Groups Recover Together
Clinical Model & Outcomes

2023
THE OVERDOSE EPIDEMIC is one of the greatest public health challenges of our time, and it’s worsening rapidly:

- **28%** YoY increase
- **50%** of all overdose deaths involve polysubstance
- **70%** involve opioids
- **80%** of those in need do not access care

- **~8,000** deaths
- **~100,000+** Americans died of drug overdose
- 1 death every 9 minutes
- 35,000 more than car crash deaths
- More than the number of AIDS deaths in 1995

1999 vs. 2021
Expensive, low-value services are **OVERUTILIZED:**

- **46%** receive ED services (avg 2 days per person in tx)
- **49%** receive inpatient or residential services (avg 10 days per person in tx)
- **74%** get no outpatient follow up

While high-value, effective modalities remain **UNDERUTILIZED:**

- **ONLY 1/5TH** receive any tx at all
- **ONLY 25%** receive any counseling
- **ONLY 21%** receive medications
- **ONLY 4.9%** receive case management
- **ONLY 2.5%** receive community support
- **ONLY 1%** receive peer support
THE GROUPS RECOVERY SYSTEM IS BUILT TO BREAK THE CYCLE

EVIDENCE-BASED MEDICINE

COMMUNITY

HOLISTIC CARE

Diagnoses

Modalities

Med Management

Counseling

Peer Support

SUD’s

SDOH

Mental & Physical Health

Contingency Management

Treatment Planning

Toxicology Testing

PCP & Specialist Coordination

Care Navigation

Digital Engagement and Content

THE GROUPS RECOVERY SYSTEM IS BUILT TO BREAK THE CYCLE
Our flexible, weekly model ensures that members receive the services and support they need FROM DAY ONE THROUGH ONGOING RECOVERY.

- **24-48 HOURS**: Call 24/7/365 Support Center & Speak with an Intake Specialist.
- **1 WEEK**: Receive individual assessment & treatment plan.
- **30 DAYS**: Begin participating in weekly group.
- **18-24 MONTHS**: Receive intensive support during first 30 days.
- **ONGOING**: Address social determinants and broader health.

**M.A.T.**
- Encouraged for opioids, alcohol, nicotine.

**BEHAVIORAL INCENTIVES**
- Utilized for stimulants, polysubstance.

**PSYCH SERVICES**
- Provided for those who screen positive.

**CARE NAVIGATION**
- For SDOH needs, medical complexity.

**SPECIALTY PROGRAMMING**
- Emphasized for pregnancy, incarceration, trauma.

**Support Center & Speak with an Intake Specialist**
- 24/7/365

**Receive**
- individual assessment & treatment plan
- intensive support during first 30 days

**Begin**
- participating in weekly group

**Receive**
- self management of recovery

**Address**
- social determinants and broader health

**Empower**
- self management of recovery

**Contribute**
- to a healthy community
OUR UNIQUE MODEL DELIVERS CLINICAL OUTCOMES 2-4X THE INDUSTRY STANDARD.

6 Month Retention is the key benchmark for clinical efficacy in our industry

% of patients engaged in treatment 6 months after intake

<table>
<thead>
<tr>
<th></th>
<th>MEDICAID</th>
<th>COMMERCIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>groups</td>
<td>68.3%</td>
<td>75.1%</td>
</tr>
<tr>
<td>Industry Avg</td>
<td>25%</td>
<td>30%</td>
</tr>
</tbody>
</table>

12/31/20 to 6/30/21; Sample size: 4,952 enrolled, 3,380 retained

Attendance and abstinence are leading indicators of retention and predictors of long-term recovery

% scheduled group therapy sessions attended and % urine drug screens negative for illicit opioids, alcohol and stimulants

Weekly Attendance at Group Therapy

- groups: 86.2%
- Industry Avg: 20%

Sample size: 269,768 scheduled sessions; 232,447 attended sessions

Abstinence from illicit substances

- groups Opioids: 95%
- groups Alcohol: 88%
- groups Stimulants: 75%
- Industry Avg: 18%

GROUPS’ TREATMENT REDUCES TOTAL COST OF CARE
COMPARSED TO OTHER FORMS OF SUD CARE, AS WELL AS NON-ENGAGEMENT

MONTHLY TOTAL COST OF CARE (PMPM)

- Claims cost analyzed for 1,597 MCO members receiving treatment from Groups and 2,923 members with an OUD diagnosis (Dates of service 4/2017-4/2022)
- Total cost of care inclusive of physical, behavioral, and prescription spend

Groups vs All Members with F.11 Diagnosis

- Groups: $590
- Non-Groups: $844

Groups’ Reduction in Spend: $254 PMPM

Groups vs Other MAT

- Groups: $590
- Non-Groups: $1,033

Groups’ Reduction in Spend: $443 PMPM

Groups vs Not in Any Treatment

- Groups: $590
- Non-Groups: $678

Groups’ Reduction in Spend: $88 PMPM
Groups has substantially improved relative performance in cases of more severe opioid use disorder. In particular, the percent savings for overdose patients are very large, suggesting that this group derives above-average benefit from Groups treatment and should be considered a target.

