Radical Collaboration: Building Payer-Provider Partnerships for a Stronger Health Ecosystem

Chair: Robert Millette, Astrana Health

SUCCEEDING AS A MULTI-PRODUCT PRIMARY CARE GROUP

April 2026

INNOVACARE HEALTH

INNOVACARE'S MODEL IS 30 YEARS IN THE MAKING

2002-2012 — Aveta / NAMM California

- Founded in 1998 by Dr. Richard Shinto
- Started w/ CA MSO, grew + 4 States
- Best in class IDM
  - MLR: 87% → 80%
  - 9 MCO relationships
- Grew EBITDA from $13mm → $79mm (+6x)
- Expanded into Senior Risk, Commercial Risk and Medicaid

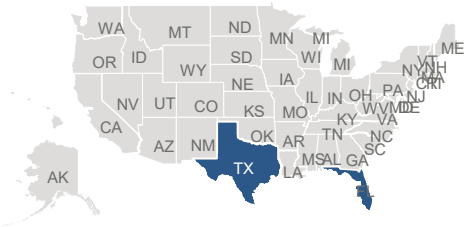
Sold to OPTUM *(2012)*

2004-2021 — Aveta / INNOVACARE / MMM

- Started w/ health plan & built fully integrated MSO
- Stars ratings: **3.5 → 4.5**
- MLR: 84.7% → 77.5%
- Grew EBITDA from $70mm → **$353mm (+5.0x)**
- Expanded into Medicaid
- #1 in Duals

Sold to Anthem *(2021)*

2018-Present — INNOVACARE Florida / Texas

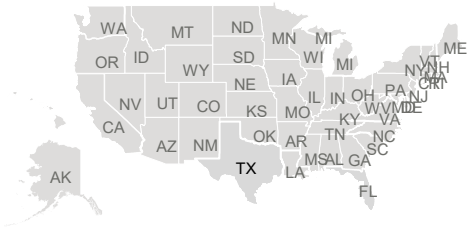


- Re-entered United States via partnership with Central Florida 5 Star provider group
- Expanded to full-service risk-taking MSO for employed and partner physicians accepting MA, Medicaid, and commercial products
- Expanded into the Texas market through partnership with San Antonio multi-specialty practice / IPA

Orlando Family Physicians / Trinity Medical Group / Family Care Partners

Pak Medical Group / Premier Family Health

InnovaCare's Future — INNOVACARE Nationally



- Continue to build presence in additional markets (focus on density to ensure strength of product)
- Partner with providers to maximize the value of their practice and ease their administrative burdens
- Integrate ancillary services wherever possible to extend longitudinal care

Taking our prior success in the Mainland and Puerto Rico….

… and repeating it in Florida, Texas and across the Country

BUSINESS MODEL AT A GLANCE

1 Vision

- InnovaCare foundation has clear vision – to drive **clinical and financial value** by focusing on **"whole-person" longitudinal care**

2 Platform

- Leading value-based primary care group operating in Central and Northern Florida and Texas
- Own and operate **standalone clinics**, staffed by **owned providers**, as well as a host of ancillary services
- Clinical Informatic, Technology, Payer Contracting, People Services, and Financial Management **platforms enable strategy execution**
- **Best in class actuarial capability** modulates risk and supports profitable growth
- **Standardized clinical operating model, EMR (Athena), and centralized member and clinical services**, provides scalable platform focused on high quality clinical and financial outcomes

3 Strategy

Our differentiated strategy:

- Serving the **MA and Medicare FFS/ACO** populations, converting members to at-risk, while also serving **Exchange and Commercial** segments
- Expert medical management capabilities, combined with superior platform infrastructure, are driving a return to **industry leading clinical outcomes**
- **Platform infrastructure** is built to scale and medical management SOPs and capabilities are **poised to scale nationally**

4 Management

- Rooted in Florida and Texas with **decades of primary care expertise** and an **extensive track record** of exporting core capabilities to new markets

INNOVACARE BY THE NUMBERS

KEY STATS

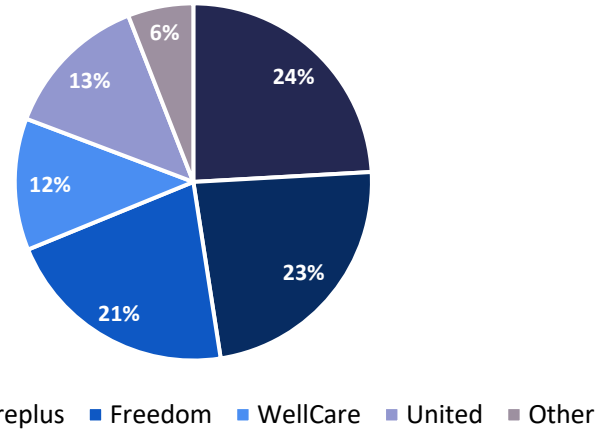
~25k Full Risk MA Lives

Business Overview

	~ 145 *providers* 71 *physicians*
	~ 44 *Owned clinics*
	+100k *lives* ~ 45K *senior lives*

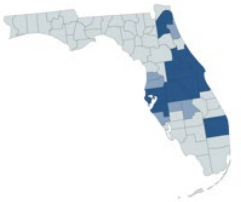
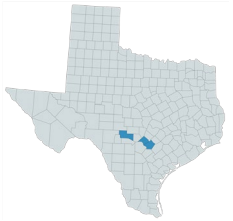
Strong Relationships with Key Health Plans

(Breakdown of membership by payor)



Note: As of Q1 2026, "lives" implies total lives, including commercial patients

FOOTPRINT

	Florida	Texas
Market		
Platforms	Orlando Family Physicians By Innovacare Health; Family Care Partners By Innovacare Health; Trinity Medical Group By Innovacare Health; Premier Family Health by InnovaCare Health	PAK Medical Group By Innovacare Health; Innovacare Franklin Medical Clinic
Clinics	40	4
Membership	35K MA / **4K ACO** / 1.8K MMA / 37K Exchange 2025 FFS Visits: ~490K	1.8K MA / **1.4K ACO** 2025 FFS Visits: ~52K
Specialties	Cardio, OBGYN, Chiro, Acupuncture	Neurology
Models	Owned / Affiliate	Owned / Affiliate

PRIORITIZING ACROSS LOBS

Many Medicare Advantage focused, multi-product primary care groups struggle because their priorities often conflict with one another, as focusing time on one LOB takes focus away from others.

Keys to Success:

- Set clear expectations by LOB
- Establish clinical model that reinforces priorities and enables achieving of defined metrics and targets
- Intensity of oversight, with concurrent reporting that allows group to (a) identify challenges and (b) course correct when off track

Sample Prioritization Framework:

LOB	Financial Impact & Exposure	Member Concentration	Clinical Infrastructure Required	Priority	Avg. Visits/YR vs. Capacity
Medicare Advantage	Full Risk	Large	+ + +	To be Defined by Group	
MMA	Full Risk	Small	+ + +		
ACO/MSSP	FFS, Shared Savings	Medium	+ +		
Commercial/Exchange	Cap, Upside	Large	+		
FFS	FFS	Largest	+		

INFRASTRUCTURE REQUIRED FOR SUCCESS

Succeeding in MA, ACO Reach or MSSP requires largely the same operating infrastructure.

