



CARDIOVASCULAR
ASSOCIATES OF AMERICA

Dear Leaders of America's Health Insurance Companies:

I am writing this letter to notify you that Cardiovascular Associates of America (CVAUSA, www.cvausa.com), the nation's largest cardiovascular practice management and cardiovascular value-based care company, is ready and excited to work with your health plan to improve the value of care that your members receive, and to share financial risk for this care with you and others in your network. CVAUSA currently works with 18 independent, community-based cardiovascular care practices based in eight states: Florida, Georgia, New Jersey, Rhode Island, South Carolina, Iowa, Illinois, and Arizona. Our 330+ physicians, and 150+ advanced practice providers collectively serve more than 750,000 unique patients each year, and growing. Please see enclosed map for our coverage areas.

CVAUSA's mission is to revolutionize the delivery of cardiovascular care. This mission requires us to focus our investments and physician-led development efforts on three critical building-blocks: (1) a comprehensive 24/7/365 care model, (2) novel, risk-based contracting arrangements, and (3) data analytics—including financial, operational, clinical, and claims data. This mission is grounded in a fundamental commitment to our physician partners to maintain their clinical and operational autonomy and enable them to deliver high-quality, high-value care.

At CVAUSA, we recognize, and, indeed, embrace, the mandate to deliver higher value care. We believe the total cost of cardiovascular care in the U.S. is too high due to: (a) perverse financial incentives; (b) HOPD pricing for many non-invasive imaging studies and image-guided invasive/interventional procedures which can safely and effectively be performed in a non-hospital setting (Note: which is primarily a result of the fact that 80+% of cardiologists work for hospitals); (c) avoidable ED visits, inpatient admissions, and observation placements; (d) care fragmentation and suboptimal coordination and transitions of care for patients with chronic cardiovascular conditions (e.g., heart failure); and (e) the woefully low adoption of team-based care, digital/remote health, and home-based care solutions.

Novocardia, our value-based care division, is working hand-in-hand with our physician leaders to build our value-based care and contracting models and working to test and scale them across our

entire network. We are making substantial investments in care model transformation to support our groups' ability to better manage chronic cardiovascular comorbidities, improve timely access to cardiovascular care, move care to the lowest cost sites, and better coordinate care with our primary care and specialist colleagues. For example, we are developing and deploying evidence-based disease management programs for heart failure and other cardiovascular comorbidities and are building CV-dedicated, ambulatory surgery centers to safely and efficiently deliver necessary, indicated procedural care in these lower cost alternatives to hospital-based catheterization labs. We and our national physician leaders believe deeply in our vision. We intend to identify and remove avoidable costs. We intend to build a more effective and efficient CVD care delivery system. We desire to take downside, financial risk and partner with payors and risk-bearing organizations. We are excited to work with you to put risk-based payment models in place. We can work with you to structure arrangements that make sense for your patient populations, and which provide incentives to deliver evidence-based care which achieves the Triple Aim.

I have included below my contact information, and contact information for Dr. Daniel Blumenthal, the President of our Novocardia Division.

Please contact one or both of us to discuss opportunities to work together.

Sincerely



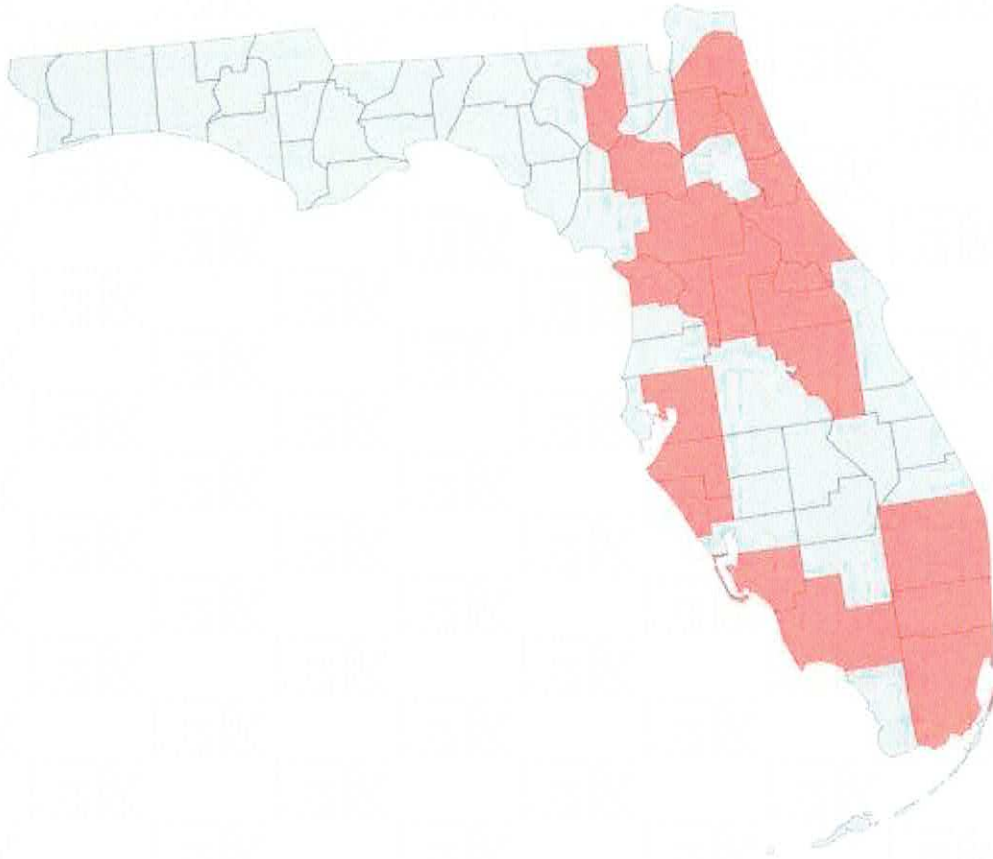
Tim Attebery, DSc, MBA, FACHE
Chief Executive Officer
Cardiovascular Associates of America
attebery@cvausa.com



