



Your Intelligent Health Marketplace





THE MACROHEALTH INTELLIGENT EXCHANGE

Together with our Payers and Health Market Partners, MacroHealth has built a multi-sided platform to modernize the healthcare marketplace by providing Payers with the ability to optimize and seamlessly connect to their unique ecosystems of health market vendors.

Our platform, the **MacroHealth Intelligent Exchange™ (MiX)**, is a pioneering data and orchestration platform designed to empower healthcare Payers.

Optimize

Combining a Payer's historical eligibility and claims data with MacroHealth's extensive market data and optimization algorithms, Payers identify optimal provider networks and health solutions partners for their member populations — finding solutions that measurably reduce costs.

Connect

Our interoperability platform integrates provider networks and health solutions partners, enabling Payers to replace the effort and expense of custom point-to-point EDI connections with each vendor.

Today, our platform focuses on enabling Regional Health Plan Payers, Provider Sponsored Health Plan Payers, and TPAs on the Payer side, to Optimize and Connect to the leading national provider networks and out-of-network solutions on the supply side.

KEY BENEFITS

■ Cost Reduction

Our customers have been achieving an average 16% reduction in annual healthcare spend and a 6-8% reduction in total unit cost of care.

■ Increased Provider Access

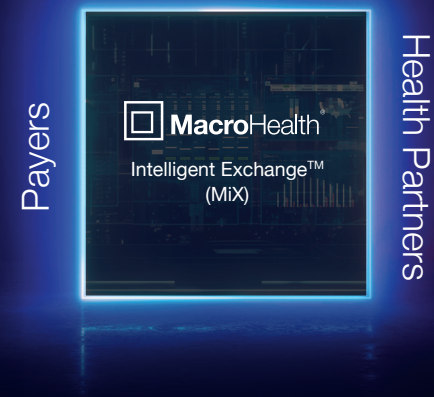
Our platform optimizes networks, improving coverage for over 7.2 million commercial members.

■ Operational Efficiency

By eliminating custom EDI connections and reducing administrative burden, our solution simplifies Payer workflows, saving time and resources.

■ Growth and Retention

by optimizing and connecting provider networks and health solution partners to create more competitive provider supply chains, Payers leveraging the MacroHealth Intelligent Exchange have experienced increased growth and retention of plan sponsors and members.



OUR VISION

In collaboration with our Payers and Health Market Partners, we are working toward a future where a Payer can **Optimize and Connect** 100% of their healthcare spending.



U.S. Healthcare is not a system. It is a Market.

...and the market for healthcare is the exact opposite of optimized & connected.

203 million commercial market members

2.2 million employer plan sponsors

11 thousand health market vendors

2.4 million potential sites of care

Payers must cope with the lack of key ingredients necessary for any successful market, including price transparency and efficient transaction infrastructure.



Confusing & Opaque Pricing Data

Leading to Higher MLRs

- Healthcare prices for same services at same providers can vary more than 1,000% from Payer to Payer.
- Payers lack the data and analytical capabilities to design optimal healthcare purchasing solutions.
- Benchmarking claims, contracts and networks is difficult to operationalize.



Health Market Vendor Proliferation

Leading to Vendor Fatigue

- Payers must build a Provider Supply Chain from 2.4 million potential sites of care.
- There are more than 11,000 provider networks, point solutions, and digital health vendors making it overwhelming and difficult to thoroughly evaluate options and select best fit solutions.