GROUPS IS PARTICULARLY IMPACTFUL FOR HIGH-COST/ HIGH-RISK MEDICAID BENEFICIARIES

MONTHLY TOTAL COST OF CARE (PMPM) for Members with Previous Conditions/Events

<table>
<thead>
<tr>
<th>Condition</th>
<th>Groups Cost</th>
<th>Non-Groups Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overdose</td>
<td>$727</td>
<td>$1,334</td>
</tr>
<tr>
<td>ER Visit</td>
<td>$649</td>
<td>$993</td>
</tr>
<tr>
<td>Polysubstance Comorbidity</td>
<td>$758</td>
<td>$1,038</td>
</tr>
<tr>
<td>Psych Comorbidity</td>
<td>$702</td>
<td>$1,014</td>
</tr>
<tr>
<td>Inpatient Care</td>
<td>$704</td>
<td>$1,037</td>
</tr>
</tbody>
</table>

Groups' Reduction in Spend (PMPM)

- Overdose: $607
- ER Visit: $334
- Polysubstance Comorbidity: $280
- Psych Comorbidity: $312
- Inpatient Care: $333
LONGER RETENTION IN TREATMENT YIELDS BIGGER REDUCTIONS IN TOTAL COST OF CARE FOR SUD PATIENTS

Average Annual Cost of Care, By Length of MAT

MEDICAID

- Inpatient TX
- No TX
- <30 days
- 30-180 days
- >180 days

- $35k+
- $17.4k
- $17.2k
- $14.6k
- $10.1k

- $80k+
- $40.3k
- $40k
- $34.2k
- $23.7k

COMMERCIAL & MEDICARE ADVANTAGE

- Inpatient TX
- No TX
- <30 days
- 30-180 days
- >180 days

- -1%
- -16%
- -42%

Source: Midwest Medicaid MCO with 21,115 unique OUD-diagnosed members; Optum National Commercial data with 17,606 unique OUD-diagnosed members
OUR MEMBERS HAVE A VARIETY OF SDoH NEEDS WHICH WE EFFECTIVELY ADDRESS THROUGH CARE NAVIGATION

CARE NAVIGATION MILESTONES ACHIEVED

- Behavioral Health 30%
- Medical 22%
- Housing 21%
- Other 3%
- Transportation 4%
- Food Security 4%
- Dental 4%
- Employment 4%
- Insurance 8%

27% INCREASE IN HOLISTIC PHYSICAL HEALTH PER VALIDATED SELF-REPORT

- Chronic Pain: Decrease in Symptoms (55% baseline prevalence) - 34%
- Sleep Problems: Decrease in Sleep Problems (20% baseline prevalence) - 40%
- Parole Involvement: Decrease in parole involvement (28% baseline prevalence) - 100%
- Sufficient Income: Increase in sufficient income to pay for basic necessities (63% baseline prevalence) - 28%
- Increased Support: Increase in time spent with recovery-supportive family and friends - 27%
- Primary Care: Primary Care Engagement - 33%
BUNDLED STRUCTURE SIMPLIFIES RECONCILIATION WHILE DELIVERING REDUCTIONS IN TOTAL COST OF CARE

TOTAL COST OF CARE (PMPM) FOR “CURRENT TREATMENT” COMPARED TO ENGAGED MEMBERS

Illustrative example based on previous plan analysis

Benefit of Bundled Contract Structure

- Groups’ bundled rate includes existing OP care and holistic services not covered by fee schedule (peer support, education, SDOH, case management), as well as a 50% shared savings on 33-42% total cost of care reduction.
- Rate tied to clinical outcomes (i.e., 6-month retention) avoiding complicated reconciliation on shared savings. Retention in treatment at 6 months is correlated to 33-42% total cost of care reduction.
- Rate only paid for members meeting minimum service requirement (otherwise services delivered at no cost to plan).
- The plan is protected by a 75% fee reduction should Groups not meet clinical outcomes.
GROUPS’ MODEL DIRECTLY SUPPORTS HEDIS PERFORMANCE