FOCUSED CHANGE MANAGEMENT

Dramatic shift in the primary care space in the past 3 years requires focused change management:

- **2020-2023**: Priority on membership growth and retention
- **2024-2026**: Focus on membership performance

Reorienting **clinic operations** and **local leadership** on the fundamentals of managed care and aligning dyad and local market leadership has been critical in driving YoY performance improvements.

Effective Onboarding	• Setting clear expectations with members • Understanding as much as we can about our members and their needs as early as possible
Proactive Member Engagement	• Rebasing clinic staff mindset on engagement and accountability • E.g., Engage ALL members as if they will have an unnecessary event soon
Proactive Schedule Management	• Overhauled scheduled templates to facilitate more time for members who need it • Proactive management of schedules to ensure we (i) maximize capacity and (ii) see members we want to see with frequency by LOB
Hardwiring Clinical and Ops Collaboration	• Ensure consistent, frequent and real-time engagement between clinical, non-clinical and key support teams (e.g., dyads, clinic admins, case management, etc.)
Localized Clinical Leadership & Oversight	• Focused ecosystems that are closer to the members we serve, thus better able to quickly address their needs

Tyler Tracewski is Vice President, Value Based Programs at Astrana Health. In this role, he is responsible for the centralized operations, strategy, and growth of **Astrana's ACO business, including 5 ACOs, 75k lives, $1.3B of at-risk medical expense, and $60M in shared savings annually.**

Previously, he led the **National Operations team at Collaborative Health Systems**, a Centene company focused on Value-Based Care. Prior to that, he had a 15-year career in management consulting, assisting clients with strategic, financial, and operational strategy and execution. He served an array of provider side clients including hospitals, physician groups and networks, accountable care organizations, the federal government (e.g., Veteran Health Administration), and academic medical centers and faculty practices, among others.

Tyler earned his MBA from the Isenberg School of Management at the University of Massachusetts and his undergraduate degree in Healthcare Management from the University of Connecticut.

Astrana's strategy has driven meaningful membership growth, superior patient outcomes, and a uniquely profitable business model

Astrana Health is a healthcare platform that organizes and empowers providers to drive **accessible, high-quality, and high-value care for all patients** through a provider-centric, technology-driven approach.

1.6M+
Members in value-based care

20K+
Astrana Health providers

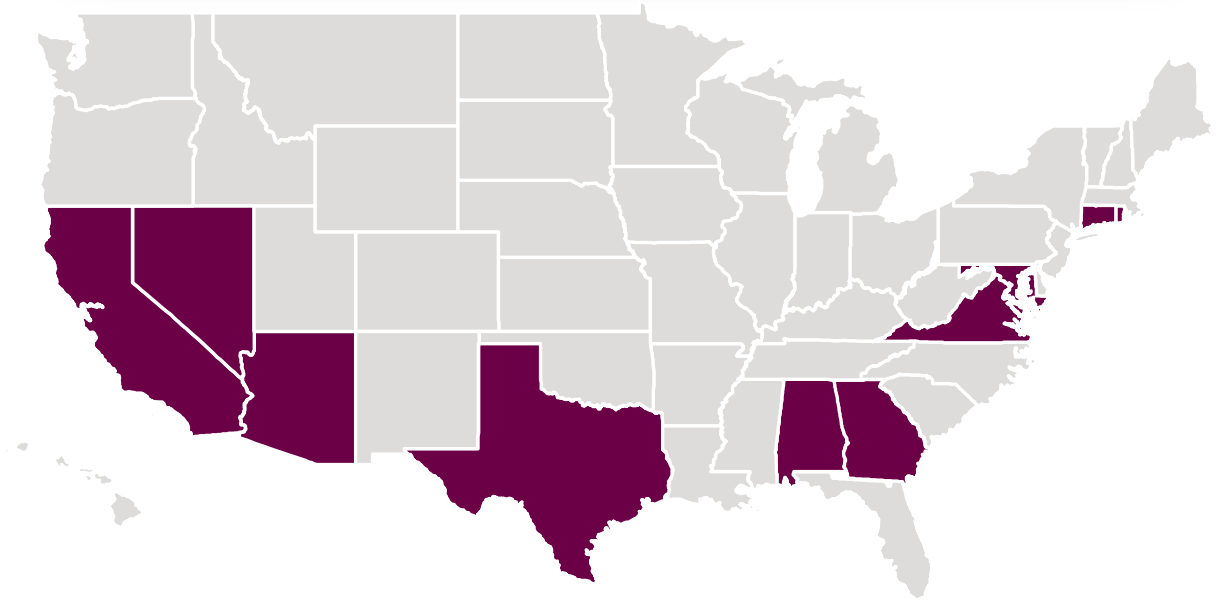
20+
Payer partners

$2.03B
2024 Revenue

$170.4M
2024 EBITDA

We build critical density across payers in the markets we serve, to deliver quality, coordinated care

… Now serving 16 markets across the US



	2019	2020	2021	2022	2023	2024	2025
# of Markets	3	3	4	6	6	11	16

79k ACO Beneficiaries
7 States with >3k Beneficiaries

$870M Saved (Gross)
Over 12 Consecutive Years of Positive Savings

Extensive ACO Participation: MSSP, NGACO, GPDC, REACH, expecting LEAD

Consolidation of ACO Business across Prospect Health, Collaborative Health Systems, and Astrana Health

Astrana Health

PROSPECT HEALTH

COLLABORATIVE HEALTH SYSTEMS

The Astrana playbook is focused on the execution of our 4 pillars strategy

Membership Growth: Sustainably growing membership to bring better care to more Americans

Revenue Per Member Growth: Increasing alignment with patient outcomes through responsible risk progression in value-based arrangements

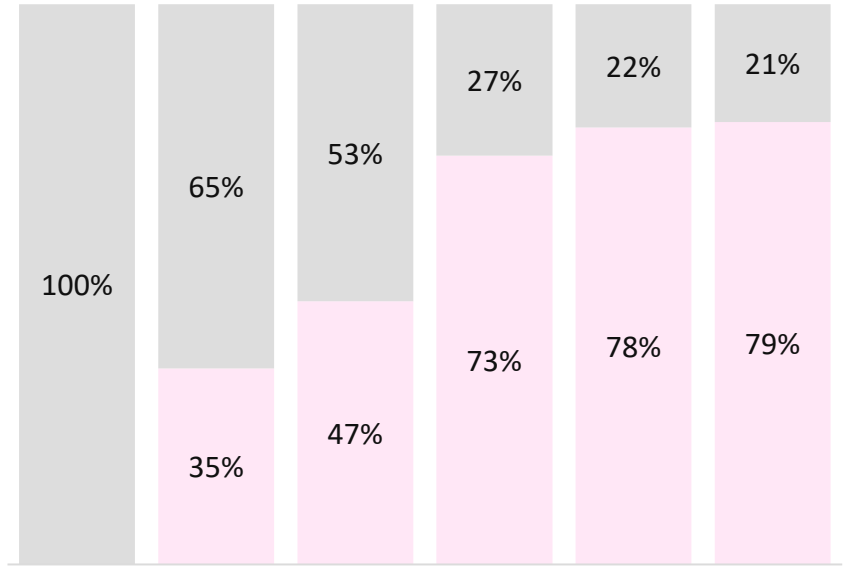
Outcomes and Cost: Achieving superior patient outcomes and care quality while managing cost

