

HealthPointe Solutions at a Glance...

HealthPointe Solutions is a Rapidly Growing Leader in Actionable Data and Cloud-Based, AI-Driven Applications Enabling Healthcare Organizations to Achieve Measurable Improvements

- HealthPointe is a transformational global healthcare technology company serving health systems and government entities
- Positioned to address the significant inefficiencies in today's healthcare system while simultaneously improving care quality, increasing revenues and streamlining administrative burdens
- Offers a one-of-a-kind cloud-based data platform to normalize the immense structured and unstructured data across numerous information silos throughout the entire healthcare ecosystem
- Leading cognitive artificial intelligence applications leverage the Company's powerful data platform enabling insights and solutions that drive client operational improvements
 - Module-based use cases span clinical, financial and administrative solutions for Providers, Payors, and Consumers
- Delivers industry-leading Software Development Kit (SDK) leveraging products, analytics, modules and knowledge framework in a cloud-enabled, interconnected environment
- Flexible next-generation mesh architecture supports entire technology platform and enables several broad go-to-market products including clinical interoperability, data analytics, value-based care, among others

AI-Enabled Knowledge Cloud for Advanced Personalization

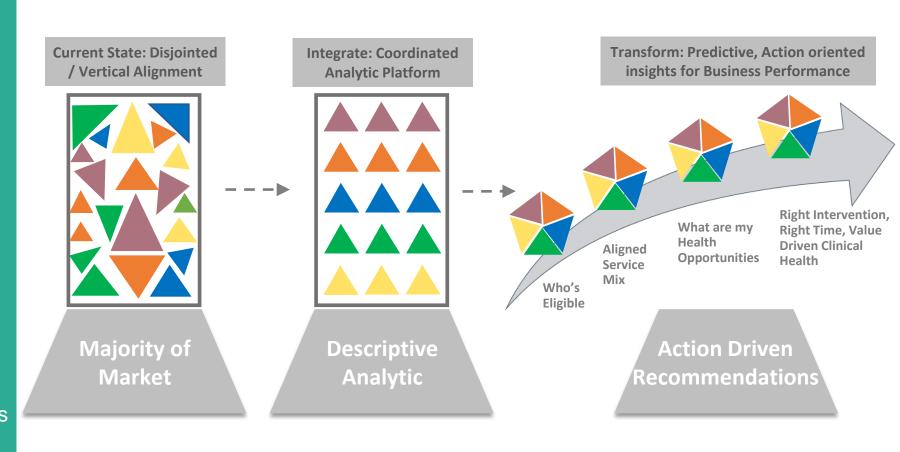




Implications of Digital Transformation

Today's Struggles...

- High degree of difficulty in aggregating, matching, analyzing, and extracting value from data
- Limited re-use of existing data environments, IP, methods or analytic calculations
- Reliance on point fixes versus enterprise strategic solutions which support operating leverage
- Effective migration to cloud solutions and system interoperability





Modernizing healthcare for a digital future

Digital Hospital

Right Care at the Right Time

- Connected Care Coordination
- Emergency Department Mgt
- Referrals
- Transition of Care (IP/Subacute/Home Health/PT)

Clinical excellence and reducing administrative burden

Digital Care

Understand & Take Action

- Productivity & Capacity Analysis
- Clinical treatment patterns
- Risk Adjustment & Quality Gaps
- Organize/prioritize VBC program rules

Actionable recommendations of quality cost, utilization

Digital Health

Empower the Patient

- Care planning
- Telehealth
- Remote Patient Monitoring/IoT
- Personalized Decision Support
- Education and Resources

