

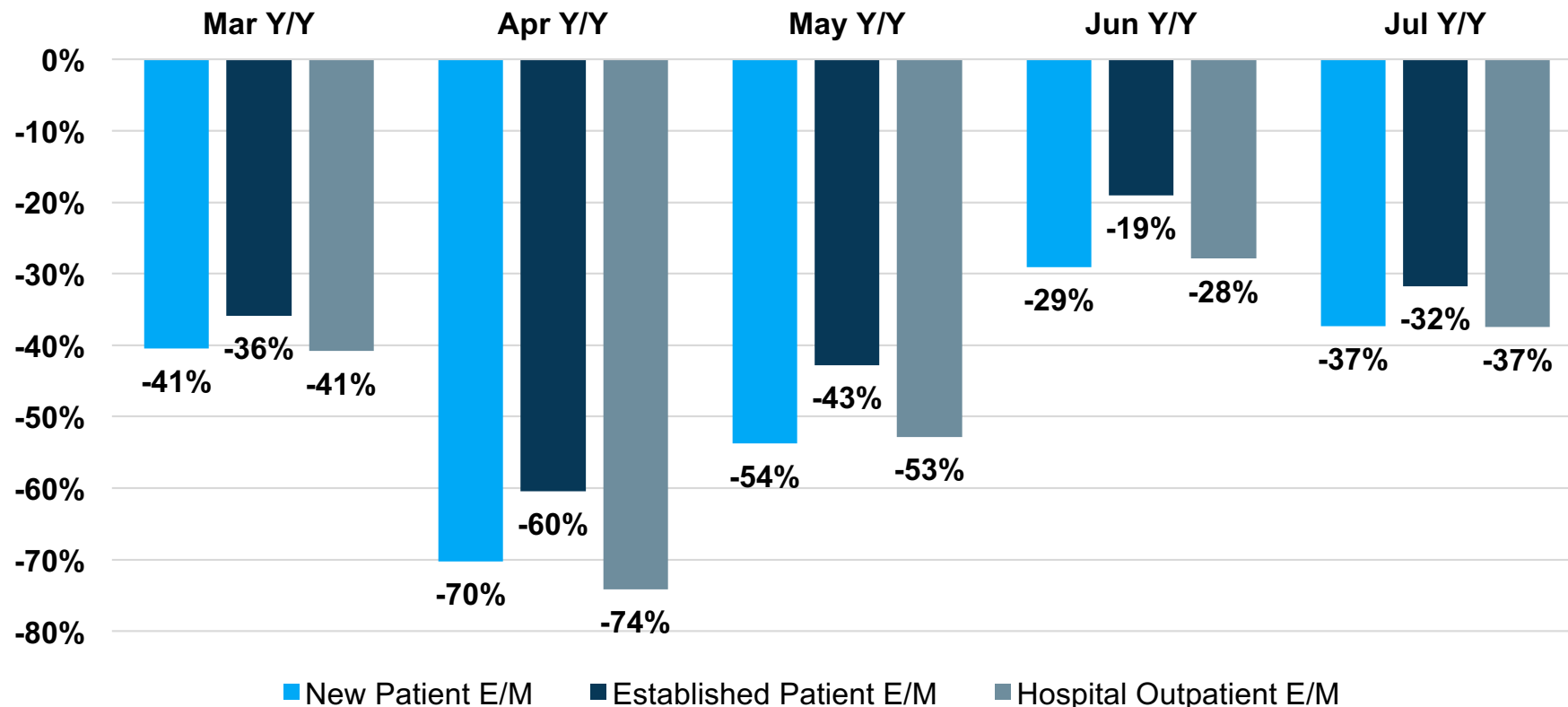
COA COVID Analysis Results

Key Findings

Avalere Health | An Inovalon Company
October 2020

Barriers to Care Caused by COVID-19 Complications Have Resulted in Significant Reductions in Patient Visits

Relative Change in Billing Frequencies for Cancer-Related E/M Services (March-July 2019 vs. March-July 2020)

