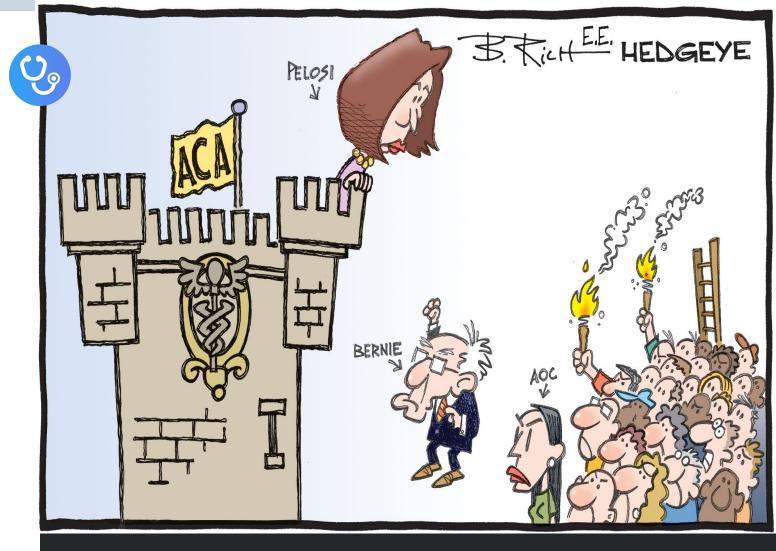
HEDGEYE

Health Care Position Monitor w/ Live Q & A

Coronavirus Public Health Response, Sanders in the Lead, Surprise Bill Headwinds

January 27, 2020



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Please submit questions* to

qa@hedgeye.com

^{*}Answered at the end of the call

Health Care Position Monitor



For Week of January 27, 2019

Best Idea: LONG	s - Longs	Price	Mkt Cap (\$B)	Trend	Tail	Best Idea	as - Shorts	Price	Mkt Cap (\$B)	Trend	Tail
Active Longs						Active Sh	norts				
MD	MEDNAX, Inc.	\$ 27.14	\$2.3B	√	$\sqrt{}$	NVTA	Invitae Corp.	\$ 18.75	\$1.8B	×	×
AMN	AMN Healthcare Services, Inc.	\$ 67.00	\$3.1B	\checkmark		HQY	HealthEquity Inc	\$ 71.84	\$5.1B	×	×
ANTM	Anthem, Inc.	\$ 305.99	\$77.6B	\checkmark		DXCM	DexCom, Inc.	\$ 231.62	\$21.1B	×	×
ILMN	Illumina, Inc.	\$ 328.33	\$48.3B	\checkmark	$\sqrt{}$						1
THC	Tenet Healthcare Corporation	\$ 36.14	\$3.8B	\checkmark	$\sqrt{}$						1
GH	Guardant Health, Inc.	\$ 83.71	\$7.9B	\checkmark	$\sqrt{}$						1
ZBH	Zimmer Biomet Holdings, Inc.	\$ 149.48	\$30.7B	\checkmark	$\sqrt{}$						
Long Bias						Short Bia	 as	 			
TDOC	Teladoc Health, Inc.	\$ 98.25	\$7.1B			MYGN	Myriad Genetics, Inc.	\$ 28.41	\$2.1B		
TXG	10x Genomics Inc Class A	\$ 87.75	\$1.8B			EXAS	Exact Sciences Corporation	\$ 85.90	\$12.6B		1
SGRY	Surgery Partners, Inc.	\$ 18.31	\$0.9B			UNH	UnitedHealth Group Incorporated	\$ 300.53	\$284.7B		1
UHS	Universal Health Services, Inc. Class B	\$ 144.99	\$11.6B			DVA	DaVita Inc.	\$ 79.90	\$10.2B		1
						НСА	HCA Healthcare Inc	\$ 147.24	\$49.9B		
											<u> </u>

