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HMA

A pink rectangular box with a diagonal line pattern, containing the hashtag #HMACon2022 in white, sans-serif font.

#HMACon2022

Trends in Publicly Sponsored Healthcare

The New Normal:

How Medicaid, Medicare, and Other Publicly Sponsored Programs Are Shaping the Future of Healthcare in a Time of Crisis

OCTOBER 10-11 • CHICAGO

Smart navigation for non-emergency patients

**130 million ED
visits annually.¹**

**50+% are
avoidable
non-emergencies.²**

**\$3,400 for each
avoidable ED visit.³**

**RightSite's
platform**

**reduces avoidable
ED visits.**

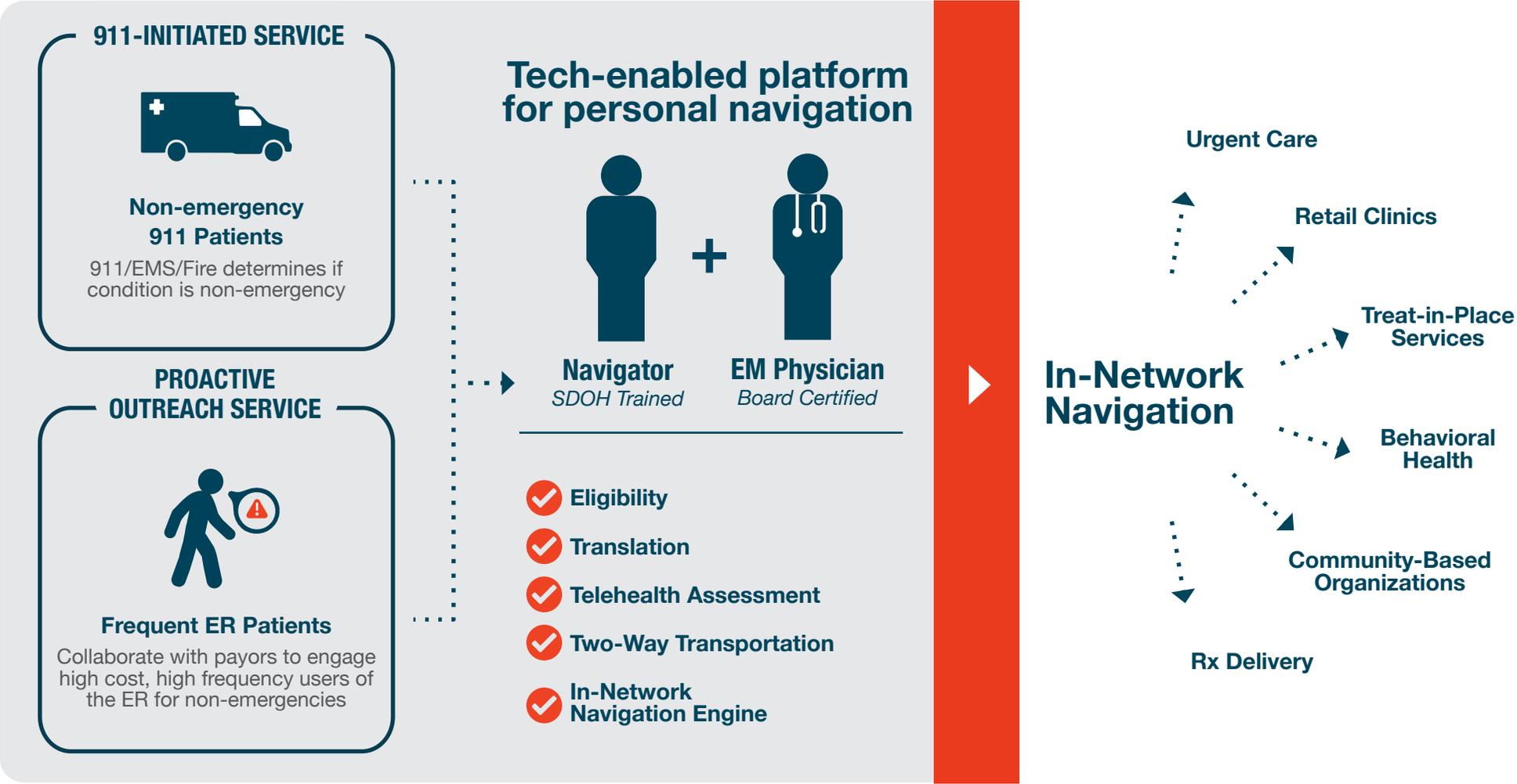
[1] NHAMC survey, 2018 and Berkely Research Group analysis, 2020

[2] ClosedLoop.ai (www.closedloop.ai) analysis of Medicare claims data, 2019

[3] Based on non-emergency ER visits weighted average cost of discharge, observation stay and inpatient dispositions using 2019 Medicare data.

+ OUR PLATFORM

RightSite Connect™



+ OUTCOMES

Triple Aim outcomes. For everyone.

**Members**

Hand-held best site care.
Follow up.
No surprise bills.

**Communities**

More health equity.

**EMS**

Faster 911 response times.
Less medic burnout.

**Community Providers**

More appropriate volume.

**Payors**

Better member experience.
Less leakage.
Save thousands per episode.

**Hospitals**

Less ED overcrowding.

RIGHT SITE+

For non-emergency patients



Introducing MedArrive

*Helping **Payors** and **Providers** pair EMS + telemedicine
to seamlessly extend care into the home*



Our mission is to improve people's lives by bringing more humanity to healthcare.

We pair telehealth physicians with a national network of Paramedics and other Field Providers who deliver care in the home. This powerful combination allows our partners to seamlessly extend care services into the home, unlocking access to high-quality healthcare for more people at a fraction of the cost.



MedArrive's differentiated approach lowers total costs of care.

