

February 14, 2024

Cain Brothers Industry Insights

Healthcare Market Report



Banker commentary:

A Ground-Breaking Transaction



Banker Commentary

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A Ground-Breaking Transaction

Commentary by Andy Labovitz

In mid-January, General Catalyst (GC) and Summa Health announced the signing of a non-binding LOI for GC to acquire Summa, which, if consummated, would be a groundbreaking transaction. Summa Health is a vertically integrated not-for-profit health system located in Akron, Ohio that operates acute care hospitals, a network of health care services, a physician group practice, and a health plan. Like much of the health system sector, Summa has found the operating environment for the past couple of years to be challenging.

GC is a venture capital firm that had approximately \$25B in assets under management at the end of 2022, across a dozen fund families and a number of sectors, including its Health Assurance funds, that have a stated mission of “creating a more proactive, affordable & equitable system of care.” Health Assurance has investments in more than 150 digital health companies worldwide and has implemented working relationships with more than a dozen of the country’s most noteworthy health systems and hospital operators.

In October, GC announced the formation of a new venture called the Health Assurance Transformation Corporation (HATCo), for the purpose of providing financial and operational advisory assistance to health systems, including using GC’s suite of digital health companies. At that time, HATCo announced plans to buy a health system in order to drive transformation in the delivery of care by leveraging technology, updating workforce/staffing models, and becoming more proactive in creating revenue streams for health systems. Their plans included an intent to streamline operations and find efficiencies using technology, as well as implementing value-based payment models, including fully capitated risk contracts to incentivize better utilization management, an initiative that requires significant data analytics.

GC had been looking for a system with market relevance and a sweet spot in terms of size – big enough to have a full complement of services, but nimble enough to accept significant change. In Summa, it has also found a system that maintains its own health plan, which GC can use to help accelerate the shift to capitated models.

The transaction that Summa and GC are contemplating is a new and innovative attempt at addressing the underlying problems that plague the acute care industry. In particular, 1) a continued reliance on fee-for-service revenue when reimbursement has been pressured from every angle and rate increases have failed to keep pace with the rising cost of providing care, 2) capital to fund a growing list of competing needs, and 3) the challenges of staffing for quality in a tight market for clinical labor. Summa appears to be banking on the idea that GC and the data- and technology-driven solutions that reside within their portfolio companies can ease those pressures.

HATCo’s proposed purchase of Summa requires a conversion of the health system to for profit. The purchase price of the health system will contribute to the corpus for a large foundation that will

continued...

address social determinants of health in the Akron community, and the operating entities would become subsidiaries of HATCo. HATCo has stated publicly that it will continue Summa's existing charity care commitment, that Summa's existing management team will stay in place, and the health system Board will continue to have local community representation. HATCo has also emphasized that it plans to hold Summa for an extended period and have it serve as a digital innovation testing ground and incubation site for new healthcare IT, where it believes that aligning incentives will drive financial improvement and better care.

Innovative approaches to meaningful problems should be applauded but there is skepticism. Will bottom line pressures affect the quality of care? Will the typical investment horizon of venture capital align with the time frames needed to prove these solutions are taking hold? Health system evolution has traditionally been measured in decades, rather than the 5-7 year hold periods that private capital prefers. There are also perceived conflicts to consider as Summa will be paying the GC-owned companies for their services.

Acute care hospitals are central elements of their communities and their constituents are broader than most companies, often including large workforces, union leadership, politicians, government regulators, and of course patients and their families. This transaction will receive significant scrutiny with any number of constituents taking issue with a health system's purchase by a venture capital firm. One hurdle is the conversion process itself, which requires review and approval by the Ohio Attorney General and regulators may want to impose restrictions on GCs ability to operate that are incompatible with its plans. The hurdles to closing are daunting, but the challenges facing health systems are equally daunting. And while this proposed combination may not come to fruition, the need for innovative solutions remains.

M&A Activity

Selected Recent Healthcare Transactions (\$MM)