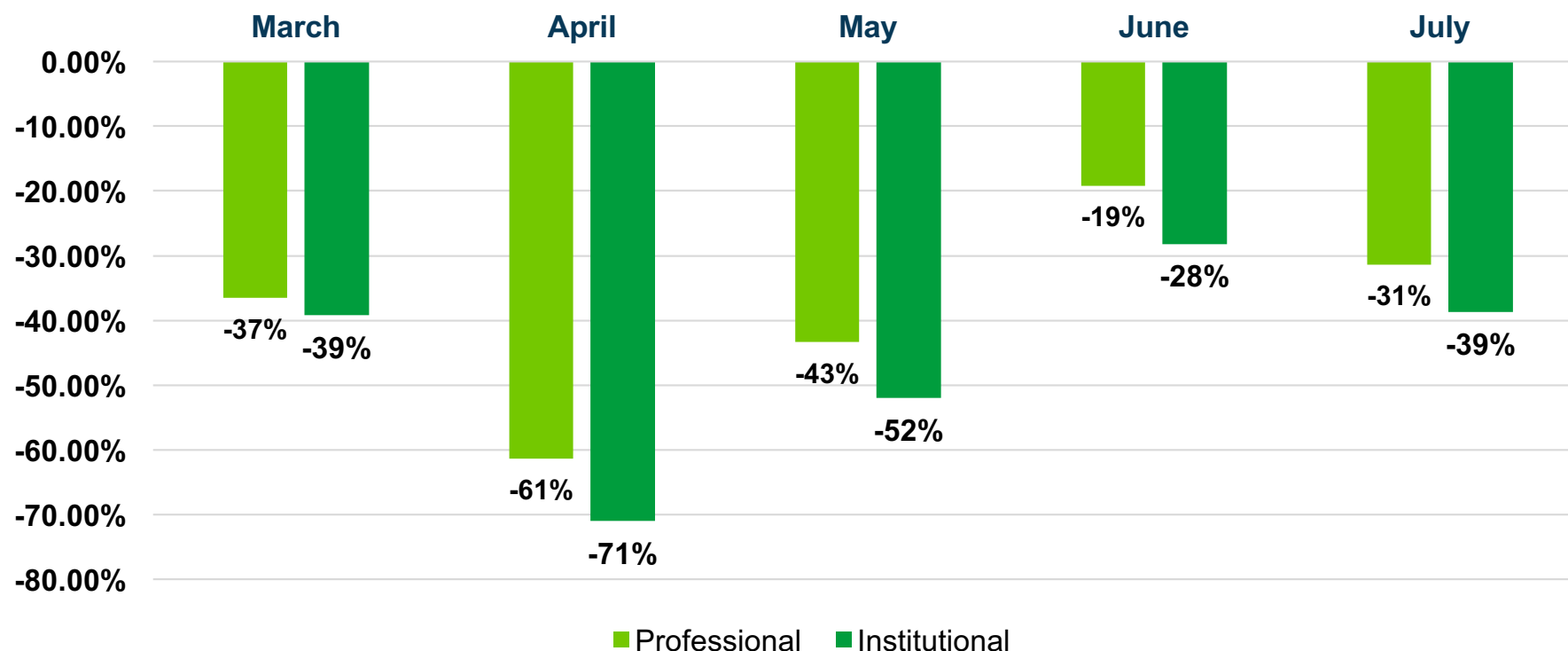


The relative change in utilization was higher for new patient E/M than established patient E/M, which could reflect patient reluctance to visit providers due to COVID-19 concerns, as well as lowered rates of screening

Source: Avalere Health analysis of Inovalon Provider Clearinghouse data
 Note: Claims on average represent 5-7% of Medicare FFS nationally and include CMS-1450 claims from Institutional providers and CMS-1500 claims from Non-Institutional or Professional providers

Providers in Institutional Settings Have Had Greater Reductions in Delivery of Cancer Care Due to Influx of COVID-19 Patients

Relative Change in Billing Frequencies for Cancer-Related E/M Services by Setting of Care (March-July 2019 vs. March-July 2020)

