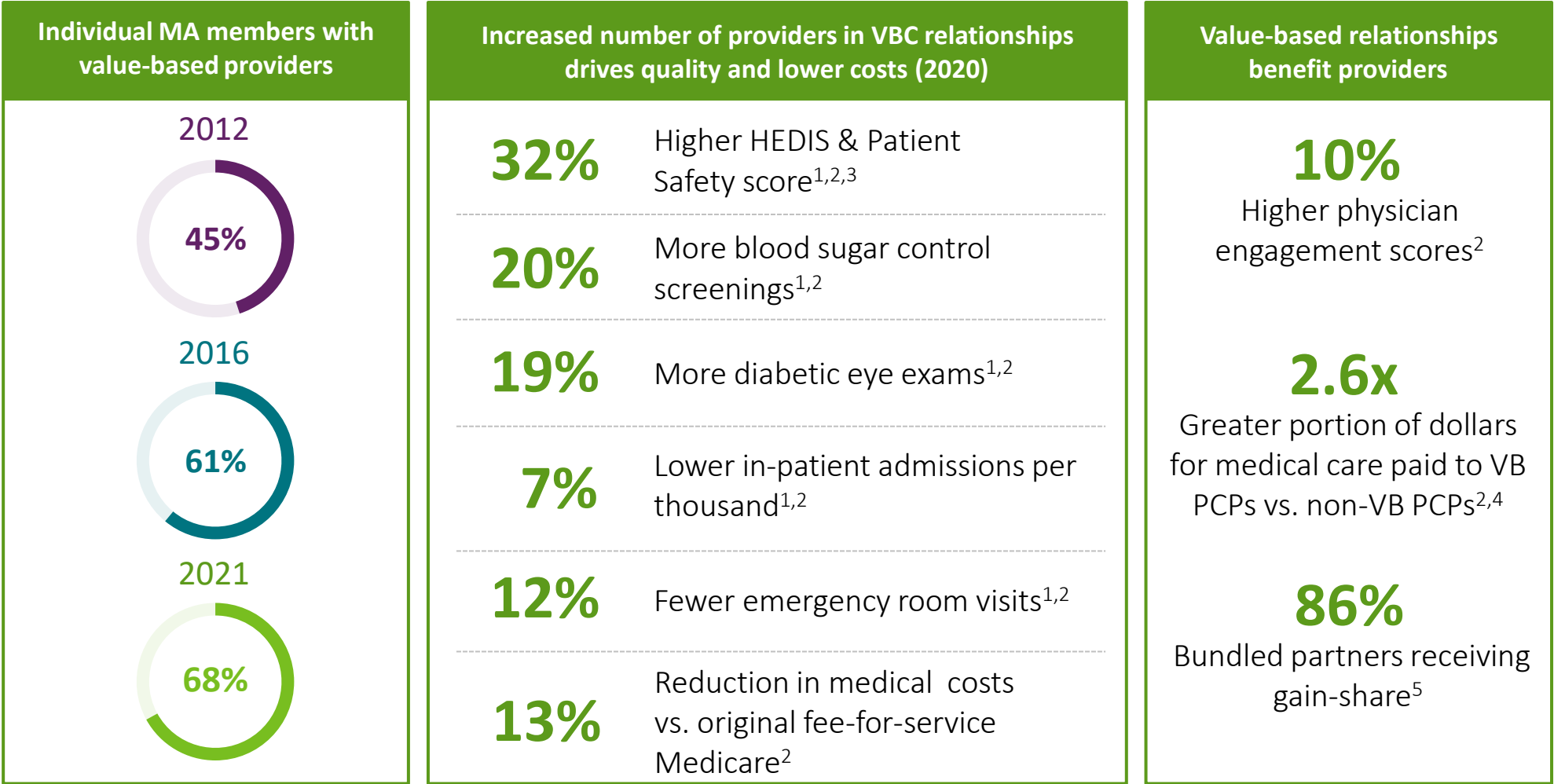
Percent of total individual MA members assigned to value-based primary care physicians

3.01M

Individual MA members assigned to value-based primary care physicians

*Individual MA membership as of December 2021

Humana value-based arrangements: Better outcomes and lower costs than traditional fee-for-service models