| Date | Target Name | Acquirer | EV | Enterprise Value / | | Description |
|-----------|---|--|----------|--------------------|------------|--|
| | | | | LTM Rev. | LTM EBITDA | |
| 2/8/2024 | AmeriPro Health | Whistler Capital Partners | NA | NA | NA | Provider of patient logistics and last-mile healthcare delivery services |
| 2/8/2024 | Everside Health (General Atlantic, New Enterprise Associates and Oak HC/FT) | Marathon Health | Merger | NA | NA | Providers of advanced primary care and occupational health for employer and union-sponsored clients |
| 2/6/2024 | HealthScape Advisors (Convey Health Solutions) | The Chartis Group (Audax) | NA | NA | NA | Management consulting services to the healthcare industry |
| 2/5/2024 | Catalent (NYSE: CTLT) | Novo Holdings | \$16,500 | 3.9x | 27.0x | Solutions for drugs, protein-based biologics, cell and gene therapies, and consumer health products |
| 2/5/2024 | Health Prime | Aquiline Capital Partners | NA | NA | NA | Provider of revenue cycle management solutions for physician practices |
| 1/26/2024 | ObjectiveHealth (Frist Cresey) | Vitruvian Partners* | NA | NA | NA | Integrated specialty research network and technology company |
| 1/26/2024 | Otolaryngology/Head and Neck Surgery Assets (Cook Medical) | C2Dx and Shore Capital Partners | NA | NA | NA | Minimally invasive procedures for ENT surgeons |
| 1/25/2024 | OneroRx | Cyprium Partners | NA | NA | NA | Integrated pharmacy services and medical supplies to patients in underserved rural counties and urban areas across the Midwest |
| 1/25/2024 | OnPoint Healthcare Partners | Peloton Equity | NA | NA | NA | AI-enabled technology services provider that offers a suite of solutions to hospitals and medical groups |
| 1/23/2024 | Compass Surgical Partners | TPG | NA | NA | NA | Independent full-service ambulatory surgery center development and management partner |
| 1/22/2024 | Archway Dental Partners | Martis Capital and Din Ventures | NA | NA | NA | Multi-specialty dental provider in New England and the Northeast |
| 1/22/2024 | Delta Care Rx | StateServ (WindRose Health Investors) | NA | NA | NA | National pharmaceutical care provider |
| 1/11/2024 | Doylestown Health | The University of Pennsylvania Health System | LOI | NA | NA | Not-for-profit, clinically integrated network of care based in Pennsylvania |
| 1/11/2024 | Key-Whitman Eye Center* | Surgery Partners (NASDAQ: SGRY) | NA | NA | NA | Texas based ophthalmology group with nine clinics and two ASCs |

Private Placement Activity

Selected Recent Healthcare Transactions (\$MM)

| Date | Company | Investor(s) | Type | Amount | Description |
|------------|--|---|-----------------------|-------------|---|
| 2/8/2024 | Unlearn | Altimeter Capital (lead), Radical Ventures, Wittington Ventures, Mubadala Capital, Epic Ventures, and Necessary Venture Capital | Series C | \$50 | AI company creating digital twins of clinical trial participants that enable smaller, faster studies |
| 2/6/2024 | Ambience Healthcare | Kleiner Perkins and OpenAI Startup Fund (co-leads), Andreessen Horowitz and Optum Ventures | Series B | \$70 | Comprehensive AI operating system for healthcare organizations |
| 1/24/2024 | MY DR NOW | Kain Capital | Follow-On Investment | \$60 | Provider of primary and specialty care with multiple locations in Arizona |
| 1/23/2024 | Turquoise Health | Adams Street Partners (lead), Yosemite, Andreessen Horowitz and BoxGroup | Series B | \$30 | End-to-end healthcare pricing platform |
| 1/11/2024 | Artisight | Undisclosed strategic and client health system investors | Series B | \$42 | Smart Hospital Platform and solutions for virtual care, quality improvement, and care coordination |
| 1/11/2024 | Doc.com | Silver Rock Group | Equity | \$300 | Decentralized telehealth platform providing free basic healthcare and health education to people worldwide |
| 1/11/2024 | Harbor Health | General Catalyst (lead), Alta Partners, 8VC, Health 2047 Capital Partners, Lemhi Ventures and Martin Ventures | Undisclosed | \$96 | Primary and specialty clinic group based in Texas |
| 1/9/2024 | Vita Health | LFE Capital, Athyrium Capital Management, Flare Capital Partners, CVS Health Ventures and CU Healthcare Innovation Fund | Series A | \$23 | Provider of clinically validated suicide prevention through innovative care management |
| 1/7/2024 | WellBe Senior Medical (Chicago Pacific Founders) | CVS Health Ventures | Undisclosed | Undisclosed | In-home value-based care provider to the Medicare Advantage population |
| 12/13/2023 | Twin Health | Temasek Holdings (lead), oak XV Partners, Sofina Société Anonyme, ICONIQ Growth and Helena Group Foundation | Undisclosed | Undisclosed | Precision health platform for doctors to normalize blood sugar, stop medicines, and reverse diabetes and chronic diseases |
| 11/27/2023 | RepeatMD | Centana Growth Partners and Full In Partners (co-leads), PROOF | Series A | \$50 | SaaS company leveraging inbound revenue to increase sales for aesthetic and wellness practices |
| 11/9/2023 | Vida Health | General Atlantic, Ally Bridge, Canvas Ventures, Hercules Capital | Undisclosed | \$29 | Virtual care company, designs and develops an application to prevent, manage, and reverse chronic conditions |
| 11/8/2023 | Eleos Health | Menlo Ventures (lead), -Prime Capital, Eight Roads, Arkin Digital Health, SamsungNEXT and ION | Series B | \$40 | Behavioral health AI |
| 11/1/2023 | Covera Health | Insight Partners (lead) | Series C (Additional) | \$50 | AI-enabled diagnostic technology company focused on radiology performance measurement |

