

Evolving primary care payment models

Value-based care

68%

of individual MA members in VBC model

- Global risk – 951,148**
Full responsibility for Medicare Parts A, B and D through monthly capitated payments
- Full risk – 162,549**
Fee-for-service (FFS) + 100% responsible for Medicare Part B expenses and sharing of Part A (may have shared savings or complete responsibility for Part D)
- Partial risk – 313,258**
FFS + quality incentive + care coordination payment + higher portion than bonus + shared savings in Medicare Parts A, B and D
- Bonus + shared savings – 1,582,588**
FFS + quality incentive + potential for limited shared savings (upside only) in Medicare Parts A, B and D

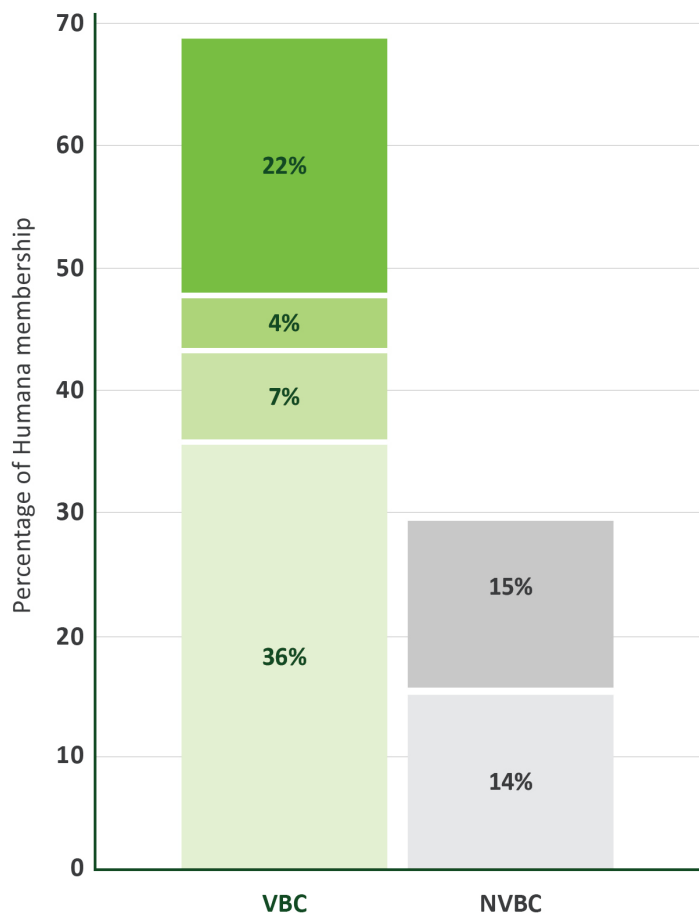
Non-value-based (NVB) care

32%

of individual MA members in NVB model

- FFS Plus – 761,276**
FFS + quality incentive
- FFS – 638,308**
Pays for the services a patient receives

The percentages below represent Humana individual MA members seeking care from physicians in each category of the continuum.



Rapid growth

Value-based care physicians have seen significant member growth year over year.



1,193,291

Value-based individual members gained between Jan. 1, 2017 – Dec. 31, 2021