# JP Morgan Health Care Conference



Michael B. McCallister
Chairman of the Board and Chief Executive Officer
January 11, 2011





This presentation includes forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. When used in investor presentations, press releases, Securities and Exchange Commission (SEC) filings, and in oral statements made by or with the approval of one of our executive officers, the words or phrases like "expects," "anticipates," "believes," "intends," "likely will result," "estimates," "projects" or variations of such words and similar expressions are intended to identify such forward-looking statements. These forward-looking statements are not guarantees of future performance and are subject to risks, uncertainties, and assumptions, including, among other things, information set forth in the "Risk Factors" section of our SEC filings, as listed below.

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Humana advises investors to read the following documents as filed by the company with the SEC:

- -Form 10-K for the year ended December 31, 2009,
- -Form 10-Qs for the quarters ended March 31, 2010, June 30, 2010 and September 30, 2010,
- -Form 8-Ks filed during 2010 and 2011.





# **Today's Presentation**

- In quiet period before 4Q10 earnings release (February 7, 2011)
- Recent events
- Humana's strategy
- Executing on our strategy



#### **Recent Events**

- Concentra acquisition completed December 21, 2010
- Draft RADV audit methodology issued by CMS; comments due January 21
- 2011 Medicare Enrollment Update

#### MAPD:

- Sales: Modestly higher than expected.
- Terms: Initial data indicates terminations generally consistent with expectations.
   Additional January termination data coming in through the end of the month.
- Net Growth: Slightly higher than previous expectation of 60k to 65k.

#### PDP:

- Sales: Humana Walmart-Preferred sales higher than expected. Other plans consistent with expectations
- Terms: Slightly lower than expectations. Additional January termination data coming in from CMS through the end of the month.
- Net Growth: Expected to be higher than previous expectation of 325k to 375k.



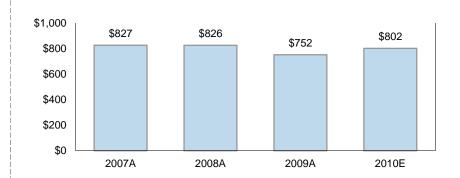
#### **Concentra Overview**

Strong stand-alone business that reinforces core and provides unregulated revenue diversification

#### **Key Facts**

- High quality management team with specific expertise in Primary Care asset management and alternate site care
- Operates through 550 point-of-care locations
  - 307 free-standing centers in 42 states with 6 million patient visits per year
  - 243 health worksites
- 23% of Humana medical members live within 7 miles of a Concentra Center. 34% live within 10 miles
- Over 650 physicians and 450 physical therapists
- Relationships / accounts with over 100,000 employers
- >25,000 patient visits per day
- Market Leader: treats over 14% of US work-related injuries

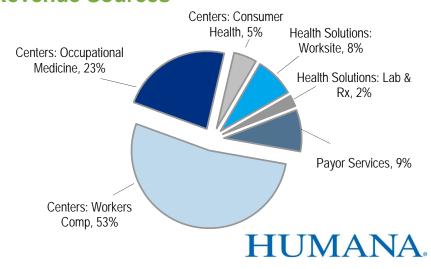
#### Revenues



#### **Geographic Footprint**



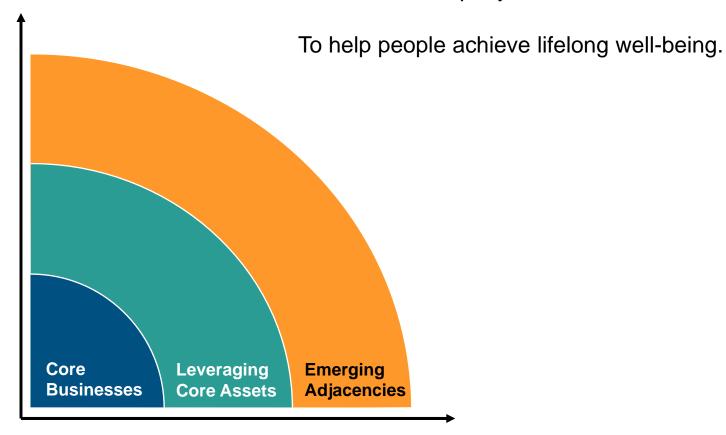
#### **Revenue Sources**



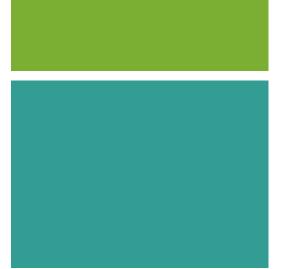


# **Humana's Overarching Strategy**

To become the pre-eminent consumer-focused health care company.