Equity Capital Markets

Market Overview

- Last week was mixed / bumpy for new issues
 - 3 IPOs; 8 follow-ons; 0 converts
- The largest IPO last week was American Healthcare REIT's successful \$773MM offering (KBCM acted as a bookrunner on this deal)
- No IPOs are on the road for pricing in the coming week and few if any are likely to be launched or priced in the next few weeks as companies are finalizing their full year financials which are now required in SEC disclosures
- There is a clear path forward for follow-on activity: 1.) stocks back at record highs 2.) earnings season nearly 2/3 complete and 3.) corporate blackouts are ending

U.S. ECM Offerings (LTM; IPOs, Follow-ons & Converts)

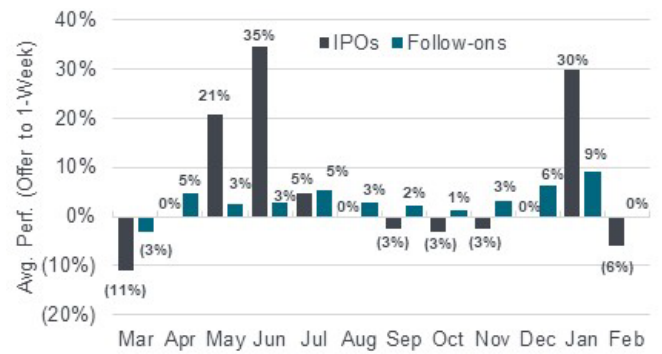


ECM Activity (Last 4 Weeks & YoY)

| | 2024 - Last 4 Weeks | | | 2023 - Last 4 Weeks | | |
|--------------|---------------------|-----------|-------------|---------------------|-----------|-------------|
| | Vol (\$MM) | # Deals | % Share | Vol (\$MM) | # Deals | % Share |
| IPO | 2,775 | 8 | 28% | 1,255 | 4 | 18% |
| CONV | 1,105 | 3 | 11% | 1,183 | 5 | 17% |
| FO | 6,105 | 26 | 61% | 4,492 | 27 | 65% |
| Total | 9,985 | 37 | 100% | 6,931 | 36 | 100% |

| | 2024 YTD | | | 2023 YTD | | |
|--------------|---------------|-----------|-------------|--------------|-----------|-------------|
| | Vol (\$MM) | # Deals | % Share | Vol (\$MM) | # Deals | % Share |
| IPO | 2,961 | 9 | 21% | 1,410 | 5 | 15% |
| CONV | 1,820 | 5 | 13% | 2,183 | 6 | 23% |
| FO | 9,340 | 38 | 66% | 6,070 | 32 | 63% |
| Total | 14,121 | 52 | 100% | 9,663 | 43 | 100% |

IPO & Follow-on 1-Week Performance (LTM)



Most Recent Healthcare Initial Public Offerings (\$MM)

| Issuer Information | | | | Deal Sizing | | | Pricing | | Performance | | |
|--------------------|------------------------------|------------------|--------|-------------------|-------------------|-----------------------|-----------|-------------|-------------------|---------|---------|
| Pricing Date | Company | Sector | Ticker | Deal Value (\$MM) | Market Cap (\$MM) | Deal as % of Mkt. Cap | % Primary | Offer Price | Final Range | 1-Day | 1-Week |
| 2/1/2024 | Fractyl Health | Medical Products | GUTS | \$110.0 | \$714.1 | 15.4% | 100.0% | \$15.00 | \$14.00 - \$16.00 | (14.3%) | (30.7%) |
| 1/25/2024 | BrightSpring Health Services | Services | BTSG | \$693.3 | \$2,225.5 | 31.2% | 100.0% | \$13.00 | \$15.00 - \$18.00 | (15.4%) | (13.0%) |
| 5/5/2022 | Bausch & Lomb | Medical Products | BLCO | \$711.9 | \$6,300.0 | 11.3% | 0.0% | \$18.00 | \$21.00 - \$24.00 | 11.1% | (2.9%) |
| 10/28/2021 | AirSculpt Technologies | Services | AIRS | \$88.6 | \$612.0 | 14.5% | 27.0% | \$11.00 | \$11.00 - \$12.00 | 44.5% | 30.3% |
| 10/28/2021 | Sonendo | Medical Products | SONX | \$93.6 | \$315.4 | 29.7% | 100.0% | \$12.00 | \$15.00 - \$17.00 | (23.3%) | (22.6%) |