Enable the health and wellness of your population

Clinical Performance Insights

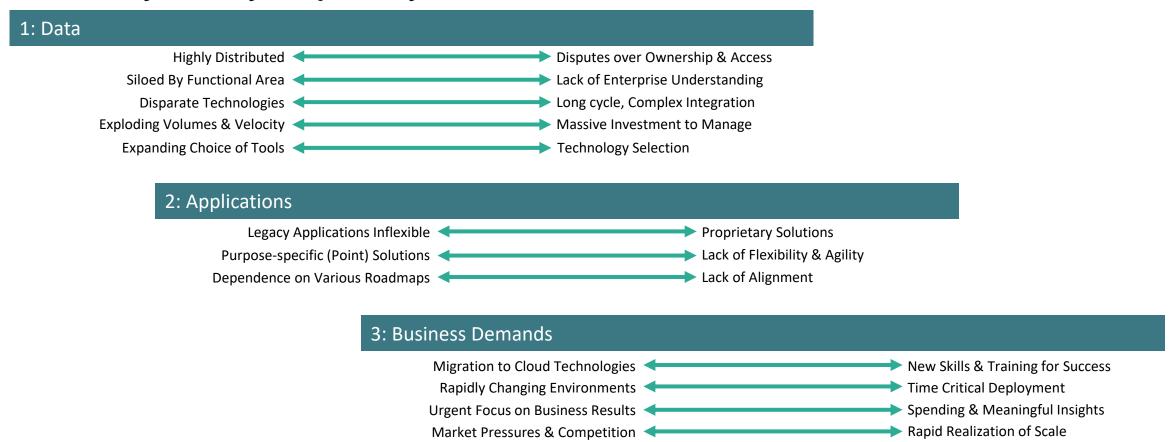
Prescriptive & Action-Oriented Messages



Common Health IT IDN Challenges

Distributed Data & Applications Constrain Innovation

Where are you on your journey?





Healthpointe Solutions Clinical Performance Analytics

Dynamic dashboards that support measuring and monitoring the overall value of business and clinical processes through Cognitive Artificial Intelligence

Data → Insights → Value



Integrates with all workflows to support overall value creation through the advanced use of clinical decision sciences



Supports automation and identifies problems early with realtime, dynamic dashboards



Highlights a complete profile of health for the target populations



Brings actionable intelligence to all stakeholders

- Provides workflow AI driven alerts and recommendations
- Establishes benchmarks by facility for active performance improvement





End User and Key Highlights



Healthcare Practices

✓ Convenient

- Works within existing analytics process or dynamically with Cognitive Al
- · Supports data trends and program performance
- Knowledge library expansion creates more dynamic value



Providers

Efficient

- Faster creation of dashboards
- Both structured and unstructured data sources are supported
- Data-driven insights alone do not give an accurate picture of workflow effectiveness



Patients

Supportive

- Moves value creation from insights alone to actions and accountability
- Transparent business process
- Aligns clinical monitoring to approved treatment pathways



Quick, return of value over solution investment



Value achieved by implementing Healthpointe Solutions









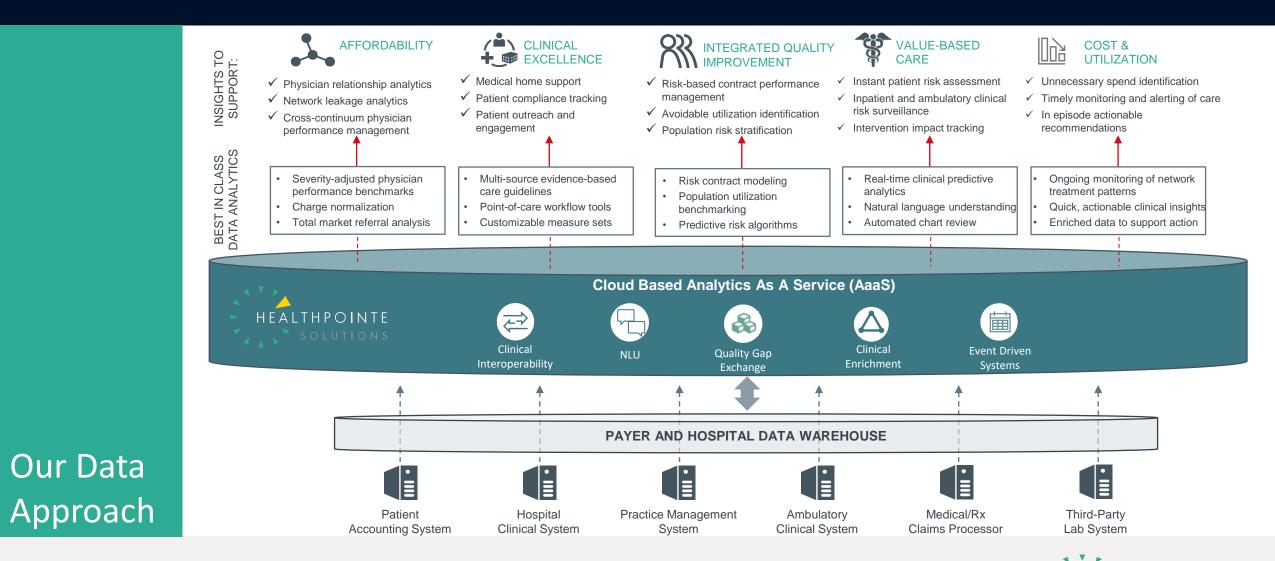
Report Processing & Distribution







Integrating data from across the health care ecosystem...enlarging and enriching



Quick Launch Plan- Iterative Value at each Phase

Launch Guiding Principles





Value achieved from previous phase funds the next phase.