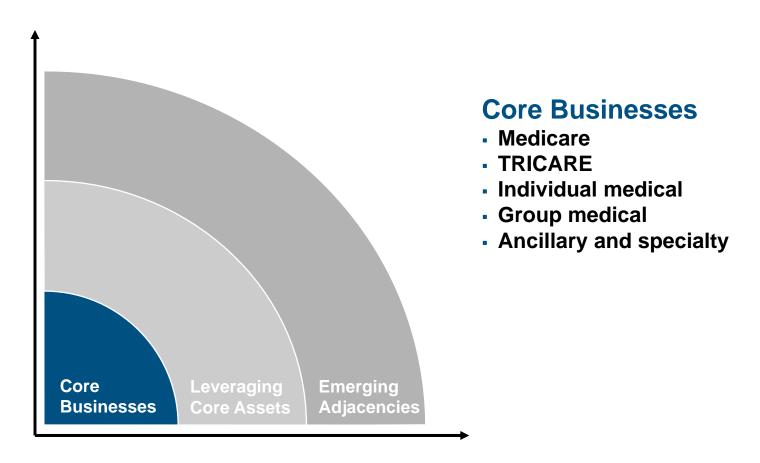


# **Executing on Our Strategy**





# **Humana's Strategy – Core Businesses**





#### **Our Core Business Tactics**

#### **Government Segment**

#### **Medicare**

- 15% solution
- Expand network geographic footprint
- Target 5% pretax operating margin
- Grow individual membership and market share
- Re-establish PDP growth momentum (e.g., Humana-Walmart)
- Targeted growth of Group business

#### **TRICARE**

Win South Region contract

#### **Commercial Segment**

#### Individual medical

- Near-term breakeven earnings; cross-sell other products
- Longer-term prepare for growth in this market
- Monitor regulatory developments for potential opportunities

#### **Group medical**

- Focus investments to manage for profitability
- Maintain pricing discipline

#### **Ancillary and specialty businesses**

- Expand market share through cross-sell and other ancillary businesses
- Leverage and scale Humana Pharmacy Solutions<sup>®</sup>
- Capitalize on Concentra business and other adjacency growth opportunities

#### **Administrative Costs**

Continuously improve operating efficiency and cost positioning across the enterprise.

#### **Humana's 15 Percent Solution**

Our holistic approach, together with the scale needed to execute in a post-reform environment, positions us well to deal with wasteful spending in the health system that has been estimated at more than half of all health spending.\*

1% to 2%

#### **Early Identification**

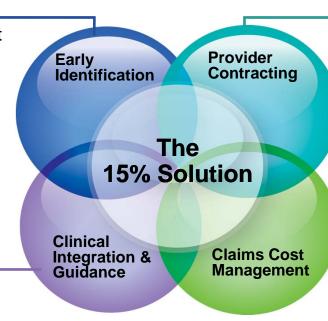
Humana Health Assessment

Predictive modeling

3% to 4%

# Clinical Integration & Guidance

- Provider guidance
- Clinician-based support
- Wellness and productivity
- Pharmacy solutions



7% to 10%

#### **Provider Contracting**

- Efficient physician networks
- Efficient hospital contracting
- Discounts for free-standing facilities and ancillary services