1) Difference between Humana MA Value-based providers vs. Humana fee-for-service; 2) Humana’s 8th Annual Value-based Care Report (CY 2020 results; published in 2021); 3) Includes administrative (non-hybrid) HEDIS measures and 4 patient safety measures. All measures weighted by their Star weight. 4) PCP practices in value-based agreements received 17.5% of every dollar spent on member care in 2020 vs 6.7% for non-value-based PCPs.; 5) Results based on 2020 performance period and aggregated for all specialties at the provider tax ID level

Poll question

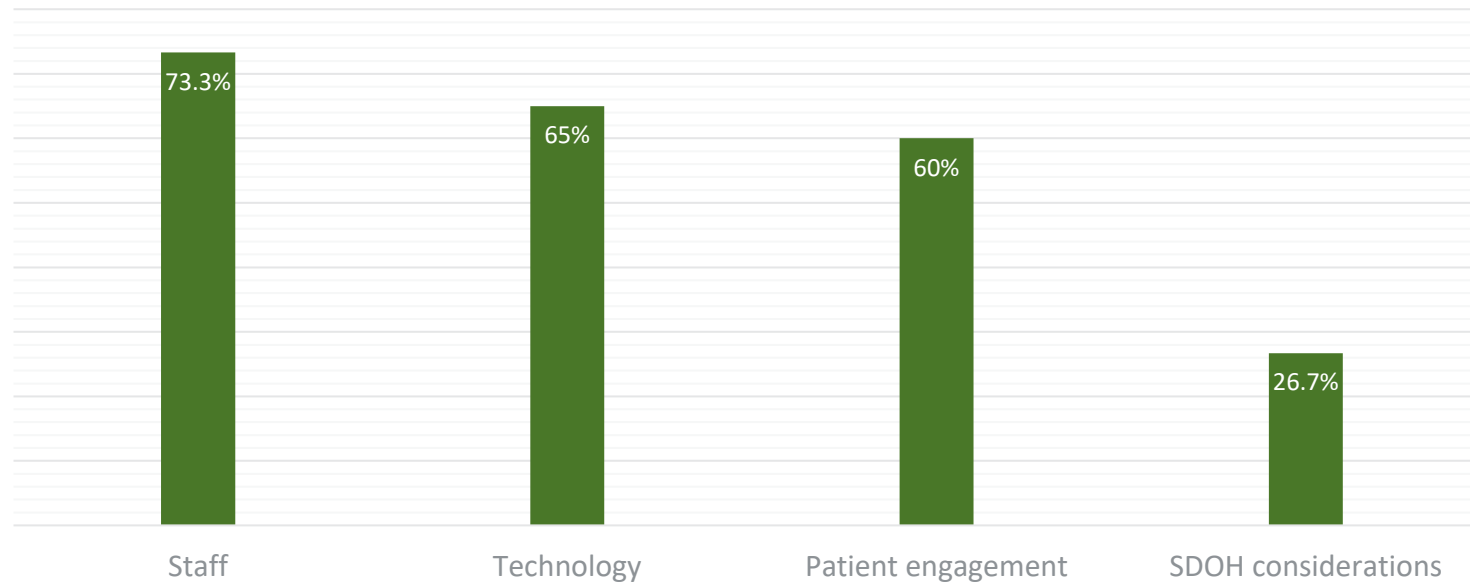
What do you consider to be the biggest barrier to success?

- Clinical
- Business/operational/infrastructure
- Financial
- All of the above
- Other

Medical Group Management Association value-based survey

2019 survey focused on how practices in value-based arrangements position themselves for success.

Where resources were added to accommodate
shift to VBC



Provider value-based care and experience

Robust people, process and technology infrastructure to support providers



Population Insights
Compass

*Actionable population
health insights and predictive
analytics platform*



90K

Reports created per
month on platform

1,100

Provider groups with
direct access in 2020



National Provider
Engagement
Infrastructure

*Locally deployed, specialized teams
supporting
providers transitioning to
value-based care*



34k

2021 market visits
to physician offices

Primary care value-based continuum



¹ Downside risk contracts may or may not include the quality programs within the Upside only portion of the continuum (Medical Home, Model Practice)

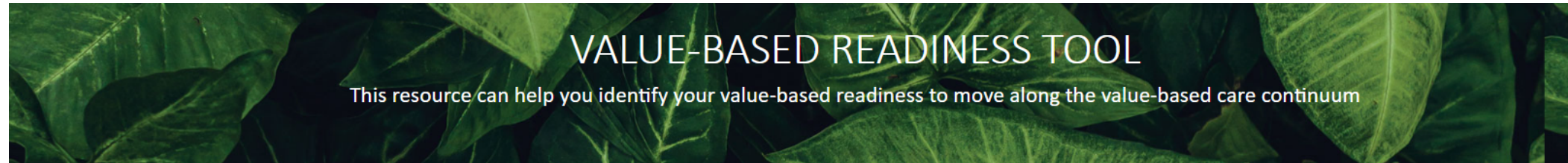
Poll question

What is the biggest hurdle to beginning or advancing along the path to value?

