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MSK Condition Management

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

AGENDA

What we'll cover

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

02 **Evolent at a Glance**
Scale, proof points, and the expertise that builds confidence

03 **The MSK Program**
Clinical model, proprietary guidelines, provider analytics, and site-of-care

04 **Results That Matter**
ROI, surgical diversion, provider satisfaction, and the future vision

WHY MSK CONDITION MANAGEMENT

Astronomical costs, conservative care underutilization, and limited health plan toolkits make MSK uniquely difficult

GROWING COST & UTILIZATION

MSK claims account for 15–30% of total plan costs for Commercial and Medicare plans. Up to 36% of MSK surgeries may be unnecessary. Site-of-care costs can be 2x+ in an inpatient hospital vs. ASC.

UNDERUTILIZATION OF CONSERVATIVE CARE

Physical therapy underutilization drives overuse of pain management and surgery. Only 5% of patients who would benefit from PT ever enroll. Misaligned incentives reward surgical intervention over conservative treatments.

LIMITED HEALTH PLAN TOOLKIT

Members are confused about MSK coverage and benefits. Lack of visibility into the full patient journey leads to disjointed treatment. Identifying and engaging patients early is difficult without a dedicated program.

MSK MISDIAGNOSIS GAP

40% of MSK-related presentations are misdiagnosed by PCPs, driving inappropriate referrals, unnecessary imaging, and delayed access to the right care pathway.

1. Kroupa, M. (2026). Musculoskeletal Claims. Remodel Benefits. 2. Geravand, M. (2026). MedCity News. 3. Evolent claims analysis.

EVOLENT AT A GLANCE

Unmatched depth in MSK management with 20+ years of experience

20+	20M+	230+	50+
Years of MSK experience	Unique members under management	Employed MSK clinicians	Scientific Advisory Board members

MSK program performance

3+:1	90%	84%	21%
Average ROI	Portal utilization	Provider satisfaction	Multi-level fusions diverted

THE MSK PROGRAM

A three-pillar model: specialist-driven clinical review, provider engagement, and best-in-class technology

1 SPECIALIST-DRIVEN MODEL

Subspecialty-matched support to enhance clinical outcomes; 230+ employed clinicians dedicated to MSK specialties and subspecialties

Proprietary guidelines grounded in latest research, aligned with national physician organizations and Evolent's Scientific Advisory Board

Consistent reviewer trainings and roundtables ensure guideline adherence and address opportunities

2 PROVIDER ENGAGEMENT

Education of providers and office staff on standard UM processes and platform

Performance-based scorecards analyzing clinical, cost, and quality impact to fuel provider behavior change

Targeted outreach to outliers to address behavioral change opportunities

3 BEST-IN-CLASS TECHNOLOGY

Algorithm-driven auto-approvals via portal with NLP-based data extraction and dynamic Q&A to minimize provider burden

Reviewer "co-pilot" enables streamlined reviews, expediting turnaround times and allowing increased focus on critical cases

Streamlined information intake for auth requests including dynamic Q&A to minimize provider burden

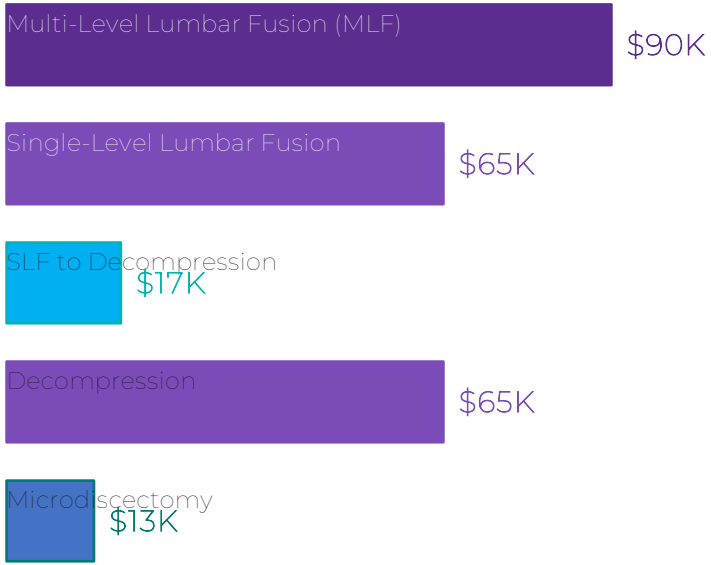
▫129>MSK>clinicians>>>73" >portal>satisfaction>>>89" >portal>utilization