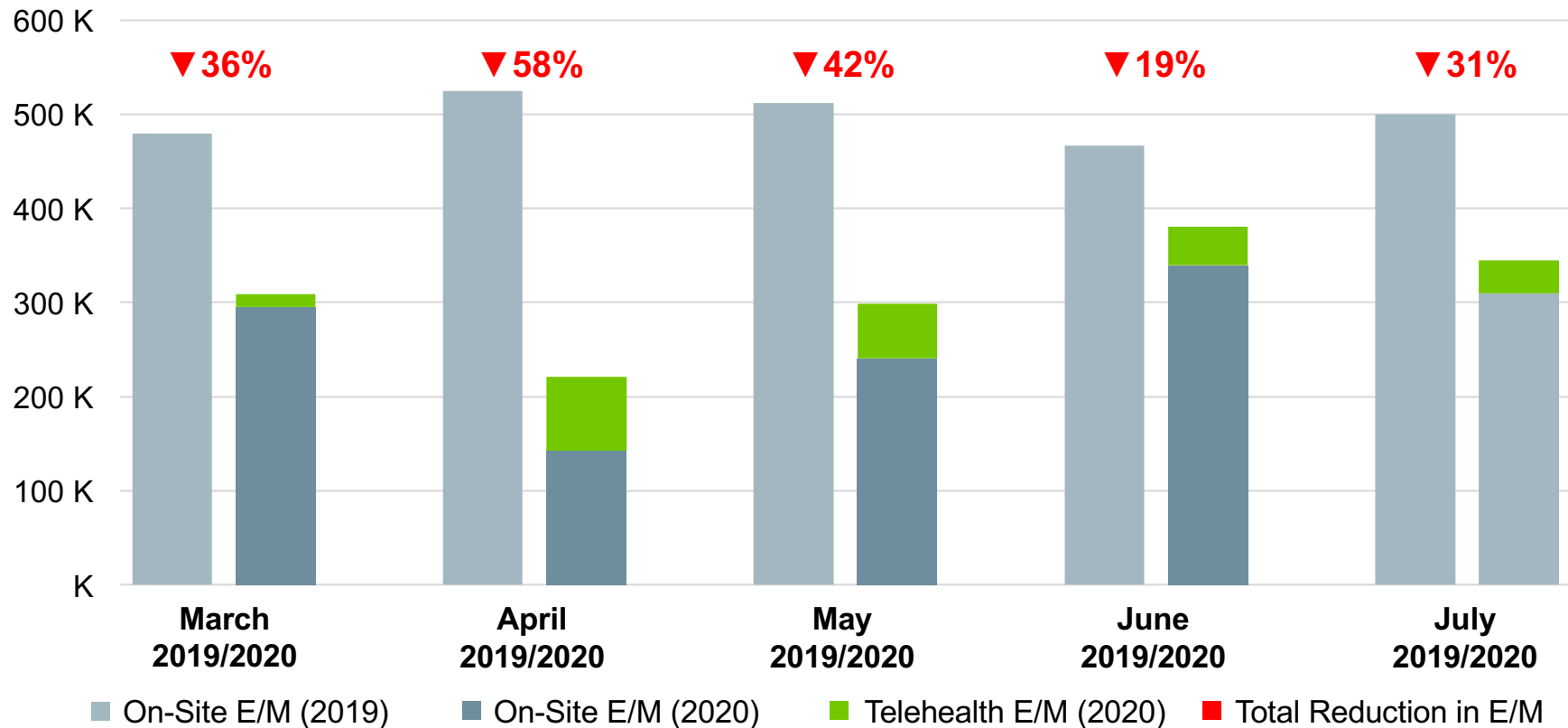


 The greater reduction in hospital visits may be related to resource and supply chain constraints imposed by the influx of COVID-19 cases, as well as patient reluctance to utilize outpatient cancer services in the face of potential COVID-19 transmission

Source: Avalere Health analysis of Inovalon Provider Clearinghouse data
Note: Claims on average represent 5-7% of Medicare FFS nationally and include CMS-1450 claims from Institutional providers and CMS-1500 claims from Non-Institutional or Professional providers

Although Telemedicine Has Facilitated Greater Access to Care for Patients, There is Still a Significant Gap in Care

Total number of claims for Cancer-Related In-Office E/M vs. Telehealth E/M services
(March-July 2019 vs. March-July 2020)