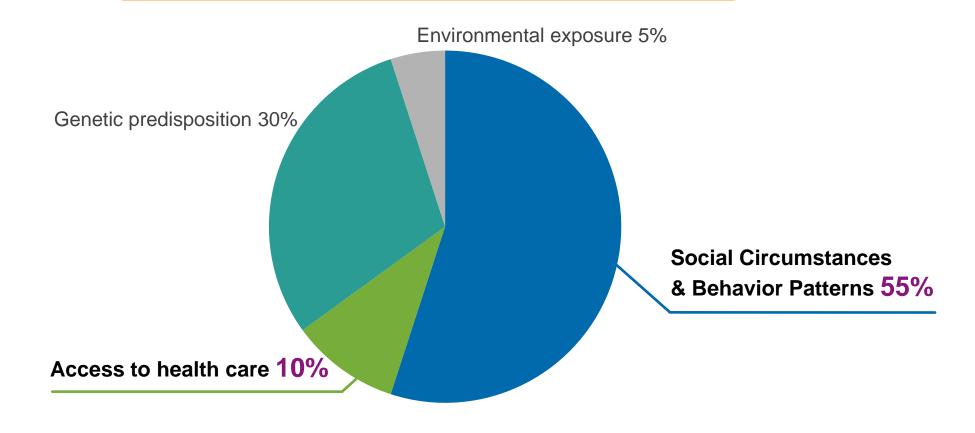
1% to 2%

#### **Claims Cost Management**

- Consistent application of Medicare-published local coverage determinations
- Timely DRG audits and recoveries
- Specialized physician billing review software
- Observation status review
- Fraud detection

## What Are The Underlying Drivers of Health?

**65 percent** of the underlying drivers are areas in which we can be impactful.

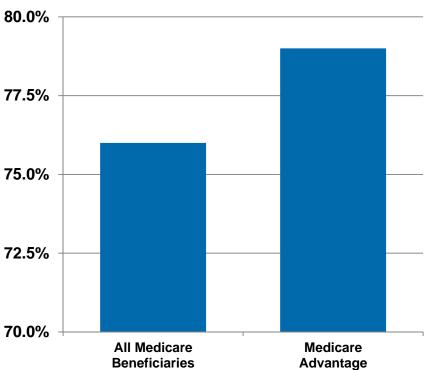




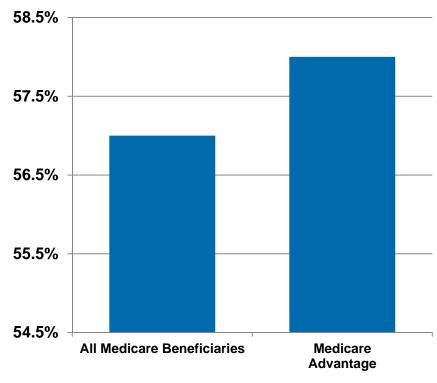
#### **Preventive Care Utilization**

Increasing utilization of preventive services is but one example of positive changes in behavior patterns.





#### Mammogram – Preventive Service Utilization by Female Medicare Beneficiaries (age 40+)







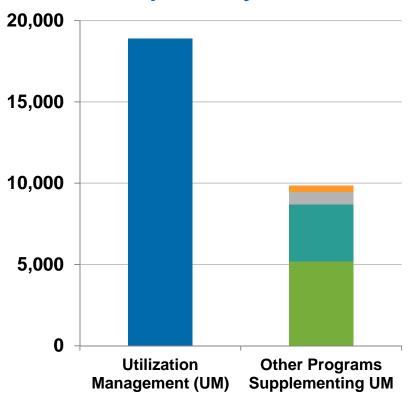
# **Example of Actively Engaging a Group Medicare Customer's Members**

Nature of Engagement	Action	Metric
Early identification – Pre-enrollment engagement	Completed health risk assessments	65% of members
	Clinically evaluated for those at risk for medical event (i.e. high-risk members)	~ <b>100</b> % of members
Ongoing support – Right support, right place, right time	Introduced to Humana's wellness and/or clinical guidance programs	~ <b>100</b> % of members
	Enrolled in Humana Cares, or HC (integrated complex case management program)	3% of high-risk members
	Engaged social workers to assist members with applications for federal, state and community-based assistance	~ 100% of HC members with financial need
	HC field case managers evaluated home safety and connected member with community resources	20% of HC members
	Enrolled in Humana's disease management programs	~ 1% of non-HC high-risk members
	Discharge planning and proactive outreach to ensure follow-up care and support	90% of acute discharges
Claims cost management – Review of billing practices for appropriateness	Analyzed admission vs. observation classification	> 95% of 24-hour admits

# This Group Medicare Customer's Participation in Clinical and Wellness Programs

Member participation in our clinical guidance and wellness programs has been high.