Operating Leverage: Driving operating excellence across our business through our Care Enablement suite

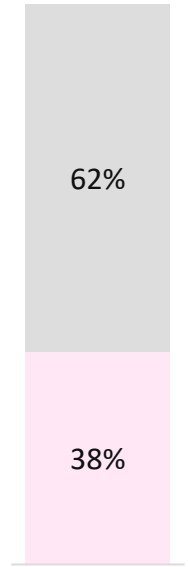
Prudently transitioning to full-risk contracts to better align incentives around patient outcomes and improve unit economics

Our partial-risk membership presents an **embedded opportunity** for increased platform value and risk alignment.

Capitated Revenue by Risk Arrangement[1]



Members by Risk Arrangement[2]



Full-risk

Partial-risk

Astrana Health

1. Members by risk arrangement represent Care Partners membership only as of April 1, 2025
2. Revenue by risk arrangement represents capitation revenue only

Astrana's model makes care more accessible for patients and improves outcomes

Astrana's payer agnostic, full-risk model allows us to form a longitudinal relationship with patients and to invest in preventative care, leading to improved outcomes

53%
Fewer hospital admissions[1]

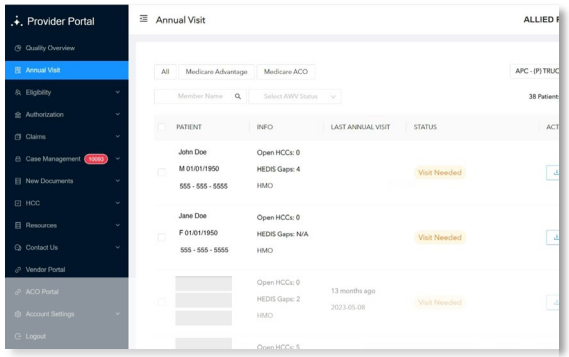
70%
Of prior-auth are auto-approved

14%
Shorter length of hospital stay[2]

91
Patient satisfaction score[3]

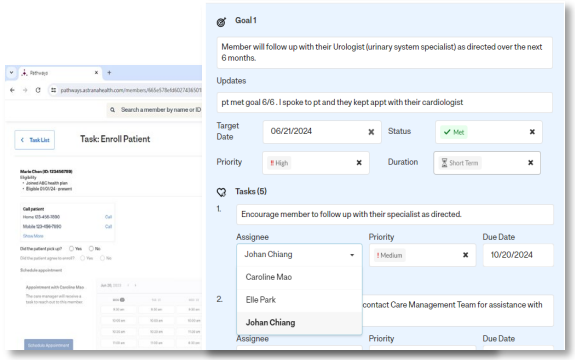
1. Astrana Health figures based on 2024 Medicare utilization rates across all IPAs compared to most recent available CMS benchmark
2. Astrana Health figures based Jan-Jun 2024 internal data from Care Partners Medicare patients and compared against most recent available CMS Medicare Advantage benchmark
3. Based on 2024 Astrana Health administered CAHPS survey

Our purpose-built, intelligent, value-based care platform drives scalable and repeatable results across our business



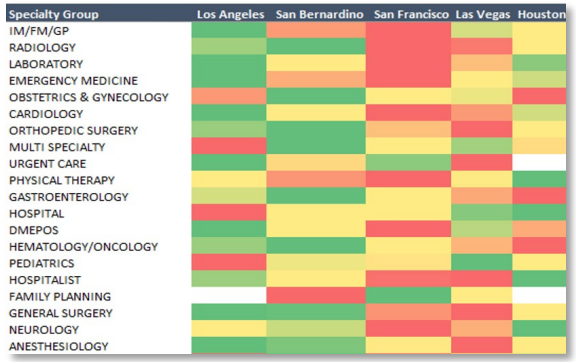
Provider Empowerment and Engagement

- All-in-one point-of-care tool for both providers and practice
- All quality, risk, care plans, prior auths, claims across all payers and lines of business in one platform



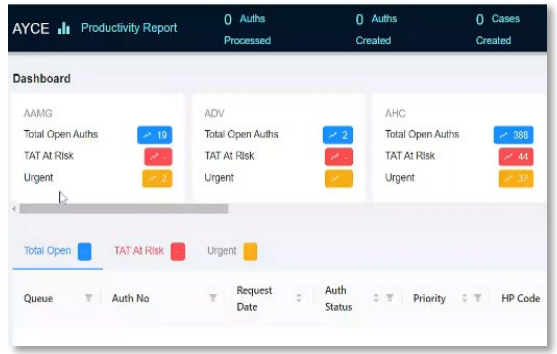
Care Management & Patient Outcomes

- Intelligent patient population risk stratification
- Focused and purposeful member Care Management Plans to ensure evidence-based solutions and responses



Population Health & Analytics

- Composable "Command Center" dashboard highlights trends and opportunities to improve access and quality
- Care access analytics highlights provider network opportunities



Operating Leverage

- ~70% prior auths are auto-approved, driving faster access to care for patients
- ~ 70% of claims are auto-adjudicated, decreasing admin burden and ensuring providers are paid on time

MISSION

The purpose behind our work and the care we deliver every day.

Connecting the best doctors, service, and quality. Every patient, every time.

VISION

Our shared direction and what success looks like for the future.

The best choice for patients, doctors, and care teams.