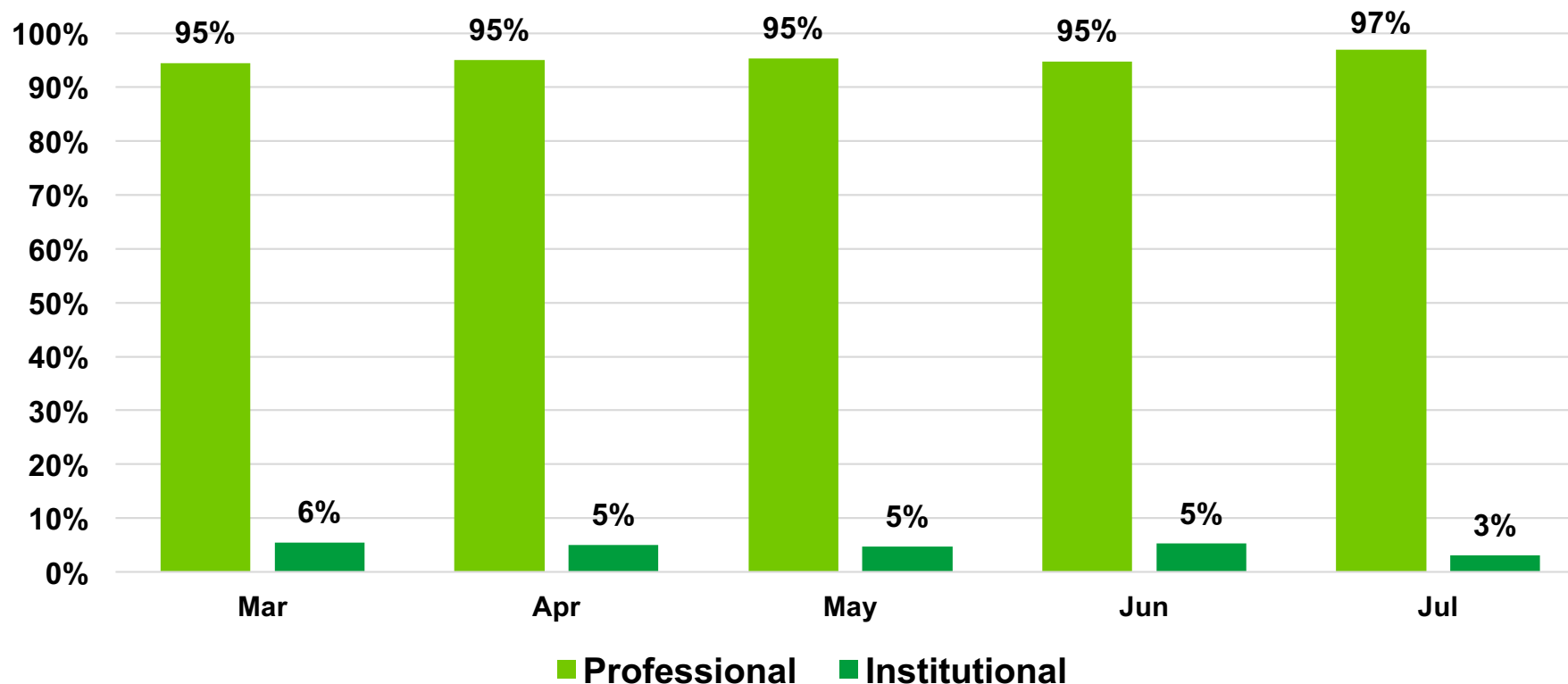
Increased regulatory flexibilities have led to a significant rise in utilization of telehealth services, although access remains an obstacle for many patients, especially when services cannot be feasibly rendered at a distance

Source: Avalere Health analysis of Inovalon Provider Clearinghouse data
Note: Claims on average represent 5-7% of Medicare FFS nationally and include CMS-1450 claims from Institutional providers and CMS-1500 claims from Non-Institutional or Professional providers



Providers in Professional Setting Have Had Significantly Greater Adoption of Telehealth in Response to COVID-19

Percent of Claims for Cancer-Related Telehealth E&M services Billed by Setting of Care (March-July 2020)