#### **Participation by the Customer's Medicare Advantage Members**



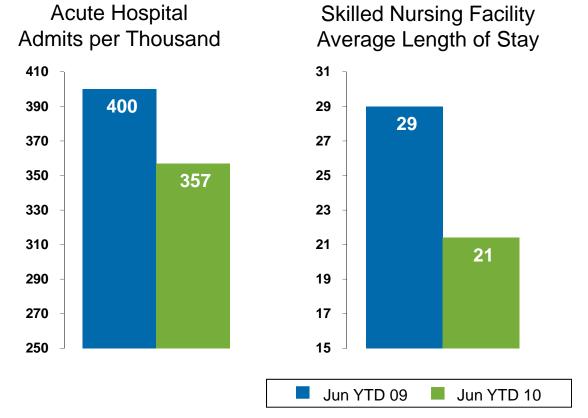
- Integrated Medical/Behavioral Health and Disease Management
- Humana Cares
- Case Management
- SilverSneakers
- Utilization Management (UM)

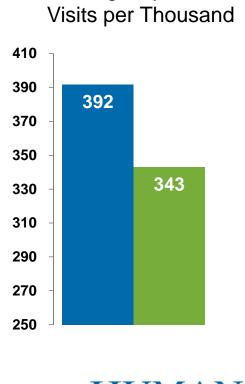
#### **Clinical Support Resources:**

- 13 Case Management / Utilization Management Nurses
- 22 Humana Cares / Integrated Behavioral Health Nurses; 1 social worker; 2 community health educators

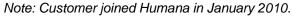


Improved member health has led to reduced utilization with estimated savings of over \$25 million in medical costs projected for the year.



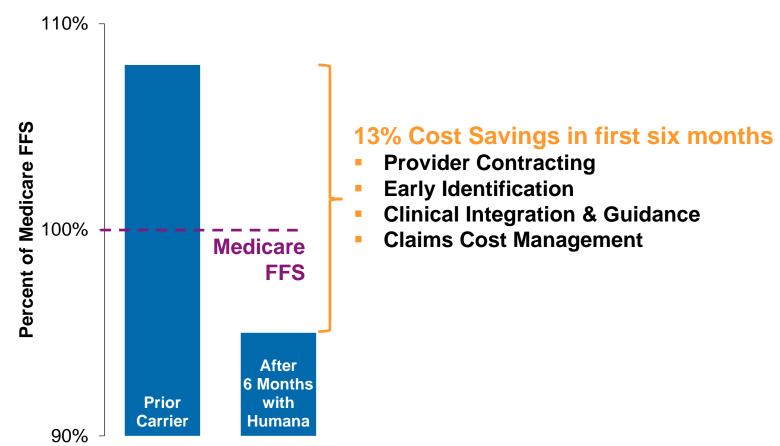


**Emergency Room** 



# Impact of All Elements of the 15 Percent Solution on This Group Medicare Customer After Only Six Months

- 2010 projected gain share payment to group of \$28 million
- 2011 renewal premium increase of less than 1 percent
- No change in benefits for retirees