Meeting You Where You Are

Opportunity AssessmentRetrospective Insights

Where are the "hot spots"?

What actions are needed?

What goals should be set?

Start Anywhere on the spectrum

Where does your organization want to enter?

Align to your organization's desired pace of change...



Analytics As A Service (AaaS)

- Incremental Refresh of Updates
- Measurement Scorecard
- Messaging and Data Exchange

What impact am I having on the stated goals?

What areas should be tackled next?



AaaS with Visualization & Cognitive Insights

- · Prospective Insights
- Report Visualizations & UX
- Near-real time actionable recommendations

What impact am I having on the action?
What areas should be tackled next?
What clinical actions are needed to stay "on-track"?



AaaS with Visualization & Insights w/in Workflow

- Real-time "In Workflow" actionable recommendations at point of care
- Mobile and web experiences
- Dynamic plug-ins
- Operational process alignment

What impact am I having on the action?
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What actions to stay "on-track"?
Within stream of care, what clinical actions are needed to stay "on-track"?



Modernization Approach: Performance Insights Program

Two Phases of Launch:

Targeted Deployment: ~90 Days

- Target 3 High-Value Programs
- Intake
 - (Clinical systems, Medical record, Provider Demographic)
- Finalize selection of Analytic Package
- Build Analytic Package
- Build Interfacing
- Deploy

General Rollout:

90+ Days

- Onboarding of Remaining Programs
- Integration (Intake & Delivery)
- Analytic Package
- Identify customized EBM metrics
- Ongoing Deployment of Programs

Provider Onboarding Steps



Step 1:

Analytic Rule Configuration

- Review analytic rule sets
 - Leverage HPS Analytic Rule Sets
 - Configure Client Rules
- Build Final Analytic Package
- Custom rule config (if necessary)
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Step 2:

Integration Configuration

- Identify Available Data Sets
- Identify Interface type
 - · API, Batch, Other
 - Inbound Interface Exchange
 - Delivery Interface Exchange
- Map non-standard code sets to standard



Step 3:

Environment Configuration

- Cloud Environment Configuration
- Analytic Environment Configuration
- Dashboard/Report Configuration
- User Provisioning



Performance Analytics

Move from informative analytics (counts, sums, trends) to true business performance management

Healthpointe Solutions can digitalize the identification, organizing, enriching and connecting across the by providing tools that take the burden out of administrative and financial management.



Clinical Interoperability

Integrates with all workflows to support overall value creation through the advanced use of clinical decision sciences



Actionable Insights

Brings actionable intelligence to all stakeholders

Provides workflow AI driven alerts and recommendations



Monitor

Establishes benchmarks by facility for active performance improvement



Problem Identification

Supports automation and identifies problems early with real-time, dynamic dashboards



Enriched Patient Profile

Highlights a complete profile of health for the target populations



Digital Care





As Cost Pressures and VBC programs expand, the administrative burden on the provider increases.

33%

Spent On patient direct care

"If we look at the total clinic day, <u>less than a third of that time</u> a physician is actually giving direct patient care."

- Christine Sinsky, Vice President of Professional Satisfaction, American Medical Association*





Only 27% of time*



catch up





^{*} Advisory Board, The Daily Briefing, 09/08/16
07/15/20 Page 14
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Challenge: VBC Administration Burden...manual, complicated and time consuming.

Rules and success factors differ by each patient's Value Based Care program. Inconsistent
Program
Rules

Patient Scheduling Patients are elusive and difficult to get into a meaningful appointment

Administrative Challenges

Delays in payer processing often create duplicate requests for data.

Insights Come Too Slow

Erratic Data Formats

Data submission requirements for each program are inconsistent and unique.





What makes up the 2/3rd of administration?