Most Recent Healthcare Follow-on Offerings (\$MM)

| Issuer Information | | | | Deal Sizing | | | Pricing | | Performance | | |
|--------------------|--------------------|-----------------------|-----------|-------------|-------------------|-------------------|-----------------------|-----------|------------------|--------|---------|
| Pricing Date | Company | Sector | Deal Type | Ticker | Deal Value (\$MM) | Market Cap (\$MM) | Deal as % of Mkt. Cap | % Primary | Discount to File | 1-Day | 1-Week |
| 12/14/2023 | Surgery Partners | Facilities & Services | Bought | SGRY | \$270.0 | \$4,475.3 | 6.0% | 0.0% | (4.6%) | (3.9%) | (2.0%) |
| 11/8/2023 | Myriad Genetics | Medical Products | Marketed | MYGN | \$109.9 | \$1,586.3 | 6.9% | 100.0% | (5.0%) | (4.2%) | 2.5% |
| 10/24/2023 | Alphatec Holdings | Medical Products | Marketed | ATEC | \$150.2 | \$1,725.8 | 8.7% | 100.0% | (18.1%) | (3.8%) | (12.6%) |
| 9/6/2023 | Natera | Medical Products | Marketed | NTRA | \$250.3 | \$6,910.8 | 3.6% | 100.0% | (5.2%) | 0.5% | 0.9% |
| 8/3/2023 | Amerisource Bergen | Distribution | Bought | ABC | \$1,989.2 | \$38,688.2 | 5.1% | 0.0% | (1.0%) | (2.2%) | (1.3%) |

Most Recent Healthcare Convertible Debt Offerings (\$MM)

| Issuer Information | | | | Deal Sizing | | | Pricing | |
|--------------------|-----------------------|-----------------------|--------|-------------------|-------------------|-----------------------|---------|---------|
| Pricing Date | Company | Sector | Ticker | Deal Value (\$MM) | Market Cap (\$MM) | Deal as % of Mkt. Cap | Coupon | Premium |
| 12/6/2023 | Merit Medical Systems | Medical Products | MMSI | \$747.5 | \$3,784.4 | 19.8% | 3.00% | 32.50% |
| 12/5/2023 | Evolent Health | Healthcare Technology | EVH | \$402.5 | \$3,066.0 | 13.1% | 3.50% | 42.50% |
| 10/20/2023 | Enovis Corp | Medical Products | ENOV | \$460.0 | \$2,446.6 | 18.8% | 3.88% | 30.00% |
| 8/10/2023 | Shockwave Medical | Medical Products | SWAV | \$750.0 | \$8,171.5 | 9.2% | 1.00% | 30.00% |
| 8/7/2023 | Envista Holdings | Medical Products | NVST | \$500.3 | \$5,758.1 | 8.7% | 1.75% | 32.50% |

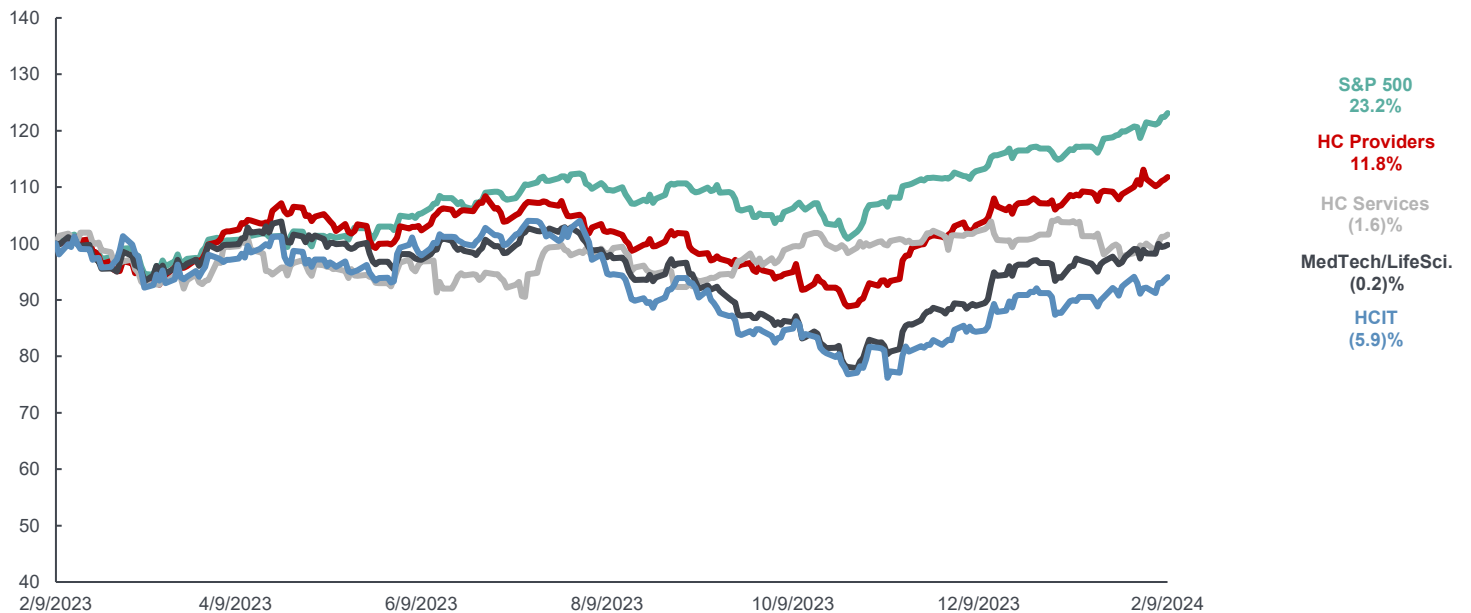
Public Equity Market Activity & Indices

Equity Indices (as of February 9th, 2023)