Holistic Model with In-Home Care

Multidisciplinary approach combines in-home reach with telehealth, social work, and connection back to patient's PCP.

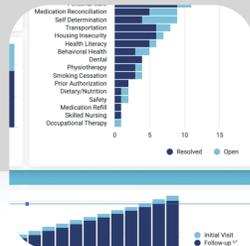
- Find, engage, and coordinate care
- 31% hospitalization reduction



Improved Lasting Clinical Outcomes and ROI

Data models help identify patients in program design and algorithms optimize for efficient routing and scheduling

- Upfront ROI modeling
- Self-serve reporting



Deep Understanding of Your Community

EMTs and Paramedics uniquely positioned to serve underserved populations and communities with empathy and compassion

- Urban and rural
- Cost-effective
- Drives 100 NPS



Start Quickly and Scale

Asset-light model allows for short start-up timelines, broad geographic reach, and little-to-no technical integration

- Care programs across risk
- Lower costs than hub-based models



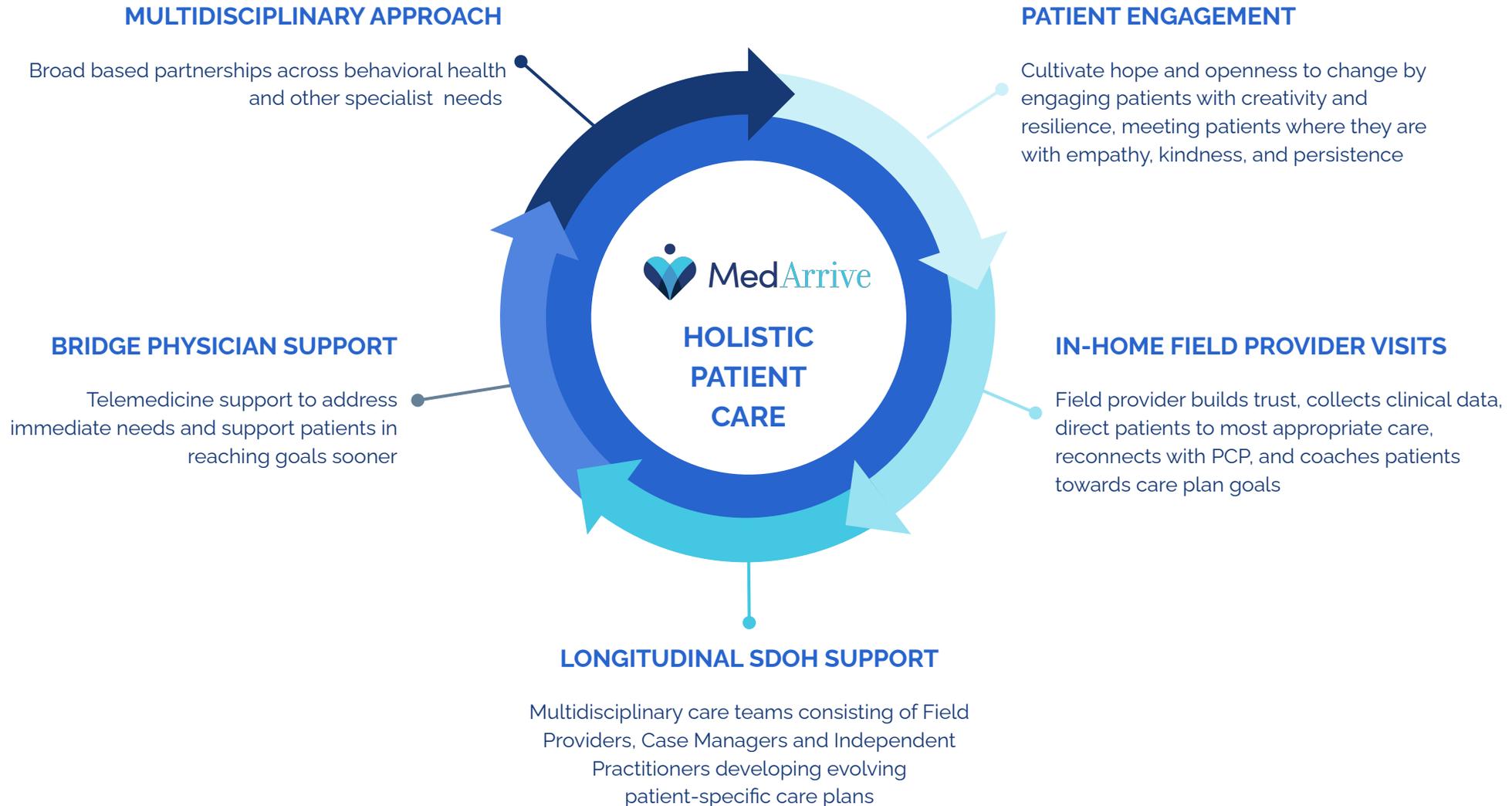
White-Labeled, Seamless Experience

Patient experience entirely programmable from call center scripts to data collection to branded clothing for field providers

- Omnichannel communication
- Educate and engage



MedArrive's holistic patient care model



A MedArrive patient story.