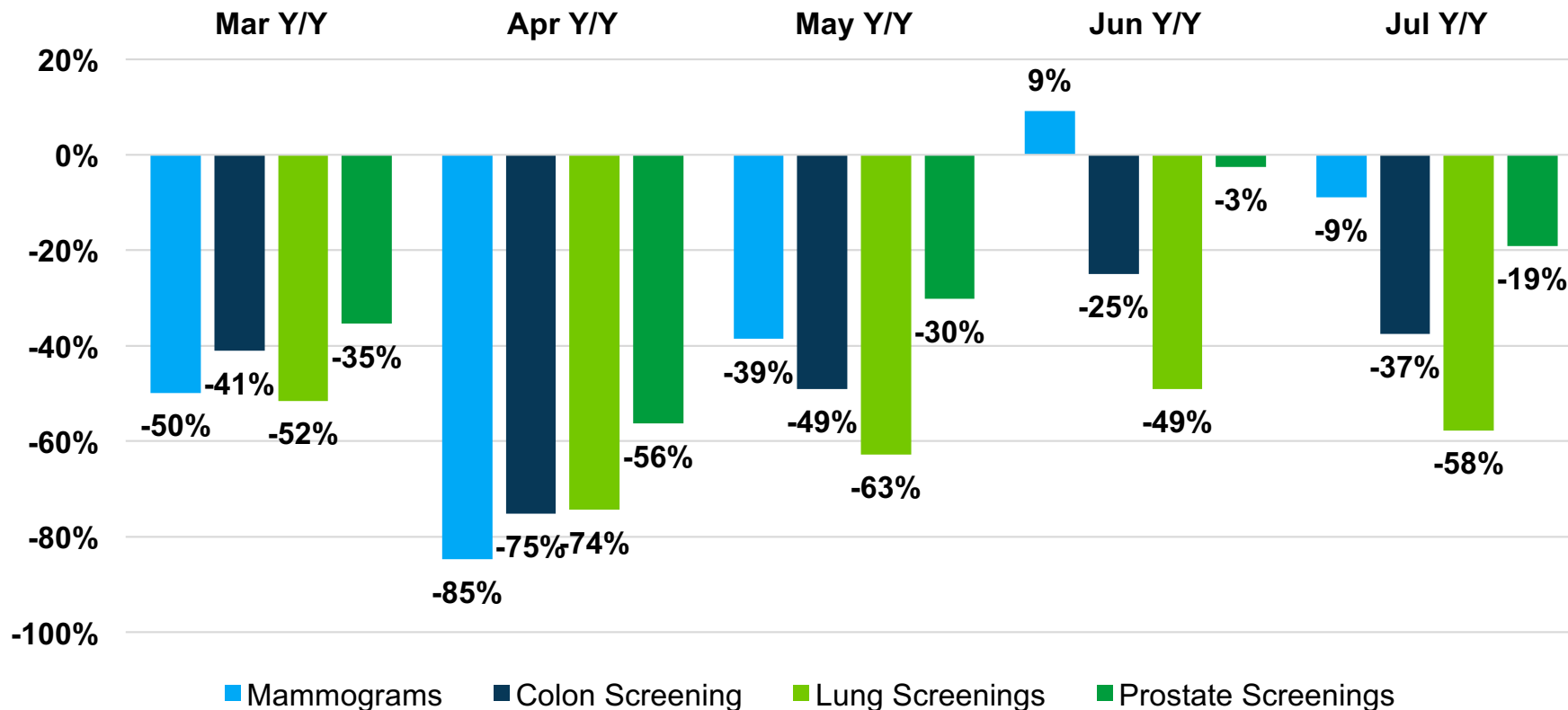


Limited utilization of telehealth in the hospital setting could be attributed to more limited supply of hospital resources due to additional strain of COVID-19 cases

Source: Avalere Health analysis of Inovalon Provider Clearinghouse data
Note: Claims on average represent 5-7% of Medicare FFS nationally and include CMS-1450 claims from Institutional providers and CMS-1500 claims from Non-Institutional or Professional providers

Limitations on Delivery of Care Due to COVID-19 Have Resulted in Significant Reductions in Cancer Screenings

Relative Change in Billing Frequencies for Select Cancer Screening Services
(March-July 2019 vs. March-July 2020)



Reduced cancer screenings due to COVID-19 could have long-term impacts on patient outcomes, as delays in diagnosis and care delivery could negatively influence disease progression and overall survival