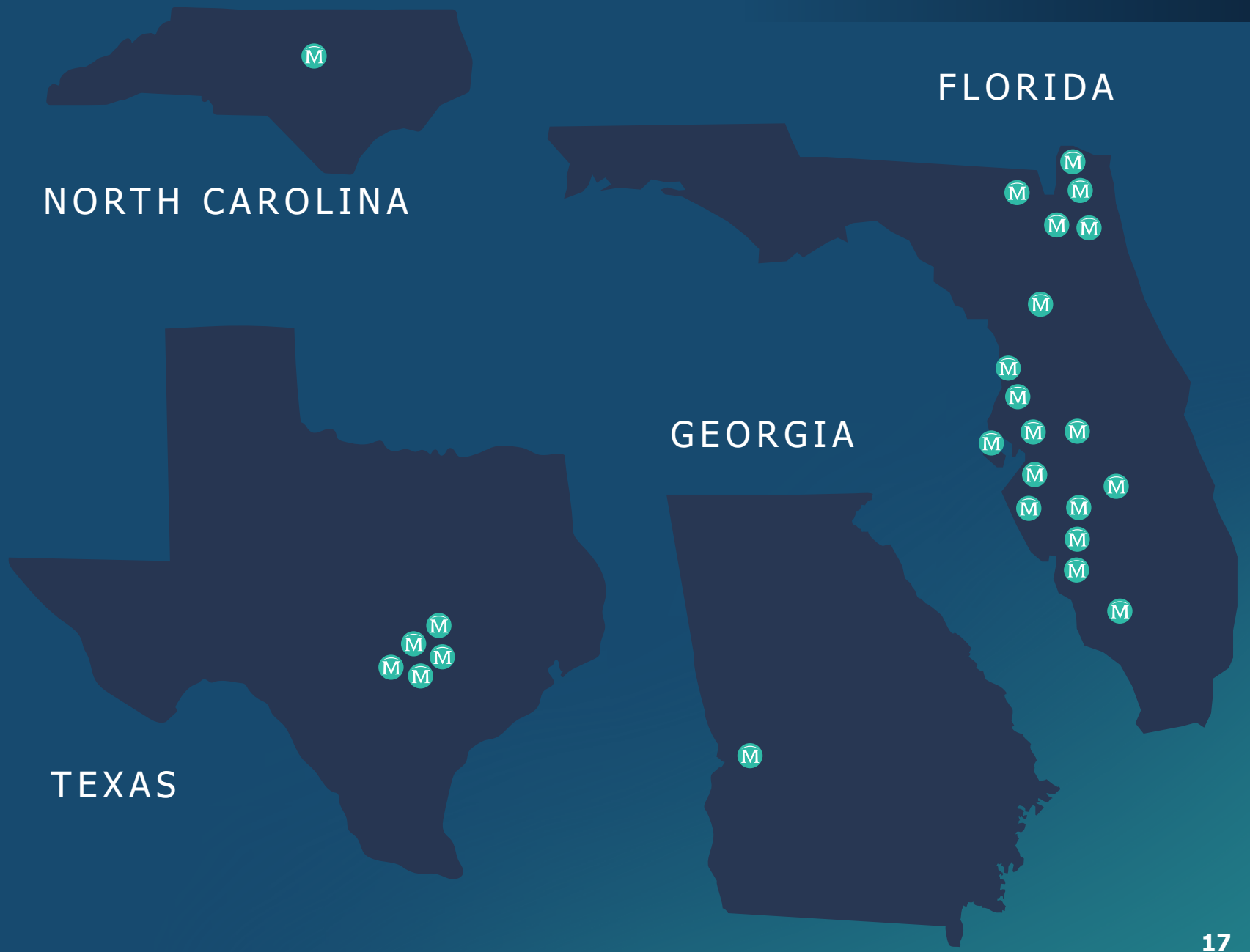
VALUES

How we show up for patients and each other—every interaction, every role.

C . A. R. E. S.

KEY STATISTICS

~900 Total Physicians & Advanced Providers	**~600** Primary Care Providers
25 Specialties	**160+** Specialists
110+ Hospitalists	**740K** Patients
200+ Healthcare Locations	**10+** Walk-In Centers



Millennium Physician Group – By the Numbers

A diverse, growing team delivering care across our communities

Our People

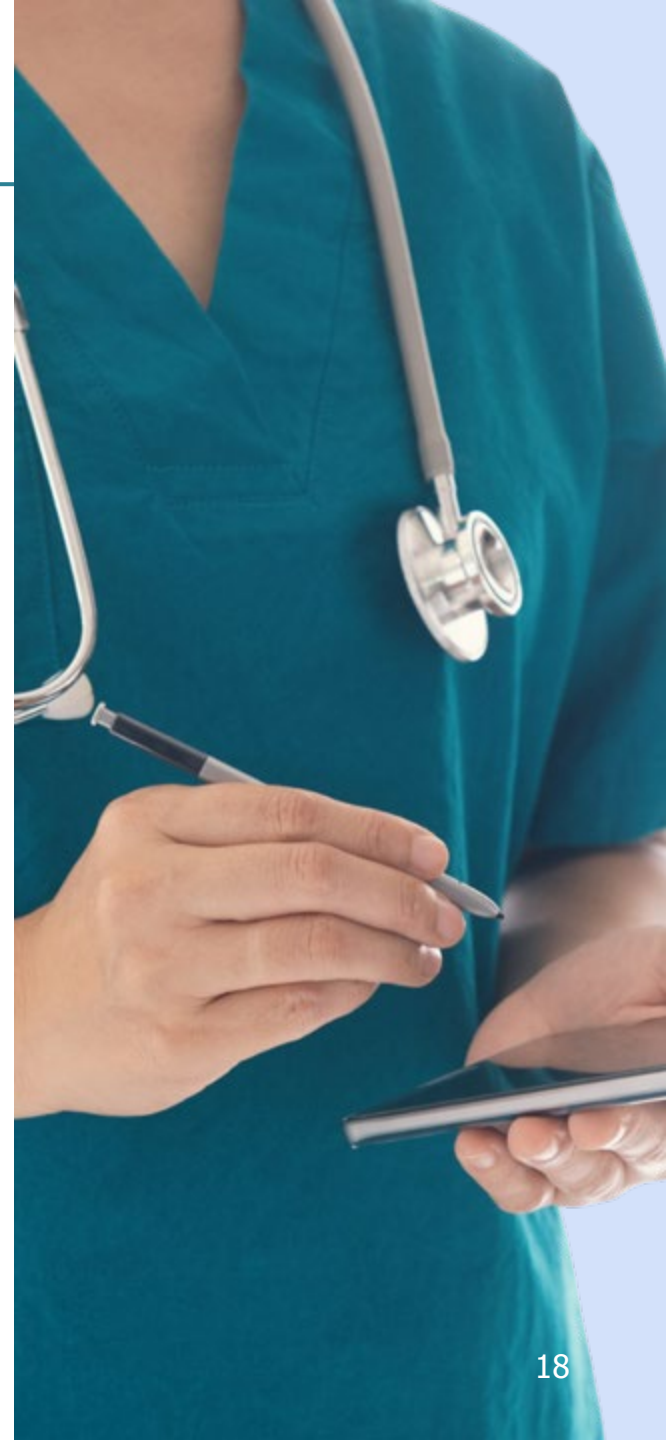
- 🩺 4,100+ Team Members
- 👩‍⚕️ 499 Providers
- 🧑‍⚕️ 423 Physicians
- 💉 910 Medical Assistants
- 🗂️ 550 Front Office

Our Workforce Mix

- 🏢 Corporate: 302+
- ⚙️ Business Operations: ~825
- 🧬 Clinical Support: ~375
- 🔧 Ancillary / Support: ~362

Our Diversity

- 🌍 40% Diverse Talent
- 👩 82% Female
- 👨 18% Male



No matter your role, you are part of a team that supports patients, providers, and communities every day.

