

evolent

MSK CONDITION MANAGEMENT

Partner One-Pager

A quick-reference leave-behind for presenting Evolent's musculoskeletal condition management program to employer, broker, and health plan audiences.

11.9M

Members served

3+:1

Average ROI

70+

Health plan partners

90%+

Provider portal adoption

What it is

An end-to-end musculoskeletal condition management solution covering three integrated programs — Interventional Pain Management (IPM), Spine Surgery, and Joint Surgery — under a single coordinated model. Evolent combines evidence-based UM, subspecialty-matched clinical review by board-certified anesthesiologists, orthopedic surgeons, and neurosurgeons, and provider analytics to reduce unnecessary utilization while improving member outcomes.

How it works

- **Three integrated programs** — Interventional Pain Management (epidurals, facet injections, nerve blocks, implants); Spine Surgery (cervical & lumbar fusion, decompression, disc replacement); Joint Surgery (hip, knee & shoulder arthroscopy and arthroplasty)
- **Four-step auth process** — self-service portal intake, evidence-based system evaluation for immediate approvals, initial clinical review by licensed specialists, specialty physician review and peer-to-peer for complex cases
- **Specialty-matched clinical review** — orthopedic surgeons review orthopedic cases; pain management specialists review IPM cases; ensures clinical credibility and low abrasion
- **AI-optimized intake** — dynamic algorithms drive auto-approvals via portal with NLP data extraction; Surgery Concierge team works with providers to minimize administrative burden
- **Provider analytics** — insights on whole-patient management patterns, outlier identification, high-performance providers, and targeted provider education; performance-based scorecards

Why it's credible

- 11.9M members served across 70+ health plan partners in 42 states
- 3+:1 average ROI documented across the book of business; e.g., 21% multi-level fusion diversions
- 90%+ provider portal adoption rate
- 20-25% of IPM procedures identified as not medically necessary (Evolent FY2021 data); 15-20% of spine surgeries; 10-15% of joint surgeries
- Program oversight by board-certified anesthesiologists, orthopedic surgeons, and neurosurgeons

The close

"Let's find a time to walk through your numbers." Always end with a concrete next step — a follow-up meeting, an opportunity analysis, or a one-page collaboration document.

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Train-the-Trainer Guide

The full talk track, supporting data, objection-handling appendix, and language guide for partners presenting Evolent's MSK condition management program externally.

1. THE TALK TRACK

Open: Establish the problem

MSK is a high-cost, high-variation category with well-documented overutilization. Lead with the clinical and financial problem before introducing Evolent.

- **Cost problem** — MSK claims typically account for 15-30% of total plan costs for commercial and Medicare plans; over 20% of U.S. adults experience chronic pain; up to 36% of MSK surgeries may be unnecessary
- **Conservative care gap** — physical therapy underutilization drives overuse of pain management and surgery; delayed intervention worsens conditions; misaligned provider incentives reward surgical and pharmaceutical intervention over conservative treatment
- **Site-of-care variation** — costs can be more than 2x higher in inpatient hospital settings versus ASC; site-of-care optimization drives 5-20% total spend savings opportunity for total knee replacement alone
- **Productivity impact** — chronic pain accounts for \$300B in annual U.S. productivity loss; knee replacements projected to grow 189% by 2030

Talk track: "One in five Americans lives with chronic pain — yet up to 1 in 4 IPM procedures don't meet medical necessity. Evolent's specialized oversight closes that gap, protecting your employer clients from paying for care that doesn't improve outcomes."

Establish credibility: Evolent at a glance

- 11.9M members served across 70+ health plan partners in 42 states
- 3+:1 average ROI across the book of business (2024 FY MSK/Phys Med data)
- 90%+ provider portal adoption rate; specialty-matched P2Ps
- Clinical oversight by board-certified anesthesiologists, orthopedic surgeons, and neurosurgeons

Show the three solutions

Evolent manages MSK through three integrated programs that can be sold standalone or as a comprehensive bundle. Frame it as flexible: clients pick what fits their spend profile.

- **Interventional Pain Management (IPM)** — epidurals, facet injections, nerve blocks, implants
- **Spine Surgery** — cervical & lumbar fusion, decompression, disc replacement
- **Joint Surgery** — hip, knee & shoulder arthroscopy and arthroplasty
- **Comprehensive MSK Management** — all three bundled with coordinated clinical approach and single point of contact for all MSK UM — best for clients with high overall MSK spend seeking maximum impact
- **Expanded procedures (optional)** — additional procedure types including Physical Medicine oversight and customized clinical criteria by client

Explain the model: prior authorization process

Evolent's MSK prior authorization follows a four-step process designed to minimize provider friction while maintaining clinical credibility:

- **1. Portal Intake** — self-service portal reduces admin burden; providers submit through a familiar interface
- **2. System Evaluation** — evidence-based algorithm delivers immediate approvals for straightforward cases; AI-driven intake with NLP data extraction
- **3. Initial Clinical Review** — licensed specialists conduct clinical review of cases that require it
- **4. Specialty Physician Review** — orthopedic surgeons review orthopedic cases; pain management specialists review IPM cases; peer-to-peer conducted by specialty-matched physicians

Talk track: "Providers enter through a self-service portal — reducing admin burden. If a case needs review, it goes straight to a specialty-matched physician. This keeps our approval process fast, fair, and clinically credible."

Go deeper: provider analytics

Evolent's provider analytics tools go beyond the authorization decision to change ordering behavior over time.