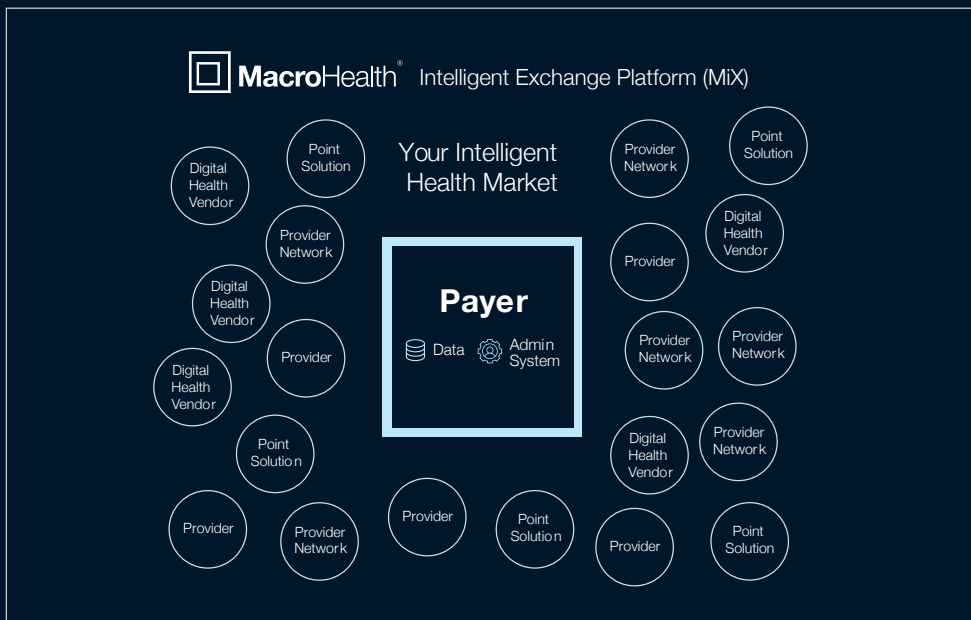
Inefficient P2P Connectivity

Leading to Higher Administrative Costs

- Every Payer is forced to build non-reusable, custom-code EDI connections for every vendor.
- Point-to-point connectivity is slow, inefficient and expensive.
- Point-to-point connections and legacy EDI connections limit data aggregation, analytics and reporting capability.

Payers are Healthcare's Marketplaces

The challenge to optimize which Health Market Partners are the best fit for every unique population centers around data. Operational and IT challenges exist as well, and involve connecting these vendors into core administrative information systems and workflows.



We help Payers, our customers, build their unique **health marketplace** ecosystems to improve access, cost and quality.

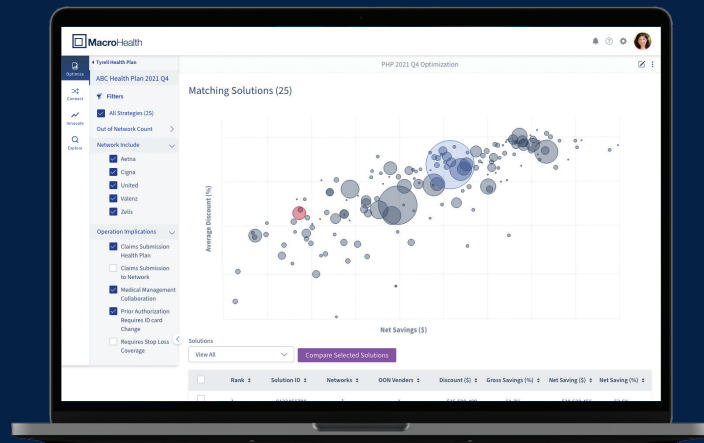
We call a mature, optimized and connected health marketplace ecosystem an **Intelligent Health Market.**

We offer the MacroHealth platform as an **Intelligent Health Marketplace as a Service (IHMaas).**

We Help Payers Optimize & Connect Their Unique Market Ecosystems

Optimize

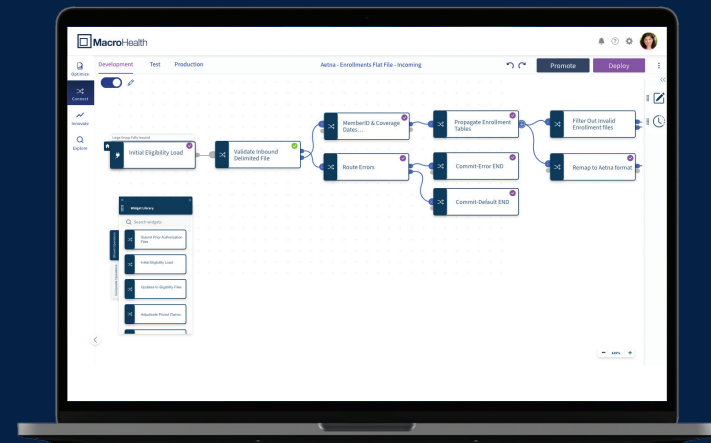
By “Optimize,” we mean leveraging data science and analytics to achieve increasingly optimal levels of performance for cost, access, and quality, as benchmarked versus prior results, peers, and what is possible.