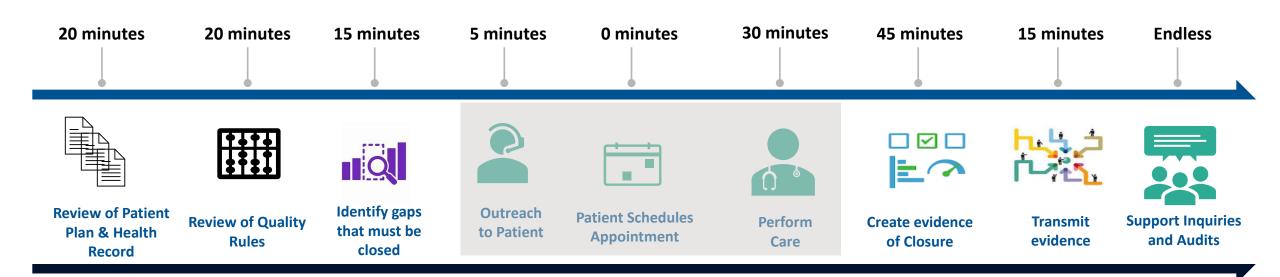
Physician Day in the life of a single VBC attributed patient...

Hrs per patient

For a single patient, significant administrative time is required to support an attributed patient!

1000s
Hrs annually

Across a practice attributed patients, *1000s of hours annually* are taken away from patient care





Healthpointe Solutions Digital Care

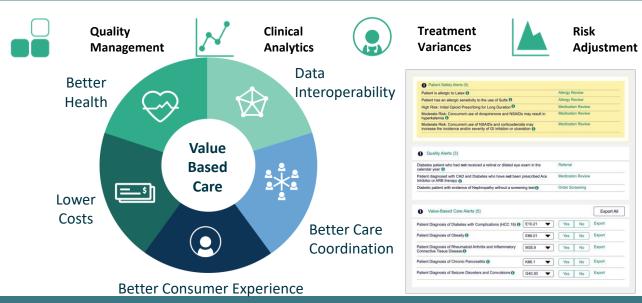
Data

An effective solution suite powered by Cognitive Artificial Intelligence that allows organizations to seamlessly transition to a value-driven processes

Insights

 Value Based Care solutions provide a pathway to clinical decision sciences through seamless analytics and messaging services in your workflow

- Integrates with all systems and EMR, so that practitioners can access all their care gaps to improve overall transparency
- Real time gap management simplifies overall administrative burden
- Program transparency provides performance management across cost, utilization, quality and risk adjustment, with financial monitoring



Value

End User and Key Highlights



Healthcare Practices

✓ Convenient

- · Makes sense of EMR documentation in one place
- Works in collaboration with EMR system through a clinical information exchange
- Consumer's medical record is part of a connected experience from gaps in care-to-care plans



Providers

Efficient

- Reduces administrative burden
- Easier and faster check-in
- Workflow management gives an accurate picture of clinical risks to assure quality and outcome



Patients

✓ Supportive

- · Automated reminders and alerts
- Personalized educational resources
- Integrates with population health strategies for durational monitoring and performance attainment





5 Pillars of Digital Care

Ongoing Drive to VBC Clinical & Administrative Excellence



VBC Program Management

Seamless analytics embedded in your workflow

- Identify, organize & prioritize VBC program rules and related gaps to improve patient visit
- Simplify documentation and distribution of numerous formats
- Support Payer/Regulatory Inquiries and Audits

Reduce the Administrative burden

- Monitor multiple payer program rules
- Actionable recommendations
- Automate intake of disparate program data
- Automate delivery of program documentation



Risk Adjustment

Continuous evaluation of patient current health print

- Improve initial identification of patient risk
- Establish ongoing risk adjustment certification ensuring risk moves with patient health
- Consistent clinical recommendation

Ensure the right care at the right time

- Data enrichment to improve decision support
- Speed of return to insight
- Actionable and documented patient risk identification



Quality Gap Management

Incomplete financial picture leads to missed expense forecasting

- Improve productivity organizing care to maximize the patient visit
- Avoid multiple patient visits and redundant services
- Reduce ER, Complications and Readmits with focus on preventative actions

Simplify the identification and document of quality-of-care delivery

- Identification of program quality gaps in care
- Organized and Actionable Gap closure recommendations
- Ongoing Monitoring