- Lack of knowledge of value-based care
- Resources
- Uncertainty of taking a different approach
- Unsure how to integrate a value-based approach
- Other

Readiness assessment

Infrastructure, engagement, growth, clinical and financial capabilities



VALUE-BASED READINESS TOOL

This resource can help you identify your value-based readiness to move along the value-based care continuum

Start Your Assessment ➔

This tool can be used as a guide for physicians and other healthcare providers moving along the value-based care continuum.

This tool:

- Identifies a physician's readiness to enter into a value-based agreement
- Presents opportunities to improve health outcomes
- Provides information to support your patients' care

INFRASTRUCTURE

An established and cohesive **infrastructure** is the foundation for value-based readiness.

get started

ENGAGEMENT

Strong **engagement** with health plans and your patients is a key component in a value-based arrangement.

get started

GROWTH

Growth with health plans and your patients is a key component in a value-based arrangement.

get started

CLINICAL

Effective **clinical operations** help manage patient panels and are an important part of your value-

get started

Population Health Guide (PHG)



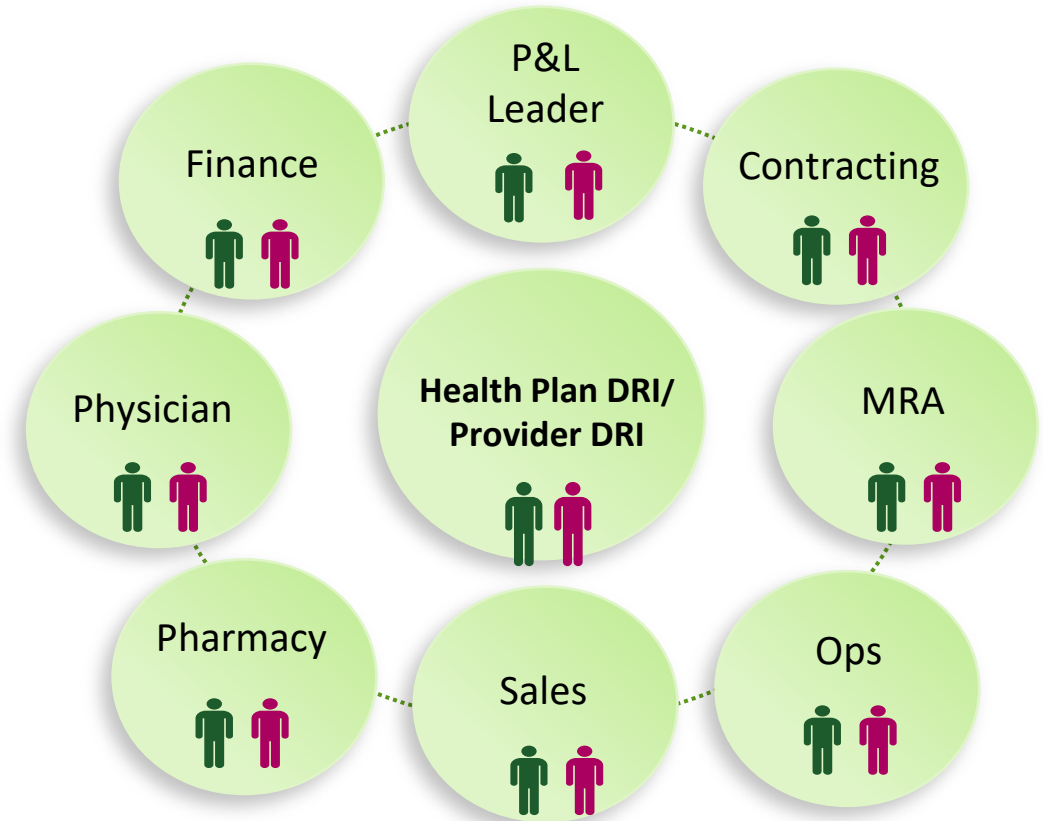
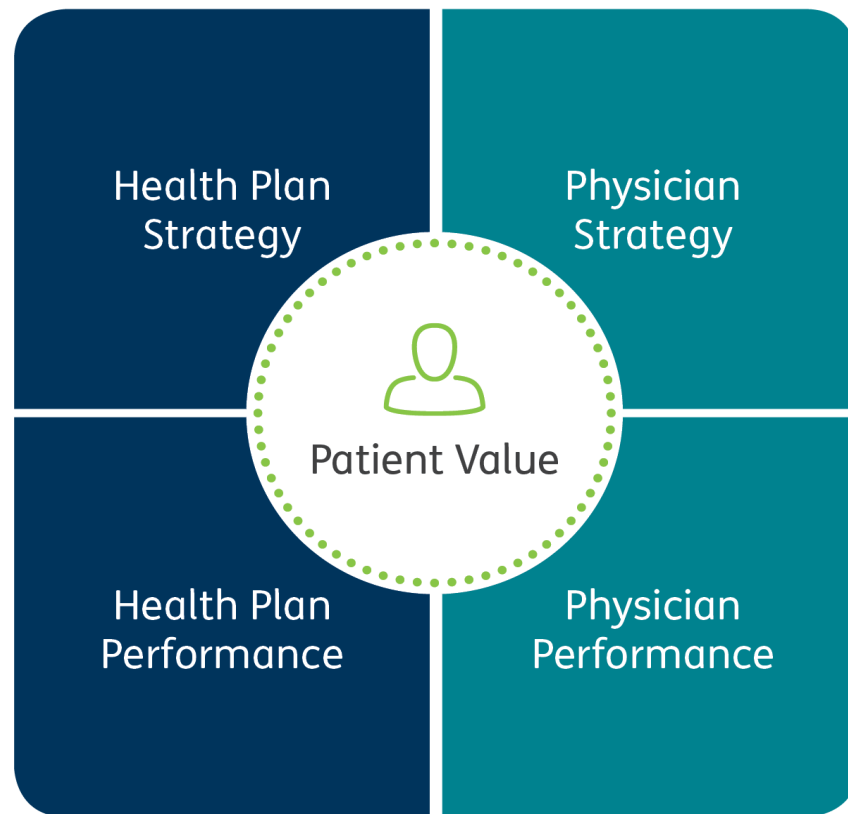
Humana was asked by value-based partners to create a provider-facing website.