- Identify optimal provider networks and health solutions partners for your member populations — and find solutions that measurably reduce costs.

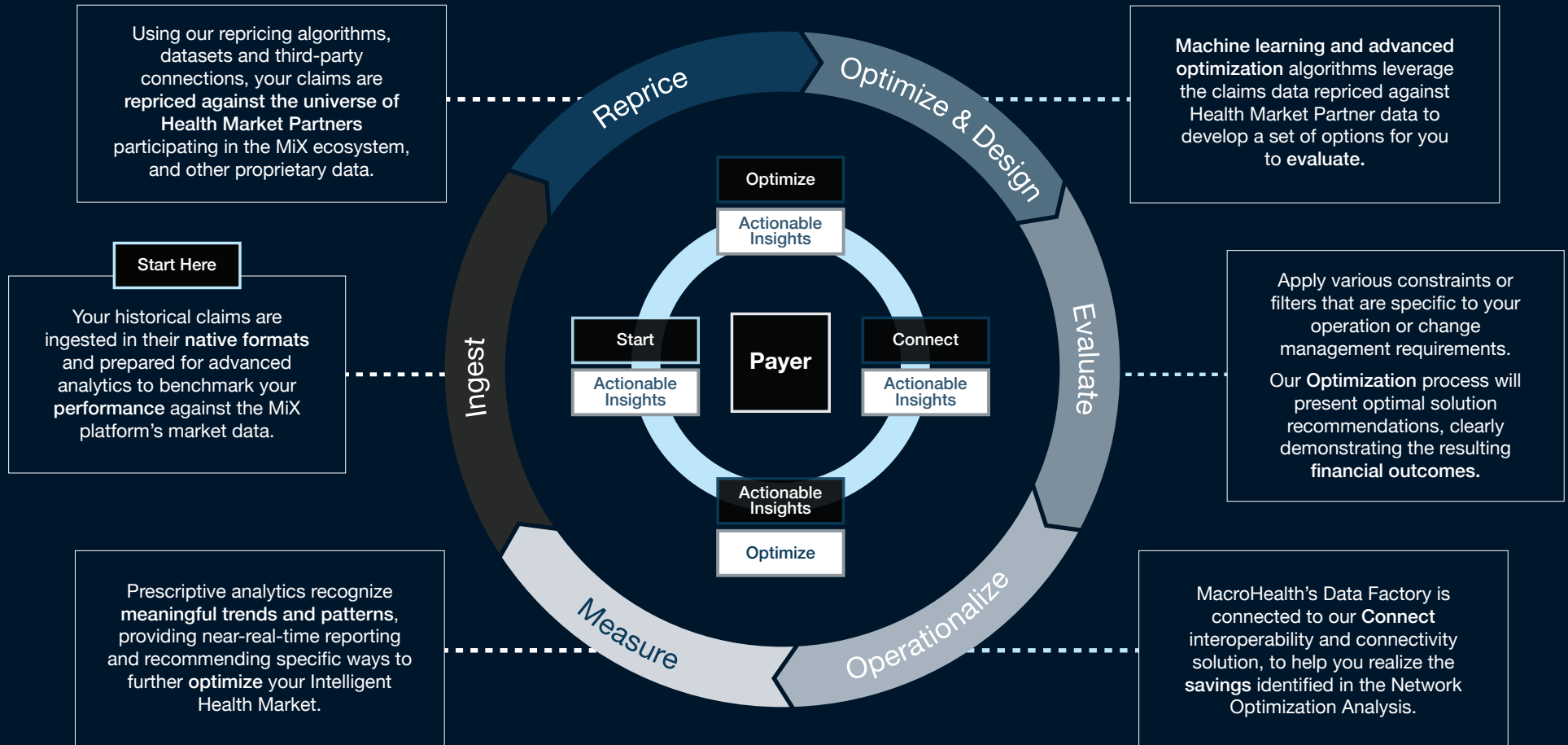
Connect

By “Connect,” we mean utilizing industry standard interoperability to connect IT systems with marketplace partners in your ecosystem. The goal is to achieve real-time data availability and visibility to deliver the experience that consumers demand.