Age: 47

Gender: Male

Underlying Conditions: ESRD, Diabetes, Hypertension, CHF, COPD

Needs: Transportation, PCP, Hospital Bed (DME), Behavioral Health

MedArrive's Care Plan Identifies and Meets Patient's Needs

- Recognized depressive symptoms and connected Patient to behavioral health
- Coordinated delivery of a hospital bed
- Secured transportation to dialysis
- Connected Patient to the Health Plan's PCP who is making home visits

Staying Connected Throughout

18 Field Provider Visits

12 Care Center Encounters

28 Case Management Encounters

3.5 Encounters per Week

Patient's Results

54% reduction in hospital use

4 significant clinical and SDoH needs met

5 ED visits avoided

1

Initial
Outreach

October 2021

We reached Patient through a door-to-door visit and set up his initial assessment

2

Identifying
Needs

Late October 2021

Established Patient's care plan and secured consistent, reliable transportation to dialysis

3

Solving
Challenges

December 2021

Delivered hospital bed, connected Patient to behavioral health resources, and established PCP

4

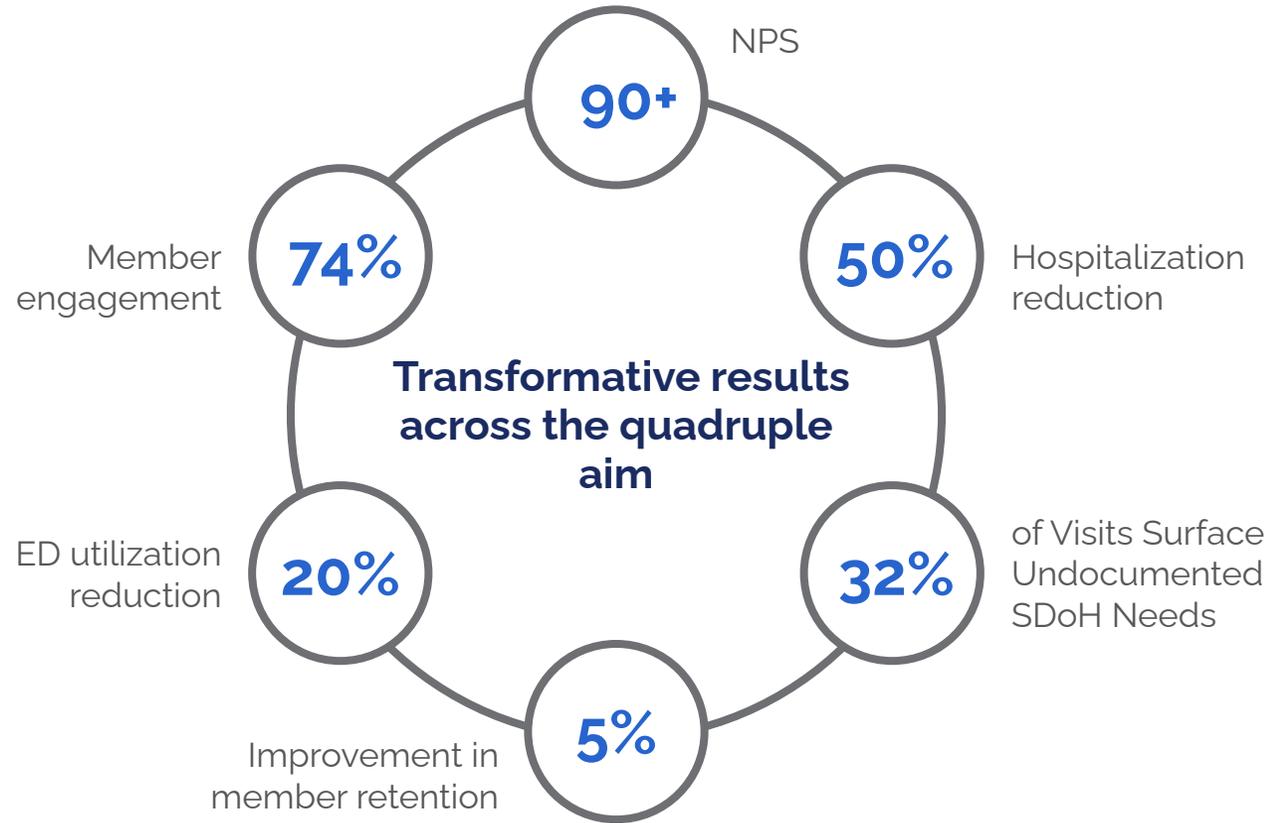
Ongoing
Work

January - February 2022

Working with Health Plan's Case Management Team on Star Plus Waiver Upgrade and other transportation challenges.



MedArrive's model delivers results



Select MedArrive Partners:





Current State

- **Durable medical equipment (DME) remains primarily volume driven**, trailing other healthcare sectors
- The current fee-for-service system results in gamesmanship to maximize reimbursement, such as:
 - Shipping patients *more product* than necessary
 - Most providers are just below Medicaid maximum allowable quantities
 - Providing the *cheapest /lower-quality* product
 - Sending poorly fitting sizes that *don't meet patients' need*
 - Provider is *reimbursed more for larger sizes*
 - Spending as *little time with the patient* as possible
- **The result:**
 - Inadequate patient care that poses a significant threat to healthy patient outcomes
 - Higher plan/benefit costs for payors