THE MSK PROGRAM

Proprietary evidence-based clinical guidelines optimize care and lower cost

GUIDELINE DEVELOPMENT FUNNEL

AVERAGE COST PER TREATMENT

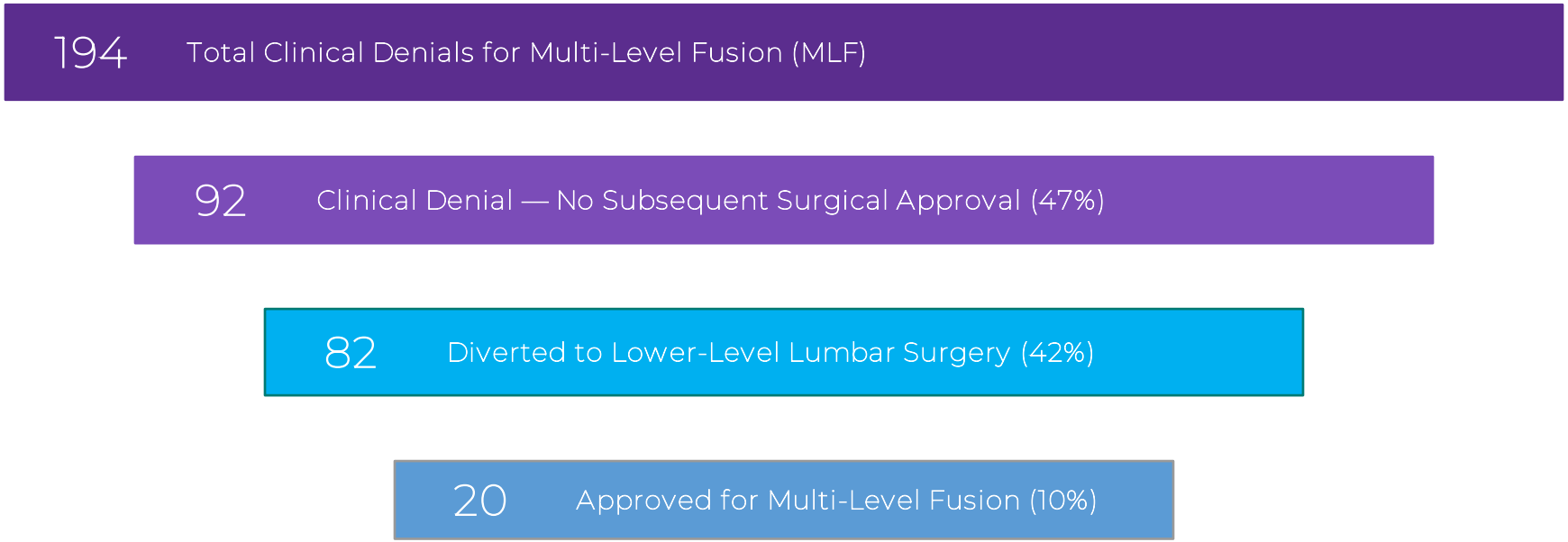


Path: Clinical presentation → Imaging support → Risk factors → Optimal procedure

1. Cost included in guidelines for non-surgical specialties; Evolent analysis

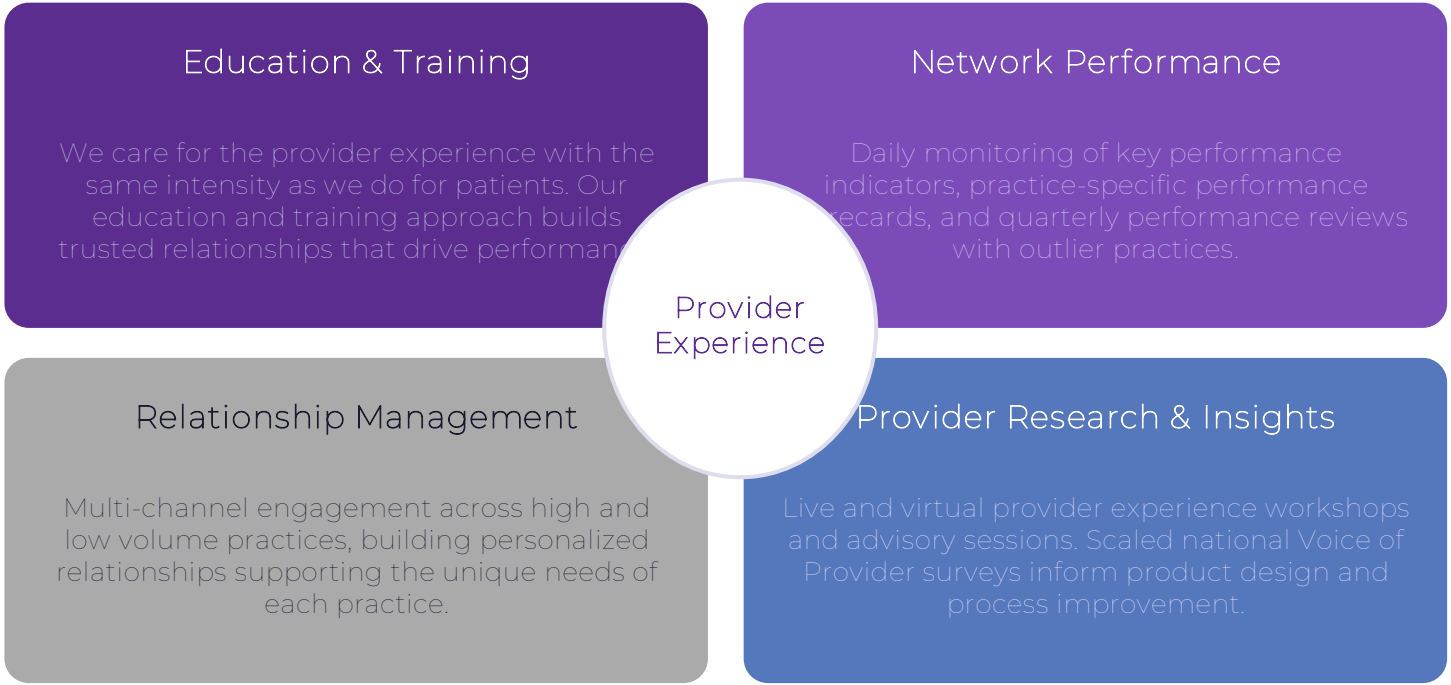
Case study: focused diversion of multi-level fusions to lower-risk interventions