- Seamlessly integrate with provider networks and health solutions partners on the MacroHealth Intelligent Exchange™ (MiX) platform.

Customer Journey



KEY INSIGHTS

- Utilize data science and analytics to construct and achieve optimal levels of performance for cost, access and quality.
- Continual analysis to ensure the right partners are being utilized to maximize performance on a quarterly basis.
- Enables Optimization decisions in weeks rather than months.



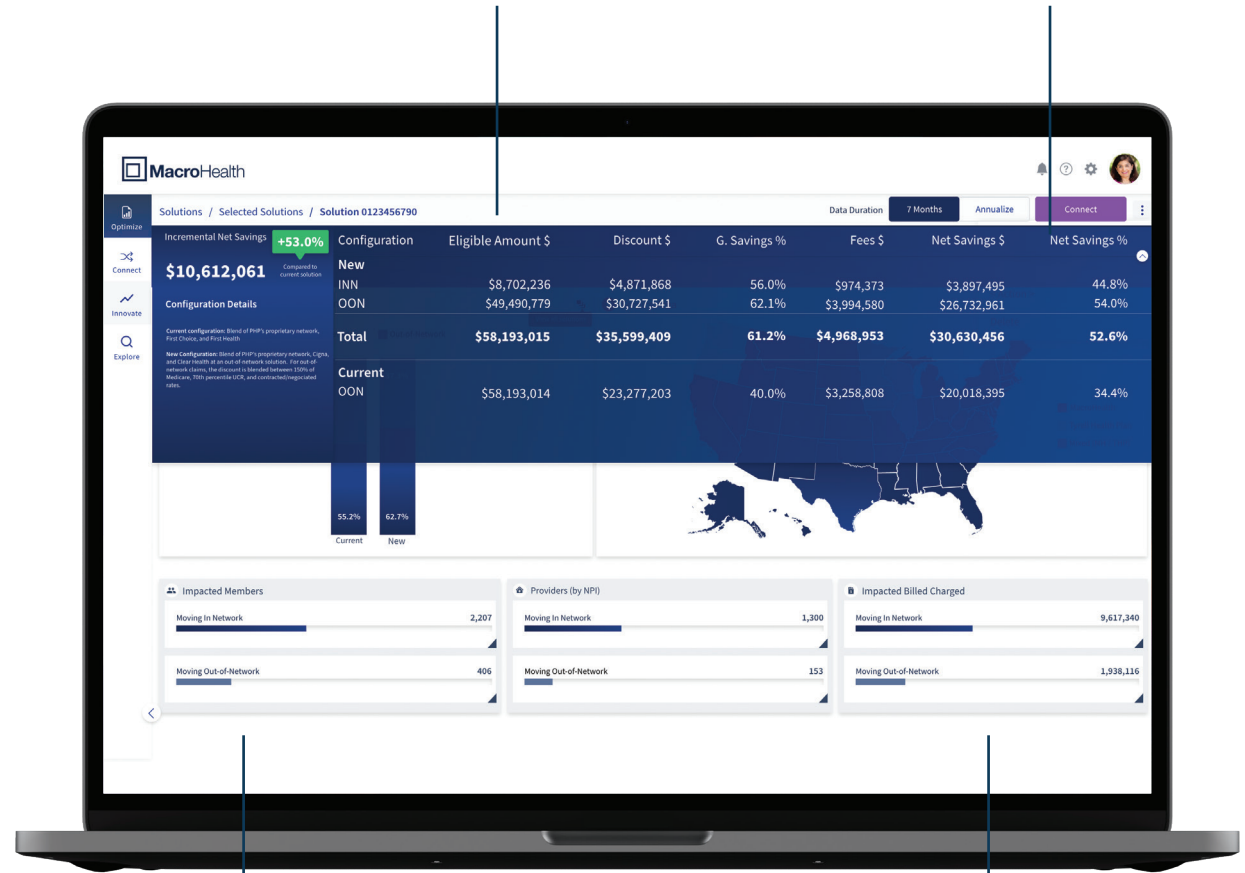
Optimize

Choose Your Optimal Partners

- Benchmark historical network performance against the MiX platform's connected Health Market Partners.
- Identify multiple network configurations that deliver increased net savings — innovation that pays for itself.
- Further refine your Health Market Partner choices with financial, operational, and competitive filters.