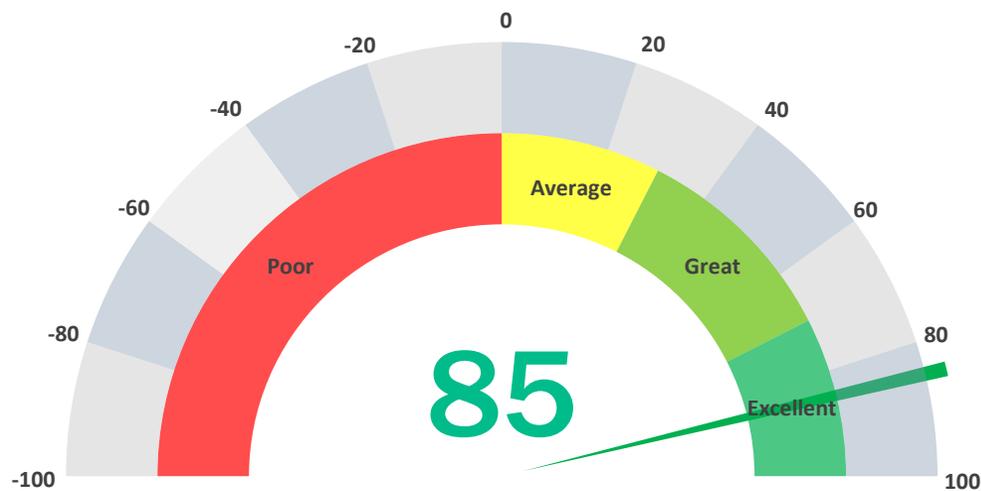
TenderHeart's Value Approach

- TenderHeart's unique approach to incontinence management utilizes a fully-capitated model
- This model has allowed us to:
 - Use higher-quality products
 - Reduce waste by shipping only the amount of product that patients need
 - Provide increased patient interaction: quarterly coaching calls
 - Improve outcomes, such as reduced hospitalizations for:
 - UTIs: 44%
 - Pressure ulcers: 63%
 - Falls: 11%¹
 - Reduce incontinence costs for four large MCOs in Texas by an average 25% for a population of 1.2 million

1. As measured by MCO partner; rates are monitored quarterly to ensure they are maintained.

World Class NPS

- TenderHeart engaged the **National Business Research Institute (NBRI)** to perform a Net Promoter Score (NPS) survey
 - NPS measures customers' willingness to recommend a company to others
- The ongoing survey shows an **NPS score of 85** for TenderHeart with a 95% confidence rating

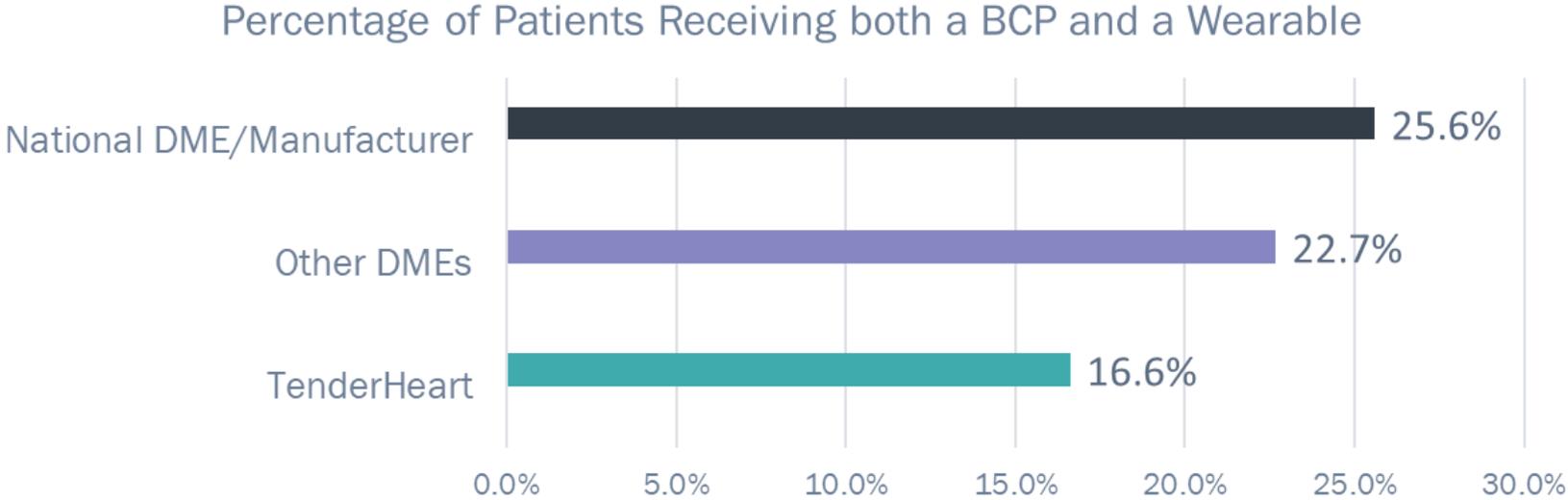


- ▲ Consistently positive member engagement
- ▲ High member satisfaction
- ▲ Member retention
- ▲ Trusted by members
- ▲ Product quality that works for members' lives



Savings & Outcomes Example – Double Padding

- Double padding or the use of bladder control pads inside other wearable products such as pull-ups and briefs has been shown to increase the likelihood a patient will **develop a UTI by 175% and pressure ulcers by as much as 400%**