| Index | Wk Open | Wk Close | Returns | |
|-----------------|---------|----------|---------|--------|
| | | | 52 Week | Weekly |
| DJIA | 38,654 | 38,672 | 14.8% | 0.0% |
| S&P 500 | 4,959 | 5,027 | 23.2% | 1.4% |
| NASDAQ | 15,629 | 15,991 | 35.6% | 2.3% |
| Russell 2000 | 1,963 | 2,010 | 4.9% | 2.4% |
| NYSE Healthcare | 25,218 | 25,789 | 12.7% | 2.3% |

| Cain Brothers Indicies | Returns | |
|-------------------------|---------|--------|
| | 52 Week | Weekly |
| Acute Care | 14.4% | (0.9%) |
| Alternate Site Services | 9.7% | 0.6% |
| Diagnostics | 1.9% | 2.2% |
| Distribution | 20.0% | (1.1%) |
| Healthcare IT | (6.0%) | 2.0% |
| Healthcare REITs | 1.1% | (0.3%) |
| Managed Care | 4.3% | 2.0% |
| Medical Technology | 0.4% | 1.2% |
| Outsourced Services | (15.4%) | (0.2%) |
| Pharma Services | (4.9%) | 4.1% |
| Pharmacy | (21.4%) | 1.4% |
| Primary Care | (60.5%) | 8.7% |
| Post-Acute Care | 18.4% | 0.2% |

Cain Brothers Healthcare Indices (1YR Performance)



High Grade, High Yield & Leveraged Loan Market

Market Summary

High Grade

- The IG bond market has continued at a brisk pace after the busiest January on record; the market has priced \$243.6BN YTD, up over 25% versus the \$193.7BN priced in the same period last year

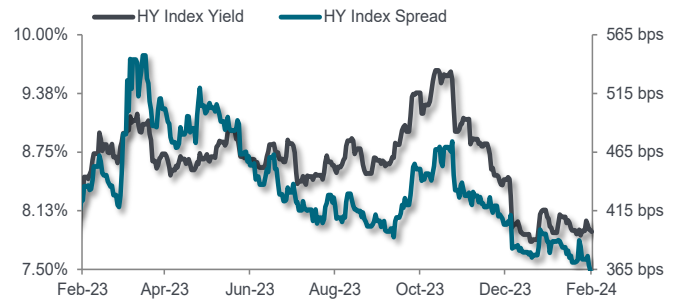
High Yield

- The high yield primary market continued at a brisk pace this past week as spreads hover near the lowest levels since January of 2022 and economic data continues to surprise to the upside

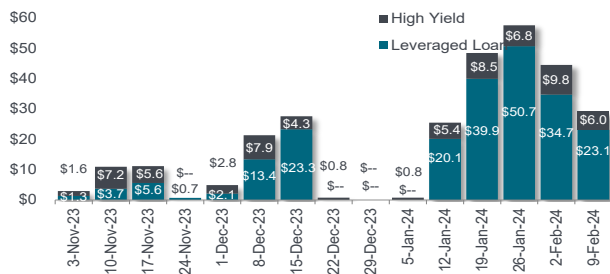
Term Loan B Market

- Volume through January has been heavily skewed towards repricings, as issuers have been looking to trim spread a median of 50 bps, while acquisition related volume continues to lag behind

HY Index Yield & Spread (YTD)



Weekly New Issue Volume (\$BN)



New-Issue Clearing Yields¹ (\$MM)

| Double-B Issuers | 3Q23 | 4Q23 | 30-Day Rolling Average | |
|------------------|---------------|---------------|------------------------|--|
| | | | 02/09/24 | |
| Ba1 | S+244 / 7.9% | S+230 / 7.8% | S+238 / 7.8% | |
| Ba2 | S+243 / 7.8% | S+243 / 7.9% | S+215 / 7.5% | |
| Ba3 | S+307 / 8.6% | S+283 / 8.4% | S+282 / 8.2% | |
| Single-B Issuers | 3Q23 | 4Q23 | 30-Day Rolling Average | |
| | | | 02/09/24 | |
| B1 | S+358 / 9.2% | S+371 / 9.4% | S+338 / 8.8% | |
| B2 | S+426 / 10.1% | S+436 / 10.1% | S+380 / 9.3% | |
| B3 | S+470 / 10.2% | S+457 / 10.4% | S+404 / 9.5% | |

