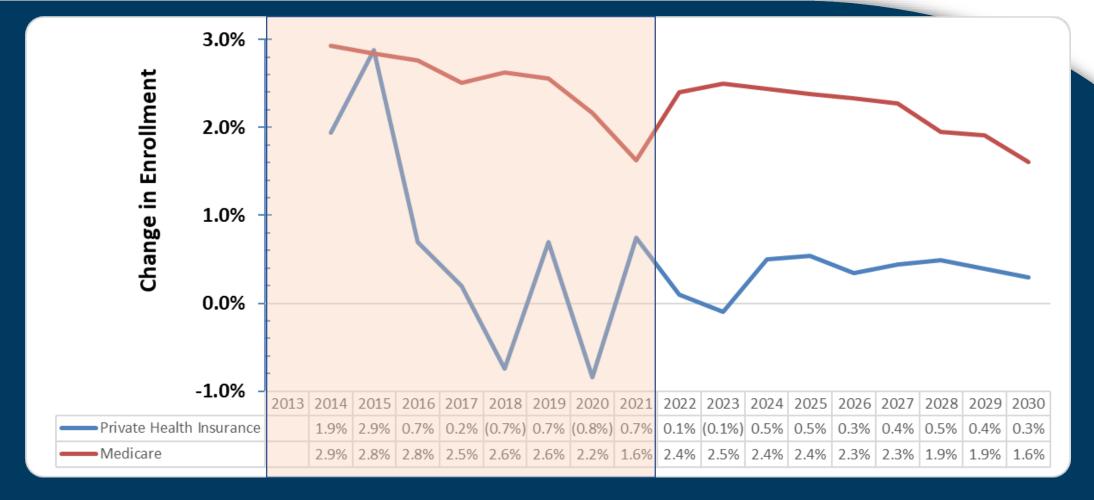


Medicare

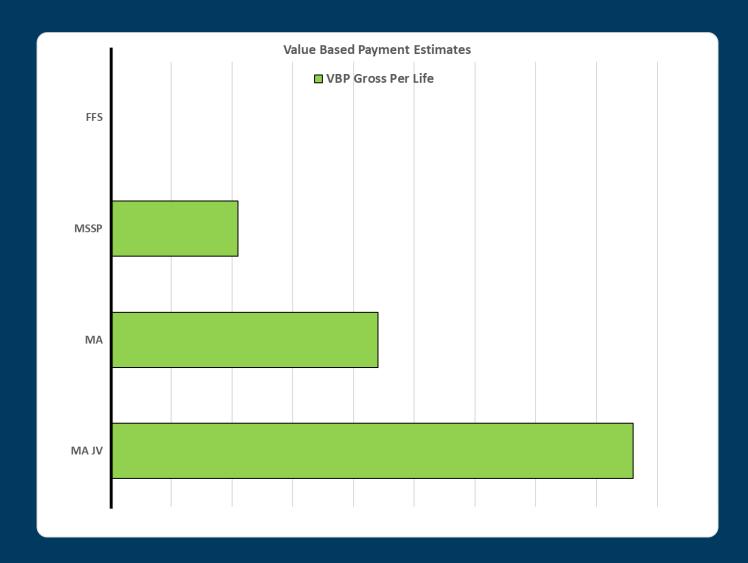


2021 Enrollment

Medicare: 62.5 million PHI: 201.8 million

2022-30 Avg. % Growth

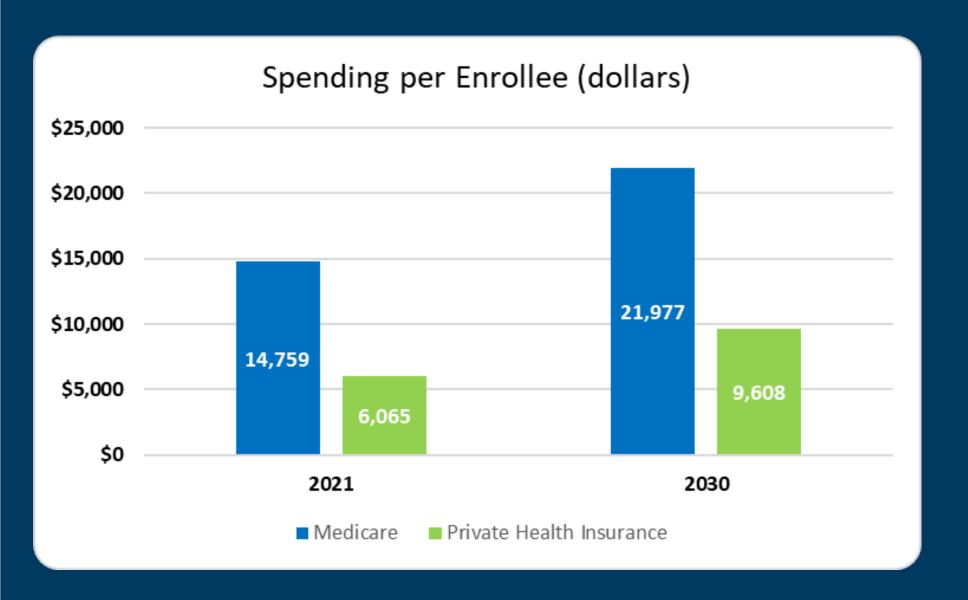
Medicare: 2.2% (1.5 million) PHI: 0.3% (0.7 million)



Medicare has negative Op Margin

Opportunity exists to earn value-based payments under different models





Medicare patients consume more resources than PHI patients

Part C & D Measures: 2023			
<u>Count</u>	Category	Weights	% of Total
2	Improvement Measure	10	10%
5	Intermediate Outcome Measure	13	13%
4	Measures Capturing Access	16	15%
12	Patients' Experience and Complaints Measure	48	46%
17	Process Measure	17	16%
40	TOTAL	104	

Patient experience and Health Plan NPS matter More

46% vs 23% in 2016



How do you measure Margin?

FFS Margin

+

Value Based Payments

Total Profit (loss)

- Shared savings
- Surplus/deficit on cap
- MACRA AAPM



Payor and prior Auths for MA

•35 million MA prior authorization in 2021

 •0.3 requests (Kaiser Permanente enrollee) to 2.9 requests per (Anthem enrollee)

Over 2 million prior authorization denied

Just 11% appealed -82% overturned



Risks for Medicare Abound

MA Part C RADV* MA Part D IRA Medicare Trust Fund

MA Part B Drugs CMMI Mandates

Benefit Design

Disrupters

MA PPO > MA HMO

MA Stars
Composition



*RADV = Medicare Risk Adjustment Data Validation

My Views

- Medicare enrollment is growing much faster than Private Health Insurance
- Medicare patients require more resources than commercial aged patients
- Most IDNs lose money/are only contribution margin positive on Medicare
- MA Stars are leaning more and more toward patient experience
- Profit(loss) must include <u>Value Based Payments</u> (incl. MACRA AAPM)
- (currently) Medicare participation options can be better than FFS Medicare
- Payors push medicare risk to you (prior auth, delayed discharges, etc)



My Conclusion

- Medicare can not be ignored
- You are bearing financial risk through negative operating margins, payors indirectly pushing risk to you, CMMI mandating programs, etc... active management better than passive acceptance
- Models exist that can generate incremental surplus (from shared savings to provider sponsored health plans and everything in between)

 Medicare program is constantly under assault from policy to solvency, be prepared for the unknown

