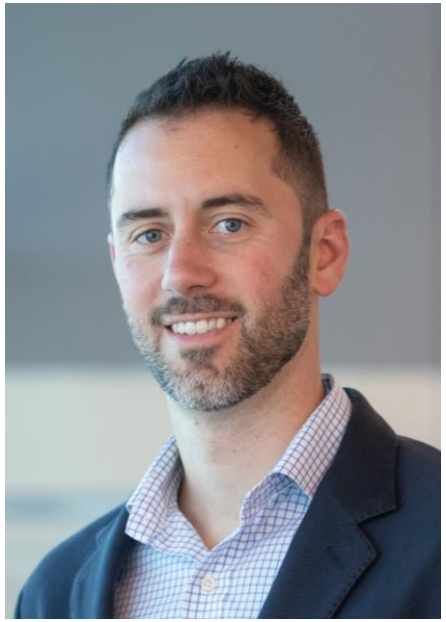
HOME DELIVERED NUTRITION

Mom's Meals®, A PurFoods® Company
MomsMeals.com | 1.866.716.3257

YOUR MOM'S MEALS SUPPORT



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salessupport@momsmeals.com for any member inquiries, support needs, delivery updates

MOM'S MEALS®

MISSION

Improving life through better nutrition at home.

GUIDING PRINCIPLES

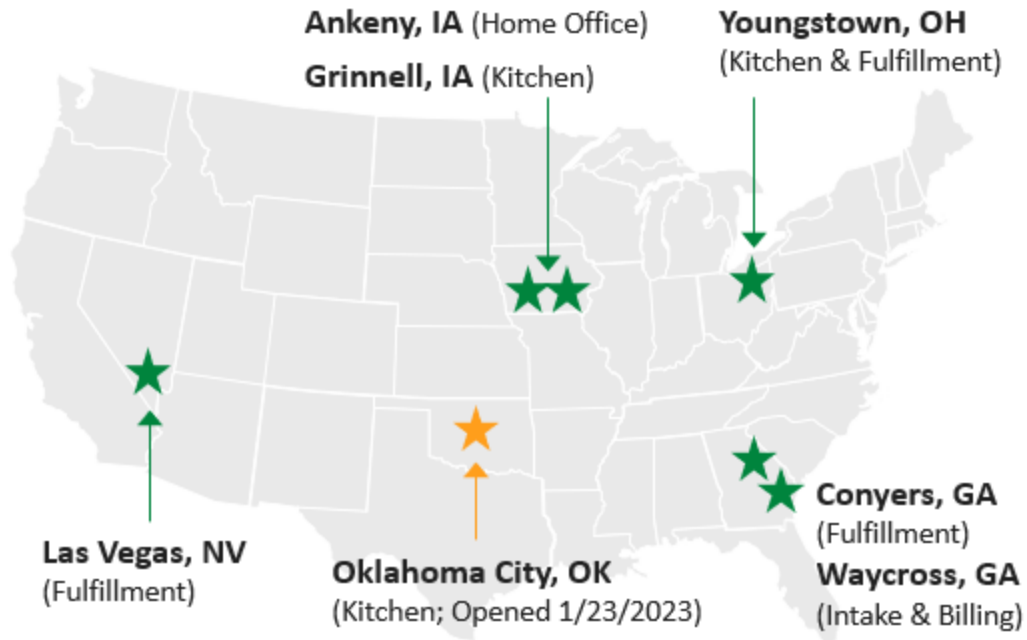
Better health begins with the food we eat

We strive to empower access for all to better health

Together, we can make a remarkable impact

LEADING NUTRITION SOLUTIONS COMPANY

- Founded in 1999, headquartered in Ankeny, Iowa
- National Provider of Home Delivered Meal Programs
- **2,500+ employees, senior management** with deep food and healthcare industry experience
- 60+M meals delivered annually



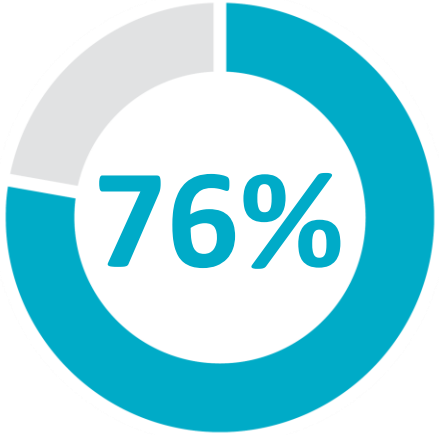
REFRIGERATED MEALS

Mom's Meals are….

- Made with high-quality ingredients
- Prepared in USDA-inspected kitchens
- Packaged for convenient storage in the fridge for 14 days from delivery
- Ready to heat, eat and enjoy in minutes

Refrigerator Ready

- Better taste, texture, appeal
- Ready to heat and eat
- More convenient storage



Prefer the taste of our refrigerated meals compared to frozen meals they have tried

Source: 2021 In-cooler survey >1,200 respondents

MEDICALLY TAILORED MEALS

Crafted by chefs and registered dietitians, our meals taste great and nutritionally support most common chronic conditions.

Options Available	
General Wellness	Meets dietary guidelines to support overall wellness
Diabetes Friendly	Carbs: <65g/meal, complete meal <110g
Lower Sodium	Sodium <600mg
Heart Friendly	Sodium <800mg, fat <30%, sat fat <10%
Renal Friendly	Sodium <700mg, potassium <833mg, phosphorus <330mg
Cancer Support	Calories >600, protein >25g
Vegetarian	Includes dairy, eggs, plant protein, nuts and beans
Gluten Free	Tested less than 20ppm, not a dedicated kitchen
Pureed	For dysphagia patients - those with difficulty swallowing

"We're constantly innovating. We love creating unique flavor profiles as well as comfort foods that our clients look forward to eating."

- Jon Benedict, CEC

"Good nutrition is a balance. We pay close attention to dietary guidelines, variety and core nutritional needs."