Multi-level fusions are highly complex procedures. Diverting to lower-risk surgeries when clinically indicated is highly beneficial to patient outcomes.



Source: Evolent MSK partner data

Provider engagement supports long-term behavior change and deepens trusted relationships



Provider analytics tools enable data-driven performance tracking and targeted behavior change

PROPRIETARY PERFORMANCE ANALYTICS

MSK provider performance score across operational, clinical, and quality metrics — highly correlated to cost efficiency

- **Clinical Impact** (e.g., injection utilization, conservative care rates)
- **Cost Impact** (e.g., professional and facility cost per episode)
- **Quality Impact** (e.g., readmission and repeat surgery rates)

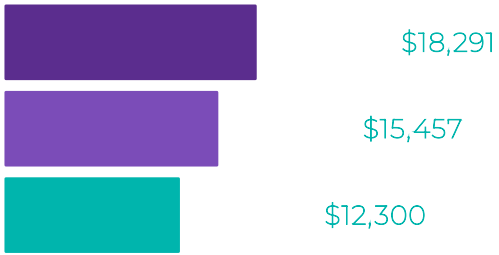
WHAT THE ANALYTICS ENABLE

- **Navigation to high-performing providers** Members requiring escalation have care coordinators "soft steer" them to high-quality, in-network providers
- **Scorecards** Benchmarking using like-providers to fuel insights on provider behavior and identification of outliers
- **Provider Outreach & Support** Targeted outreach to shape practice patterns and focused management of outlier providers
- **Network optimization** Identifies variation in cost, clinical quality, and outcomes to support network strategy and value-based care

Site-of-care optimization drives members to lower-cost settings with no quality tradeoff

TOTAL KNEE REPLACEMENT — SITE OF CARE

Current Evolent Client (Evolent claims data)



33% cost reduction (IP Hosp → ASC)

$28,584 (IP Hosp) → $17,527 (ASC) = 39% reduction

VALUE DELIVERED

- **5–20% total spend savings opportunity** from site-of-care optimization across MSK procedures
- **Provider alignment** eliminating unnecessary variability in site of care and aligning recommendations to clinical evidence on comparative outcomes
- **Improved member experience** lowering out-of-pocket costs, reducing wait times, ensuring access to conveniently located high-quality facilities
- **5-step authorization process** intake → clinical rules engine → clinical review → specialty-matched P2P → final determination

1. Evolent claims data analysis

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RESULTS THAT MATTER

Consistent MSK results — with a clear long-term vision for PT-first, conservative care pathways

3+:1
Average ROI

90%
Portal utilization

84%
Provider satisfaction

21%
MLF diverted

Surgical Diversion (MLF Case Study)

47% of MLF denials	No subsequent lumbar surgery
42% of MLF denials	Diverted to lower-level surgery
10% of MLF denials	Ultimately approved for MLF

Future Vision: PT-First Pathway

60%	reduction in associated spend for lower back pain patients adherent to early PT
5%	of patients who would benefit from PT currently enroll — the gap is significant
40%	of MSK-related PCP presentations are misdiagnosed, creating unnecessary care cascades

1. 2025 Provider Satisfaction Survey

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GET READY TO PRESENT

From training to certified presenter

1 Teach-back

Present the problem, clinical model, MLF case study, site-of-care, and results in under 8 minutes, unscripted.

2 Objection drill

Facilitator role-plays two objections; trainer responds live, no notes — must include the surgical diversion objection and one ROI or provider satisfaction objection.

3 Peer feedback

Group scores clarity, accuracy, and confidence. Flag any stat cited that doesn't appear in the reference table, especially the MLF case study percentages.

4 Sign-off

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

Reference the one-pager and guide for the full talk track, key stats, and the objection-handling appendix.