### KEY HEDIS METRICS GROUPS CAN SUPPORT

<table>
<thead>
<tr>
<th>METRIC</th>
<th>DESCRIPTION</th>
<th>INDUSTRY AVERAGE*</th>
<th>GROUPS’ COHORT PERFORMANCE</th>
<th>HOW WE IMPACT PERFORMANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacotherapy for OUD (POD)</td>
<td>Percent of new OUD pharmacotherapy events with Rx for 180+ days</td>
<td>28%-38%</td>
<td>54%</td>
<td>▪ Clinical model highlights weekly prescribing in conjunction with group</td>
</tr>
<tr>
<td>Initiation and engagement of treatment (IET, Engagement)</td>
<td>Percent of members who initiate treatment and had 2+ services within 34 days</td>
<td>8%-28%</td>
<td>72%</td>
<td>▪ Retention in treatment and engagement exceeds benchmarks</td>
</tr>
<tr>
<td>Follow up after hospitalization/intensive care/ED (FUA/FUI/FUH)</td>
<td>Percent of ED/IP hospitalizations receiving a follow up outpatient appointment</td>
<td>13%-40%</td>
<td>55%-79%</td>
<td>▪ Rapid access to care (within 48 hours)</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>▪ Weekly scheduling ensures compliance with 30-day measures</td>
</tr>
<tr>
<td>Adult access to preventative services (AAP)</td>
<td>Members receiving preventative health care services</td>
<td>N/A</td>
<td>N/A</td>
<td>▪ Care navigators work closely with each member on total health outcomes</td>
</tr>
</tbody>
</table>

*Source: NCQA, 2021 results
Appendix
OUR MODEL DELIVERS INDUSTRY-LEADING REDUCTIONS IN TOTAL SPEND, PHYSICAL HEALTH SPEND, AND BEHAVIORAL HEALTH SPEND, INCLUSIVE OF OUR RATE

Relative to the “matched cohort”, GRT spend on OUD members was:

- 33% less overall ($2.9M over 12 months)
- 46% less for behavioral health ($1.74M over 12 months)
- 23% less for physical health ($1.2M over 12 months)

Analysis time period: January 2020 – July 2022
WE HAVE PROVEN OUR ABILITY TO SCALE WITH QUALITY

QUALITY & OUTCOMES
50k+ commercial, Medicaid, Medicare, and uninsured members served; national CARF accreditation

DIVERSE PARTNERSHIPS
Connectivity with primary care, ED, corrections and payers drives population-level impact

BUILT FOR VALUE
95% of payer contracts are bundled; proven ability to take upside/downside risk

NATIONAL PRESENCE...
125+ Offices in 17 States

...AND EXPANDING
Opening 75+ offices next year
WE DEPLOY THE FULL SPECTRUM OF EVIDENCE-BASED MODALITIES REQUIRED TO EFFECTIVELY MANAGE SUD

<table>
<thead>
<tr>
<th>MEDICAL MODALITIES</th>
<th>OPIOIDS</th>
<th>ALCOHOL</th>
<th>STIMULANTS</th>
<th>NICOTINE</th>
<th>PSYCH</th>
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</thead>
<tbody>
<tr>
<td>Medication management</td>
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<td>✓</td>
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<td>Laboratory screenings</td>
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<tr>
<td>Toxicology testing</td>
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<td>Health screenings</td>
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<td>Collaborative care</td>
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<table>
<thead>
<tr>
<th>BEHAVIORAL MODALITIES</th>
<th>OPIOIDS</th>
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<th>STIMULANTS</th>
<th>NICOTINE</th>
<th>PSYCH</th>
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</thead>
<tbody>
<tr>
<td>Counseling</td>
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<tr>
<td>Individualized treatment planning</td>
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<tr>
<td>Peer support</td>
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<td>Community Reinforcement</td>
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<td>✓</td>
<td>✓</td>
<td>N/A</td>
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<td>Measurement based care</td>
<td>✓</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Behavioral incentives/ Contingency Mgmt.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>N/A</td>
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<th>SOCIAL MODALITIES</th>
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<th>PSYCH</th>
</tr>
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<tbody>
<tr>
<td>SDOH screenings</td>
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<td>✓</td>
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<td>✓</td>
<td>✓</td>
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<tr>
<td>High-touch support and referrals</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Care coordination</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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</tbody>
</table>
THE GROUPS MODEL IS UNIQUELY EFFECTIVE FOR HIGH RISK & HIGH COST POPULATIONS WHO MANY PROVIDERS REFUSE TO SERVE