- Amanda Daines, RD, LD

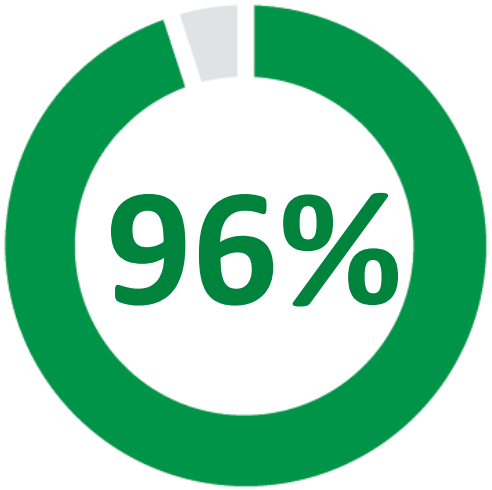
CHOICE OF EVERY MEAL, EVERY DELIVERY*

Clients select their own meals from an array of options based on their taste preferences

More Consumption

Less Waste

Greater Impact



of our clients
choose their meals

***Initial deliveries will have a variety of meals based on dietary preferences.**
****Source: 2021 In-cooler survey >1,200 respondents**

DELIVERY TO ANY ADDRESS

Client centered comprehensive solution with flexible delivery dates and proven reliability

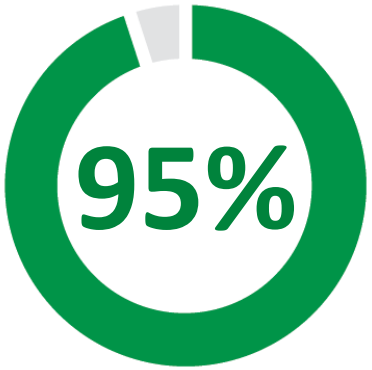
Common Carrier Delivery

- Expedited delivery to any address
- Expands services to all rural and urban areas
- Quick-start a client's service

Mom's Meals Delivery Team

- Rural and metro support
- Company driven, temperature-controlled vehicles

On-Time Delivery



Delivery Satisfaction

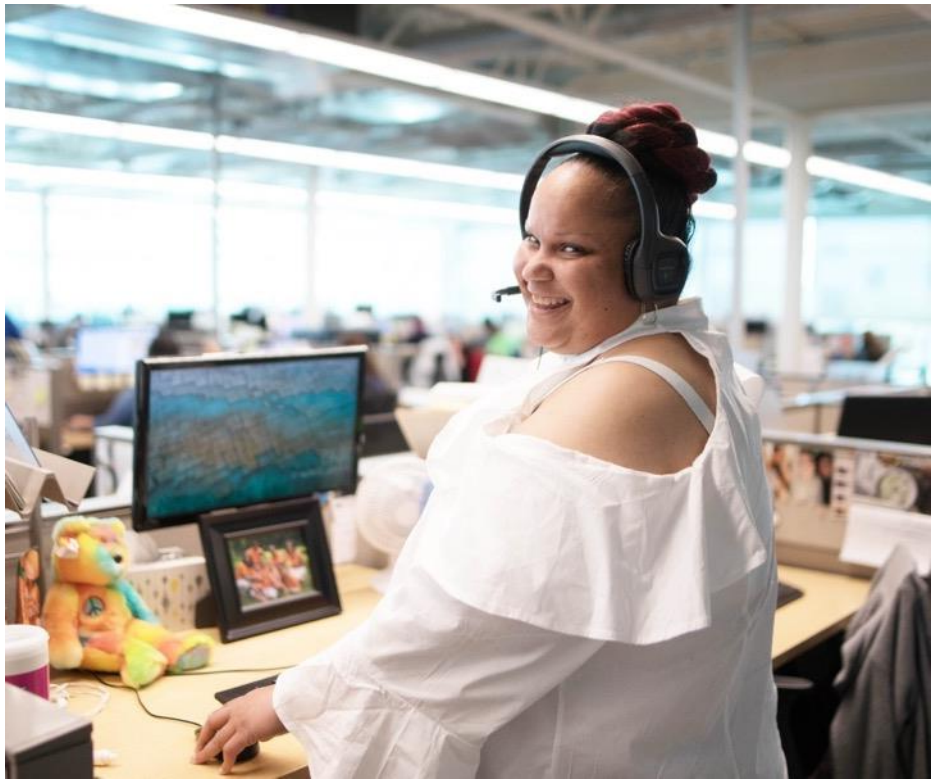
Source: 2021 In-cooler survey >1,200 respondents

COMPASSIONATE CUSTOMER CARE

LIVE Bilingual (Spanish) customer care and translation services for over 160 languages

Customer Care, Intake Teams and Delivery Drivers

- Culture of caring - All new hires screened for service, empathy and compassion
- Cultural competency - Define culture and recognize cultural differences
- Aging and disability awareness - Understand how both may impact client function
- Client health status notification - Ongoing training to recognize and report health and safety concerns



Customer Service Satisfaction

Source: 2021 In-cooler survey >1,200 respondents

HOW OUR PROGRAM WORKS

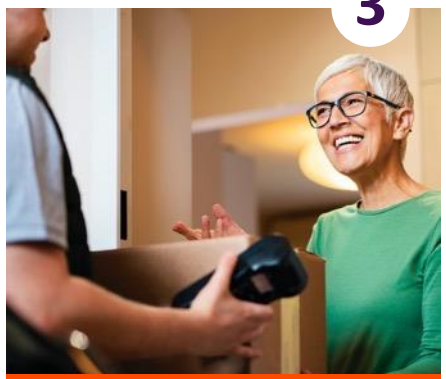
1

Enrollment

2

Initial Order

3

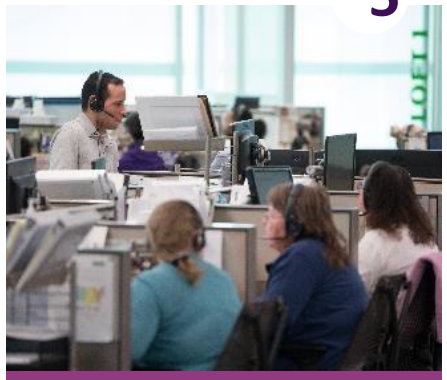


Home Meal Delivery

4

Heat, Eat & Enjoy

5

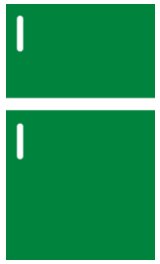


Ongoing Orders and Support

Customers eat healthier and more regularly with Mom's Meals

Source: 2021 In-cooler survey >1,200 respondents

OUR DIFFERENCE



Refrigerated

Medically Tailored

Choice of Every Meal, Every Delivery*

Delivery to Any Address

Compassionate Customer Service

*Initial deliveries will have a variety of meals based on dietary preferences.

REQUEST A SAMPLE COOLER

It’s the best way to experience the great taste, quality and packaging your clients receive










OTHER TIMELY UPDATES

NEW MEALS RECENTLY INTRODUCED

Breakfast Burrito

Chicken Tender over Potatoes

Creamy Tomato Pasta

Chicken Patty with Poultry Gravy

Chicken Alfredo Pasta

Cheesy Chicken, Rice & Broccoli

Cowboy Breakfast Skillet

Chicken & Vegetable Pot Pie Soup

*New meals are not available on all menus

OKLAHOMA CITY KITCHEN

New state-of the-art kitchen in OKC opened in January 2023

- This 140,000 sq ft facility sits on 25 acres
- The kitchen will employee 150 team members with room to grow to 500 employees

This kitchen will produce approximately **368,000 meals** a week - just over **19 million meals** per year!