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Dyad Leadership Model

How clinical and operational leaders work together

MILLENNIUM PHYSICIAN GROUP

Clinical Leadership

- Focuses on patient care and clinical quality
- Guides medical best practices
- Represents provider perspectives

Roles

- Chief Medical Officer (CMO)
- Regional Medical Director (RDO)
- Physician Advisory Board

- Shared responsibility for practice performance
- Clear roles with frequent communication
- Joint decision-making
- Aligned priorities and goals

Operational Leadership

- Focuses on how work gets done
- Manages operations, resources, and teams
- Supports efficient, sustainable care delivery

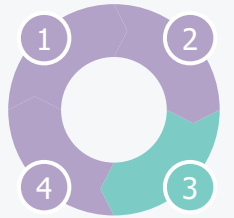
Roles

- Executive Leadership
- Market President
- RVP
- DOO
- PA

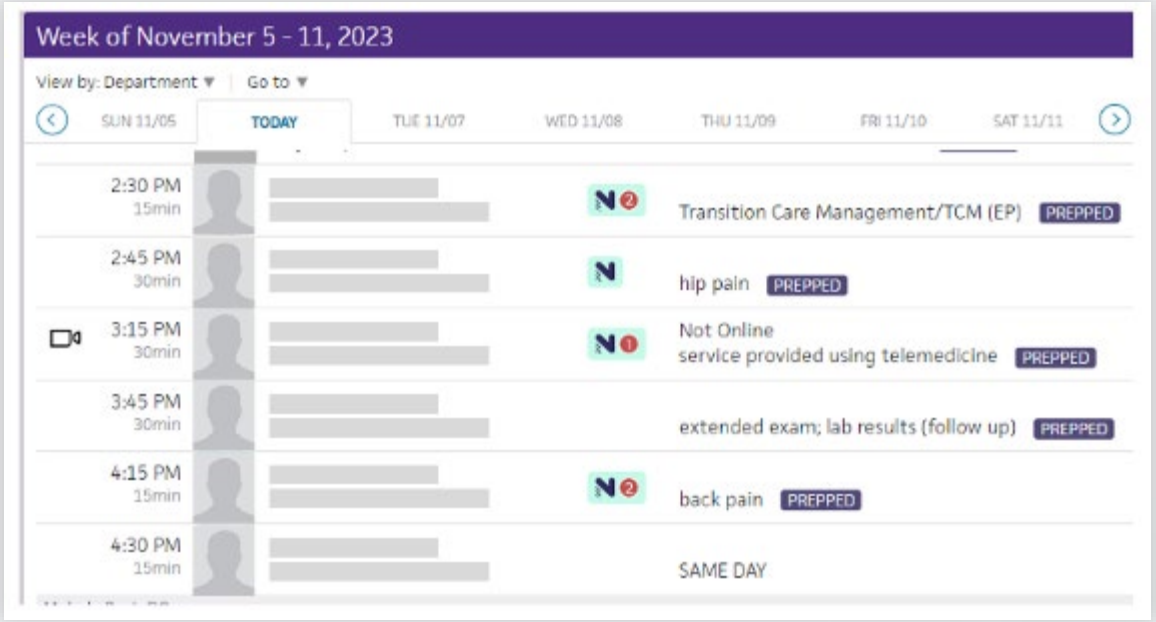
Great patient care + strong operations = long-term success

How Do We Unlock Value Together?

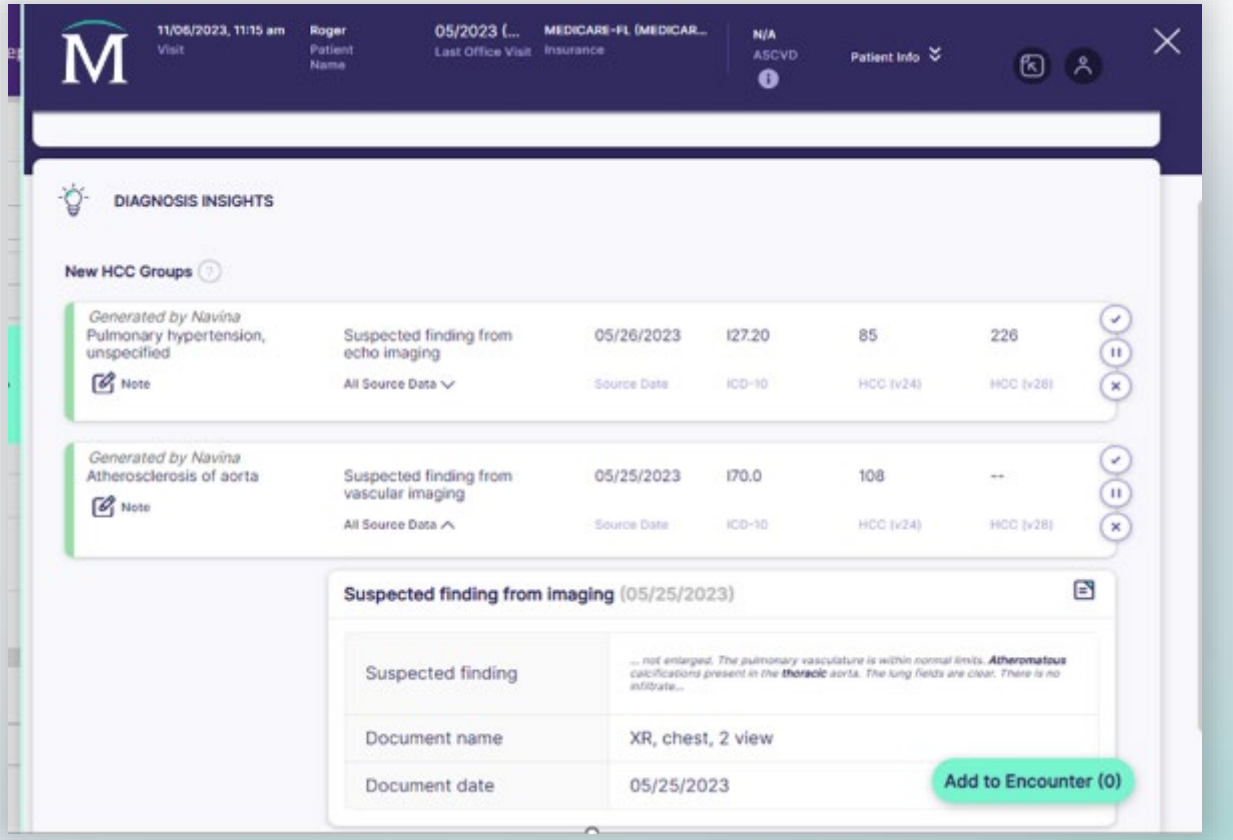
Simplify risk adjustment, drive risk economics