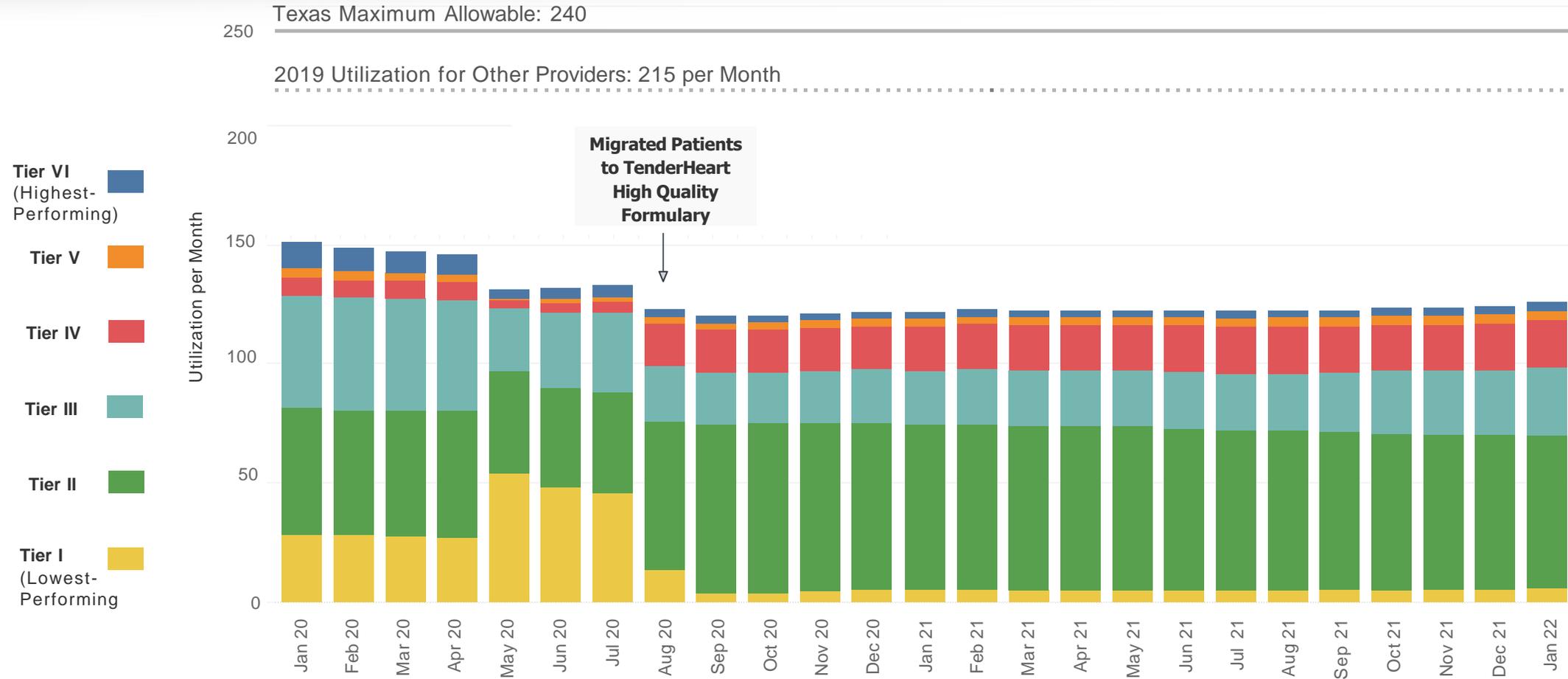


- TenderHeart rate of patients who double pad is significantly lower than other Texas providers, yielding an **estimated savings of \$4.5MM in pressure ulcers and UTI hospitalizations**

* Based on HHSC FOIA request data for Texas incontinence spend in CY 2019 and UTI admission of \$6,000 and pressure ulcer admission of \$20,000.



Wearable Utilization – Actual MCO Example

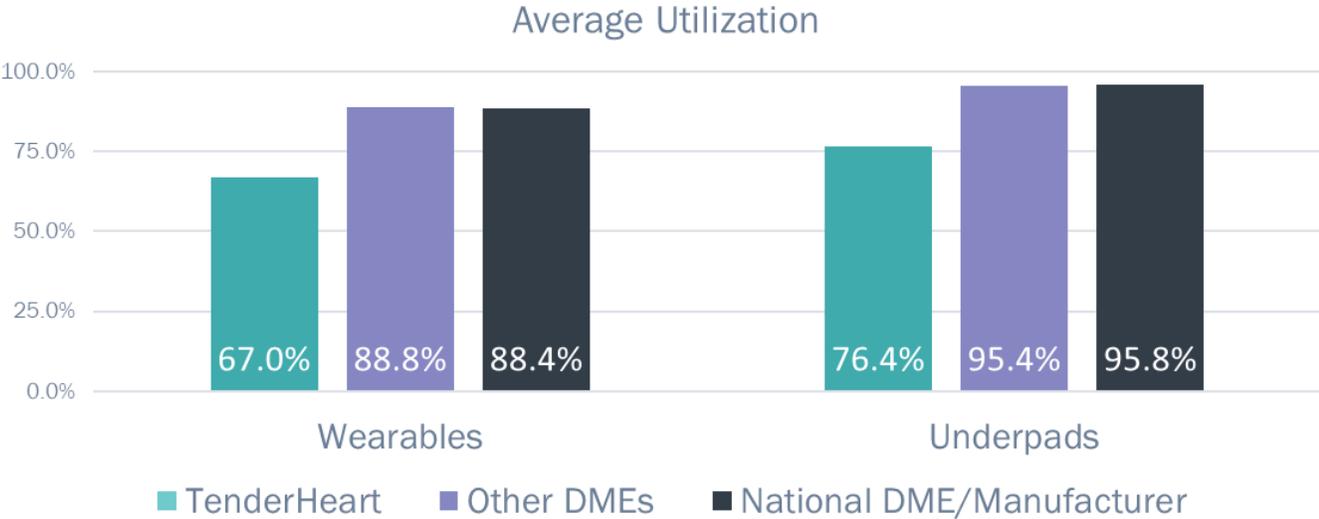


* Product tiers are based on nationally recognized, brand agnostic quality metrics such as rewet rate, rate of acquisition, retention capacity, and breathable zones, along with other product features. Tier I is lowest-performing and requires higher product use compared to Tier VI, the highest-performing.



Texas Results and Future Expansion

- Began in Texas, with 4 national MCO's under contract, we now have all 5 under contract
 - At risk for \$1.2 million patients; 35,000 incontinence patients served monthly
- TenderHeart's average utilization for both wearables and underpads is 25% lower than the other providers in Texas resulting in **\$10MM** in annual savings
- Moving beyond Texas: In discussion with states and MCO's in Pennsylvania, Florida, Ohio, Indiana, Tennessee, and Wisconsin



Values

Integrity

We are committed to honesty and trust in everything we think, say and do.

Compassion

We care, we listen, we respond.

Innovation

We create service enhancements that address healthcare challenges.

Equality

We respect people, value diversity, and promote inclusivity.

Communication

We are committed to transparency and helpfulness in every interaction.





Agenda



- 1 What is Yuvo Health?
- 2 How does it work?
- 3 Where are we now?
- 4 Discussion & Next Steps

YUVO HEALTH

What is Yuvo?