Most Recent Healthcare High-Grade Issuances (\$MM)

| Date | Issuer | Security | Size | Ratings | Coupon | Maturity | Spread | IPT-Pricing |
|----------|-----------------------|----------|---------|--------------|--------|-----------|--------|-------------|
| 2/7/2024 | Eli Lilly & Co | Sr Notes | \$1,000 | A1/A+/- | 4.500% | 2/9/2027 | +30 | 25 bps |
| 2/7/2024 | Eli Lilly & Co | Sr Notes | \$1,000 | A1/A+/- | 4.500% | 2/9/2029 | +45 | 25 bps |
| 2/7/2024 | Eli Lilly & Co | Sr Notes | \$1,500 | A1/A+/- | 4.700% | 2/9/2034 | +60 | 25 bps |
| 2/7/2024 | Eli Lilly & Co | Sr Notes | \$1,500 | A1/A+/- | 5.000% | 2/9/2054 | +70 | 30 bps |
| 2/7/2024 | Eli Lilly & Co | Sr Notes | \$1,500 | A1/A+/- | 5.100% | 2/9/2064 | +77 | 33 bps |
| 2/5/2024 | Becton Dickinson & Co | Sr Notes | \$625 | Baa2/BBB/BBB | 4.874% | 2/8/2029 | +75 | 30 bps |
| 2/5/2024 | Becton Dickinson & Co | Sr Notes | \$550 | Baa2/BBB/BBB | 5.110% | 2/8/2034 | +95 | 25 bps |
| 2/5/2024 | Cencora Inc | Sr Notes | \$500 | Baa2/BBB+/A- | 5.125% | 2/15/2034 | +98 | 27 bps |

Most Recent Healthcare High-Yield Issuances (\$MM)

| Date | Issuer | Security | Size | Ratings | Coupon | Maturity | Spread | Price Talk |
|------------|----------------------|----------------|---------|------------|---------|------------|---------|-------------|
| 12/11/2023 | CHS/Community Health | Sr. Sec. Notes | \$1,000 | Caa1/B-/B+ | 10.875% | 1/15/2032 | 664 bps | 11.00% area |
| 9/29/2023 | LifePoint Health Inc | Sr. Sec. Notes | \$1,100 | B2/B/NR | 11.000% | 10/15/2030 | 639 bps | 11.0% |

Most Recent Healthcare Leveraged Loan Issuances (\$MM)

| Date | Issuer | Ownership | Corp. Ratings | Use of Proceeds | Size | Pricing | Yield |
|----------|--|--------------------------|---------------|-----------------|---------|----------------------------|--------|
| 2/9/2024 | ImageFIRST Healthcare Laundry Specialists LLC* | Calera Capital | B3 / B | Refinancing | \$383 | SOFR+425, 0.75% @ 100 | 9.571% |
| 2/7/2024 | Waystar | EQT Partners | B3 / B- | Refinancing | \$2,200 | SOFR+400, 0% @ 99.875 | 9.352% |
| 2/7/2024 | Inizio Group | Clayton, Dubilier & Rice | B2 / B | Refinancing | \$150 | SOFR+CSA+425, 0.50% @ 99.0 | 9.914% |

Most Recent Healthcare Pro Rata Issuances (\$MM)

| Date | Issuer | Ownership | Ratings | Use of Proceeds | Size | Pricing (in bps) | Financial Covenants |
|-----------|--------------------|-----------|-----------|-----------------|--------------------|--|---|
| 1/22/2024 | Acadia Healthcare | Private | Ba2 / BB- | GCP | \$350mm add-on TLA | Leverage-based Grid SOFR+CSA+138-225 CSA: 10 | Unknown |
| 12/7/2023 | Option Care Health | Public | Ba3/BB- | Refinancing | \$400mm Revolver | Leverage-based Grid SOFR+CSA+125-225 CSA: ARRC | Max. Total Net Leverage Ratio: 4.5x Min. Fixed Charge Coverage Ratio: 1.5x |

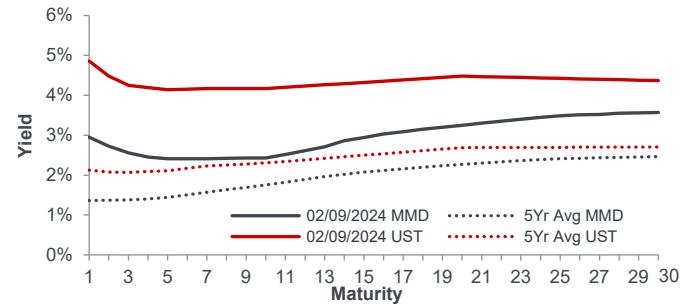
Sources: Capital IQ, Mergermarket, and press releases

Public Finance Market

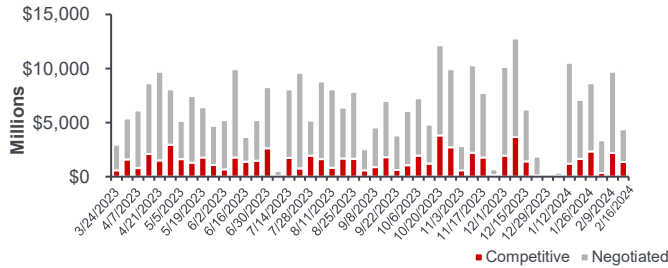
Market Overview

- The yield on the benchmark 10-year U.S. Treasury Note increased 14 bps week-over-week, closing at 4.17% on Friday. Similarly, 10-year MMD increased 10 bps week over week
- Healthcare Public Issuance has outpaced 2023. Year to date issuance is up 139% in 2024 vs 2023
- Muni Bond fund investors pulled ~\$121 million and high yield funds gained ~\$327 million for the week