- **Readiness** → allows groups to assess their risk readiness & points them to educational resources related to their specific opportunities
- **Collaboration** → provides guidance around effectively partnering with health plans to create mutually beneficial relationships
- **Metrics and management** → outlines details around key performance indicators and best practices that can improve overall value-based performance and patient outcomes
- **Social determinants** → guides users to the Bold Goal website to learn how social determinants play a role in overall health outcomes

Collaboration

Leverage strategic, operational and informal touch points to facilitate improved patient outcomes

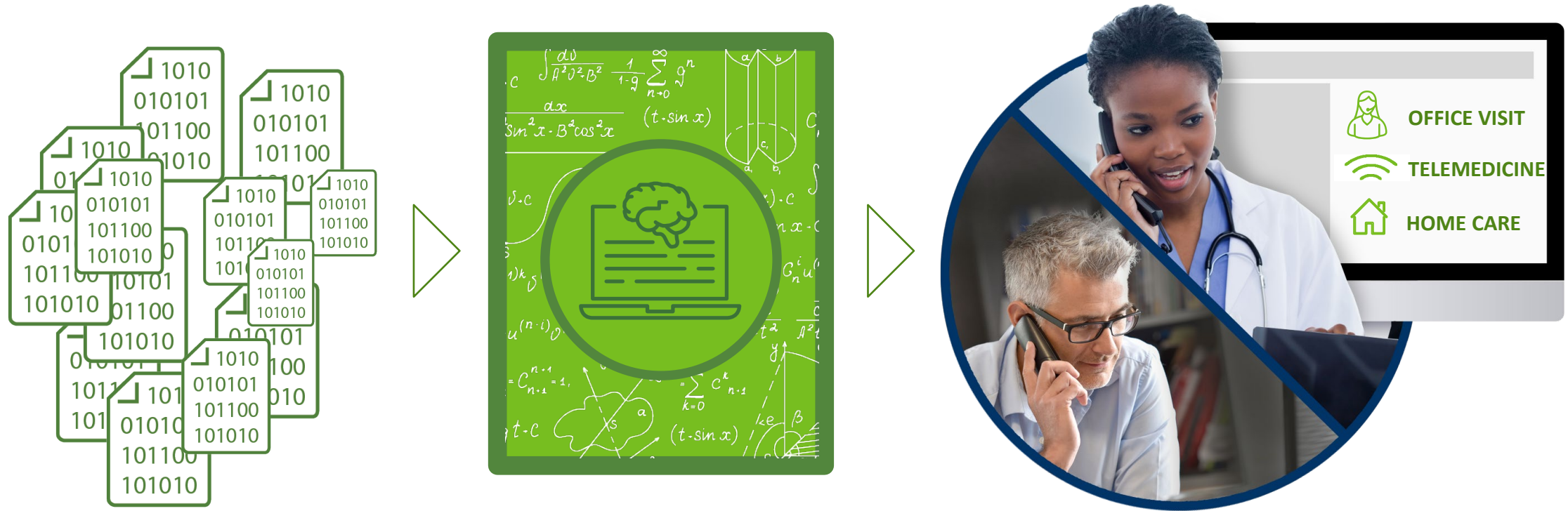
Thrive Together



Health plan and provider teams: roles/responsibilities

- Implements strategy in local market
- Monitors/tracks local performance
- Identifies areas for improvement
- Shares best practices
- Ensures action plans are on track

Data underlies a deeper connection to our members