Physician schedules identify HCC opportunities

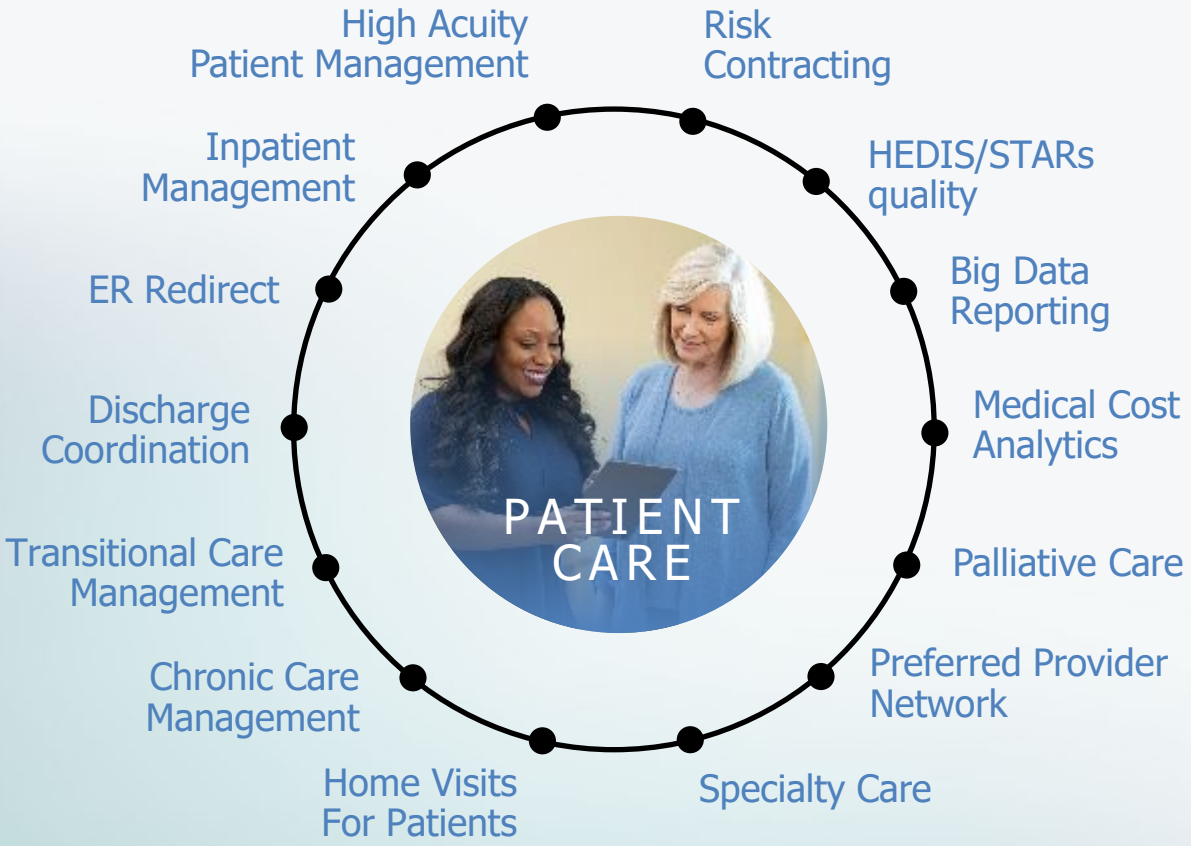


MPG physicians are presented with the following:



How Do We Unlock Value Together?

Drive up quality, manage cost



RESULTS	
91st	National percentile on timely follow-up post hospitalization
83%	**5 Stars** Hedis HTN control
89%	**5 Stars** Hedis diabetes control
91%	24/7 RN line Answer Rate
85%	Nurse Triage Answer Rate
>75%	ER Prevention Rate

What powers it all?