- Full-suite cost and quality benchmarking across the plan's provider network
- Provider outreach and support for outlier behavior; intelligent UM rewards high-performing providers with reduced administrative burden
- Network strategy support for COEs, bundled payments, and case rates
- Like-provider scorecards surface outliers and high performers; members requiring escalation are soft-steered to high-quality, in-network providers by care coordinators

Talk track: "Our analytics don't just measure — they change behavior. When providers see their data benchmarked against peers, utilization patterns shift. That's sustained savings, not just one-time wins."

Why Evolent: five differentiators

- **1. Clinical Excellence** — evidence-based guidelines, not administrative gatekeeping
- **2. Provider Experience** — specialty-matched review with high satisfaction scores
- **3. Trusted Partnership** — 70+ health plan partners with high NPS
- **4. Innovation** — AI-enhanced intake paired with specialist-driven review
- **5. Proven Results** — 3+:1 average ROI across the book of business

Prove it: results that matter

- 3+:1 average ROI documented across 70+ health plan partners and 11.9M members
- Measurable diversion rates — e.g., 21% multi-level fusion diversions
- 90%+ provider portal adoption rate
- 20-25% of IPM procedures, 15-20% of spine surgeries, and 10-15% of joint surgeries identified as not medically necessary (Evolent FY2021 data)

Close: ask for the next step

"Let's find a time to walk through your numbers." Never end a presentation without naming a concrete next step — an opportunity analysis, a follow-up meeting, or a one-page collaboration of care document.

2. KEY STATS REFERENCE

Use this table as your source of truth when citing figures live. All stats are generalized national figures unless noted. Do not cite client-specific numbers unless cleared for that audience.

Metric	Value	Source / Notes
Members served (MSK)	11.9M	Evolent MSK program
Health plan partners	70+	Evolent enterprise, all programs
States served	42	Evolent MSK program footprint
Average ROI	3+:1	2024 FY MSK/Phys Med data
Provider portal adoption rate	90%+	Evolent MSK program
IPM procedures not medically necessary	20-25%	Evolent FY2021
Spine surgeries not medically necessary	15-20%	Evolent FY2021
Joint surgeries not medically necessary	10-15%	Evolent FY2021
Multi-level fusion diversion rate	21%	Example measurable diversion
Annual US chronic pain productivity loss	\$300B	National chronic pain economic data
Projected knee replacement growth by 2030	189%	Demographic and epidemiologic projections
MSK claims as % of plan costs	15-30%	Commercial and Medicare plans
US adults with chronic pain	20%+	National epidemiologic data
MSK surgeries potentially unnecessary	Up to 36%	Clinical literature
Site-of-care cost differential (inpatient vs ASC)	2x+	Knee replacement example
Site-of-care savings opportunity (TKR)	5-20%	Total spend savings for total knee replacement alone

3. OBJECTION-HANDLING APPENDIX

"Providers will push back on prior auth."

Evolent's 90%+ portal adoption and specialty-matched peer-to-peer reviews mean providers experience a smooth, clinically credible process — not administrative friction. Orthopedic surgeons review orthopedic cases; pain management specialists review IPM cases. That's the design that keeps abrasion low.

"We already have some MSK management."

Most plans address only part of the MSK spectrum. Evolent's integrated IPM + Spine + Joint approach closes gaps — and provider analytics surface savings opportunities existing programs miss. Ask specifically what their current vendor manages: if they cover only spine, or only joint, the delta is measurable.

"How do we know the ROI is real?"

Evolent delivers documented 3+:1 average ROI across 70+ health plan partners, with 11.9M members under management and measurable diversion rates (e.g., 21% multi-level fusion diversions). Happy to size a population-specific estimate using the plan's actual MSK spend and utilization baseline.

"Therapy is low-cost and doesn't need management."

Volume drives cost. Without oversight, uncomplicated cases accumulate into significant plan spend. Evolent's targeted UM focuses on the high-cost, high-variation procedures where oversight delivers the most impact — not on blanket denials of low-cost services.

"Can Evolent handle both employer group ASO and fully insured populations?"

Yes — the MSK program supports both. For self-funded ASO employer groups (BCBS SC being a good example), Evolent works with the plan to configure product mix (IPM only, comprehensive MSK, expanded procedures) and clinical criteria to match employer needs.

"How does the four-step auth process actually work in practice?"

Portal intake, algorithm-driven system evaluation for immediate auto-approvals on straightforward cases, initial clinical review by licensed specialists for cases needing it, and specialty physician review with peer-to-peer for complex cases. The result: most requests never see a physician reviewer, and the ones that do get a specialty-matched conversation.

"What if the employer only wants oversight for one MSK category?"

Evolent's three products (IPM, Spine, Joint) can each be sold standalone. That's how smaller employers often start — targeted oversight in a single high-cost category. Larger employers usually go straight to comprehensive MSK management for maximum impact across all three.

4. CERTIFICATION CHECKLIST

Use this checklist to confirm a trainer is ready to present externally. All four items should be satisfied before sign-off.

- ✓ **Teach-back:** presents the problem, three solutions, model, and results sections back to the group in under 8 minutes, unscripted
- ✓ **Objection drill:** responds live and accurately to at least two objections from the appendix, no notes
- ✓ **Accuracy:** cites only the generalized national statistics in this guide; distinguishes IPM/Spine/Joint scope accurately; no invented or client-specific numbers unless cleared
- ✓ **Language discipline:** consistently uses "partner," describes MSK as three integrated products, explains diversion vs. denial correctly, and closes with a concrete next step

Sign-off authority: trainer's manager or designated Evolent enablement lead. Route any live objection not covered here back to the enablement team for the next revision.