Population Insights Compass

Population health reporting platform

Simplifying the experience

Allowing providers to return to their mission of serving patients by reducing administrative burden

Connecting healthcare

Fostering collaboration between payers, providers and patients by breaking through data silos for better cost and health outcomes

Personalizing care

Managing care, providing timely interventions and leveraging data-rich patient insights to increase healthy days

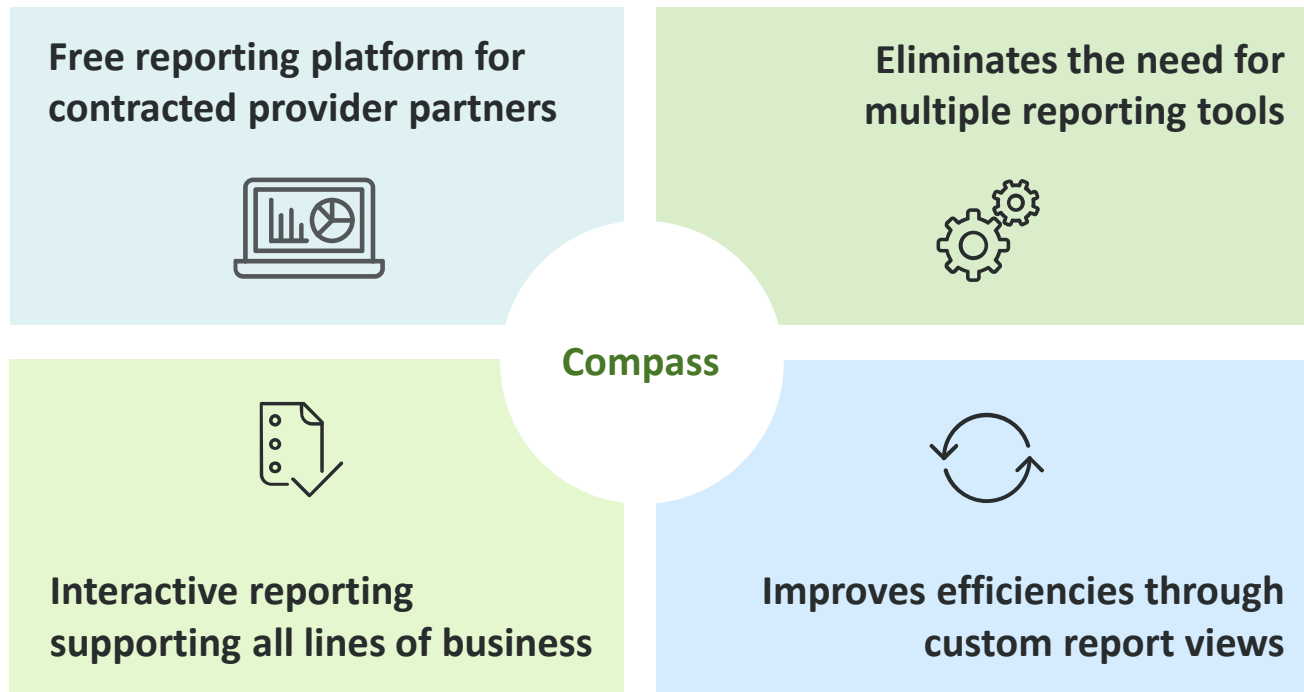
Key features

- Improved navigation with fast and easy-to-access reports
- Custom views to filter data and meet the user's needs
- Enhanced visualization of dashboards and reports for key metrics
- Streamlined workflow integration between reports
- Consolidation of reports to eliminate the need to run multiple reports
- Fewer data discrepancies and improved resolution time frame
- Reports in summary and detail views
- Risk stratification functionality with multiple variables for targeted interventions