MMD & UST Yield Curve



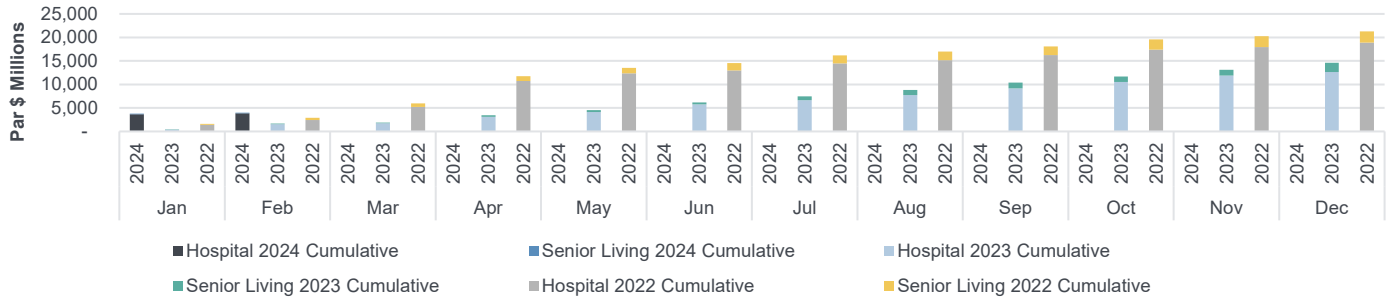
Weekly New Issue Volume (\$MM)



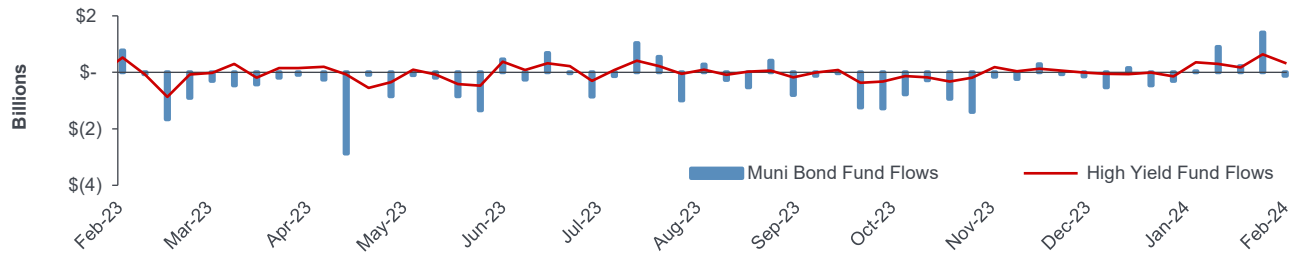
Benchmark Yields

| Treasury Yields | | | MMD Yields | | | Ratio |
|-----------------|-------|---------|------------|-------|---------|----------|
| Yr | Yield | Δ (W/W) | Yr | Yield | Δ (W/W) | MMD/U ST |
| 2 | 4.48% | 12 bps | 2 | 2.73% | 12 bps | 61% |
| 10 | 4.17% | 14 bps | 10 | 2.43% | 10 bps | 58% |
| 30 | 4.37% | 15 bps | 30 | 3.57% | 10 bps | 82% |

Healthcare Public Issuance Overview



Flow of Funds



Healthcare Public Issuance

| Borrower/Enhancement | Par (000s) | State | Issuer | Tax Status | LT Ratings (M/S/F) | Final Mat. | Call, Put or Reprice* | Final Mat. Cpn. | YTW | YTM |
|-------------------------------------|------------|-------|--------|------------|--------------------|------------|-----------------------|-----------------|-------|-------|
| Recent Pricings, Week of 2/5 | | | | | | | | | | |
| Kremmling Memorial Hospital | 73,270 | CO | KMHD | TE | NR / NR / NR | 2056 | 2034 (C) | 6.63% | 6.75% | N/A |
| EvergreenHealth | 39,605 | WA | KCPHD | TE | A1 / NR / NR | 2045 | 2033 (C) | 5.25% | 4.13% | 4.60% |
| Exp. Pricings, Week of 2/12 | | | | | | | | | | |
| The United Methodist Retirement | 69,030 | NC | NCMCC | TE | NR / NR / BBB | - | - | - | - | - |
| Rowan University | 15,480 | NJ | CCIA | TE | NR / AA / NR | - | - | - | - | - |

Relevant News

Senators Working On Legislation To Reform How Medicare Pays Physicians¹

Fierce Healthcare | February 9, 2024

A bipartisan group of senators announced Friday (2/9) that it is working on new legislation for “long-term reforms” to physician payments under Medicare and other program changes. The lawmakers plan to propose changes to the physician fee schedule and “make necessary updates” to 2015’s Medicare Access and CHIP Reauthorization Act (MACRA), they said, and “in the coming weeks” will be seeking feedback from stakeholders. The lawmakers said their working group will be working toward legislative changes that “ensure financial stability for providers, improve patient outcomes, promote access to quality care, and incentivize the utilization of emerging health care technology.” The announcement comes after months of frequent messaging and lobbying from provider groups like the American Medical Association (AMA) for Congress to address a 3.4% Medicare payment rate cut that went into effect on Jan. 1.