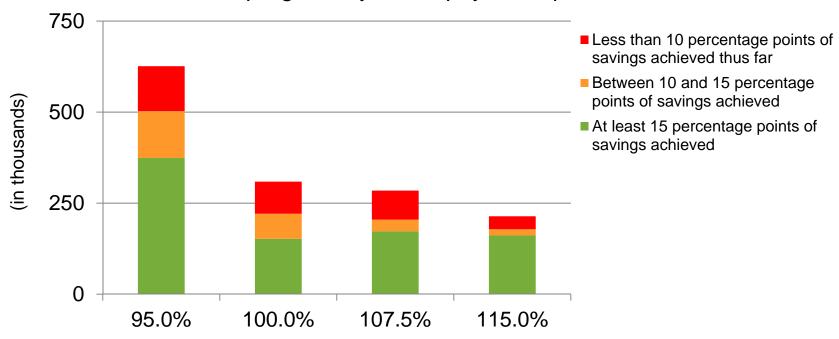




Our 15 Percent Solution techniques are applied to our individual Medicare Advantage members, positioning us well to address the future.

#### September 2010 Membership\*

15% Solution progress by future payment quartile







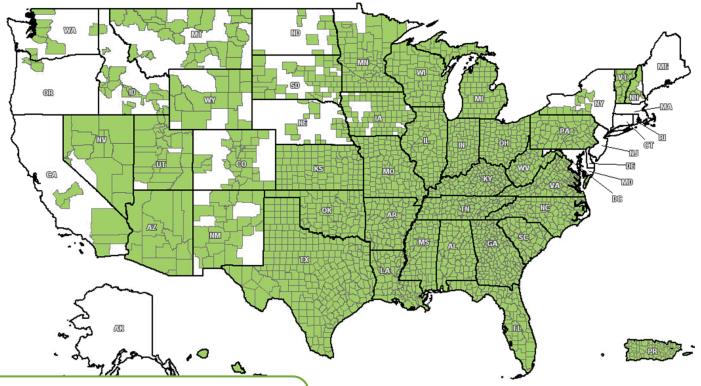
# **Executing on Our Strategy**

# **Broadening Our Medicare Presence**



#### **Medicare Provider Network**

Our broad network provides opportunities in both the Individual and Group Medicare Advantage businesses.



# **Our 2011 Individual Medicare Advantage Plans**

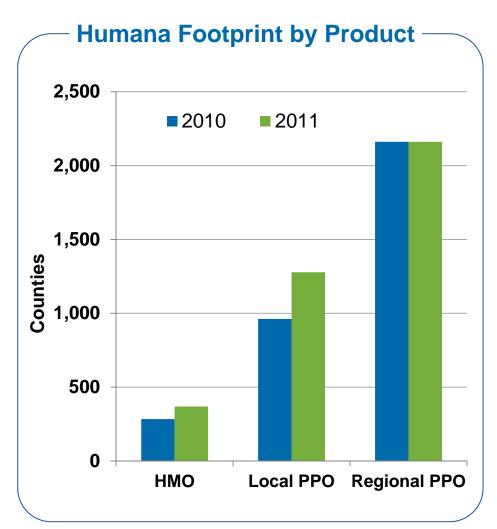
369 HMO counties

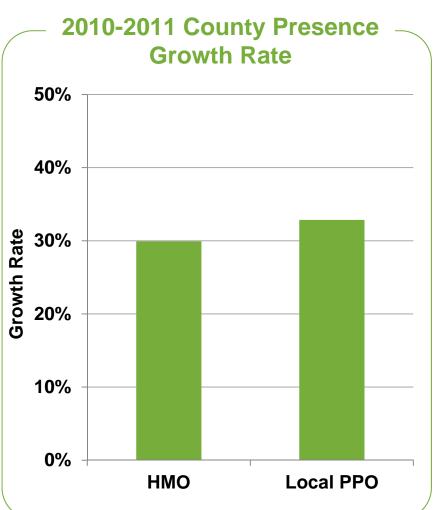
1,278 Local PPO counties

2,161 Regional PPO counties

Nearly 2 million retirees with group benefits in targeted 10K+ size accounts headquartered within our PPO network service area.

