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ONCOLOGY MANAGEMENT

Partner One-Pager

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

3x+	17.2M	2.1%	88%
Typical ROI	Members managed	National denial rate	Providers satisfied

What it is

An end-to-end oncology management solution that goes beyond traditional utilization management. Evolent guides decisions on clinical quality first and cost second — reducing medical costs with less provider and member abrasion than a typical prior-authorization model.

How it works

- **Clinical Decision Support & UM** — evidence-based pathways tuned to the latest clinical data
- **Provider Alignment** — data, tools, and value-driven payment that reduce friction
- **Member Navigation** — engagement that supports the full patient journey
- **Value-Based Initiatives** — pathways continuously tuned to the latest evidence

Why it's credible

- 70+ health plan partnerships and 40M+ unique members covered nationally
- 30+ oncologists, 50+ board-certified oncology nurses, and 9 oncology pharmacists on staff
- 81% of oncologists change their treatment plan after a subspecialty-matched peer-to-peer conversation
- 97% of modified or withdrawn requests shift to same-or-lower-cost care — not denial-driven savings

The close

“Let's find a time to walk through your numbers.” Always end with a concrete next step — a follow-up meeting, a data request, 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 oncology management program externally.

1. THE TALK TRACK

Open: Establish the problem

Oncology is the highest-stakes specialty cost category. Lead with the problem before introducing Evolent — let the audience recognize the pain before you offer the solution.

- Clinical complexity — treatment pathways change fast and evidence must keep pace with new drugs and protocols
- Cost pressure — specialty drugs and regimens are a leading driver of trend
- Provider abrasion — traditional prior-auth creates friction without improving outcomes
- Fragmented journey — members need coordinated support, not just a coverage decision

Establish credibility: Evolent at a glance

- 40M+ unique members covered nationally, across 75 health plan partners
- 5,000 employees and 300 MDs on staff
- 17.2M members in the oncology book of business specifically (5.7M Medicare Advantage, 3.5M commercial, 8.0M Medicaid)
- 93% provider portal adoption rate and 2.1% national denial rate

Show the footprint: national map

The map slide is a deliberate pause point — let the audience find their own state or region before moving on. It reframes Evolent from “vendor pitching a deck” to “national partner already operating near you.”

- 75 health plan partnerships nationally, 40M+ unique members covered
- 70+ active partnerships specifically supporting specialty management
- Frame it as dynamic, not static: “We tailor the partnership to each market's specific needs — we're not a one-size-fits-all vendor.”

Prove the model at scale: ASO experience and ROI

- 1.5M members served through ASO contracts, across 540+ ASO groups nationally (60+ national accounts)
- Standard ASO implementation timeline as short as 14 days once live on the platform
- 3:1 typical projected ROI — this is the number to anchor on if the audience asks “what's in it for us financially” early

Go deeper if asked: pathway-level detail

This is a dense, data-heavy slide — don't walk through every row. Use it reactively when a clinical or finance stakeholder asks “where does the savings actually come from?” Pick the one or two rows most relevant to their specialty mix and let the rest sit as backup credibility.

- Dose rounding alone moves from ~40% under traditional UM to 60–70% under Evolent management
- Low-value regimen usage drops from >1.6% to <1% of approved authorizations
- Anti-cancer failure-to-thrive avoidance improves from 19% to 10% — fewer low-functional-status patients receiving curative-intent treatment they're unlikely to benefit from

Explain the model: four pillars

Walk through in order — each pillar builds on the last:

- **1. Clinical Decision Support & UM** — deliver medical policy in the best way possible
- **2. Provider Alignment** — enable physicians with data, tools, and value-driven payment
- **3. Member Navigation** — engage members to promote an optimal patient journey
- **4. Value-Based Initiatives** — continuously tune pathways to the latest evidence

Tailoring tip: if the audience is provider-anxious (worried about abrasion), spend more time on Provider Alignment. If they're member-experience focused, emphasize Member Navigation.

Prove it: results that matter

- 3x+ typical ROI delivered nationally
- Of all auth requests: ~48% auto-approved, ~37% manually approved, ~9.6% modified/withdrawn, only ~2.1% denied
- 97% of modified or withdrawn requests shift to same-or-lower-cost care — not a denial-driven savings model
- 100% of requests shifted to a higher-cost option only when required for quality improvement
- 88% of providers report being satisfied or extremely satisfied with Evolent
- 81% of oncologists change their mind after a subspecialty-matched peer-to-peer conversation

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 — a follow-up meeting, a data request, 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 — do not cite client-specific numbers unless cleared for that audience.

