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Cardiovascular Management Program Overview

A clinically led approach to specialty management built around the patient journey

June 2026

AGENDA

What we'll cover

01 **Why Cardiovascular Condition Management**
The clinical and financial case for a specialty program beyond traditional UM

02 **Evolent at a Glance**
Scale, scope, and the proof points that build confidence

03 **The Cardiovascular Program**
How the solution works — condition management, clinical review, GDMT integration, provider alignment

04 **Results That Matter**
Outcomes, savings, and what providers say about the experience

Exploding cost growth and documented overuse are creating urgency for health plans to act

Cost Trajectory

CVD direct medical costs are projected to more than double — reaching $749B by 2035 (AHA, Circulation 2017). Heart failure alone drives 30% of total cardiology spend.

Procedure Overuse

~30,000 patients underwent atherectomies with questionable need (ProPublica/CareSet). Coronary stent overuse is well-documented in Lown Institute hospital data.

Fragmented Utilization

Cardiovascular isn't a single condition — it's a multi-condition 'wild west' where utilization grows at varied rates across procedures and diagnoses, making traditional UM insufficient.

Aging Population

Demographic pressure is compounding utilization growth across CAD, heart failure, arrhythmias, and PAD — pushing health plans to act now, not wait for the trend to stabilize.

EVOLENT AT A GLANCE

A specialist cardiovascular program with 20+ years of experience

20+
Years of cardiovascular experience

~$1.2B
Managed under cardiovascular risk

65+
Subspecialty-matched physicians on staff

8
Independent Scientific Advisory Board members

Cardiovascular program performance

78%
Providers satisfied or extremely satisfied with Evolent

88%
Cardiologists who change approach after peer-to-peer engagement

1.3%
Cardiology denial rate (2023 national)

$749B
Projected CVD costs by 2035 (from $350B today)

Evolent's approach focuses on high-value authorizations that have a disproportionate effect on quality and cost

Clinical Rationale For Cardiovascular Scope

- High risk of harm to patient
- High degree of overuse or misuse, including potential fraud and abuse
- High downstream waterfall to additional high-cost, invasive services

Condition	Non-Invasive	Invasive Testing	Procedures
Peripheral Artery Disease	Arterial Duplex	Angiographies	Lower Extremity Revascularization
Coronary Artery Disease	Stress Tests / CCTA	Cardiac Caths	PCIs
Heart Failure	TTE		Implantable Devices (GDMT)
Arrhythmias		EP Studies	EP Ablations
Venous Disease	Venography	Sclerotherapy/Phlebectomy	Venous Ablations
Structural Heart Disease		Valve Repair & Replacement	PCIs

EVOLENT AT A GLANCE

High-value authorization management delivers meaningful incremental savings

20+

Years of CV experience

~$1.2B

Managed under cardiovascular risk

Condition	% MedEx	Traditional UM	Evolent Managed	$ / auth
Coronary Artery Disease (Cath)	20–25%	<5%	15%	$2k–$3k
Coronary Artery Disease (PCI)	20–25%	<10%	25%	$7k–$10k
Arrhythmia (EP Ablations)	20–25%	<3%	5%	$15k–$20k
Heart Failure (Implantable Dev.)	10–15%	<5%	25%	$15k–$20k
PAD (Atherectomies)	8–10%	<10%	40%	$10k–$15k
PAD (Stent/Angioplasty)	8–10%	<10%	30%	$7k–$10k
PAD (Angiography)	8–10%	<10%	25%	$1k–$2k
Venous Disease (Ablations)	4–6%	<5%	20%	$1k–$2k

Source: Estimated % of cardiovascular MedEx by condition based on similar health plan experience

THE CARDIOVASCULAR PROGRAM

What makes Evolent's approach different

COMPREHENSIVE CONDITION MANAGEMENT

- **Full end-to-end cardiovascular scope** including diagnostic, interventional, and vascular surgery
- **65+ subspecialty physicians** general cardiologists, interventionalists, electrophysiologists, and vascular surgeons
- **GDMT integration** adherence improved from 28% → 65% across a multi-state Medicaid payer
- **Customized provider engagement** monthly scorecards, gold-carding, targeted outlier engagement, and latest clinical evidence sharing
- **Flexible financial model** PMPM fee or full capitation — Evolent takes clinical and financial risk

OUR DIFFERENTIATORS

- Most clinically-robust cardiovascular program in the market — backed by 20+ years of experience across Medicare, Medicaid, and commercial
- Unique provider-centered approach with low denial rates (1.3% national) and high satisfaction (78%)
- Myriad management levers beyond prior authorization: gold-carding, APMs, value-based contracts, MSO scorecards
- GDMT program built into clinical pathways — not an add-on, a requirement before authorizing certain procedures
- Owned FL network of 800+ contracted MDs, plus subspecialty-matched reviewers for every P2P

A tailored model to mitigate cost and quality variability across the highest-cost CV conditions

1 Multi-Specialty Expertise at Scale

Deliver consistent subspecialty-matched clinical expertise at scale — general cardiology, interventional, electrophysiology, and vascular surgery reviewers for every case.

2 Next-Generation UM

Deploy UM that reduces abrasion through algorithm-driven auto-approvals, NLP-based data extraction, gold-carding for high performers, and subspecialty-matched P2P outreach.

3 Provider Network Alignment

Empower and align the provider network with monthly scorecards, incentives, APMs, and data-driven reporting. Outlier practices get targeted improvement — high performers get less friction.

4 Member Engagement

Engage members to optimize their experience across the care journey — ensuring the right diagnosis and treatment path, not just the approved prior authorization.