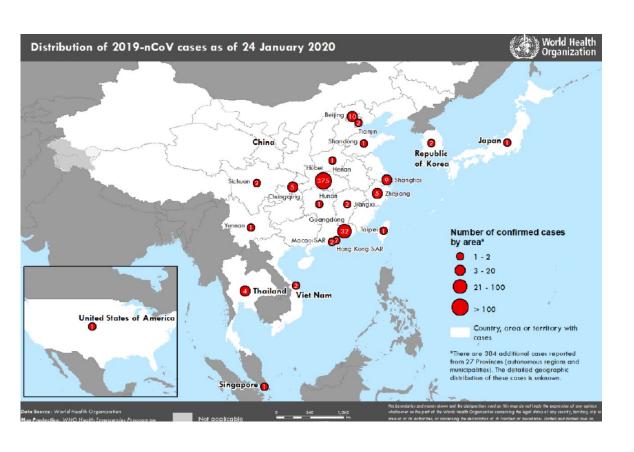
Disclaimer

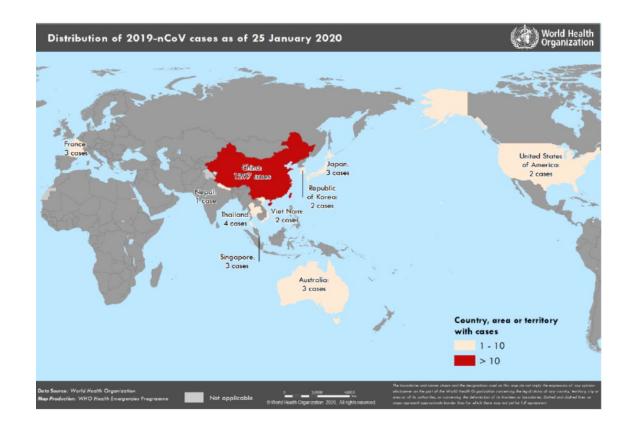
Hedgeye's "bias" represents Hedgeye's outlook on companies currently under Hedgeye's review, or for which timing is not right for greater coverage. Hedgeye may or may not provide further commentary on any or all companies represented on the bench and representation of a company on the bench does not forecast whether Hedgeye will or will not issue any additional material on that company.

2019-nCoV Cases Confirmed



Reporting began Jan 20 and disease is moving rapidly

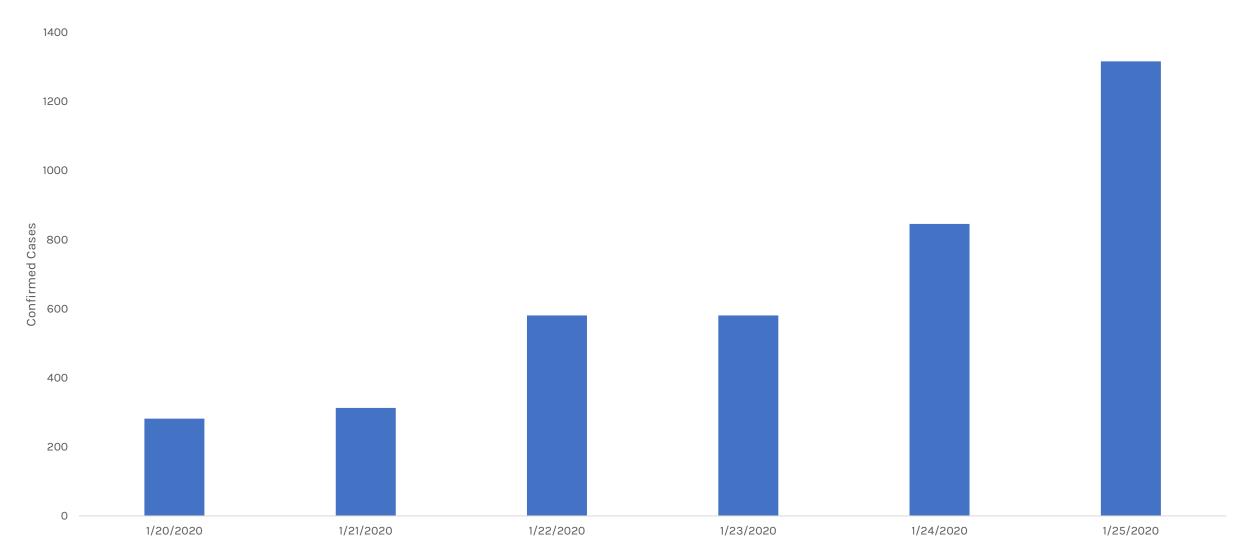




Confirmed Cases of Coronavirus



WHO has not yet declared a public health emergency; risk levels high in China and region