CMS Proposes Greater Oversight, Consulting Limitations For Accrediting Organizations²

Fierce Healthcare | February 9, 2024

The Centers for Medicare & Medicaid Services (CMS) is proposing new oversight of accrediting organizations' performance and other changes in response to “several concerns” the agency said have cropped up in recent years. Accrediting organizations, which regularly survey healthcare providers and suppliers to ensure they meet CMS' health and safety standards, have lately demonstrated “inconsistent” survey results when their standards or practices sometimes differ from CMS policies, CMS wrote in a Thursday fact sheet accompanying its new proposed rule. The agency also said it is concerned about cases in which a provider or supplier was terminated from Medicare/Medicaid but retained their accreditation as well as about conflicts of interest that arise when accreditation organizations also provide fee-based consulting services to those they accredit. CMS wrote in the proposed rule that it became aware of these concerns through a combination of media reports, performance evaluations, direct observation of accreditation programs and analysis of disparities between accrediting organizations and state survey agencies.

Who Needs To File With OHCA Under California’s New Healthcare Transaction Regulations?³

MedCityNews | February 12, 2024

The California Office of Healthcare Affordability’s (OHCA) cost and market impact review (CMIR) regulations were recently approved and will drastically change California’s healthcare regulatory system. Under the California Healthcare Transactions Law, healthcare entities are required to inform OHCA of “material change transactions” that are expected to close on or after April 1. The new law aims to provide oversight of healthcare consolidation. Who is required to file with OHCA under these new regulations? That depends on three questions, according to Jordan Grushkin, who spoke on a webinar last week about the regulations and is the senior associate of the National Healthcare Team and leader of firmwide OHCA initiatives at Sheppard Mullin.

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Lawmakers Roll Out Bill To Bolster Addiction Treatment In State Prisons¹

Behavioral Health Business | January 25, 2024

Five U.S. senators announced a bill to strengthen grant programming that supports addiction treatment in state prisons. The Supporting Treatment and Recovery Over Narcotics for Growth, Empowerment, and Rehabilitation (STRONGER) Act reauthorizes and improves the Residential Substance Abuse Treatment for State Prisoners (RSAT) program. It adds more funding for training the state officials who oversee these programs and beefs up clinical quality requirements. “We should encourage our prisons to create a path for inmates to rebuild their lives free of addiction,” Sen. Bill Cassidy (R-La.) said in a news release. “By starting the road to recovery while incarcerated and continuing it afterward, we are giving these Americans a second chance for a new life.” If passed, the STRONGER Act would reauthorize the RSAT program for five federal fiscal years ending in 2029. The other senators backing the bill include U.S. Sens. Sheldon Whitehouse (D-R.I.), John Cornyn (R-Texas), Thom Tillis (R-N.C.), Amy Klobuchar (D-Minn.) and Maggie Hassan (D-N.H.).

Integrating Behavioral Health Into Oncology Care Boosts Outcomes, Lowers Costs²

Behavioral Health Business | January 19, 2024

A cancer diagnosis can profoundly affect a person’s life and impact their overall mental health. Roughly a third of all cancer patients also have a behavioral health issue, such as anxiety, depression, or a substance use disorder, according to research published in Translational Psychiatry. As a result, more payers and providers are looking for ways to better support oncology patients’ behavioral health needs. “We know that if we want to improve clinical outcomes, an integrated strategy providing behavioral health with the oncology care in tandem definitely produces better outcomes,” Dr. Rodgers Wilson, a national medical executive for behavioral health at Evernorth, told Behavioral Health Business. “It also [provides a] better patient experience as they cope through cancer care.”

How Financially Vulnerable Are People With Medical Debt?³

Peterson-KKF Health System Tracker | February 12, 2024

Medical debt can be a significant financial burden on people and families. Having medical debt can exhaust savings, force families to delay or forgo basic necessities, and divert resources from other important family needs such as housing, education, and retirement. KFF polling has found people in families with medical debt are also much more likely to delay or forgo medical or dental care than people without medical debt. Medical debt is just one component of a person’s overall financial situation. The National Financial Capabilities Survey (NFCS) is a triennial survey sponsored by the FINRA Foundation that provides information on the financial security, experiences, and vulnerabilities of people and households. People with medical debt are much more likely to have other forms of financial distress than those without medical debt.