Population Insights Compass

Actionable reporting for value-based providers

Enables provider partners to manage performance and identify and act on opportunities to optimize patient engagement



“

Tool is the **most comprehensive** & user friendly one out there

The **only platform** we work with that allows us to dig into the data in a variety of levels

Very diverse and its functionality on how to slice and dice data is **better than many** that I have used

”

Poll question

How many are engaged in value-based care outside of primary care?

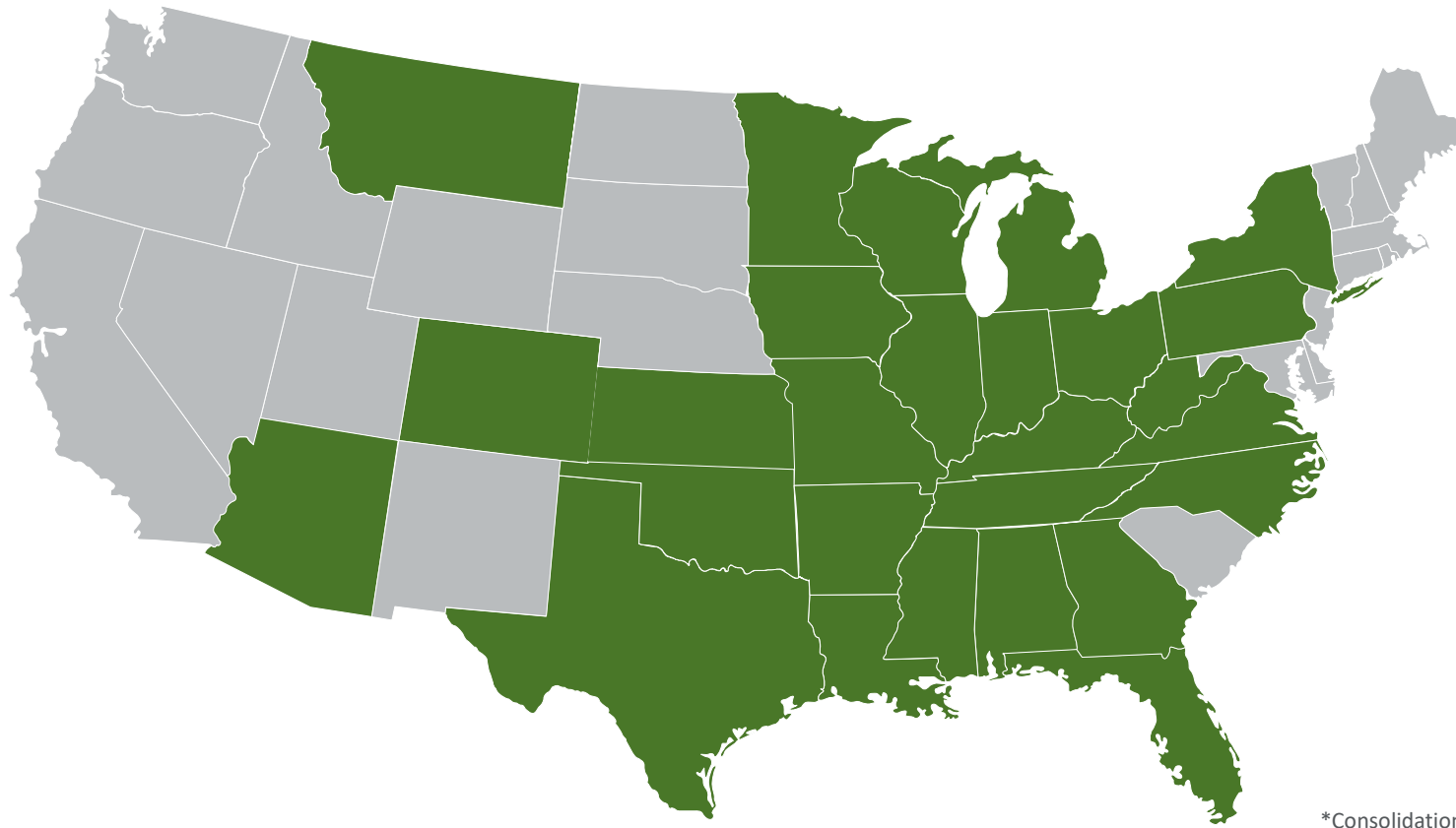
Bundled payments

Humana's retrospective, shared savings, episode-based model (EBM) designates a principal accountable provider (PAP) throughout the episode of care. The PAP is responsible for all costs of care in a bundle, as well as clinical outcomes of each episode.

 Pre-trigger Window TJR: Days 1–45 Before Surgery Assessment and Pre-admission	Trigger Window Admit to Discharge Bundled Procedure	Post-trigger Window TJR: Days 1–90 After Discharge Post-discharge Care
 Pre-trigger Window Maternity: Days 1-200 Before Admission Assessment and Pre-admission	Trigger Window Admit to Discharge Bundled Procedure	Post-trigger Window Maternity: Days 1-60 After Discharge Post-discharge Care