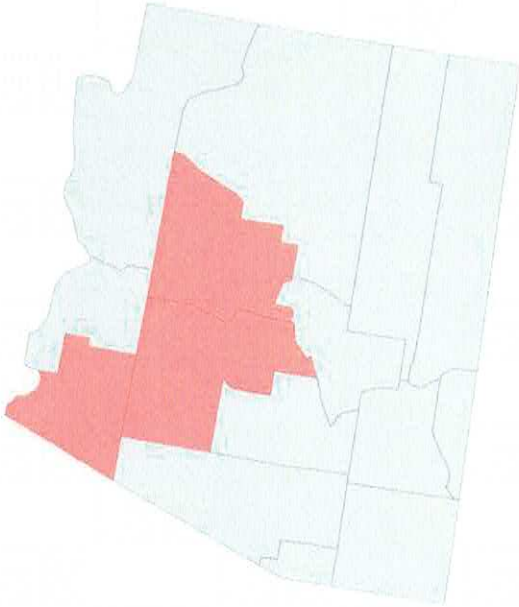
Dan Blumenthal, MD, MBA, FACC
President, Novocardia Division
Cardiovascular Associates of America
dblumenthal@cvausa.com

CVAUSA States and Counties

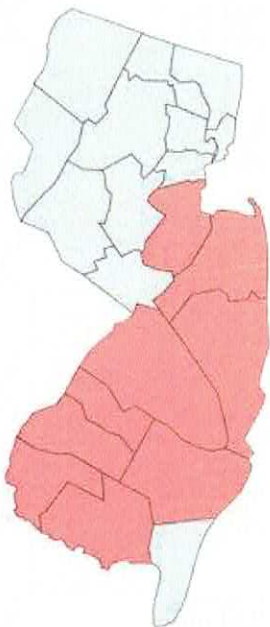
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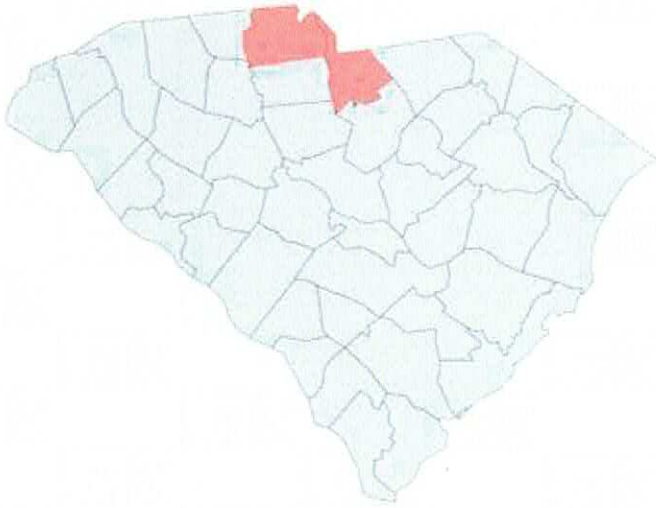
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New Jersey



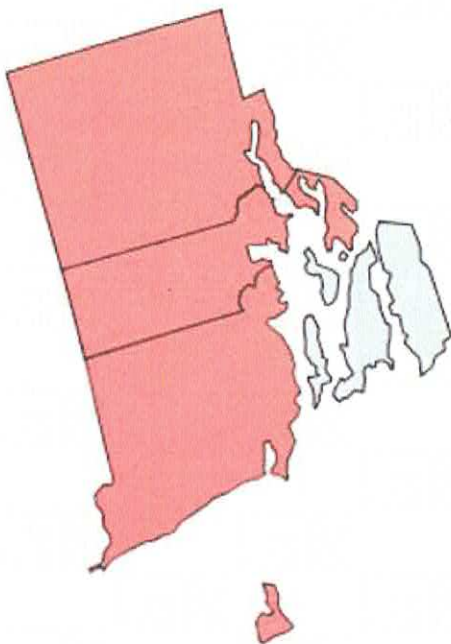
South Carolina



Georgia



Rhode Island



Iowa and Illinois