Clinical Interoperability

Many incoming medical record data formats and structures

- Reduce the IT burden of managing many incoming unstructured data formats
- Increase percentage of electronic medical records received.
- Deliver summarized and enriched data to multiple downstream entities

Streamline Technical Maintenance

- Increase percentage of automated intake of records
- Diminish the burden of data teams managing integrations.
- Reduce development, integration and maintenance costs of IT team.
- Return focus of IT to strategic initiatives



Medical Record Optimization

Unstructured Data to Useable, Structured Data

- Convert unstructured data (PDFs, Faxes, etc.) to useable data
- Highlight key phrases using clinical knowledge base of health.
- Reduce the administrative pain of data teams
- Reduce & clinical reviews identify key

Streamline Operational Maintenance

- Go beyond hyper-texted identification of NLP to provide clinical context
- Summarized, actionable clinical enrichment
- Allow focus on clinical teams to drive to complex and outlier cases.



VBC Quality Gap Management





Understand the population





Actionable Recommendations



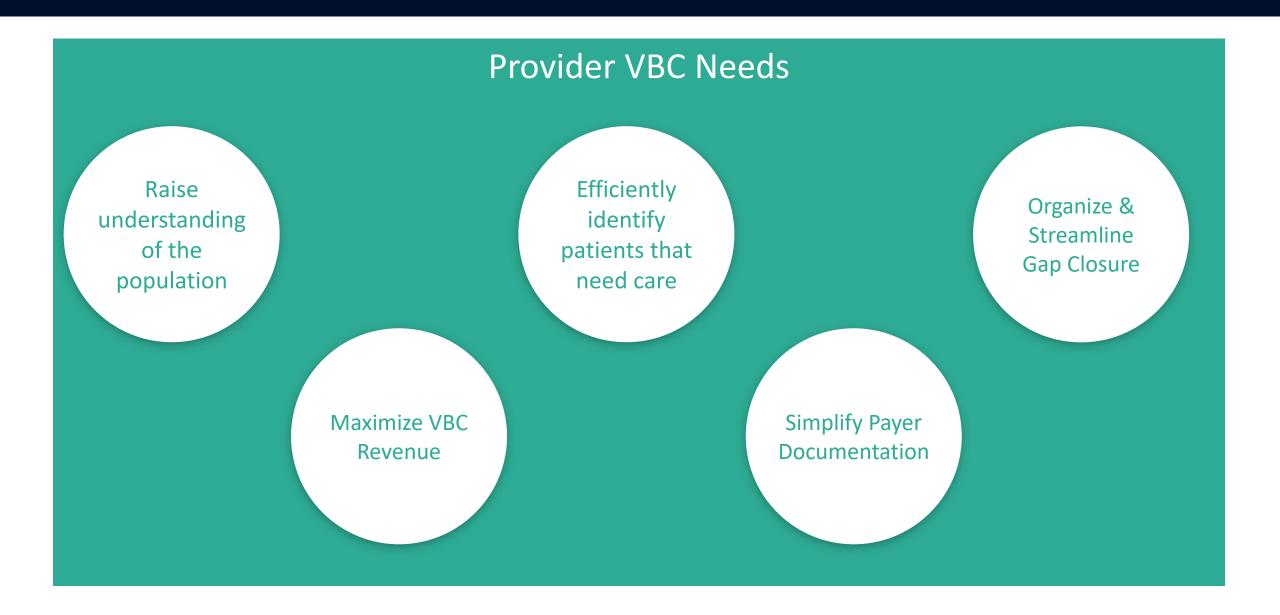
Right Care Right Time



Deliver Clinical Insights across the care spectrum



Where does Healthpointe Solutions find the efficiencies?