## **Our Networked Medicare Advantage Plans**







# **Executing on Our Strategy**

# **Commercial Segment**

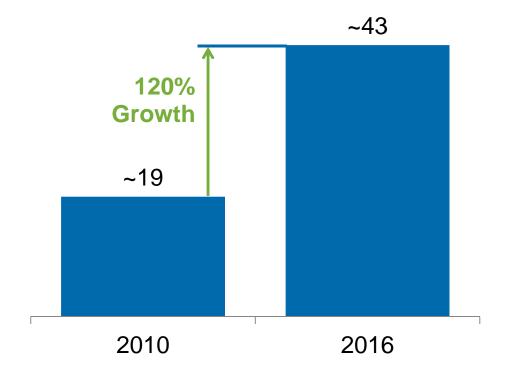


#### **Potential Growth in Individual Market**

The nationwide individual market is expected to grow 120% over the next six years.

#### Estimated individual market membership in U.S.

(millions of members)

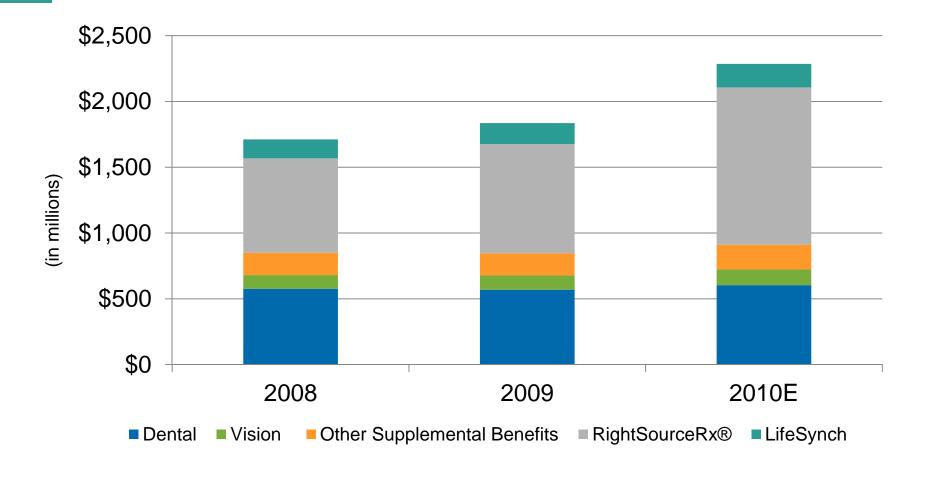


#### **Opportunities:**

- Apply retail consumer expertise honed in Medicare market
- Build upon medical member relationship with specialty products to increase lifetime customer value



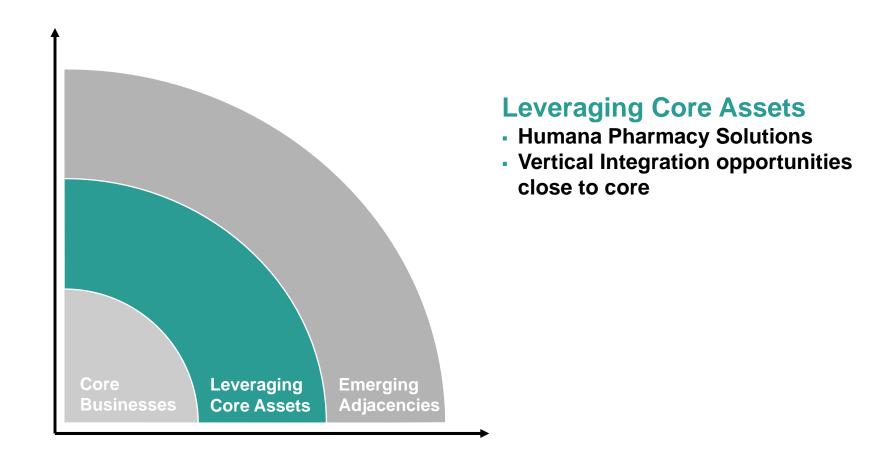
# **Specialty and Ancillary Product Revenues**