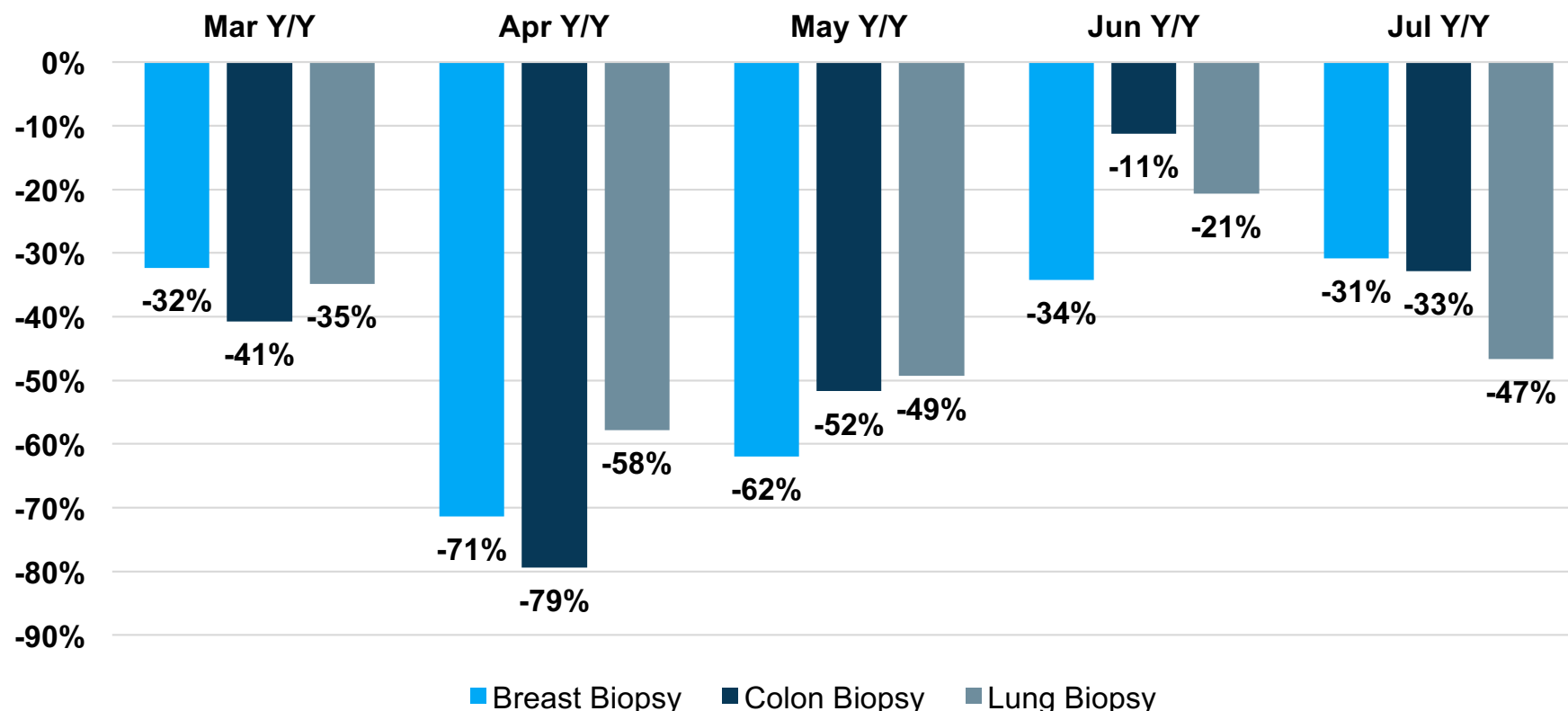
Source: Avalere Health analysis of Inovalon Provider Clearinghouse data
 Note: Claims on average represent 5-7% of Medicare FFS nationally and include CMS-1450 claims from Institutional providers and CMS-1500 claims from Non-Institutional or Professional providers



In Addition to Challenges to Care Delivery Caused by COVID-19, Reduced Screenings May Have Long-Term Impact

Relative Change in Billing Frequencies for Cancer-Related Biopsies

(March-July 2019 vs. March-July 2020)



Reductions in screenings have long-term implications for the number of biopsies in subsequent months, as these patients could now have delayed diagnoses until their next scheduled cancer screening or until their disease becomes symptomatic

Source: Avalere Health analysis of Inovalon Provider Clearinghouse data

Note: Claims on average represent 5-7% of Medicare FFS nationally and include CMS-1450 claims from Institutional providers and CMS-1500 claims from Non-Institutional or Professional providers