Quick, return of value over solution investment



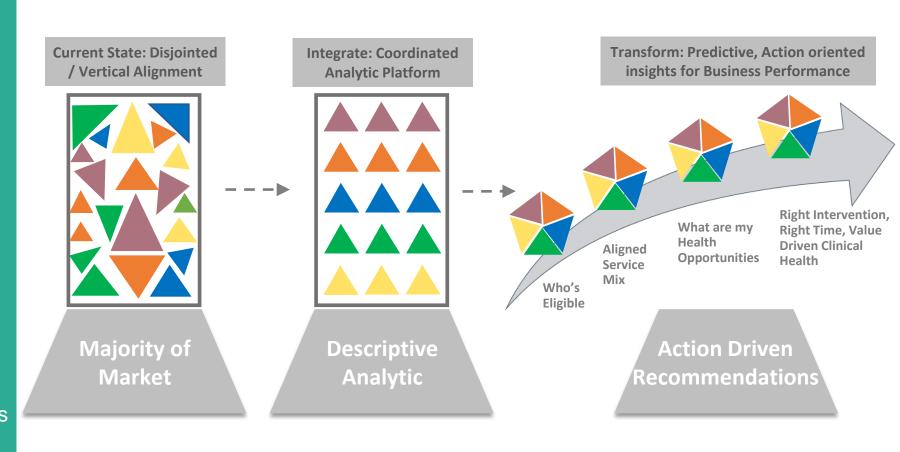
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How does Healthpointe Solutions solve provider needs?

Reduce Time chasing medical record

What?

Seamless retrieval and conversion to electronic format of Medical Record without disrupting provider operations.

How?

Connectivity to clinical exchanges. NLU converts, documents and clinically summarizes medical record without minimal provider operational disruption.

Reduce time to gather clinical data.

What?

Quick, advanced data processing

How?

APIs provide near real-time processing and reduces the delays of reliance on claim and batch processes.

Quality Gap Identification

What?

Enriched data using Cognitive analytic insights about your attributed population and their diagnosis plan

How?

A mature, robust analytic engine supports a wide variety of standard & proprietary analytic packages.

Automation of program gap reporting

What?

Automated submission of gap submission to payer How?

Use existing APIs to package, submit and document delivery of provider's gap evidence.

Maximize Patient Interaction

What?

Identify and Organize patient gaps for more efficient closing of gaps

How?

Enables a provider to see a prioritized and organized list of gaps for a member that allow for efficient use of a members visit closing multiple gaps with one visit.

Maximize VBC Revenue

What?

HPS helps identify and organize gaps resulting in gap closure enabling additional reimbursement

How?

Identify reimbursable, appropriate value-based patient care services needed. Improve percentage of bonus realized from VBC incentives.

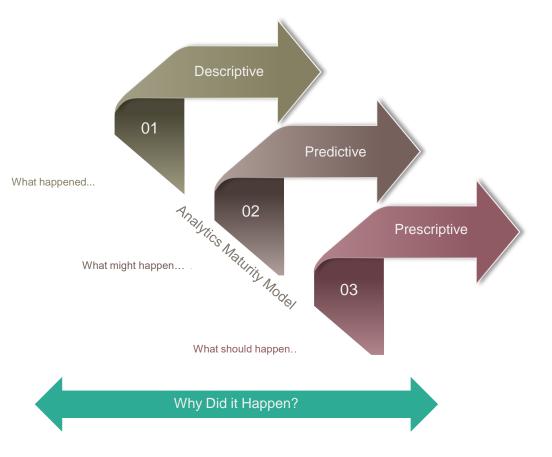


Healthpointe Solutions Clinical Knowledge of Health

Knowledge is the foundation of true clinical decision sciences

Advanced Analytics Framework: End to End Lifecycle Management of Metric Development

Migration from informative analytics (counts, sums, trends) to true business performance management





Challenge: Fragmented Clinical Data

Our Health Cloud Solution can source data from anywhere

The Challenge

High-cost patients see many providers annually with data spread across care settings



The Objective

Unified, Normalized Clinical Data Ready for Analytics





Data Administration

Standardize/Organize, Enhance and Deliver

Our experience and existing API connections to common data/technology platforms make implementation easy for providers.

1

Get Data

Leverage existing industry APIs to gain access to critical data

Minimize provider involvement in data delivery

2

Enrich Data

Process with our standard and proprietary analytics packages

Create expanded and organized clinical insights



Deliver Gap Evidence

Electronically package and send evidence of gap closure to payer

Store documentation of gap closure for easy retrieval



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Implementation Approach: Onboarding Quality Program

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Value: How does Healthpointe Solutions solve?

Healthpointe Solutions can transform the administrative burden for VBC programs by providing tools that take the heaviness out of non-patient facing activities.