FEBRUARY IS HEART MONTH

Medically tailored home-delivered meals are positively impacting the health of those with heart disease

- Heart disease continues to be the leading cause of death in the U.S.
- 80% of cardiovascular diseases including heart disease and stroke are preventable

Heart-Friendly Meals

Sweet & Sour Chicken

Cheese Lasagna

Breakfast Skillet

Results of congestive heart failure patients receiving medically-tailored meals

50% reduction in ER visits and hospitalizations

$19K in total cost savings per person per year

Sources:
https://www.heart.org/en/get-involved/advocate/federal-priorities/cdc-prevention-programs
IEHP pilot study

“This place really makes a difference! It’s the delivery! Debbie brings my mom her meals, she is so kind and understanding. She can tell when I’m having a rough day and she always has a word of encouragement! It is nice to have help with her meals and the biggest blessing is the angel who does our deliveries.”

— Happy Consumer

“Mom's Meals is the best for variety and individual selection. You do great work and I know when I send a referral that you will provide good food/service and look out for my clients.”

— Delighted Case Manager

Value Added Benefits

BENEFITS OF NUTRITION VALUE-ADDED BENEFITS (VABs)

Home-delivered meals programs as a VAB help health plans in many ways

- ✓ Address clinical and unmet social needs for vulnerable populations
- ✓ Demonstrate innovation
- ✓ Attract and retain members
- ✓ Move to a model of care that is more preventative and holistic
- ✓ Invest in member health while lowering total cost of care for positive ROI

Source: 2021 In-cooler survey >2,000 respondents

MOM'S MEALS®

VAB PROGRAMS AVAILABLE TO BUILD BETTER OUTCOMES

Post Discharge
- 2 meals/day for 2 to 4 weeks after discharge
- Reduce readmissions by 25-40%

Behavioral Health
- 2-3 meals/day for 12 weeks
- Help address needs and lower stress
- Improve care, medication adherence and lower TCOC

Chronic Care
- 2-3 meals/day for 12 weeks
- Better manage chronic conditions and help members avoid flare-ups, ED visits and IP stays
- Reduce admissions by 20-50% and costs by 16-40%

Maternal Health
- 2 meals/day for 10+ weeks
- Help expectant mothers have a healthy pregnancy; manage blood sugar, blood pressure and weight; and avoid pre-term delivery, complications and NICU

Diabetes
- 3 diabetes-appropriate meals/day for 90 days plus periodic counseling with a registered dietitian
- Reduce A1c levels by .5 – 2 points

Heart Failure
- 2-3 meals/day for 12 weeks
- Reduce sodium intake, fluid retention, ED visits and IP stays and affect a positive ROI

And More…
Children at Risk for Obesity or Diabetes | Pre-Surgical Program

CURRENT UHC PARTNERSHIP: MEDICAID

ACTIVE PROGAMS

- **Post-Discharge/Chronic Care:**
  - ✓ UHC KY: 14 meals PD (diabetic, maternal, healthy behavior)
  - ✓ UHC OH: maternal – 28 meals; lead level program – 56 meals
  - ✓ UHC LA: maternal- 4 weeks pre-delivery, 2 weeks post-delivery; 14 meals PD
  - ✓ UHC CA: 14 meals (maternal)
  - ✓ UHC CA: Community Supports program: Up to 2 meals/day x 12 weeks. Up to 4 nutritional counseling sessions
  - ✓ UHC IN: 14 meals PD
  - ✓ UHC KS: 14 meals PD
  - ✓ UHC MN: 28 meals PD (chronic conditions and maternal); Added new counties in recent RFP
  - ✓ UHC MO: 30 meals (maternal); Expanding to 10-12 weeks in Q2
  - ✓ UHC HPN: 2 meals/day for 8 weeks (Diabetes)
  - ✓ UHC NC: 14 meals PD (chronic conditions); Pilot for Pediatric Obesity 12 weeks of meals, 3 nutritional counseling sessions (launching 3/1/23)
  - ✓ UHC VA:14 meals PD
  - ✓ UHC WI: 14 meals PD Pneumonia, COPD or Cardiac Disease; Added maternal 10/1/23

RFPs/PIPELINE

- **GA RFP**
  - Maternal - 4 wk prior and 2 weeks + dependents post
  - Diabetes - 12 weeks
- **WA RFP**
  - Exploring PD for maternal and up to 4 dependents
- **OK RFP**
  - Peds DM/Obesity - 12 weeks
  - PD 2 weeks
- **NM RFP**
  - PD for maternity, and SNF - 2 weeks
- **NE RFP** – Won bid, goes into effect 2024 (benefit unknown)
- **MS RFP** – maternal PD on HOLD (protest)
- PA Exploring PD 2 weeks
- HI Exploring 13 weeks Diabetes for 2023 - met 1/6/23
- UHC has 3 other markets interested in Peds DM/Obesity

UHC C&S MEALS ANALYSIS

Analysis completed in October 2022 pleased UHC team due to very strong member impacts

- 50% reduction in readmissions
- 3% cost of care reduction
- 1.7 ROI

7

Transition of Care – UHC National Analysis C&S MEDICAID

Health Care Economics completed a directional analysis on a panel of membership who received meals from Mom's Meals.

Population: (1,553 members enrolled June 1, 2021 – May 31-2022)
- Markets include CA, IN, KS, KY, LA, MN, MO, NC, OH, VA, WI
- Programs include post hospitalization, post SNF, and post maternity delivery

Intervention:
- Average of 7-14 days of medically tailored meals delivered to the member's home
- Meals can be tailored for members with regular and specialty dietary needs, and can also support pureed, gluten free, and vegetarian.

Outcomes Highlights:
- **50.6 %** reduction from pre to post 30-day readmission
- **3%** reduction in total cost of care
- **1.7 ROI**

Next Steps:
- Educate all markets on consistent use of MEDICAID ID for referral
- Plan for how to increase PCP/provider follow up appointments; CM reminders, print materials in delivery boxes; also open to other ideas.
- Beginning March 2023 run annual (2022) reporting for comparison year over year
- **SCALE** program for both medical and maternal discharges

MATERNAL HEALTH VAB

Objectives: Support expectant members during pregnancy to reduce risks and costs of births. Promote full-term birth, reduce complications of delivery and avoid NICU stays.