To support your patients

To coordinate care beyond your 4 walls

To simplify and orchestrate the care experience

PEOPLE
To support your patients

Inpatient Management

24x7 Nurse Care Line

Discharge Coordination

PHYSICIAN

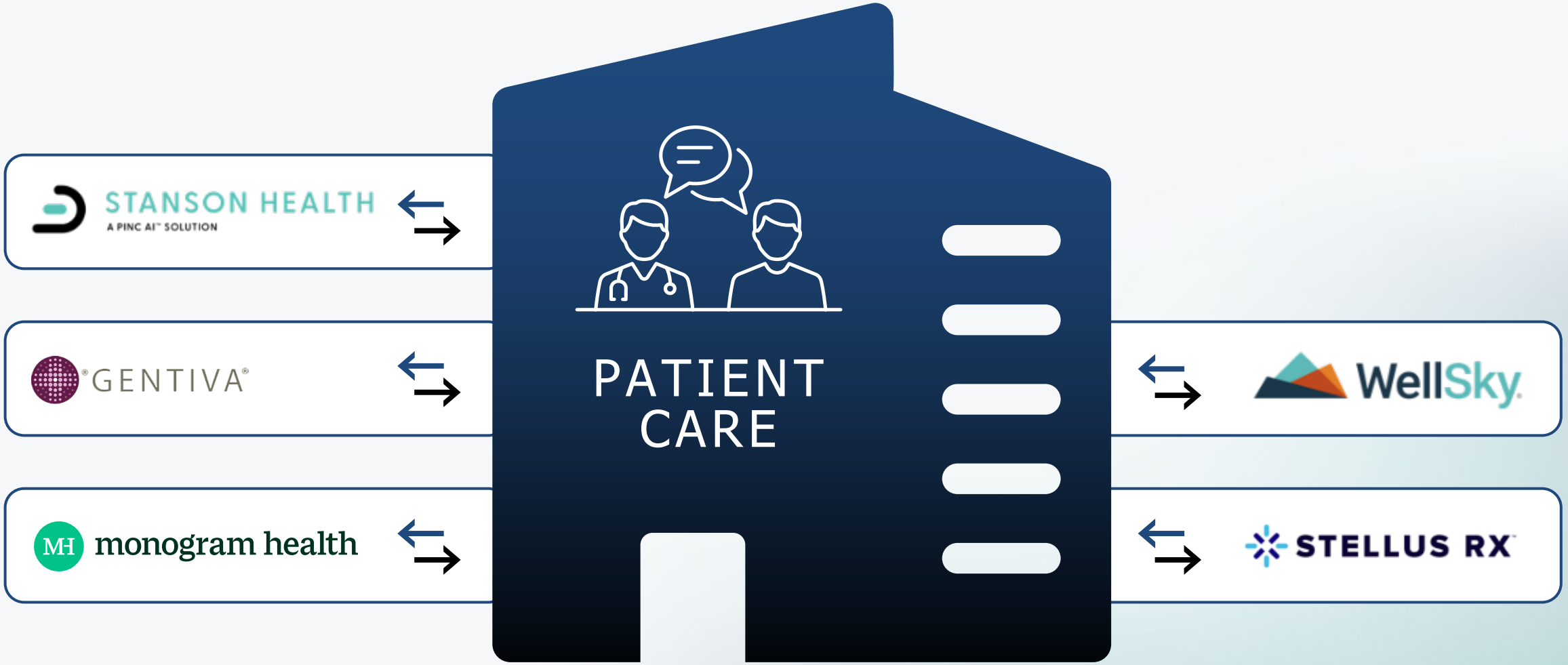
Medical Care Analytics

Specialty Care

Quality

PARTNERS AND PROCESS

To coordinate care beyond your 4 walls



TECH

To simplify and orchestrate the care experience

PAYERS

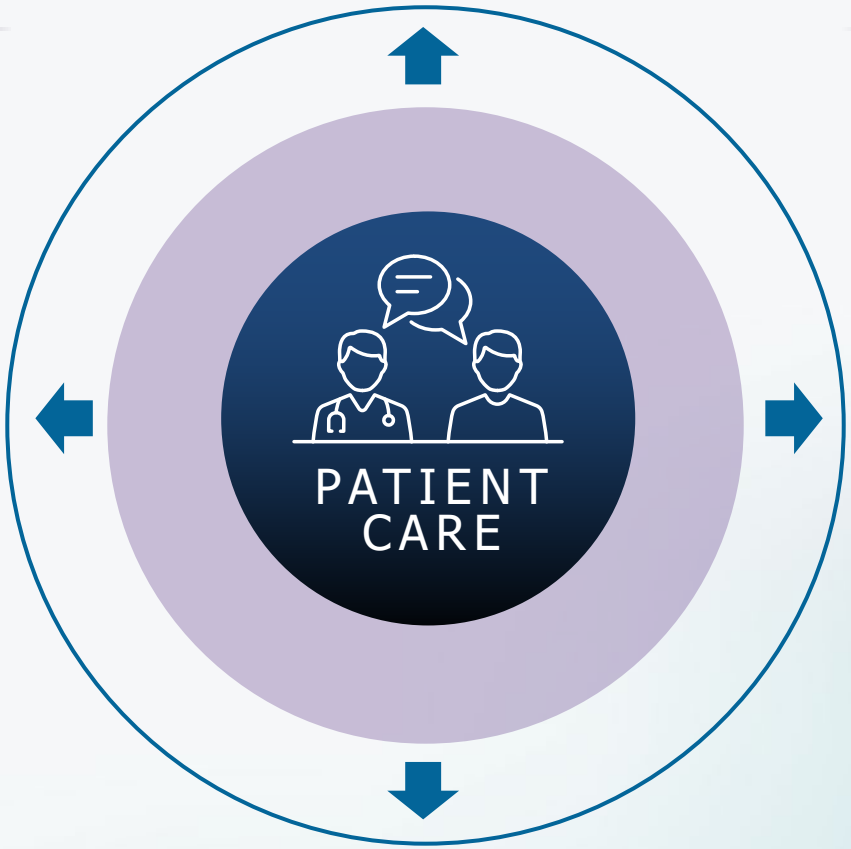
BlueCross BlueShield

United Healthcare

Cigna

Humana

Medicare



TECH

Phreesia

athenahealth

Ambient.ai

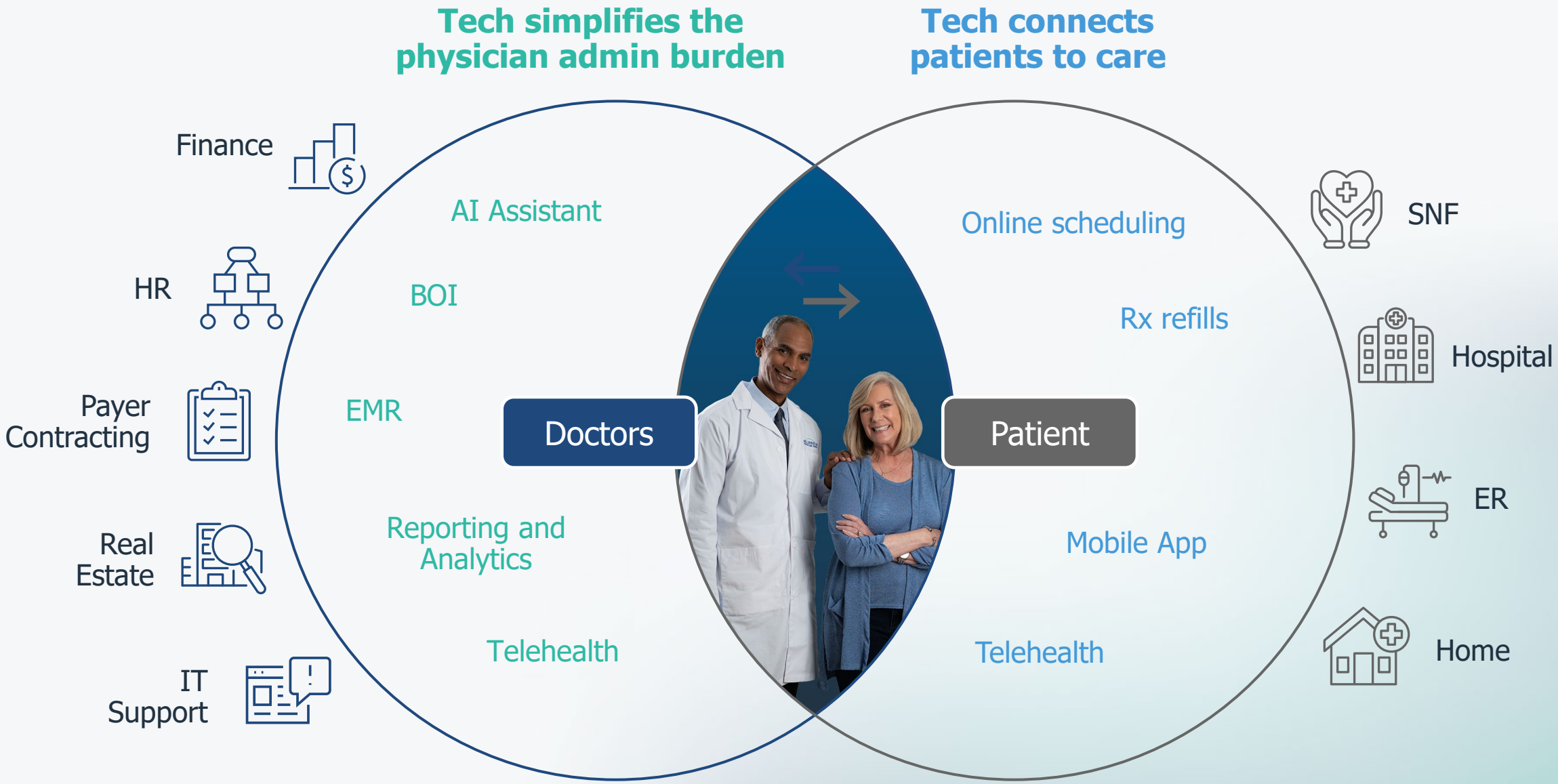
M Care Connect

navina

PAYMENT MODEL

FFS | **Shared Savings** | **Risk**

A Platform that empowers the doctor-patient relationship



Astrana Health

Advancing Population Health: Securing the Right Payor and Provider Partnerships

April 2026

Robert Millette, MBA, FACHE
SVP, Astrana Health
Regional Leader

Robert Millette

Today I represent 125 PCPs and about 230 engaged specialist, over seeing 75,000 lives in risk contracts. This includes MA, Commercial, MSSP/REACH and Medicaid beneficiaries and includes full Master Service Organization (MSO) support such as analytics, claims payments, and full delegation from payor partners.