- See the incremental net savings that the new solution delivers after all fees are paid.

- Compare current network performance against multiple alternative partner solutions on the MiX platform, and compare discount performance and fees.



- Evaluate Provider Disruption

- See Results by Line of Business, Product, Geography and various other filters.

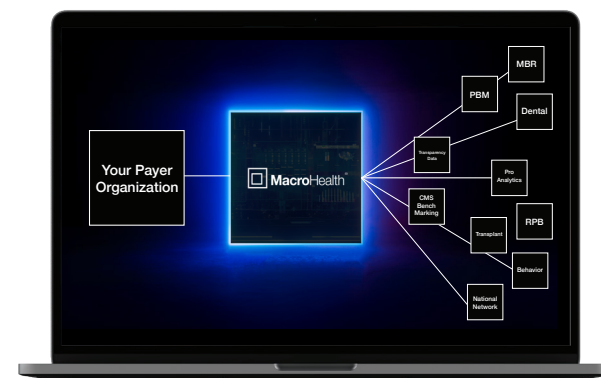
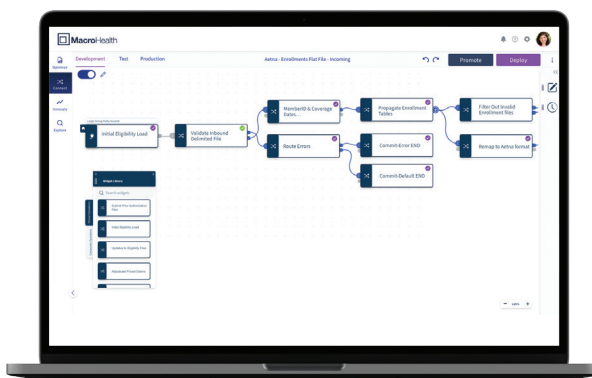
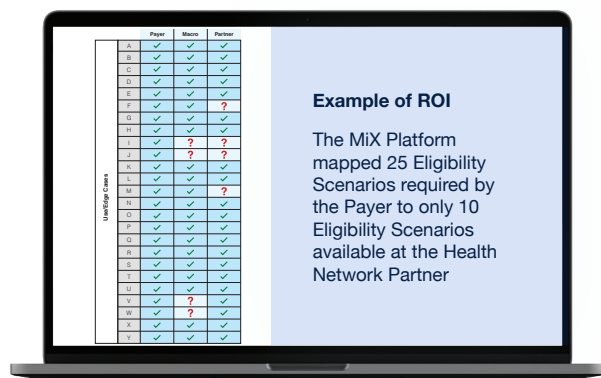
- Compare multiple solutions to identify which works best given Operational, Regulatory, Clinical and other filters.

Connect



Make Interoperability Simple & Compliant

The MiX platform operationalizes your Health Market Partner selections and easily integrates them to your partner ecosystem. MiX maps native formats to partner formats and supports compliance with interoperability regulations.



Intelligent Workflow Integration

- Common healthcare business processes and workflows combined with intelligent content based routing are embedded into the MiX platform.
- Enables buy-side Payers and supply-side providers of health services to follow their own practices for delivery and receipt of the critical health care data needed to deliver access to seamless care.

Configuration and Acceleration

- Configuration-based tools make vendor connections repeatable, consistent and faster vs. coding them on a one-off basis.
- Widgets and Wizards transform various data formats (X12, fixed-width, CSV, JSON, XML); widget libraries serve as accelerators.