Eligibility

- Members with gestational diabetes, high blood pressure, on bed rest, expecting multiples, pre-existing diabetes, morbid obesity or food insecurity
- Members with history of preterm labor, preterm deliveries, gestational diabetes, or high blood pressure

Best Practices

- ID members through weekly claims report, Bright Start® program and inpatient census
- Through Bright Start® program, or separate outreach, engage identified members in meals VAB
- Refer members to Dietitian or Nutrition Consultant (at plan or Mom's Meals)
- Distribute glucometers and supplies for members with diabetes as prescribed per physician plan of care
- Track progress with monthly or semi-monthly touchpoints

Offering

- 2-3 meals per day for duration of pregnancy plus 2 to 4 weeks after delivery (3 meals per day if member is food insecure)
- 2-3 meals per day for other dependents in household

Proof Points

One managed care plan in Florida introduced home-delivered meals and improved overall pre- and post-natal outcomes among high-risk Maternal Health members. Improvements over 2-years of program:

- Fewer NICU babies (45% decrease)
- Fewer premature births (41% decrease)

MOM'S MEALS®

CHRONIC CONDITION VAB

Objectives: Support members with poorly controlled chronic condition to condition status and avoid unnecessary utilization and costs. Promote condition self-management.

Eligibility

- Members with one or more common chronic conditions, including diabetes, heart failure, ESRD, COPD, hypertension, heart disease, HIV/AIDS or depression
- Members at high risk for hospitalization or nursing home placement or those with intensive care coordination needs

Best Practices

- ID members through weekly claims report, Case Management Program and other available data (medical)
- Refer members to Dietitian or Nutrition Consultant (at plan or Mom's Meals)
- Encourage condition self-testing and medication adherence as prescribed per physician plan of care
- Track progress with monthly or semi-monthly touchpoints

Offering

- 2-3 meals per day for 12 weeks = 168-252 meals (3 meals per day if member is food insecure)
- Longer if medically necessary

Proof Points

Through a program of home-delivered meals, a managed care plan in Pennsylvania helped Medicaid members achieve the following improvements

- Lowered total cost of care by 19%
- Lowered ED utilization by 14%

DIABETES VAB

Objectives: Support members with poorly controlled diabetes to improve blood sugar control and avoid unnecessary utilization and costs. Promote condition self-management.

Eligibility

- Members with Type 2 diabetes and one of the following
  - HbA1c > 9
  - Discharge from a hospital or skilled nursing facility stay or high risk for hospitalization or nursing home placement
  - Intensive care coordination needs

Best Practices

- ID members through weekly claims report, Case Management Program and other available data (medical)
- Refer members to Dietitian or Nutrition Consultant (at plan or Mom's Meals)
- Encourage blood sugar testing as prescribed per physician plan of care
- Track progress with monthly or semi-monthly touchpoints

Offering

- 2-3 meals per day for 12 weeks = 168-252 meals (3 meals per day if member is food insecure)
- Longer if medically necessary

Proof Points

By introducing meals that support blood sugar control and offering visits with a registered dietitian, managed care plans helped Medicaid members achieve the following improvements

- Reduced A1c levels average of 0.25 points to 2 points
- Lowered weight average of 4 pounds

BEHAVIORAL HEALTH VAB

Objectives: Support members with primary diagnosis of behavioral health with meals to reduce stress and ensure adequate nutrition for medication absorption and cognitive function. Promote health, medication adherence and condition self-management. Reduce utilization and cost.

Eligibility

- Members with primary diagnosis of behavioral health
  - Depression, Anxiety
  - SMI (Severe mental illness)
  - SUD (Substance use disorder)

Best Practices

- ID members through case management team
- Refer members to Dietitian or Nutrition Consultant (at plan or Mom's Meals)
- Encourage adherence to medications, provider visits and case management touch-points
- Track progress with monthly or semi-monthly touchpoints

Offering

- 2-3 meals per day for 12 weeks = 168-252 meals
- Longer if medically necessary

Proof Points

By introducing meals, a Wisconsin-based MCO helped members to achieve the following improvements

- Reduced total cost of care by 44%
- Reduced inpatient costs by 61%, admits by 48% and IP days by 27%
- Increased doctor visits, case management touchpoints and medication adherence

POST-DISCHARGE VAB

Objectives: Support members after discharge from an inpatient stay at a hospital, skilled nursing facility or rehab facility to promote recovery and healing and prevent readmissions

Eligibility

- Members with a discharge from an inpatient stay from a
  - Hospital
  - Skilled nursing facility (SNF)
  - Rehab facility

Best Practices

- ID members through daily in-patient or discharge file
- Reach out immediately after discharge or while member still in hospital
- Allow members to receive meals after any in-patient stay during the year
- Include behavioral health stays in eligibility
- Consider observation stays in eligibility

Offering

- 2 meals per day for 2 to 4 weeks = 28-56 meals
- 3 meals per day if member has no other source of food

Proof Points

By supporting members with meals after discharge, a Florida-based MCO was able to better locate members after discharge, engage members in other services and reduce readmissions

- Reduced ABD readmits by 55% (from 25.3% to 11.48%)
- Reduced TANF readmits by 24% (from 10.3% to 7.83%)
- Reduced overall Medicaid readmits by 45% (from 18.9% to 10.42%)

CHILDREN'S HEALTH VAB

Objectives: Support children at increased health risk, to reduce future and current risks and costs. Promote healthy mental and physical development in children.

Eligibility

- Members with obesity, diabetes, pre-diabetes, food insecurity, in foster care and with elevated blood lead levels

Offering

- 2-3 meals per day for 12 weeks or longer if medically necessary (3 meals per day if member is food insecure)

Best Practices

- ID members through weekly claims report and provider network
- Through outreach, engage identified members in meals VAB
- Refer family to Dietitian or Nutrition Consultant (at plan or Mom's Meals)
- Track progress with monthly or semi-monthly touchpoints

MOM'S MEALS®

Case Studies

PROPER NUTRITION HELPS BETTER REDUCE HOSPTIALIZATIONS, COSTS & KEEPS PEOPLE AT HOME

Research published in Jama shows potential savings of implementing additional medically tailored meals programs across the country.[1]

47%

Reduction in hospitalizations

1.6M

Hospital Readmissions Avoided Annually

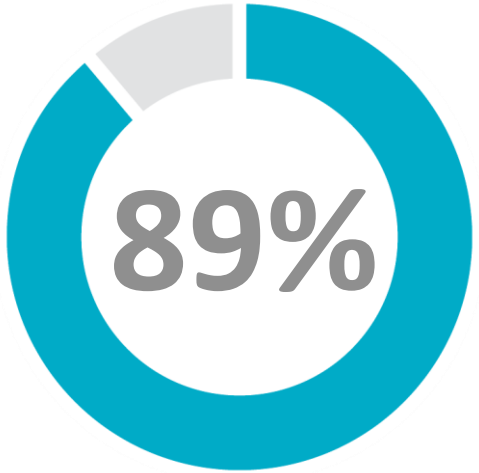
19.7%

Reduction health care spend

$13.6B

Savings for insurers per year*

2021 National Survey of OOA participants shows home delivered meals keep people at home and independent. [2]



of meal program recipients report home delivered meals enable them to continue living in their own homes.