We have a physician led board of PCPs and specialist, committee work around quality, provider performance, UM, network retention, and employee about 50 staff dedicated to this market.

Our average PCP /APP has a 4.6 STAR rating and earned over 100K from us in our last performance year.

Previous Experience

LEE HEALTH BJC HealthCare

Ascension

<u>Payor & Provider Goal</u> – To enter mutually beneficial contract arrangements which support quality, outcomes, and affordability, while weathering policy changes and market headwinds.

Current Landscape Across Medicare Advantage Risk

i. **Part A&B Risk**
   Medical risk only – Characterized by lower ED and IP use to drive performance, network integration including acute care facilities, and building outpatient capabilities to manage risk and prevent inappropriate use of sites of service. PCP and specialist have numerous levers.
ii. **Part D Risk**
   95% of pharmacy cost typically resides here. Removal of donut hole and stop loss at federal level has made Part D chronically underfunded in many markets. Few levers and complex system of rebates/PBM work.
iii. **Quality Corridors**
   Below 4 Stars falls off a cliff, with zero savings share. More palatable are deals where shared surplus or revenue are reduced based on poor quality performance
iv. **Full Risk vs. Risk Corridors**
   Straight percentage of premium vs. corridors which allow for degree of protection on downside and upside

Current Landscape Across Commercial Risk

i. **Total Cost of Care Budgets**
   a. We lack full risk models on premium in commercial, due to premium ceilings and market impacts of self funded vs. community rated plans
   b. Multi year costs are blended to set budgets to set baselines
   c. Typically, Medical and Rx risk

ii. **Inflation & Premium Ceilings**
   a. Regulations in states focused on affordability have the unintended consequence of capping inflation rates which often outpace the state caps, thus impacting commercial budgets
   b. Lack of revenue levers is an age-old issue, capping risk adjustment often at 2% or lower

iii. **First Dollar**
   a. Do you share first dollar or have a corridor? Example $10 PMPM, up and down, and then share in risk/reward?

iv. **Shared Surplus/Deficit**
   a. Many agreements are 50/50 shared risk. Some of this is local, dependent on state regulations.

Current Landscape Across Medicaid Risk Contracting

i. **Total Cost of Care Budgets vs. Global Cap**
   a. Moving towards global cap in Medicaid agreements, as has existed in California markets for years.
   b. Issues arise around revenue definition, dependent state to state

ii. **Medical vs. Pharmacy Risk**
   a. What is at risk? Plans appear more willing to exclude pharmacy revenue and expense, particular in global risk models which offer a % of premium and full risk.

iii. **Quality**
   a. Star ratings matter, as do “outcome” metrics you may develop at the local
   b. Typically, not “cliffs” but more a penalty program if you do not meet certain performance metrics

What is the ideal Payor contract for you?

Upside Only – Groups have no money at stake and minimal opportunity to shift the model toward outcomes reimbursement. Learning opportunities are plentiful.

Shared Savings – Split in any savings over the management of a population. Usually includes some level of downside risk for not performing. May be delegated for care management.

***Global Capitation* - % of the Premium (Revenue) is passed down to the group taking the risk, along with delegation of key functions. 4.0 STAR ratings are a requirement. Bonus for higher quality; negative impact for lower quality.**

What is Global Capitation for some?

MINIMUM 4 STAR RATING FOR QUALITY

- Delegation of everything we can get our hands on – UM, CM, Network
- It is a clean, easy view of how we are performing. i.e. There are not complex trends, formulas, inflation factors, Blah, blah, blah
- The payor gets a certain amount of revenue and passes down a % to us
- We set PCP Capitation to incent taking care of “populations” not focusing on Volume
- MA is the easiest, as there is a revenue “lever” and an expense “lever.” Accurate disease burden coding is imperative for us to have the right resources around the sickest patients
- IPA underwrites all risk for its network
- Global CAP is a reality with Commercial & Medicaid – we need to get there

PCP Capitation is the way!

Why Global Capitation?

- Control Total Dollars – no complicated formulas
- Move to "population management," focused on PCP transformation to **team-based approach**, reduce PCP burn out through non-volume-based reimbursement
- Access – Helps to increase panel sizes without volume, with increased PCP reimbursement
- Improve member experience, packed with needed resources
- Alignment between PCPs and specialists – incentivize the behaviors you want
- Fix the struggle with empowering PCPs and the team with the actionable data and information necessary to inform clinical interventions and optimize referral patterns to efficient specialists

Contracting Strategies & Tactics for Value-Based Care (VBC)

Strategy is how we differentiate ourselves in the marketplace, for both consumers of our services and for payor partners. Given that, success requires adopting the following strategy:

Become the preeminent network of primary care, integrated specialist, and facility partnerships to support the highest quality and most affordable healthcare in the country.

Negotiate with payors as a network of primary care doctors and specialist. "Our network represents…" across all payor lines – MA, Commercial, & Medicaid.

Build Backoffice capabilities which mimic many functions seen with payors – I.e. Claims payment, analytics, utilization management, network contracting, etc.

Multi-year arrangements – Securing multiyear arrangements, with the appropriate term clauses around performance and network increases/decreases. Give the payors something they want or need. Understand pain points.

PCP Capitation Support – Move your PCPs to the framework of managing population of patients, not driven by FFS. Improve their satisfaction and drive revenue. Global capitation agreements are ideal.

How to navigate headwinds with payor partners

- Be in delegated models, where you have taken on payor functions. **Why?** More difficult to unwind when you work together at this level.
- Be realistic about impacts of current agreement parameters and what they do for your organization from a financial perspective. **Why?** If you are asking physicians and advanced providers to transform how they practices, do a bunch of different things, you must have model which allows you to share new revenue streams.
- Improve member experience, packed with needed resources – make your services valuable – clinical and quality/outcomes
- Alignment between PCPs and specialists – incentivize the behaviors you want. High value networks, for cost management and quality, are the exception not the rule.

How to Perform

- Align the work **everyone** does with quality and financial incentives
- Incentivize the behaviors you want – Our PCPs get $ for the current performance year in that year – It's just cash flow
- Participation of all providers and office staff
- Adjust clinical programs where needed and make good decision on Buy vs. Build vs. Partner
- "Build the capabilities you need"
- **For large systems - Decide that investing in this work is as important as investing in a new MRI**

Astrana Health

Thank you!