Metric	Value	Source / Notes
Unique members covered	**40M+**	Evolent enterprise, all programs
Health plan partners	**75**	Evolent enterprise, all programs
Active specialty management partnerships	**70+**	Evolent enterprise, all programs
Employees / MDs on staff	**5,000 / 300**	Evolent enterprise, all programs
Oncology book of business	**17.2M**	2024 national oncology performance
Provider portal adoption rate	**93%**	2024 national oncology performance
National denial rate	**2.1%**	2024 national oncology performance
Typical ROI	**3x+**	Evolent national oncology book
Members served through ASO contracts	**1.5M**	Evolent enterprise ASO experience
ASO groups nationally	**540+ (60+ national)**	Evolent enterprise ASO experience
Standard ASO implementation timeline	**14+ days**	Varies by network requirements
Typical projected ASO ROI	**3:1**	Evolent enterprise ASO experience
Dose rounding (traditional UM vs. Evolent)	**~40% → 60–70%**	Pathway-level value creation detail
Low-value regimen usage (traditional vs. Evolent)	**>1.6% → <1%**	Pathway-level value creation detail
Anti-cancer failure-to-thrive avoidance	**19% → 10%**	Pathway-level value creation detail
Auto-approval rate	**~48%**	2024 national auth requests by status
Manual approval rate	**~37%**	2024 national auth requests by status

Modified / withdrawn rate	**~9.6%**	2024 national auth requests by status
Shift to same/lower-cost care	**97%**	Outcomes of modified/withdrawn/denied requests
Provider satisfaction	**88%**	2023 Oncology Provider Satisfaction Survey
Oncologists who change course post-P2P	**81%**	2023 Evolent oncology prior authorization requests
Member: navigator puts needs first	**98%**	Member survey, Y1 Cancer Care Navigation Program
Member: would recommend program	**94%**	Member survey, Y1 Cancer Care Navigation Program
Member: satisfied with program	**92%**	Member survey, Y1 Cancer Care Navigation Program

3. OBJECTION-HANDLING APPENDIX

"This just sounds like more prior authorization."
Evolent goes beyond traditional UM. The model is built on provider alignment and member navigation, not just gatekeeping — 88% of providers report being satisfied or extremely satisfied.

"How do we know the savings are real?"
Cite the national book of business: 3x+ typical ROI across 17.2M members, with denial rates (2.1%) well below industry norms — savings come from value-based pathway adherence, not denials.

"Will our providers push back?"
81% of oncologists change their treatment plan after a subspecialty-matched peer-to-peer conversation — engagement, not friction, drives the outcome.

"What's the implementation lift?"
Standard implementation timelines run as short as 14 days once live on the platform, using a repeatable design-test-readiness playbook.

"Aren't you just shifting members to cheaper care to save money?"
97% of modified or withdrawn requests shift to same-or-lower-cost care — and care is shifted to a higher-cost option 100% of the time it's required for quality improvement. This is a quality engine, not a cost-shifting engine.

"How is this different from what we already have?"
Ask what UM vendor or internal process they use today, then contrast specifically: most traditional UM stops at the authorization decision. Evolent adds provider alignment (peer-to-peer, gold-

carding, EMR integration) and direct member navigation on top of UM — ask which of those two gaps matters most to them.

"We don't see our state on the partnership map — do you actually operate here?"
The map reflects current active health plan partnerships, not total capability — Evolent's national infrastructure (clinical staff, technology, pathways) is the same regardless of state, and new-market implementation runs on the same 14-day-plus playbook used everywhere else.

"The pathway-level numbers look impressive, but how do we know they'd apply to our population?"
These are observed national results across a 17.2M-member oncology book spanning Medicare Advantage, commercial, and Medicaid — offer to size a population-specific estimate using their actual membership and case mix rather than asking them to take the national average on faith.

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 scale, program, 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 — no invented or unsourced figures

✓ Language discipline: consistently uses "partner," avoids naming specific clients, and closes with a concrete next step

Sign-off authority: trainer's manager or designated Evolent enablement lead. Route any objection encountered live that isn't covered in this guide back to the enablement team so it can be added to the next revision.