* After paying for the cost of food and visit with RD

[1] Hager K, Cudhea FP, Wong JB, et al. Association of National Expansion of Insurance Coverage of Medically Tailored Meals With Estimated Hospitalizations and Health Care Expenditures in the US. *JAMA Netw Open.* 2022;5(10):e2236898. doi:10.1001/jamanetworkopen.2022.36898

[2] https://acl.gov/programs/health-wellness/nutrition-services

GOOD NUTRITION HELPS CONTROL CHRONIC CONDITIONS

HealthAffairs

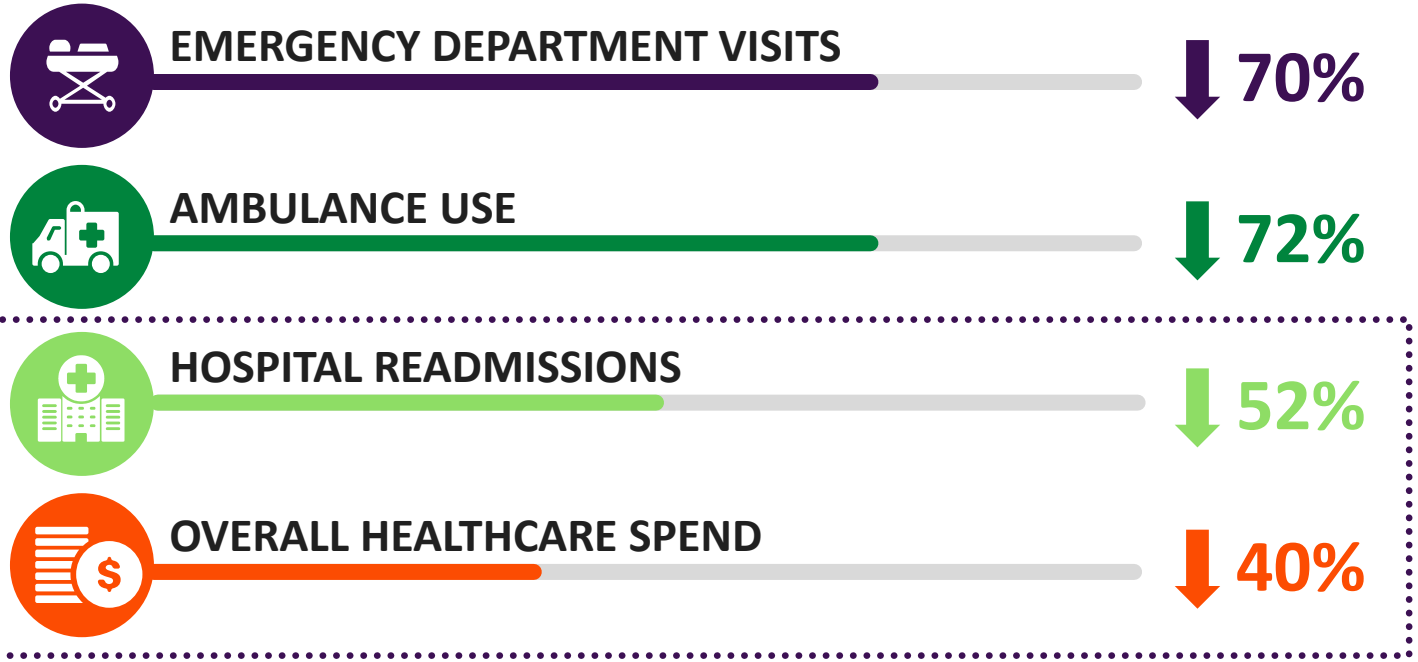
RESEARCH ARTICLE

HEALTH AFFAIRS > VOL. 37, NO. 4 : CULTURE OF HEALTH, THE ACA & MORE

Meal Delivery Programs Reduce The Use Of Costly Health Care In Dually Eligible Medicare And Medicaid Beneficiaries

Seth A. Berkowitz, Jean Terranova, Caterina Hill, Toyin Ajayi, Todd Linsky, ... See all authors

Impact of weekly, delivered, medically tailored meals among members who were at nutritional risk (weight change, food insecure, chronic conditions) for six months



Results only for **medically-tailored** meal programs

Seth A. Berkowitz, Jean Terranova, Caterina Hill, Toyin Ajay, Todd Linsky; *Meal Delivery Programs Reduce the Use of Costly Health Care in Dually Eligible Medicare and Medicaid Beneficiaries*, Health Affairs, Vol. 37, No. 4, April 2018

MOM'S MEALS

PARTNERSHIP PILOTS SHOW STRONG EARLY RESULTS

Long Term & Chronic Care	**Diabetes**	AmeriHealth Caritas District of Columbia; Howard University Hospital	**Heart Failure**	U.S. Department of Veterans Affairs
	Diabetes	AgeOptions; U.S. Department of Health & Human Services	**Arthritis**	Vanderbilt University; National Institutes of Health
	Renal	University of Illinois; Renal Research Institute	**Behavioral Health**	UnitedHealthcare Community Plan
	Diabetes	CareMore Health	**Renal**	Tufts University; Renal Research Institute
Post-Discharge	**Heart Failure**	Medical School, University of Michigan; NewYork-Presbyterian Columbia University Medical Center; National Institutes of Health	**Heart Failure**	BayCare
	Heart Failure	Stony Brook School of Medicine; National Institutes of Health	**Food Insecurity**	Central California Alliance for Health; Medi-Cal

MOM'S MEALS®

GESTATIONAL DIABETES STRATEGY AT SIMPLY HEALTHCARE/ANTHEM

OBJECTIVE

Reduce risks associated with diabetes during pregnancy, including:

- C-Section rates
- Delivery complications
- NICU admissions
- Hospital admissions
- ER Usage
- Preterm deliveries

Identify eligible members

Enroll in monitoring/IVR program

Deliver nutritious meals directly to members' homes

Track progress with monthly/semi-monthly touchpoints

Analysis and Outcomes

SIMPLY'S PROGRAM: TAKING CARE OF BABY AND ME

Member Identification	Members Eligibility	Contact with Case Manager
• Identified through a bi-weekly claims report • My Advocate Program • Inpatient Census	• Members with high-risk members with history of preterm labor, preterm deliveries and high blood pressure (TCOBAM) • Members with gestational diabetes, history of gestational diabetes or preexisting Diabetes Mellitus (Mom's Meals)	• At least monthly; more depending on risk level • Members also receive a glucometer for tracking blood sugar levels and supplies, education, and insulin management as prescribed per physician plan of care • Referrals sent to Dietician or Nutrition Consultant

Source: https://www.obgproject.com/2017/06/25/acog-releases-updated-guidance-gestational-diabetes/