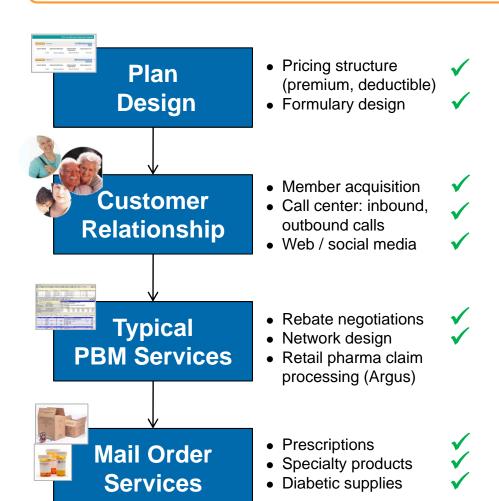


## **Humana's Strategy – Leveraging Core Assets**



### **Humana Pharmacy Solutions**

Fifth largest full-service PBM in the United States.



- Key part of the member's health experience
- Provides more opportunities for interacting with and engaging the member
- Helps facilitate drug compliance and monitoring





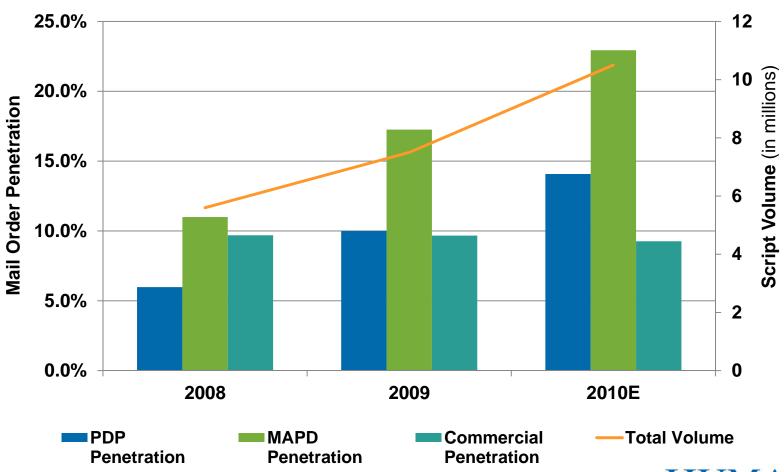
# Humana Pharmacy Solutions / Humana *Right*SourceRx Growth Priorities

- Increase mail order penetration
- Increase specialty pharma distribution
- Increase diabetic supply distribution
- Forthcoming:
  - Drug discount cards
  - Pet medicine



### RightSourceRx – Growing the Business

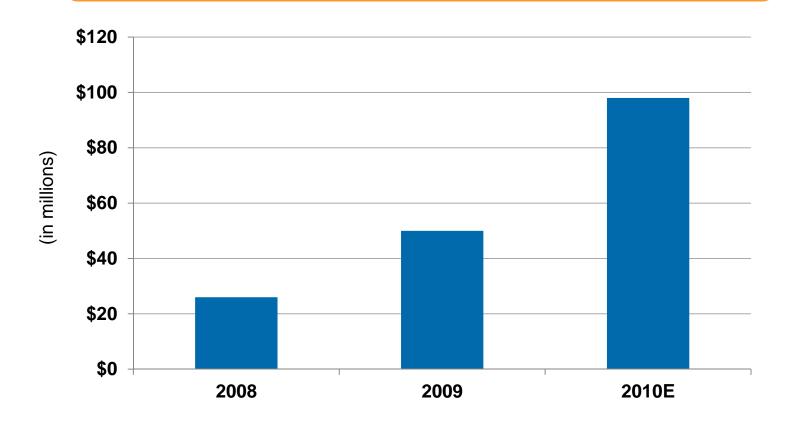
Significant upside potential with goal of over 25% penetration across all lines of business.