THE CARDIOVASCULAR PROGRAM

Behavior change through workflow support and peer-to-peer engagement

POINT-OF-CARE VALUE CREATION

- **Purpose-built, clinician-centric portal** for PA and reporting — designed around cardiologist workflows
- **Algorithm-driven auto-approvals** via portal, including NLP-based data extraction and dynamic Q&A to minimize burden
- **Appropriate-use recommendations** and portal alerts embedded directly in provider workflows using Appropriate Use Criteria (AUC) scores
- **Gold-carding program** design and management eliminates PA burden entirely for high-performing groups

78%

of providers are satisfied or extremely satisfied with Evolent

MULTIMODAL PROVIDER ENGAGEMENT

- **Subspecialty-matched P2P outreach** for requested care not aligned to Evolent pathways
- **P2Ps grounded in latest evidence** on clinical and member impact — financial, quality, and safety considerations
- **Monthly scorecards** shared with providers who submit cardiovascular service requests; focused on the 80% of spend drivers
- **Knowledge sharing** via white papers, educational webinars, personal practice outreach, and AUC-based policy education

88%

of cardiologists change their approach after peer-to-peer engagement

1. 2023 Provider Satisfaction Survey, Interventional Cardiology | 2. 2023 Evolent Cardiology prior authorization requests

THE CARDIOVASCULAR PROGRAM

GDMT: We require guideline-directed medical therapy before authorizing certain interventions

GDMT DRUGS ARE UNDER-PRESCRIBED...

Beta Blockers

25% of eligible patients not prescribed

RAAS Inhibitors (ACE/ARB/ANRI)

33% of eligible patients not prescribed

MRA

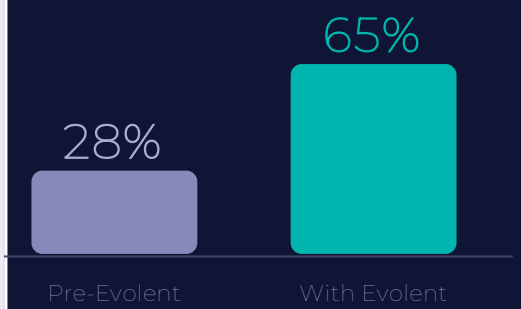
55% of eligible patients not prescribed

SGLT2 / Anti-anginals

Only 1% of HFrEF patients on target dosages of all three drug classes simultaneously

GDMT ADHERENCE IMPROVEMENT

Multi-state Medicaid payer



29% reduction in mortality with appropriate GDMT[1]

>$22K savings per avoided ICD implant (GDMT case)[2]

HOW WE INTEGRATE GDMT

1. Clinical reviewer checks notes for GDMT trial before authorizing implantable devices or interventional procedures
2. If GDMT not initiated, reviewer recommends 90-day trial with cardiac reassessment before proceeding
3. Provider agrees to GDMT trial — ICD request withdrawn
4. If EF improves on GDMT, ICD never resubmitted — both patient outcome and plan cost are improved

1. McCullough et al. (2021) | 2. Evolent analysis of client claims data (excludes prevented HF hospitalizations)

RESULTS THAT MATTER

Consistent outcomes, delivered at scale

78%
Providers satisfied or extremely satisfied

88%
Cardiologists shift after P2P

1.3%
Denial rate (2023 national)

68%
Auth requests auto-approved

2023 Cardiology Auth Requests by Status

Auto-Approvals	68%
Manual Approval of Initial Requests	28%
Modified or Withdrawn Requests	3%
Denials	1.3%

When care is modified or redirected, savings come from quality improvement — not just denials

Savings from Modified Requests	55%
Savings from Withdrawn Requests	24%
Savings from Denials	21%

Source: 2023 Evolent cardiology auth requests; savings by auth status from example health plan partner

RESULTS THAT MATTER

Evolent's comprehensive cardiology management outperforms traditional UM and point solutions

	Traditional UM Solution	evolent	Multi-Specialty Point Solution
Cardiovascular Scope	✗ Diagnostic imaging only; no interventional or surgical coverage	✓ **Full cardiology: Diagnostic + Interventional + Vascular surgery end-to-end**	✗ Cardiovascular is one of many specialties; no dedicated cardiovascular-only program
Clinical Review	✗ Non-specialized reviewers; high provider abrasion, denial-focused	✓ **Subspecialty-matched MDs (general cardiology, interventional, EP, and vascular surgery)**	✗ General clinician team; not cardiology subspecialty-matched
GDMT / Gaps in Care	✗ Not addressed; denial-based authorization only	✓ **GDMT integrated into clinical pathways; adherence improved 28% → 65%**	✗ No GDMT program; procedures approved without confirming optimal medical therapy
Financial Risk Model	✗ Fee-based only; payer retains 100% of clinical risk	✓ **PMPM fee OR full capitation — Evolent takes clinical & financial risk**	✗ PMPM fee + performance only; payer retains majority of risk
Provider Alignment	✗ Basic scorecards + reactive provider relations only	✓ **Monthly P2P, APMs, gold-carding, VBC contracts, MSO scorecards**	✗ Provider engagement limited to UM interactions; no APMs or VBC

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GET READY TO PRESENT

From training to certified presenter

1 Teach-back

Each trainer presents the problem, scope, model, and results sections back to the group in under 8 minutes — unscripted.

2 Objection drill

Facilitator role-plays two objections from the guide; trainer responds live, no notes. Must cover at least one clinical and one financial objection.

3 Peer feedback

Group scores clarity, accuracy, and confidence using the certification checklist. Flag any stat cited that doesn't appear in the reference table.

4 Sign-off

Trainer is cleared to present externally once certified by their manager or designated enablement lead.

Reference the one-pager and guide for the full talk track, key stats, and the objection-handling appendix you can keep open during live presentations.