Realize Savings

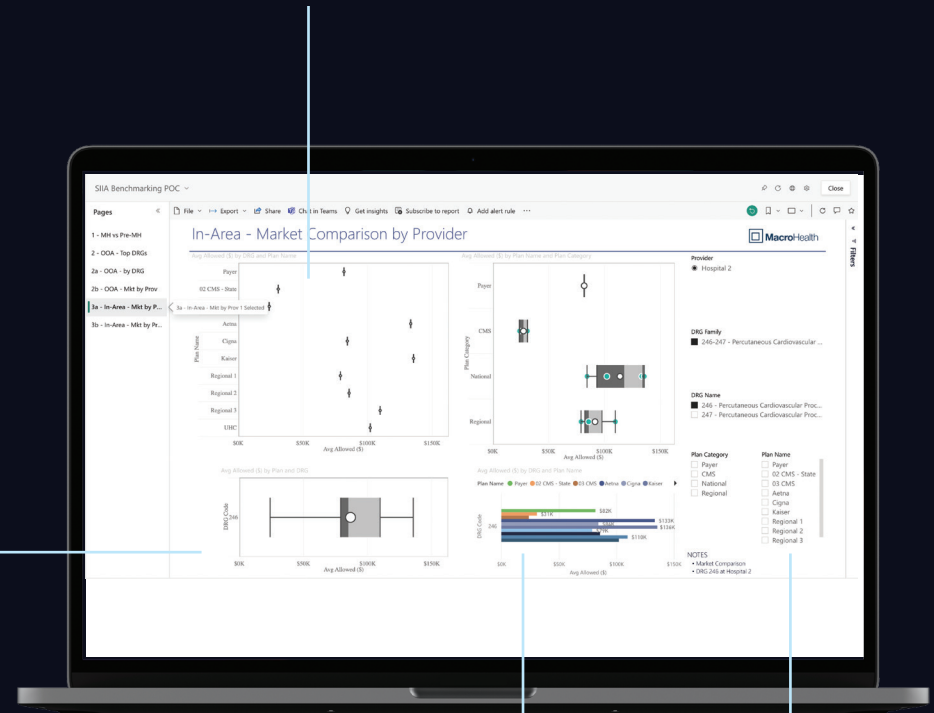
- Payers can leverage a single point connection to their Health Market Partners to realize the savings identified in their Optimizations faster and easier.
- Our current focus is on provider network and cost containment Health Market Partners.

Transformational Innovations

- Evaluate total cost of care and Optimize across ALL healthcare cost categories.
- Benchmark against local and national marketplace data.
- Identify Regional, Group, Provider, DRG/CPT, and Individual Claim dimensions that require or will benefit from further cost containment.
- Bi-directional configuration and standardization to reduce data incompatibility between Payers and their chosen Health Market Partners.
- Customized data/workflow to remove inefficiencies for claims processing, repricing and payment.

- Explore Regional, Group, Provider, DRG/CPT, and Individual Claim Level cost comparisons against other market Payers.

- Compare against marketplace benchmarks.



- Identify opportunities for further cost containment.

- Receive recommendations for Health Market Partners that will help realize opportunities for further cost containment.

Payer



**Provider-Focused
Health Market
Partners**

Out-of-Area Networks
Out-of-Network Vendors
Pharmacy
Behavioral Health
Reproductive Health
Telehealth

**Technology-Focused
Health Market
Partners**

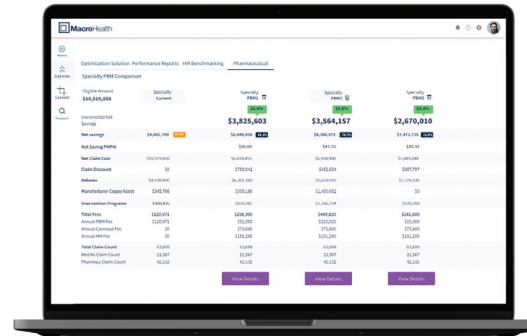
Payment Integrity
Analytics Vendors
Consumer Shopping Tools
Stop Loss/Reinsurance



Scalable Pharmacy Marketplace Solutions

MacroHealth's pharmacy solutions enable Payers to holistically understand their pharmacy spend, identify areas of cost containment, and predict the impact of interventions.

- Financially Impactful Drugs Program
- Medical Specialty RX Benefit Management
- Specialty Medication Benefit Management
- Full PBM Replacement



- **See the Full Picture of Your Pharmacy Spend:** MacroHealth analyzes pharmacy claims from both the medical benefit and pharmacy benefit to provide a comprehensive view of your spend.