# RightSourceRx - Pretax Income

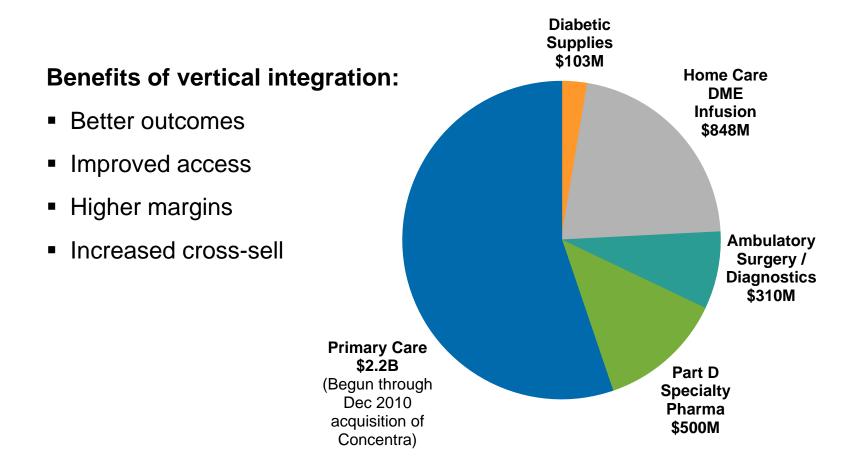
The earnings power of our mail order business has been growing rapidly





### **Vertical Integration Opportunities – Close to Core**

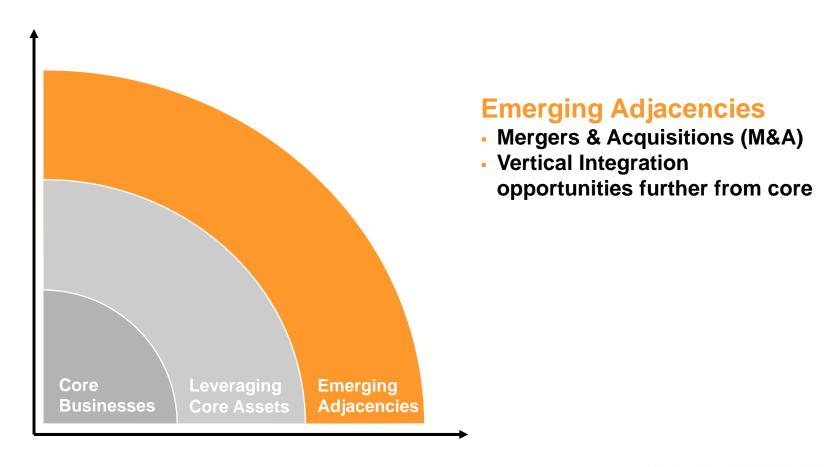
Nearly \$4B in outside spend\* opportunity.



<sup>\*</sup> Relates to Humana's fully-insured Commercial and Medicare medical membership



# **Humana's Strategy – Emerging Adjacencies**





### **Strategic Evaluation of M&A Candidates**

Our M&A priorities **lie at the intersection** of strategic opportunities, industry trends, and our current capabilities.



#### **Trends:**

- Growth in senior population
- Margin pressure due to healthcare reform and competition
- Demand for PCPs will outpace supply
- Greater emphasis on quality / outcomes
- Chronic conditions driving health costs

#### **Opportunities:**

- Increased effectiveness and efficiency of care
- Increasingly integrate care and offerings for members
- Leverage spend and selectively in-source
- Realize potential of consumer-directed healthcare
- Help providers manage risk and pay-forperformance

#### **Capabilities:**

- Scale associated with current membership and market share
- Captive senior products sales force
- Provider network development
- Risk management
- Clinical spend management
- Information technology
- Operational dexterity
- Retail consumer expertise

### **Vertical Integration Opportunities – Further from Core**

Next generation growth platforms and long-term strategic options.

- Home care
- Integrated rewards / wellness / loyalty offerings
- Remote care and telemedicine
- Healthcare IT





#### Conclusion

- Medical cost inflation in Original Medicare FFS combined with clinical execution in the MA program allows MA to be a good long-term business
- As reform is implemented, scale will be even more critical to both clinical effectiveness and administrative cost efficiency
- Individual commercial business poised for long-term expansion despite short-term headwinds
- Continued strong growth in pharmacy business
- Adjacencies and vertical integration building on core businesses
- Deepening focus on retail opportunities and lifetime customer value



# **HUMANA**