 Pre-trigger Window Spine: Days 1-30 Before Surgery Assessment and Pre-admission	Trigger Window Admit to Discharge Bundled Procedure	Post-trigger Window Spine: Days 1-60 After Discharge Post-discharge Care
 Pre-trigger Window CABG: Not Applicable	Trigger Window Admit to Discharge Bundled Procedure	Post-trigger Window CABG: Days 1–30 After Discharge Post-discharge Care

Bundled payments

As of Dec. 31, 2021, nearly **170** bundle agreements are in place, covering **1,600** total healthcare providers across **27** states.



*Consolidation between practices impacts total group count
**Includes all MA and COMM bundle programs

Bundled payments

Quarterly reporting focused on quality and cost opportunities, as well as additional ad hoc reporting available upon request



Availability capabilities allow providers easy, direct access to quarterly reports and program documents



Proactively engaging provider groups via joint sessions to demonstrate program value

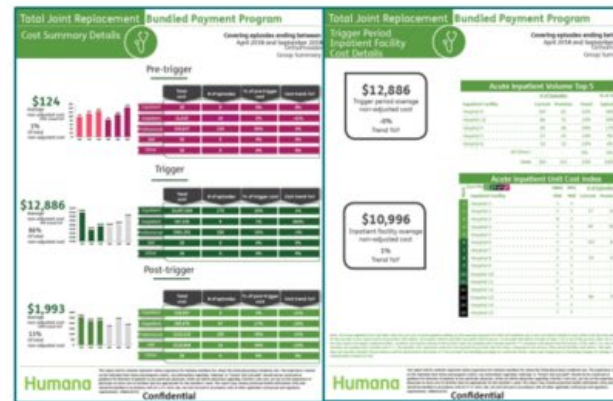


Our reporting package facilitates the discovery of trends and opportunities to provide value-based care:

Summary report focused on aggregate quality and cost performance



Supplemental report dedicated to displaying group and provider-specific trends

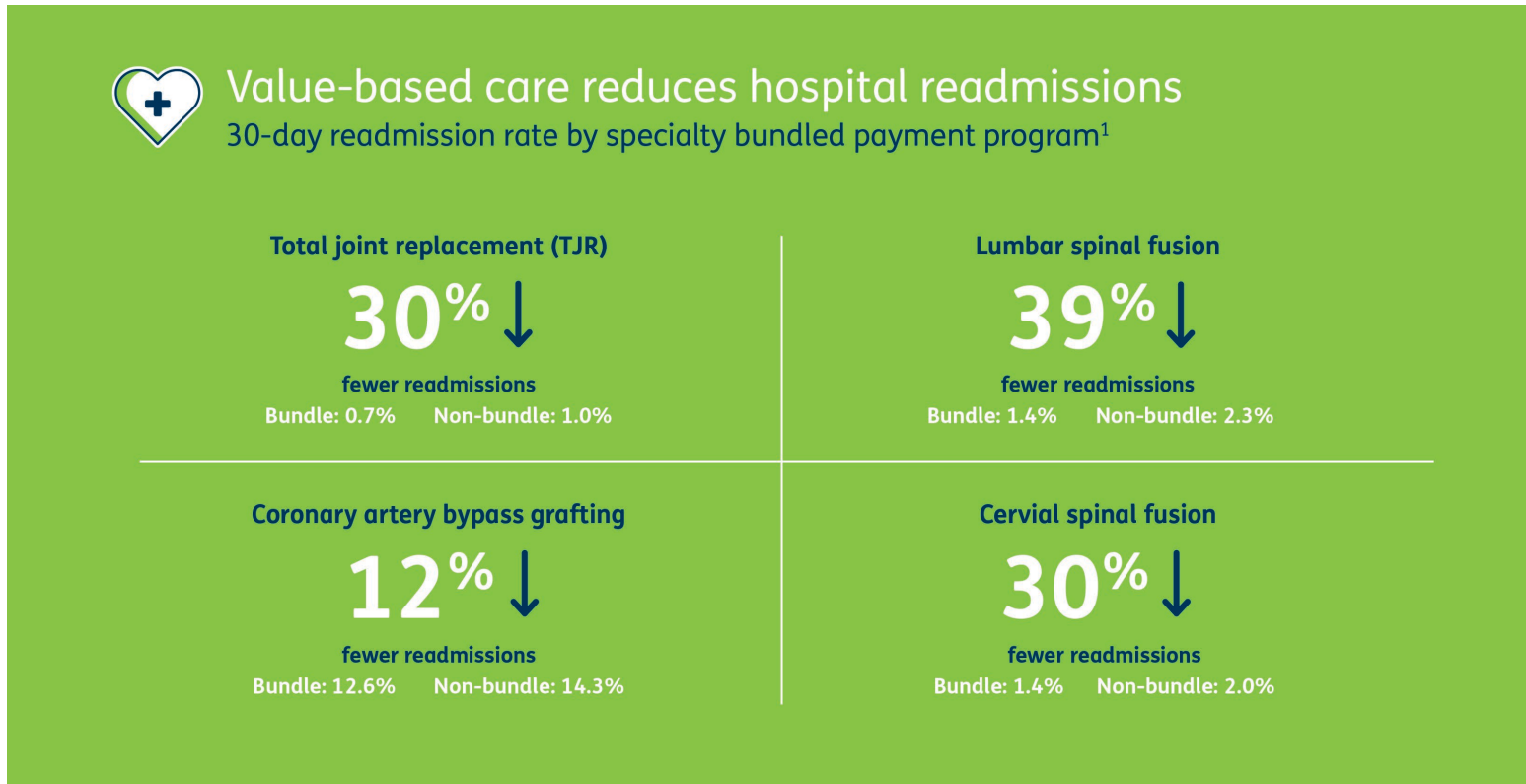


Detail report presents provider and patient level detail while highlighting any outliers

Patient Summary for Included Episodes											
Humana - Total Joint Replacement											
For Episodes Ending Between: Jan2019 - Sep2019											
OrthoGroup											
PAP Tax ID: 999999999											
Episode ID	Patient Name	Procedure Type	Episode Start Date	Episode End Date	Adjusted Charge	Non-adjusted Charge	Risk Adj. Charge	Quality Score	Cost Index	Outlier Flag	Outlier Reason
STATE SUMMARY FOR INCLUDED EPISODES											
HOLD PRACTICE SUMMARY FOR INCLUDED EPISODES											
1000											
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Bundled payments

Contracted participants in the bundled payment program consistently outperform non-participants across all specialties in terms of providing quality care for Humana members.



83% of participants earned a payment in 2020, resulting in an average 29% increase for included episodes over Original Medicare for providers meeting requirements.

¹ Humana data

Care Decision Insights

Care Decision Insights allows us to inform PCPs about high-performing specialists to elevate the options and services provided to members

1

Referral Insights:

Sharing effectiveness and efficiency information with PCPs to influence referrals to specialists



2

Site of Care:

Encouraging specialists to perform procedures in the highest value setting that is clinically appropriate for their Humana patients



Additional value-based opportunities

Hospitalist transitional care

- Focusing on next site of care at discharge, improving re-hospitalization rate and increasing the episode capture rate driven by hospitalists

Specialist quality rewards

- Expanding site of care rewards for additional procedures (e.g. arthroscopy, colonoscopy/endoscopy, cardiac procedures and more)

Emergency Medicare

- ED physicians driving reduction of avoidable escalations and unnecessary imaging

Pediatric quality recognition

- Partnership with pediatricians to drive well child visits, immunizations, weight and nutrition, mental health and reduced ED utilization

Questions

Thank you

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