**PREGNANCY**
4.1% of Groups Members are pregnant; these members stabilize in treatment during pregnancy and remain stable after.
Member data from 1/1/19-6/30/21

**RETENTION** % of patients engaged in treatment 6 months after intake compared to:

<table>
<thead>
<tr>
<th>Type</th>
<th>Neonatal @ groups</th>
<th>Medicaid</th>
<th>Commercial</th>
<th>Blended</th>
</tr>
</thead>
<tbody>
<tr>
<td>85.7%</td>
<td>68.3%</td>
<td>91.7%</td>
<td>75.1%</td>
<td>87.5%</td>
</tr>
</tbody>
</table>

**ATTENDANCE** % of patients engaged in treatment 6 months after intake compared to:

<table>
<thead>
<tr>
<th>Type</th>
<th>Neonatal @ groups</th>
<th>Medicaid</th>
<th>Commercial</th>
<th>Blended</th>
</tr>
</thead>
<tbody>
<tr>
<td>87%</td>
<td>86.2%</td>
<td>87%</td>
<td>88%</td>
<td>96.8%</td>
</tr>
</tbody>
</table>

**ABSTINENCE** % of patients engaged in treatment 6 months after intake compared to:

<table>
<thead>
<tr>
<th>Type</th>
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<th>Medicaid</th>
<th>Commercial</th>
<th>Blended</th>
</tr>
</thead>
<tbody>
<tr>
<td>96.8%</td>
<td>95%</td>
<td>97%</td>
<td>97%</td>
<td>97%</td>
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</tbody>
</table>

**CRIMINAL JUSTICE INVOLVED**
Groups delivers transitional care & community services for those leaving incarceration; Groups reduces recidivism & fatal overdose upon release by 70%.

- **87%** attended the first scheduled appointment
- **97%** remain in the community (i.e. have not been reincarcerated)
- **88%** were admitted by Groups within 48 hours of release
- **94%** are employed
- **97%** have access to safe housing
OUR DIGITAL PRODUCT INCREASES OUR REACH, ENHANCES OUR OUTCOMES, AND DELIVERS A DELIGHTFUL EXPERIENCE TO EXISTING AND NEW MEMBERS

FULLY INTEGRATED DIGITAL EXPERIENCE
- Rapid access to treatment; instant intake scheduling & seamless onboarding
- In-app telehealth counseling and medical appointments
- Interactive treatment planning, goal setting and progress monitoring
- In-app compliance tools (pill counts, drug screening, pharmacy integration)

DEEP ENGAGEMENT BEYOND FOUR WALLS
- Request and receive care navigation support
- Chat with counselors and peers
- Crisis button and resources
- Appointment reminders, motivational content, additional curriculum modules

EVIDENCE-BASED INTERVENTIONS & REAL-TIME RISK ANALYSIS
- Contingency management: Track progress and earn rewards for recovery
- Continuous monitoring via pulse-checks and patient reported outcomes
- Real-time analytics and risk-scoring drive clinical team interventions
GROUPS’ HYBRID MODEL DELIVERS CONSISTENT OUTCOMES WHETHER MEMBERS ENGAGE VIRTUALLY OR IN-PERSON

- **Telehealth Cohort**
  - n=2,375 members
  - 3/30/20-12/31/20

- **Control Cohort**
  - n=1,532 members
  - 9/30/19-3/28/20

### MEDICAID
- **Retention in treatment at 6-Months**
  - Telehealth: 69%
  - Control: 71%

- **Attendance at scheduled weekly therapy**
  - Telehealth: 82%
  - Control: 83%

- **Abstinence**
  - Telehealth: 97%
  - Control: 95%

### COMMERCIAL
- **Retention in treatment at 6-Months**
  - Telehealth: 68%
  - Control: 75%

- **Attendance at scheduled weekly therapy**
  - Telehealth: 89%
  - Control: 89%

- **Abstinence**
  - Telehealth: 98%
  - Control: 96%

**Timeline:** 456 Days
GROUPS’ HOLISTIC IMPACT ON SUBSTANCE USE BEYOND OPIOIDS IS IMMEDIATE AND DURABLE TO 18 MONTHS

Our model is grounded in the belief that addiction is both a medical and a social condition; by addressing the disease holistically, we’re able to achieve holistic outcomes.
MEMBERS WHO REMAIN ENROLLED AT 6-MONTHS ARE LIKELY TO MAINTAIN LONG-TERM SOBRIETY

Source: Internal Groups Data. Cohorts admitted between 1/1/2019 and 10/1/2020