TAKING CARE OF BABY AND ME: RESULTS

Blood Sugar Control

The American College of Obstetrics and Gynecology and the American Diabetes Association recommend:

- <95 mg/dL pre-meal
- <140 mg/dL 1 hour post-meal
- <120 mg/dL 2 hours post-meal

Source: https://www.obgproject.com/2017/06/25/acog-releases-updated-guidance-gestational-diabetes/

Intervention

140 home-delivered meals (2 meals per day for 10 weeks)

Ongoing support from Simply care management

Results	2019	2020
• Program Size		
Referrals	71	115
Meals	8,456	14,605
• Blood Sugar (mg/dL)		
Pre-meal	85-110	80-110
Post-meal	160-180	99-140
• Engagement Rate	85%	87%
• Outcomes		
Deliveries	63	91
NICU Admits	20 (3 hypoglycemia related)	11 (5 hypoglycemia related)
Premature births	17	10

TAKING CARE OF BABY AND ME: REVIEW

By maintaining program continuity over 2 years, the Simply team has seen several benefits:

- **Program growth – more members served**
  - 62% increase
- **Increased engagement by members**
  - 2.4% increase
- **Improved blood sugar control**
  - 38% decrease
- **Fewer NICU babies**
  - 45% decrease
- **Fewer premature births**
  - 41% decrease

The Bottom Line

By introducing meals that support blood sugar and blood pressure control, Simply improved overall pre- and post-natal outcomes among high-risk Maternal Health members.

MOM'S MEALS®

UPMC & MOM'S MEALS PILOT

Enrollment (100 members)

All enrollees had a history of a high condition-based medical spend. Enrolled individuals had one of the following:

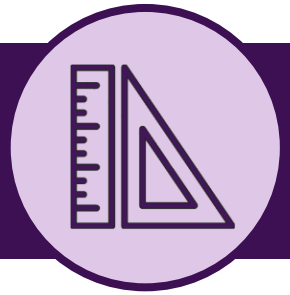
- Diabetes
- Asthma
- Coronary Artery Disease
- Heart Failure
- Chronic Obstructive Pulmonary Disease (COPD)
- Severe Persistent Mental Illness
- Substance Abuse Disorder

Intervention

Enrollees received a delivery of three meals/day for a period of 13 weeks. Weekly deliveries were made during a three-month timeframe—from October 2019 through June 2020.

MOM'S MEALS®

UPMC & MOM'S MEALS' PILOT—MAIN MEASURES



Main Measures

Claims data for enrollees were evaluated against a comparison group of members who met SDOH food insecurity criteria. The equated sample was selected based on eligibility month, age, gender, residence and co-morbidity using propensity scores.

- To account for a decrease in utilization due to COVID-19, change in cost and utilization for members receiving meals were compared to similar members not receiving meals.
- Due to small sample size, distribution and COVID-19, a nonparametric statistical analysis was conducted.
  - Total cost of care
  - Medical costs
  - Pharmacy costs
  - Average change in ED utilization

Engagement remained high. A total of 74 enrollees (74%) received meals for the 13-week period.

MOM'S MEALS®

UPMC & MOM'S MEALS PILOT OUTCOMES SHOW POSITIVE TREND IN FINANCIAL RETURN

TOTAL COST OF CARE

37%

decrease in median total cost of care for 6 months post meals

vs.

18%

in comparison group

19% difference

ED UTILIZATION

31%

decrease in ED utilization for 6 months post meals

vs.

17%

decrease in comparison group

14% difference

COLLABORATION WITH IEHP

Innovative programs to support members with Heart Failure

The Pilot

Overall Program:

- Riverside and San Bernardino County
- Food is delivered to Member's home by Mom's Meals
- Started June 2021
- 93 Members enrolled
- Initial in-person visits with CHW and Nurse (via iPad)
- 6 month program
  - 3 mo. fully supported prepared meals
  - 3 mo. Hybrid (prepared/food boxes with/recipes)

Member Qualifiers:

Dual Eligible (Cal MediConnect) Member with Congestive Heart Failure

IEHP
A Public Entity
Inland Empire Health Plan

BEHAVIOR CHANGE TIMELINE

Inland Empire Health Plan

Phase 1
12 weeks

- Initial CHW visit/address social needs
- Scale set-up at home
- 3 prepared meals/day
- Driver wellness check & safety check
- RD call
- RN follow-up

Phase 2
8 weeks

- 2 prepared meals/day
- 1 box of produce/ dry goods/week
- Recipe cards
- Weight monitoring
- Driver wellness check & safety check
- RD call
- CHW/RN follow-up as needed
- ICT meetings

Phase 3
4 weeks

- 1 prepared meal/day
- 1 box of produce/ dry goods/week
- Recipe cards
- Weight monitoring
- Driver wellness check & safety check
- RD call
- CHW/RN follow-up based on individual needs ID'ed in ICTs
- ICT meetings

Post Pilot: Visits/Evaluation

Rapport/Eat

Educate/Learn

Coach/Believe

MOM'S MEALS

UTILIZATION REDUCTION & WEIGHT LOSS

50% Reduction in Hospitalizations

211 to 105

Reduction in Annual Hospital Visits

2.3 to 1.1 visits
per member per year

50% Reduction in ED Visits

400 to 200

Reduction in Annual ED Visits

4.3 to 2.1 visits
per member per year

Cumulative Total Weight Loss = 339 lbs.

Average Weight Loss/Person = 5.8 lbs.

ADHERENCE & COST SAVINGS

Increase in Medication Adherence

33% to 100% proportion of days covered

Total Cost Savings

$7.2 million to $5.4 million

Annual Cost Savings

$77,419 to **$58,064**
per member per year
=
$19,355 per year cost savings
or **$1,613** PM

This was primarily from decreased hospitalizations and associated costs.