- **Identify Best-Fit Partners:** Compare and confidently select Health Market Partners based on your business criteria.

- **Continuously Monitor Performance:** Leverage our robust analytics and reporting package, including rebate reports, to make informed business decisions.

40% up to 40% reduction in pharmaceutical spend



- **Improve Drug Access and Convenience:** MacroHealth's Health Market Partners provide member programs that focus on improving medication access while boosting quality and convenience.

- **Clinical Support for Specialty Drug Programs:** Our licensed pharmacists are experts on specialty drugs, biosimilars, and current pharmaceutical best practices.

30+ PBM Health Market Partners

Transforming Transparency into Strategic Advantage



MacroHealth's solution brings Price Transparency and Provider Search together in one powerful, customizable tool. Designed to meet each Payer's unique needs and business goals, it gives you the flexibility to deliver better member experiences, drive cost-effective decisions, and maximize value.

Create Tiered Networks

Tailored search results enable you to create tiered networks and steer members to the highest quality, lowest cost care available.

Highlight Differentiators

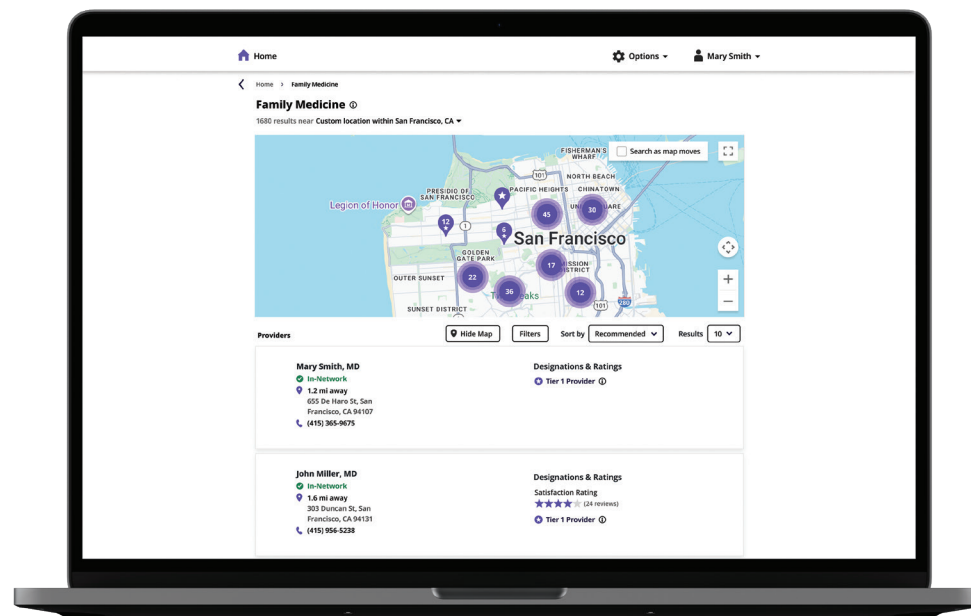
Specialized call outs in search results make it easy to direct members to programs and resources that set your organization apart.

Unify the Member Experience

Integrating data from multiple sources and networks provides members with a seamless experience across all your network arrangements, making it easier for them to find the care they need.

Meet Compliance Regulations

Leverage a price transparency tool to meet federal regulations with confidence.



- API Enabled
- Interactive Map
- CMS Compliant
- HITRUST Certified

ROI: Impact and Pricing

MacroHealth Principle:
Innovation Should Pay for Itself

Market Traction and Momentum

MacroHealth is trusted by Payers and Health Market Partners representing more than 7.2 million covered lives.

Impact

MacroHealth's Intelligent Exchange measurably reduces healthcare prices and costs, increases provider access, and reduces administrative costs.

Fee Model

Our platform solutions are effectively paid for out of the pre-identified hard-dollar savings it delivers to our Payer clients. We collaborate with our clients to develop fee structures based on SaaS model subscription fees, capitated per-member rates, or a percentage of savings off billed charges.

ROI

On average, our customers experience reductions in health care costs resulting in annual return on fees from 6:1 to 14:1.

Spend Reduction

Our customers typically achieve an average 6-8% reduction in their total cost of care.