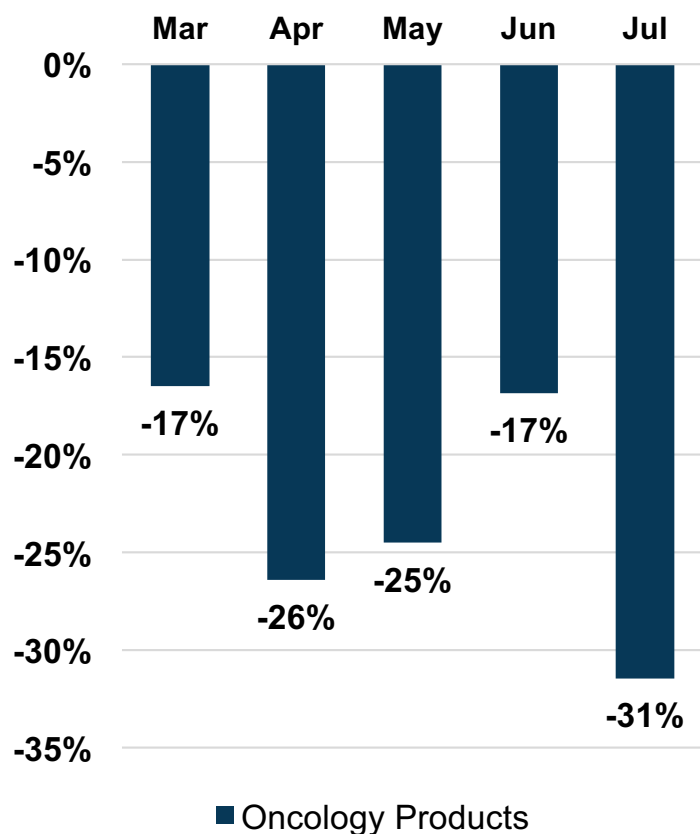


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Reductions in Infusion Services In July and Later Months May Be Attributable to Delayed and Postponed Screenings

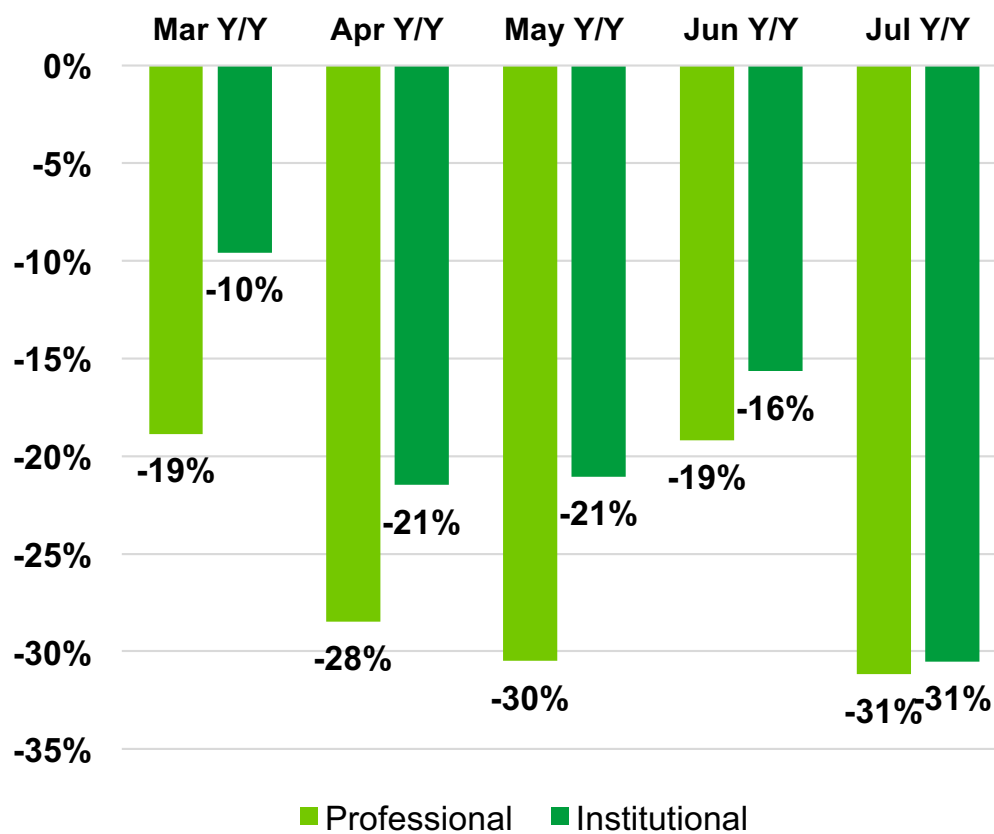
Relative Change in Billing Frequencies for the Top 23 Physician-Administered Oncology Products

(March-July 2019 vs. March-July 2020)