MOM'S MEALS®

IEHP CUSTOMER SATISFACTION – SUMMARY

Program Feedback from Pilot Participants
Meals, Nutritional Counseling, Produce and Pantry Boxes, Surveys Captured by Drivers

- **66** members called for phone survey
- **41** responses = **62%** response rate
- **74%** of people stayed engaged for the full 6-month pilot

95%* Overall program satisfaction

89% Said eating habits improved after participation

81%

Prefer **MEALS** over Produce and Pantry boxes

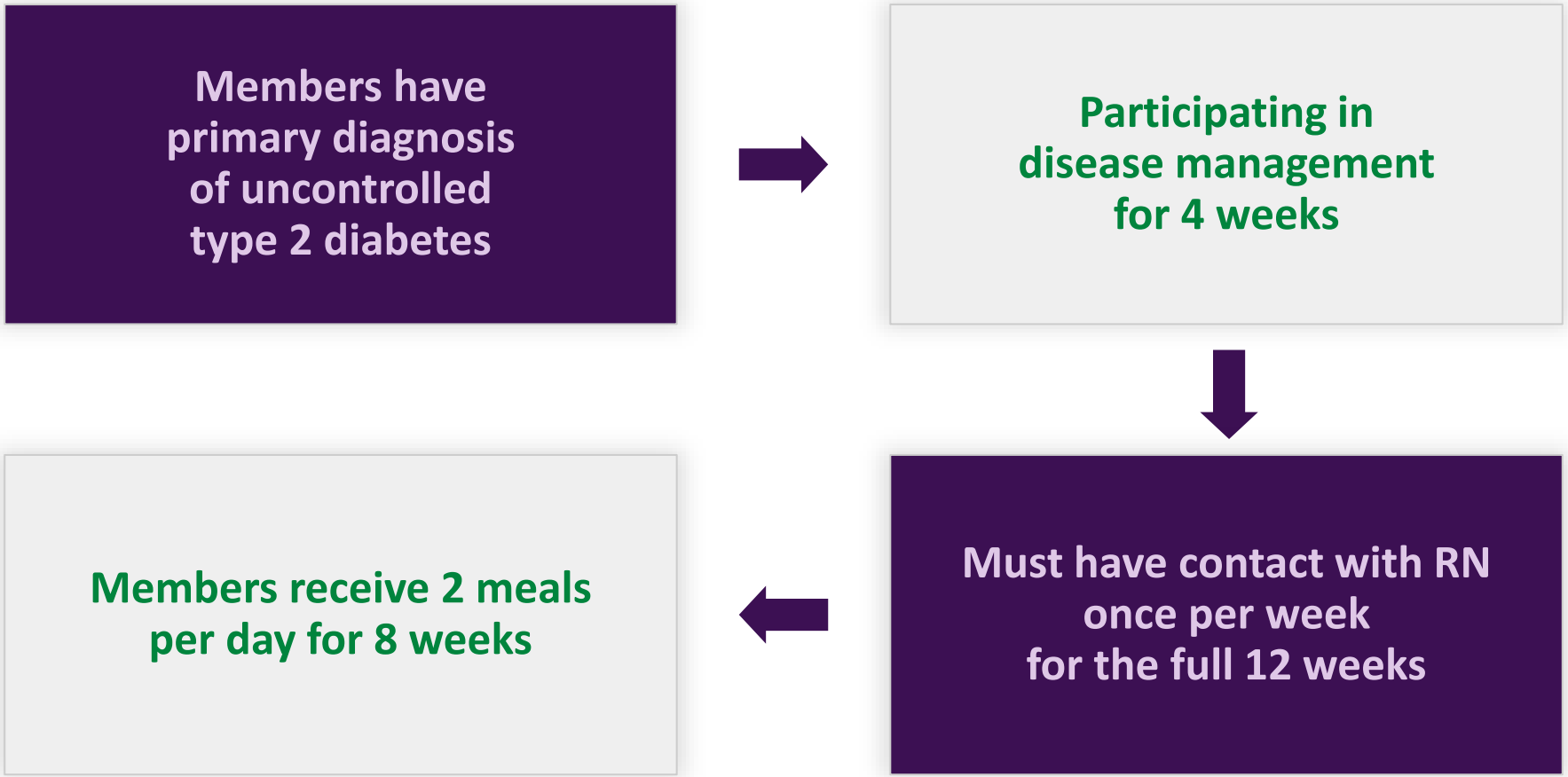
Produce Box 16%

Pantry Box 3%

 * Top 2 Box satisfaction/improvement

HPN CHRONIC CARE PROGRAM DESIGN

HEALTH PLAN OF NEVADA
A UnitedHealthcare Company



MOM'S MEALS®

PROGRAM ANALYSIS

HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

Participant Demographics

Gender	Count	%
Female	76	60.8%
Male	47	37.6%
Unknown	2	1.6%
Total	**125**	**100%**

Age Range	Count	%
20-29 years	7	5.6%
30-39 years	20	16%
40-49 years	33	26.4%
50-59 years	41	32.8%
60-69 years	22	17.6%
Unknown	2	1%
Total	**125**	**100%**

Ethnicity	Count	%
Black (non-Hispanic)	45	36%
White (non-Hispanic)	32	25.6%
Hispanic	28	22.4%
Other Race or Ethnicity	6	4.8%
Pacific Islander	5	4%
Unknown	2	1.6%
Asian or Pacific Islander	2	1.6%
Not Provided	2	1.6%
Subcontinent Asian American	1	0.8%
American Indian or Alaskan Native	1	0.8%
Asian Pacific American	1	0.8%
Total	**125**	**100%**

MOM'S MEALS

PROGRAM RESULTS

HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

125 members completed the 8-week meals and counseling program

Avg. Starting A1c

10.86

Avg. Ending A1c

8.96

Average change in A1c = -1.9

17.5% Avg. A1c Reduction

MOM'S MEALS

IMPACT: SHARP COST OF CARE REDUCTION

HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

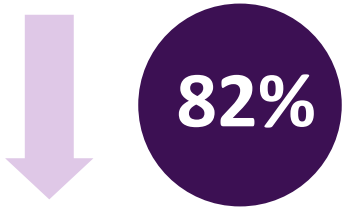
Total cost of care decreased post-period by 32%.

PMPM lowered from $1,339 to $911

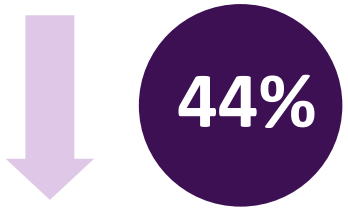
Total cost savings (annualized)

$427 PMPM

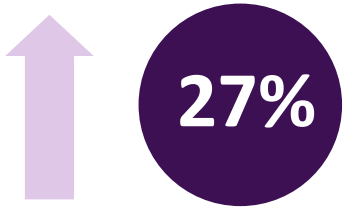
$5,127 PMPY



Acute in-Hospital Stays



Observational Stays



Rx PMPM

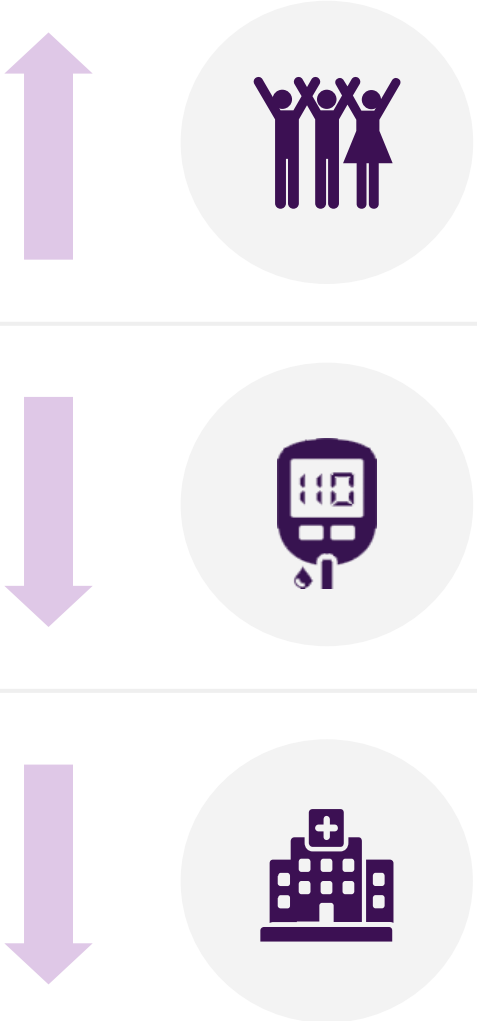
Rx spend increased, indicating medication adherence