FQHCs serve*...



FQHC's play
a critical role



For our country's poor, FQHC's provide great care...



Access

FQHCs serve **20%** of Medicaid Beneficiaries & **33%** people in poverty



Quality

75% of participating FQHCs qualified for quality bonus payments



Compassionate Care

FQHCs achieved **98%** customer satisfaction rate

... driving down the cost of care for their patients

FQHCs represent **20-25%** of Medicaid beneficiaries, but only **4%** of the cost



average Medicaid Savings per patient



The Problem

FQHCs are not set up
or supported for VBC

Challenges



relatively sub-scale patient panels



costly and laborious administrative
requirements



regulations prohibit down-side risk



YUVO HEALTH

How does it work?

Yuvo works with FQHCs to ensure they succeed in their value based care journey



QUALIFY

yuvo's IPA contracting vehicle enables FQHCs to qualify for VBC



ACHIEVE

Yuvo manages VBC admin to maximize shared savings



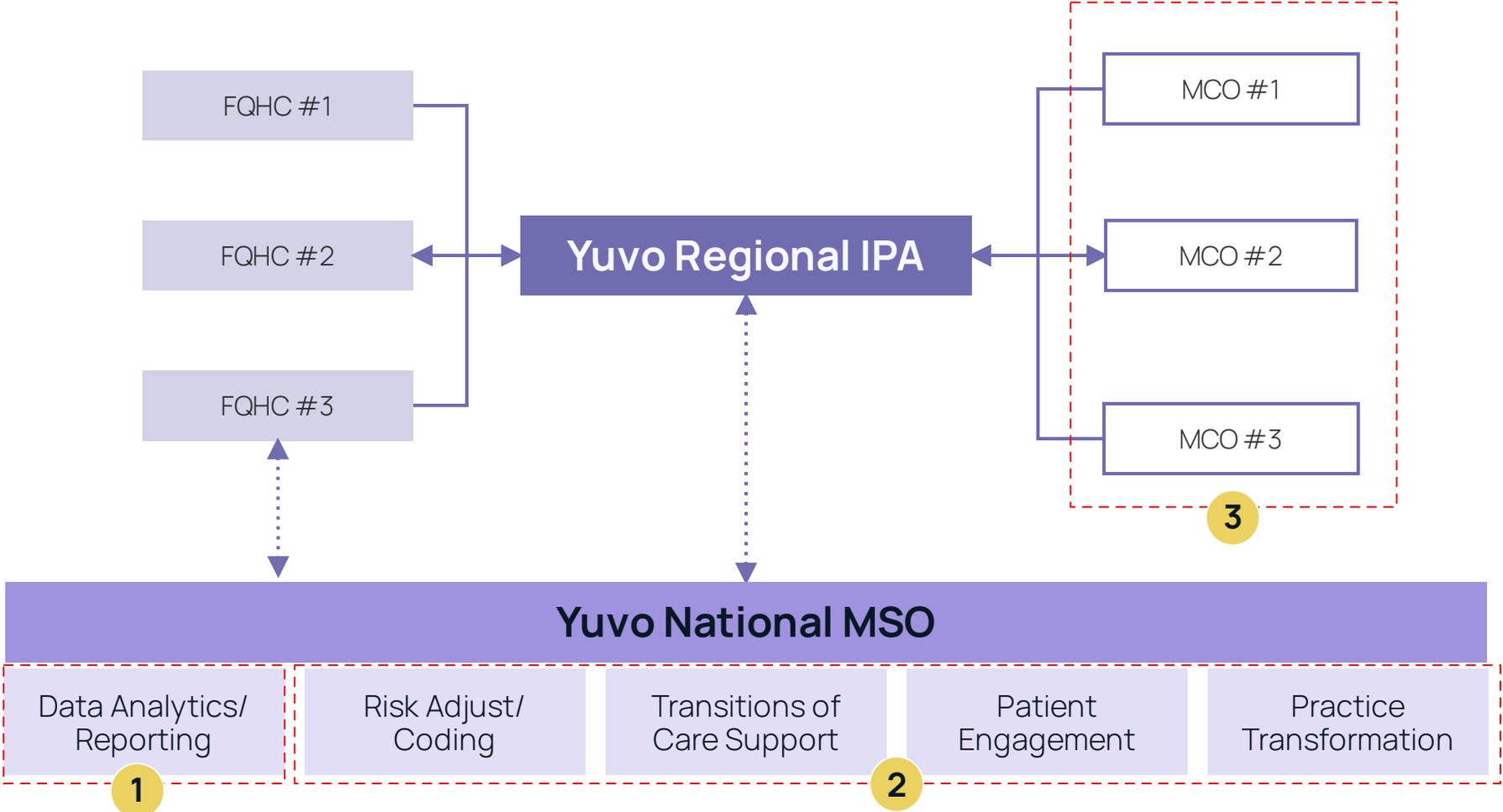
EXPAND

when ready, yuvo assumes downside risk, unlocking richer VBC models for both



Extend services in your community

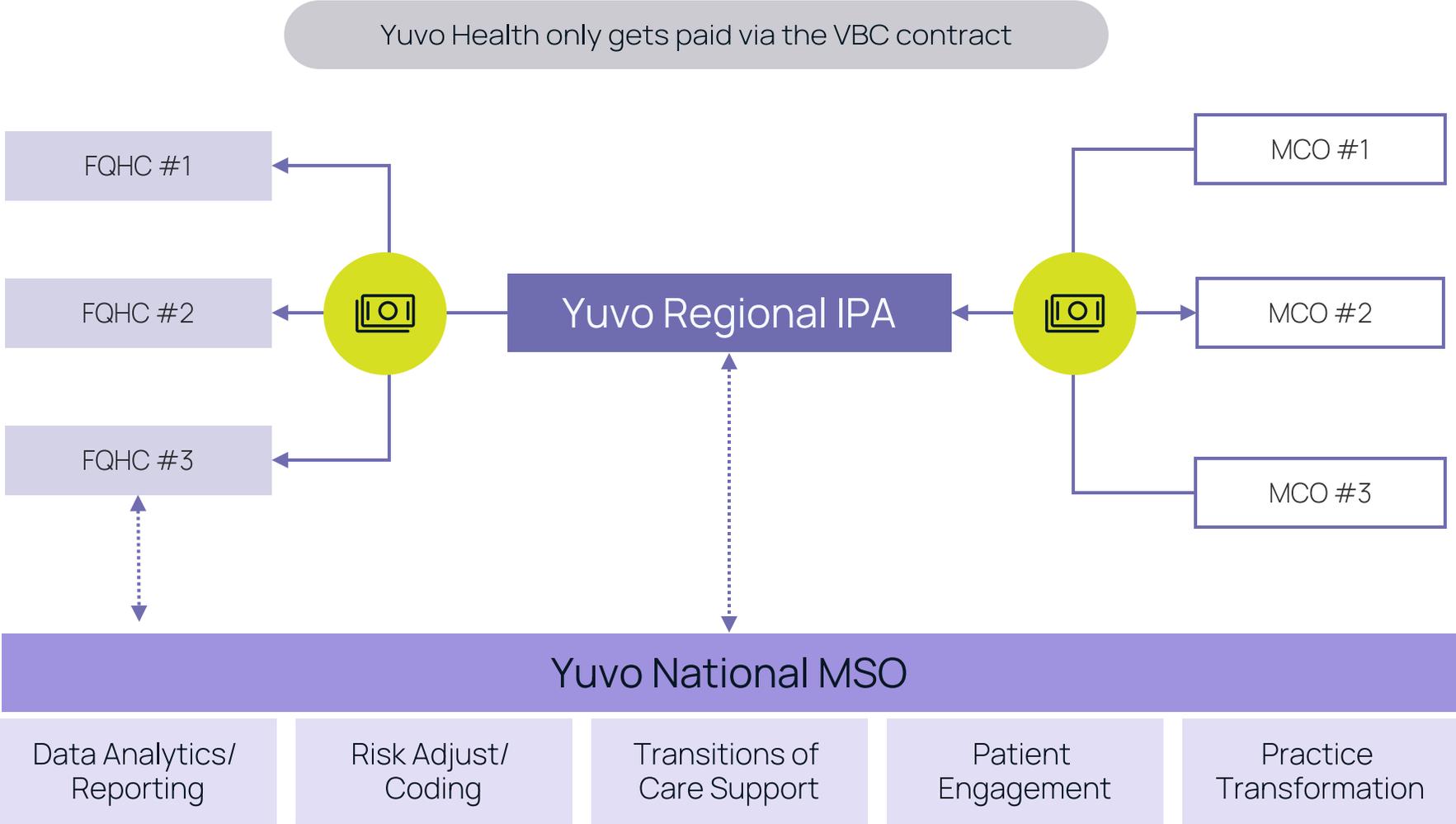
Yuvo Health Services Structure



Yuvo Health addresses 3 main areas for VBC success:

1. Technology
2. Population Health
3. MCO Collaboration

Yuvo Health & FQHC incentives are perfectly aligned



Our 100% BIPOC Founding Team

Brings over 80 years of combined healthcare experience to support the mission of our FQHC/CHC partners



Cesar Herrera

Chief Executive Officer

Prior Experience: Healthify,
Zocdoc, Booz & Co, Horizon
BCBSNJ



Stephanie Hudson, JD

Chief Legal Officer

Prior Experience: American
University Law Faculty, Mercy
Health System



Carmelo Cruz Reyes

Chief Mgd Care Officer

Prior Experience: Emblem
Health, Public Health Solutions



Janel Sia

Chief Strategy Officer

Prior Experience: Healthify,
International Rescue
Committee (IRC)

With Yuvo Health, Health Plans



Can increase # providers on VBC

Yuvo Health aggregates many FQHCs into a VBC contract that otherwise would have not qualified on their own



Gain stronger partnerships

Yuvo will be an active and engaged partner, leveraging your tools and ensuring adoption from our FQHC partners



Have more guarantees for savings

Yuvo Health is in the position to take on downside risk, so we're putting our money where our mouth is



Market Recognition

gain name recognition as a trusted partner with a critical segment of your provider network (FQHCs)