Relative Change in Billing Frequencies for Chemotherapy Administration

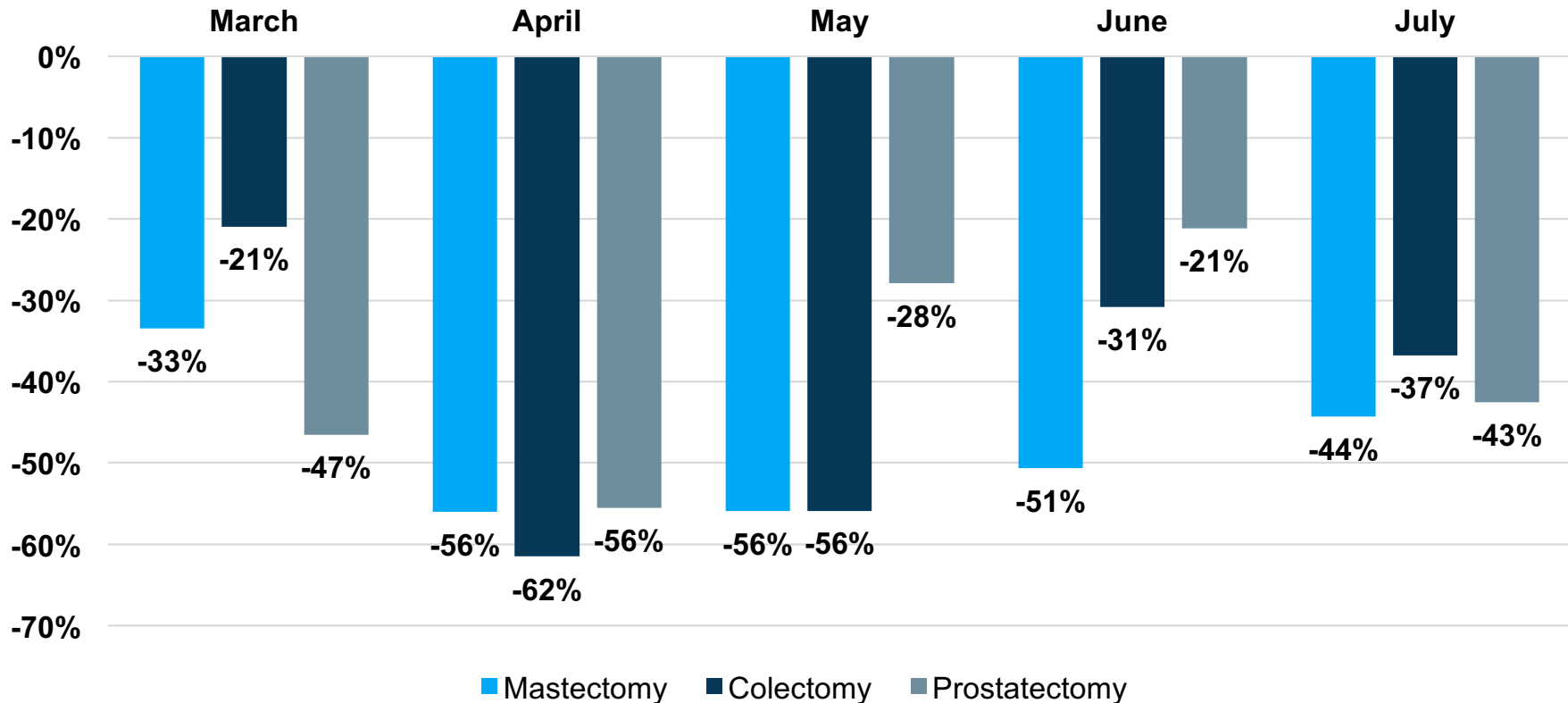
(March-July 2019 vs. March-July 2020)



Source: Avalere Health analysis of Inovalon Provider Clearinghouse data
 Note: Claims on average represent 5-7% of Medicare FFS nationally and include CMS-1450 claims from Institutional providers and CMS-1500 claims from Non-Institutional or Professional providers

Changes in Cancer-Related Surgeries Reflect the Impact of COVID-19 on Cancer Treatment Pathways

Relative Change in Billing Frequencies for Cancer-Related Surgeries (March-July 2019 vs. March-July 2020)



Decreases in cancer-related surgeries during the COVID-19 pandemic reflect adapted treatment guidelines allowing surgeries to be delayed, however, decreases in later months may also reflect the downstream impact of delayed or missed screenings

Source: Avalere Health analysis of Inovalon Provider Clearinghouse data
 Note: Claims on average represent 5-7% of Medicare FFS nationally and include CMS-1450 claims from Institutional providers and CMS-1500 claims from Non-Institutional or Professional providers