A Solution Impact

Automated and Expanded Clinical Insights earlier enabling increased personalized care



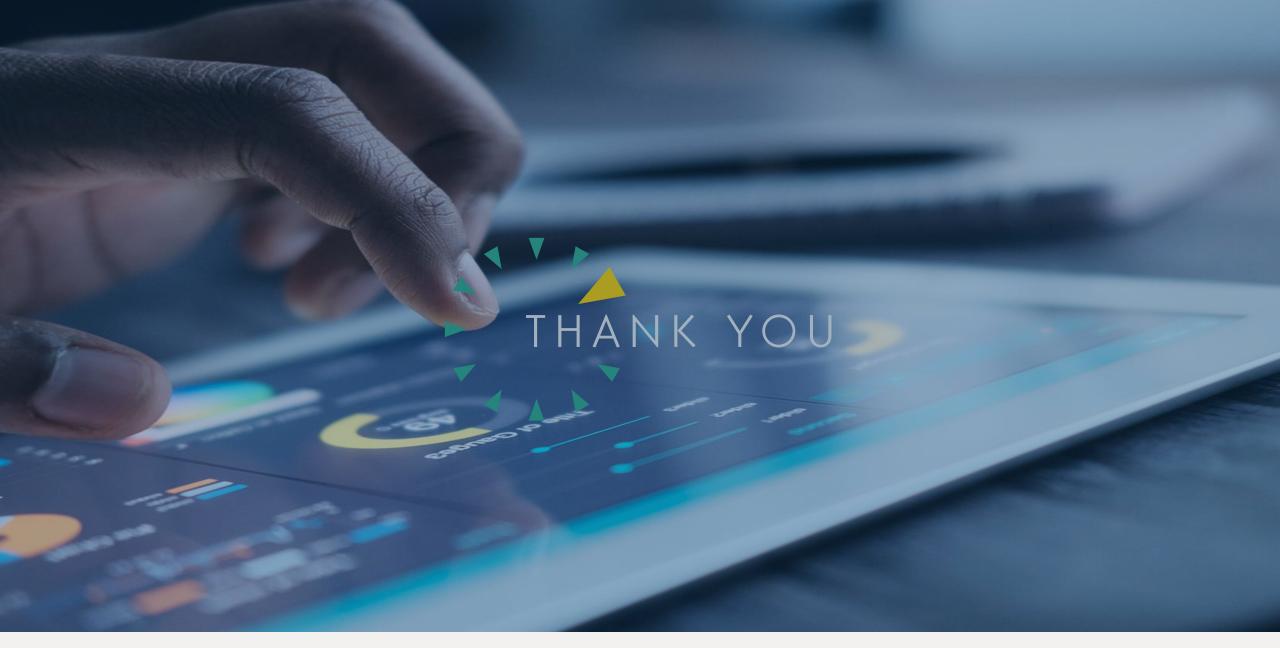
- Early identification of patient risk to ensure supported care pathways are assigned to patient
- Get the most out of patient visits thru organized visits
- Maximize revenue by aligning care given to Payer VBC programs
- Ops: Reduce organizations effort to support justification of risk and patient care pathway



Next steps / Soft Close













Appendix



Value-based Care – Risk Assessment

Problem: The lack of identification of a patient condition leads to deviations in the ideal care path and can reduce reimbursement required to manage to the patient's current health.

Solution: Healthpointe Solutions helps identify and perform ongoing monitoring the patient's health ensuring the right care is plan and incentives are assigned to the patient.

Value: Every point a risk score increases results in an additional \$800 in revenue a month associated with that patient. A provider group which has under assessed 100 patients increases a provider's revenue by \$960,000 annually.



Challenge / Objectives

- Identification of new patient's risk score is misaligned and limits revenue for that patient.
- Existing patient's must have their risk assessment re-certified or revenue will revert to a lower risk score.
- Existing patient's that move from one risk score to another risk score are not identified and revenue is not aligned to the patient's care needs and services.
- **Document and Deliver** gap closure evidence in the payer's desired format metric gaps that have been successfully closed.
- Support payer audits and reconciliation of quality gap review



HPS Solution

- Expanded analytic insights which allowing patient to be assigned to the right risk category enabling the right care pathway to be assigned.
- Al population risk assessment that go beyond standard algorithms with proprietary rules that enable advanced personalized risk scoring
- Provide seamless ongoing evaluation of risk score against VBC quality contract rules
- Expand clinical data: Retrieve more clinical chart and historical clinical data to help support identification of risk score.
- Automated delivery of payer documentation of gap closure in payer's desired format.