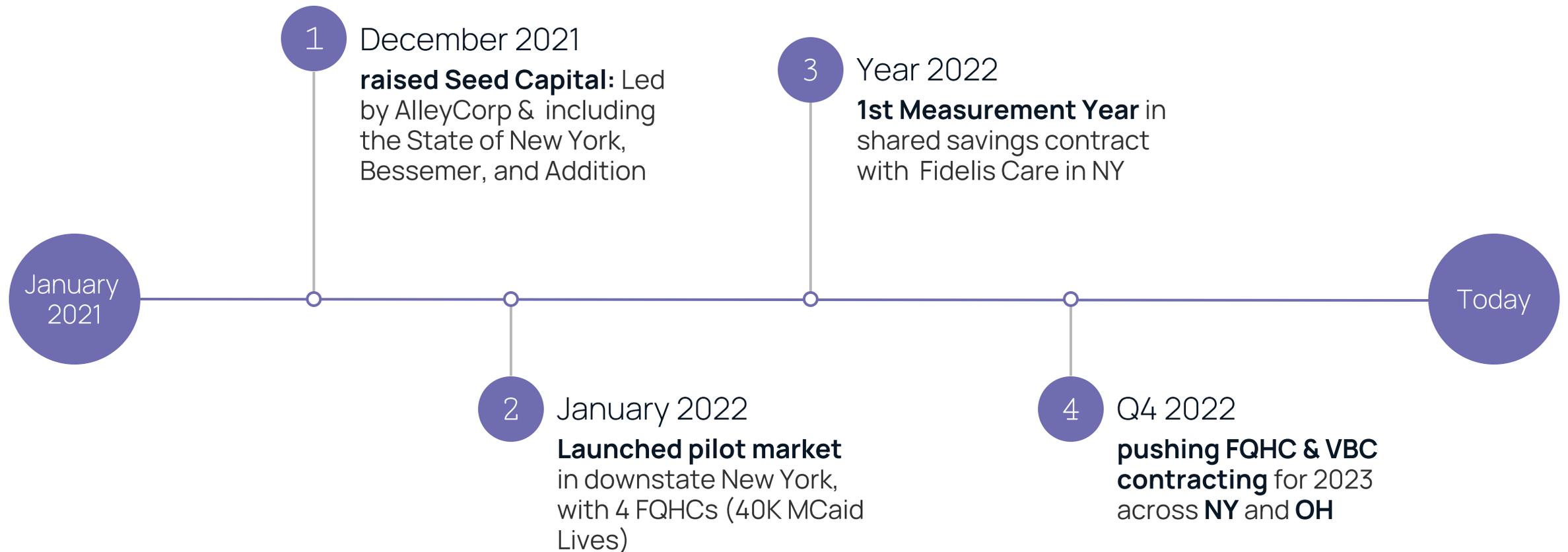
Gain a translator partner for our FQHC partners

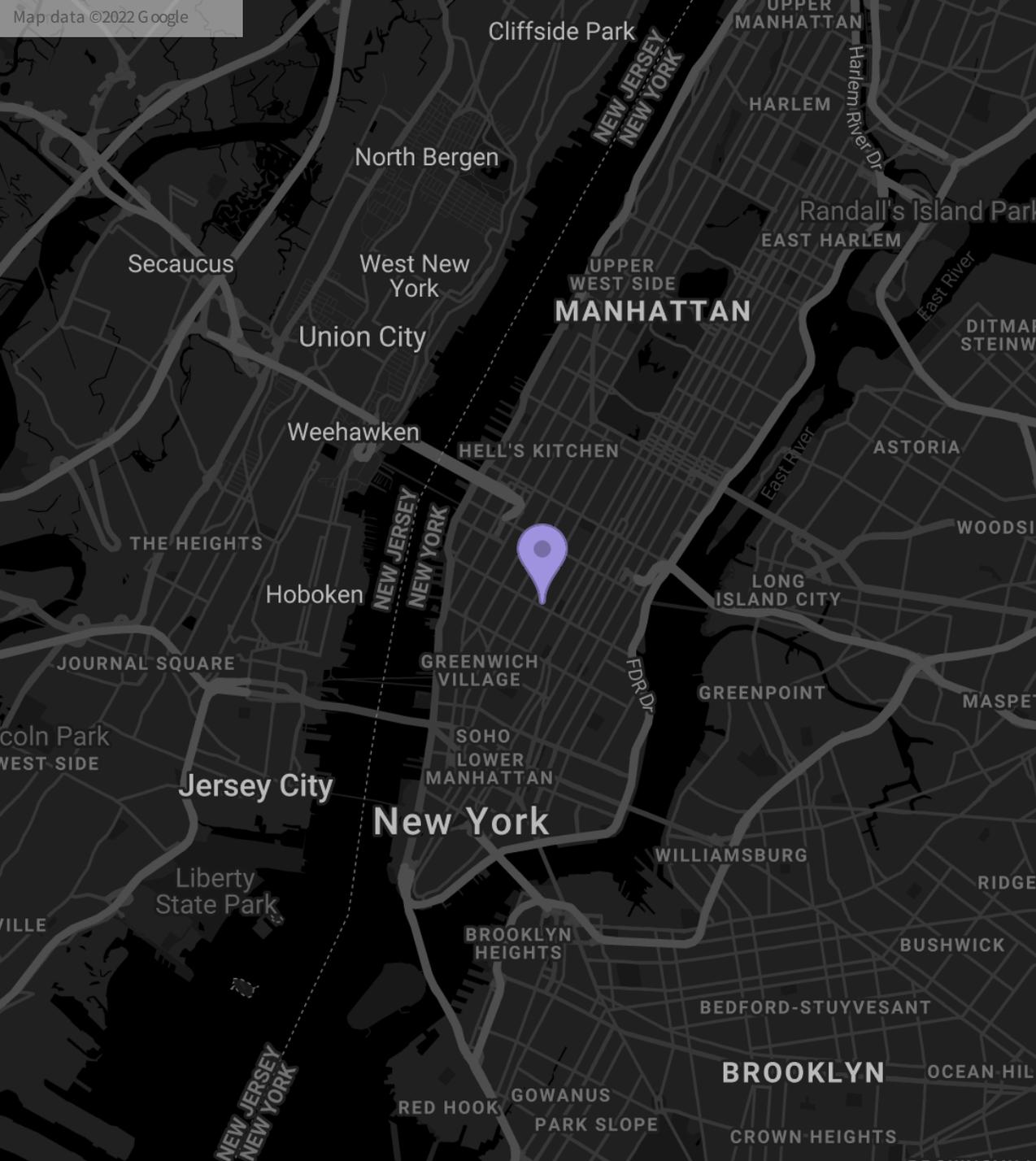
Yuvo understands both provider- and health plan-sides, so can translate FQHC services to metrics health plans care about

YUVO HEALTH

Progress to Date

Yuvo Health Progress to date





Contact Us

43 W 23rd Street, 2nd Fl, New York, NY 10010

-  (332) 895-1853
-  info@yuvohealth.com
-  <https://www.yuvohealth.com>



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