Growth and Retention

As a result of improving access and reducing costs with higher performing, more competitive provider network partners, our customers have experienced **growth** in plan sponsor sales and member **retention**.

Incremental Savings

For our current Payer clients, this translates to an average savings off billed charges of \$312 Per Member Per Year, which is an **incremental** average savings of \$105 PMPY over their pre-platform solution.

Implementation Effort

Data-driven provider network optimization decisions can be made in weeks, instead of months. Once partners are chosen, system connection and implementation efforts and cost are 20-30% less for an initial partner connection, and 50-90% less effort for subsequent connections.

THE MACROHEALTH BOTTOM LINE

7.2M million commercial market members

16% avg. reduction in customer's annual healthcare spend

6-8% reduction in cost of care

6-14x annual ROI

Regional Health Plan

300,000 Total Covered Lives

\$320M+

annual OON claims volume
analyzed and optimized

~43%

average savings off billed charges

\$51M+

incremental annual net savings
improvement

30%

membership growth



Background

A regional provider sponsored health plan was looking to innovate their national network strategy with a new, efficient network expansion approach to enable them to achieve their growth objectives. This new approach had to help reduce costs and be customized to their member population to ensure members had access to high-quality care nationwide.



Resolution

MacroHealth determined an optimal network configuration comprised of the plan's proprietary network, a national carrier network, and an out-of-network vendor to reduce net healthcare prices and maximize total savings. Their decision was driven using MacroHealth's proprietary Network Optimization Analysis, a claim-by-claim analysis of customer claims and vendor network pricing data.



Results

With the MiX platform providing a single connection point to their healthcare ecosystem partners, the health plan has been able to streamline their internal processes and gain operational efficiency. The client has realized over \$50M in savings and experienced significant membership growth.

Unbranded Blue Plan

265,000 Total Covered Lives

\$79M+

annual OON claims volume
analyzed and optimized*

~50%

average savings off billed charges*

\$11M+

incremental annual net savings
improvement*

*Projected



Background

The Blue Plan and its subsidiaries faced competition from other health plans in their local service area and nationally, and their national network was limited. This made access to high quality affordable healthcare difficult for their members during travel, or for members who lived outside the Plan's local area.



Resolution

Through the MiX platform, the Blue Plan's subsidiaries were able to access a National Insurance Company's provider network, which offered better provider coverage and affordability while increasing growth potential vs. their prior network partners. In addition to the National Network, MacroHealth helped the Blue Plan and its subsidiaries identify leased and regional networks to help growth and expansion in two new states.



Results

Using the MiX platform, the Blue Plan and its subsidiaries were able to access multiple networks, improve provider coverage, increase quoting flexibility, and reduce healthcare costs. With their new network configuration, the Blue Plan's subsidiaries expect increased membership and revenue, both locally and nationally. They have also reduced network costs while improving provider coverage in rural counties. They are also planning expansion into different markets.



MacroHealth is headquartered in Kirkland, WA with an additional office location in Vancouver, British Columbia.

Healthcare Reimagined: Creating Intelligent Health Markets

Digital technologies have transformed so many of the ways we live and work, empowering us to make confident decisions every day. But not in healthcare.

Healthcare technologies are disconnected, and data is in disarray.

As a result, healthcare business leaders are at a profound disadvantage in the face of skyrocketing costs, complexities, compliance requirements, and competition.

MacroHealth was founded in 2017 to transform healthcare technology and empower healthcare business leaders to overcome these challenges with:

- A holistic view that provides intelligence and transparency, elevating confidence and decision-making ability to create competitive advantage.
- A uniquely connected healthcare experience that delivers efficiency, ease, and savings, without ever sacrificing quality or outcomes.
- A first-of-its-kind platform designed to create a more efficient and transparent healthcare marketplace by connecting Payers and Health Market Partners through data-driven solutions.

Through the MacroHealth Intelligent Exchange™ platform, the entire healthcare ecosystem gets a holistic view of real-time data, intelligence, and transparent pricing information, unlocking performance and better outcomes.

The future of healthcare will be more than modern and convenient – it will be transformational.

Are you ready to drive transformation at your organization?

Learn more at **macrohealth.com**.



MacroHealth®