

## Evolut and UPMC Collaborate to Expand Value-Based Care

In the early stages of development, Evolut Health understood that the transition to value-based care created a great opportunity for organizations, including health systems, independent practice associations, accountable care organizations, and health plans.

This transition also posed challenges, most notably related to administrative processes.

To be successful, organizations focused on quality of care required tools that would allow them to continue delivering excellent patient care, while keeping compliant with regulations, processing claims, and addressing appeals and grievances.

In other words, they needed very technical, very specific information and support.

### The Experience to Address Value-Based Care

UPMC has first-hand experience showing that patients win when payers and providers work together. The integrated health system has been at the forefront of payer and provider collaboration, helping move health care away from a transactional relationship to provide patients with more value, including better outcomes and a better patient experience.

This experience played a major role in the creation and eventual success of Evolut.

In the early stages, UPMC primarily shared knowledge and access to infrastructure with the Evolut team. That included operational help, working through customer support and administrative details, and providing access to subject matter experts who could share their knowledge on the health plan side.

As Evolut grew, UPMC's support evolved. Subject matter experts, alongside Evolut staff, conducted physician forums to share information and educate teams on the ins and outs of running a health plan, illustrate how to stratify the risk of populations to improve outcomes and reduce cost, and outline the benefits of payor-provider collaboration.

Evolut has continued to expand with operations now in more than 30 U.S. markets.

Today, the company offers a wide range of services to support each partner with customized capabilities ranging from population health management and risk adjustment to health plan administration and TPA services.





evolenthealth.com

Company Focus: **Value-based care and IDFS development**

Headquarters: **Arlington, VA**

Year Founded: **2011**

Evolent Health is committed to changing the health of the nation by first changing the way health care is delivered. The company does this by building financially aligned partnerships with organizations, including health systems, physician groups, accountable care organizations, and health plans.

Once partnered with Evolent Health, these organizations are able to take on full risk to achieve both clinical and financial success in value-based care. Solutions are available for Medicare, Medicaid, Commercial, and Self-Funded plans. All are backed by the clinical and operational experience Evolent has achieved across more than 30 markets.

### Why Evolent:



**Revolutionary End-to-End Approach** - Evolent combines clinical experience, robust technology and analytics, and passionate health care experts to support provider organization in gaining operational scale, financial partnership, and the clinical capabilities needed to improve outcomes and lower cost.



**Unmatched Experience** - Evolent is rooted in a provider heritage and 20+ years of health plan administration, currently operating in more than 30 U.S. markets. The company actively manages care across all lines of business.



**Confidence to Deliver Results** - Evolent aligns clinically and financially with partners to invest in shared success.