Source: Pulled claims six months before admission into program and six months post-program

MOM'S MEALS®

PROGRAM OUTCOMES SUMMARY

HEALTH PLAN OF NEVADA
A UnitedHealthcare Company



Strong member engagement

Improved A1c levels

Decreased overall healthcare spend

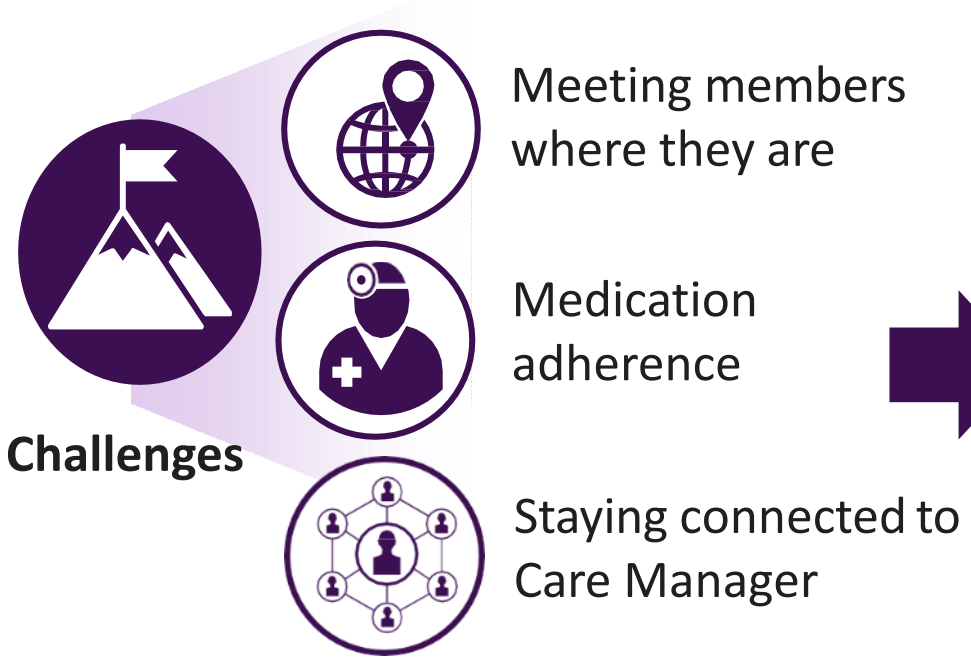
MOM'S MEALS

BEHAVIORAL HEALTH PROGRAM

UnitedHealthcare Community Plan

Chronic Care Meals to Support Behavioral Health

- Through contract with the state of WI, all HMOs are expected to work closely with their hospital and non-hospital providers to reduce Potentially Preventable Readmission rates
- Across the state, the highest readmissions are members with behavioral health diagnoses



Members have primary diagnosis of behavioral health

Participating in Case Management

Must stay compliant with medication and provider appointments

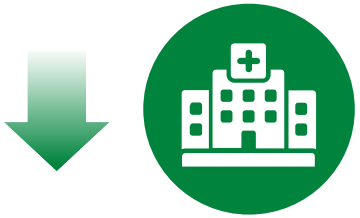
Must have contact with Care Manager once per week

MOM'S MEALS

Preliminary Outcomes

UnitedHealthcare Community Plan

Member satisfaction increased



Hospital admissions decreased

Medication and provider appointments adherence increased

MOST IMPORTANT

Members Are Staying Connected to Their Care Managers

MOM'S MEALS

IMPACT: SHARP REDUCTION IN TOTAL COST OF CARE

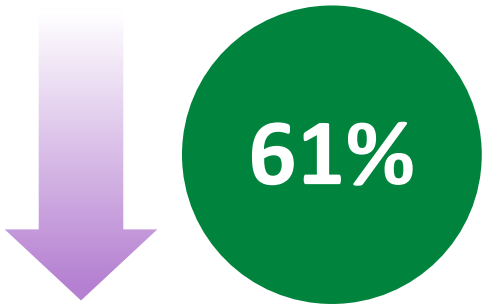
44%

Total cost of care significantly decreased post-period by 44% for program membership.

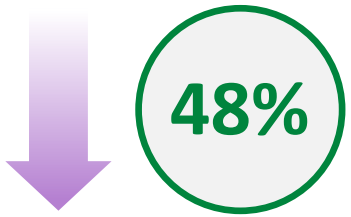
PMPM lowered from $1,491 to $837

Lowest cost members saw a 20% increase in total cost of care.

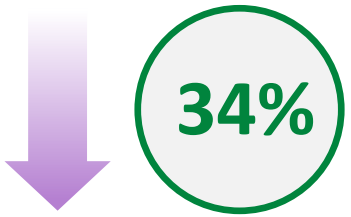
PMPM rose from $422 to $508



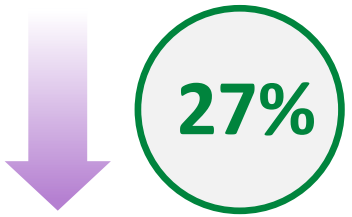
Inpatient Costs



Inpatient Admits



ED Utilization



Inpatient Days

IMPACT: POSITIVE UTILIZATION CHANGES

Inpatient admits decreased significantly.

Average IP Visits PMPY

.9 → **.5**

56 Pre-Period → **28** Post-Period

IP admits decreased in every category with most change among lower utilizers (1-3 admits)

Most members (41) had no IP visits pre-period and ended up with an average of .3 PMPY post-period

Readmissions decreased significantly.

28 Pre-Period

11 Post-Period

Readmits/Expected Readmits

.96

.65

Outpatient costs decreased somewhat.

Outpatient Costs ↓ **10%**

Outpatient Procedures ↑ **3%**

Outpatient Visits ↑ **59%**

THANK YOU!

MOM'S MEALS®