Results

- **Increase revenue:** With each point increase of risk score, \$800 a month in revenue is received by the provider.
- Improve speed to identify risk score ensuring the patient revenue is realized earlier in the year.
- Reduce operational costs through seamless risk assessment identification, documentation and delivery of data to the payer.

Performance Analytic Administration





Ongoing Analytic Evaluation enables program success

Frequency of analytic processing has a direct impact on quality of insight



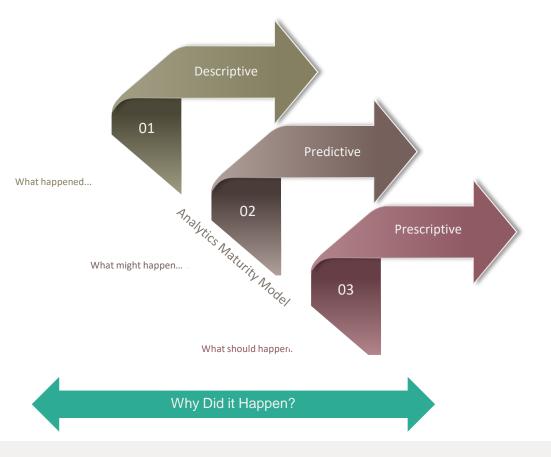


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5 Pillars of Clinical Performance Analytics

Ongoing Drive to Administrative Excellence



Affordability

Incomplete financial picture leads to missed expense forecasting

- Drive and improve major budget decisions
- Minimize budget variance across departments
- Improve productivity driving care to the right providers

Understand if budget & expense aligned to the work

- Identification of Problem
- Actionable Recommendations
- Ongoing Monitoring
- Benchmark Comparison



Clinical Excellence

Identify Key Clinical Insights

- Connect care coordination systems
- Emergency Department
- Referrals and Transplants
- · Enriched clinical data
- Transition of Care (IP/Subacute/Home Health)

Right care at the right time

- · Enrichment to improve decision
- Speed of return to insight
- Actionable Recommendations
- Ongoing Evaluation



Integrated Quality Improvement

Improve Patient Engagement

- Telehealth
- IoT integration
- Care Planning
- Patient educational resources
- Personalized Decision Support
- Remote Patient Monitoring

Empower the patient

- Symptom checking for self/family using micro-survey
- · Actionable recommendations
- · Patient educational resources
- · Findings delivered in clinical workflow



Value Based Care

Seamlessly connect disparate systems

- Improve initial & ongoing risk adjustment certification
- Organize & prioritize program rules and related gaps to improve patient visit
- Support Payer/Regulatory Inquiries and Audits

Reduce the Administrative burden

- Monitor multiple payer program rules
- Actionable recommendations
- Automate intake of disparate program data
- Automate delivery of program documentation



Cost & Utilization

Reduce Waste & Align to Clinical Best Practice

- Manage unnecessary treatment
- Avoid duplicated services
- Reduce ER, Complications and Readmits with focus on preventative actions
- PMPM Trending & Cost Drivers

Manage Unnecessary Services

- Near real-time monitoring cost, quality and utilization
- Identify network treatment patterns requiring attention.
- Quicker actionable recommendations
- Enriched Clinical insights

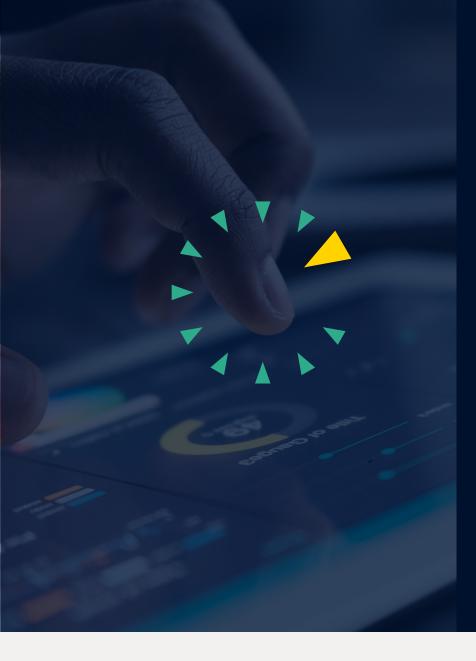






Case Studies





We Are

HealthPointe Solutions

Digital Health

Modernizing healthcare for a digital future