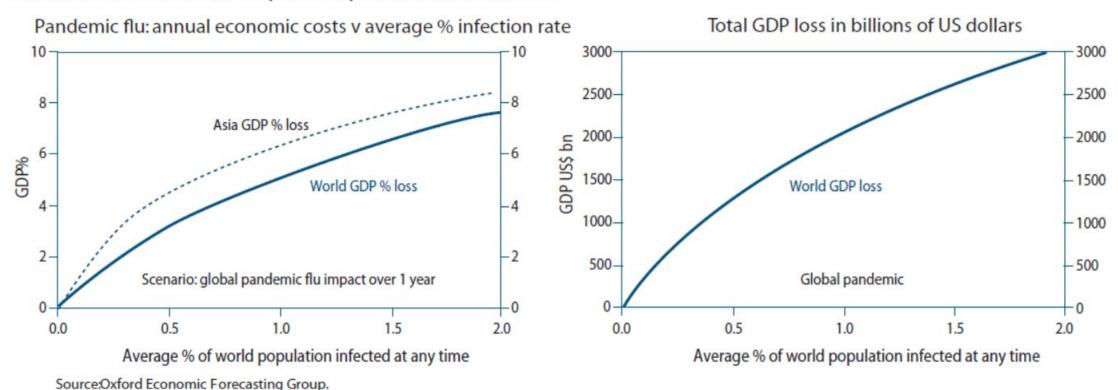


Economic Impact of Pandemic Flu



A long way from infection rates necessary to cause meaningful GDP impacts

Estimated economic impact of pandemic influenza



Biden Tops Polling In General



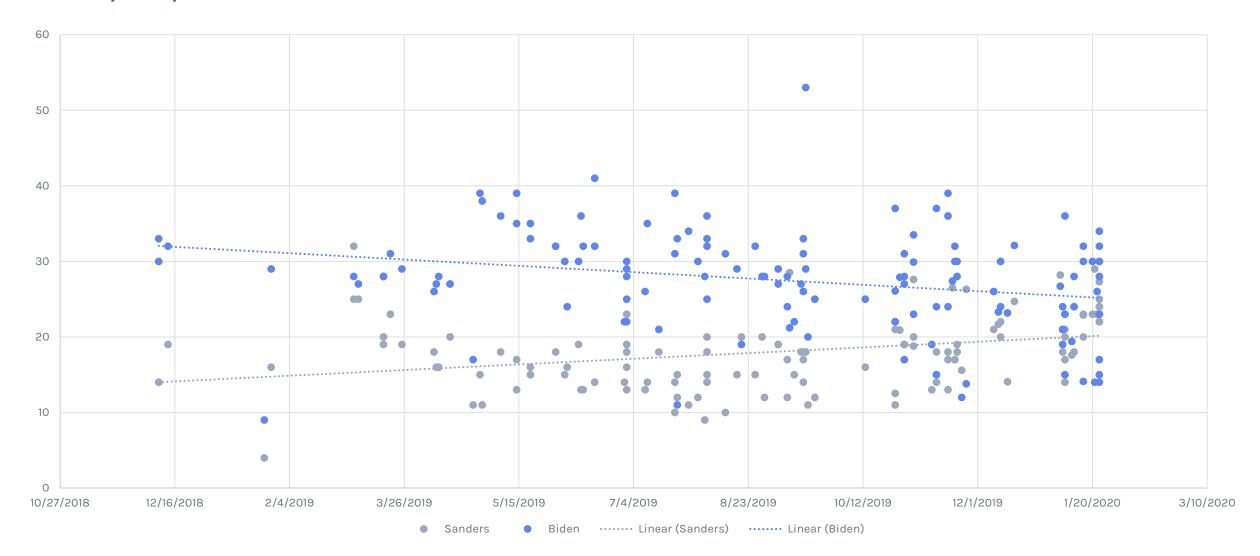
Sanders and Warren's staying power keeps him from breaking out



Biden v Sanders



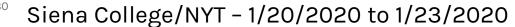
Recent polls put Sanders ahead

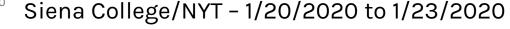


Iowa and New Hampshire Polls



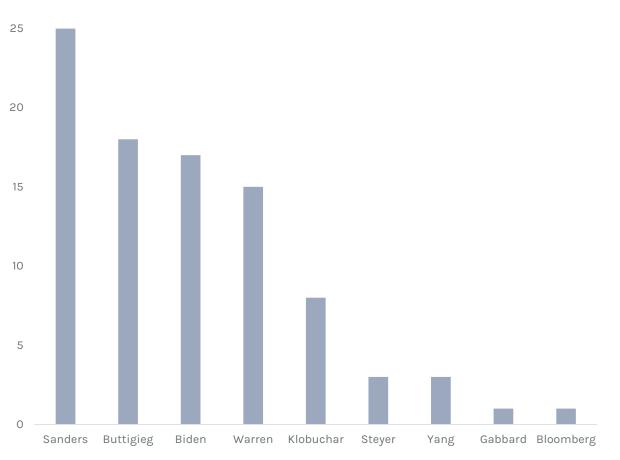
Sanders in the lead in both states but many a president have lost both states

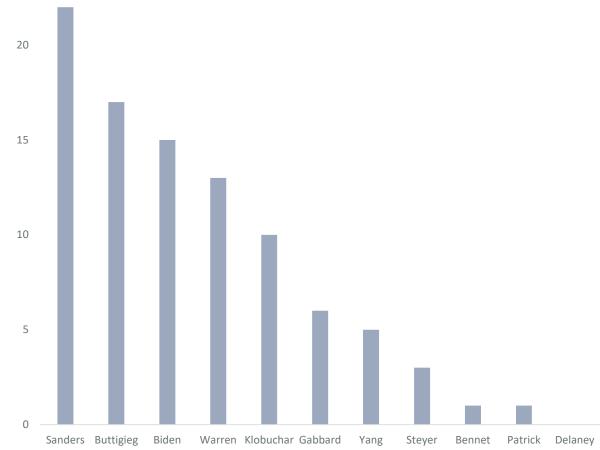






Marist College - 1/20/2020 to 1/23/2020





Federal "Surprise Billing" Legislation



Applicability

- Applies to all insurer types including individual and group, regardless of insured or self-insured
- Applies to emergency services and "ancillary" hospital services: anesthesiology, pathology, radiology, neonatology

Patient Responsibility

- Patient subject to costsharing as if service was delivered in-network
- Plan covers service as if in-network and applies cost-sharing to deductibles as appropriate

Provider Reimbursement

- Default price paid by plan to provider would be plan's median innetwork rate for same service
- Possible dispute resolution process for bills over \$750/\$1250

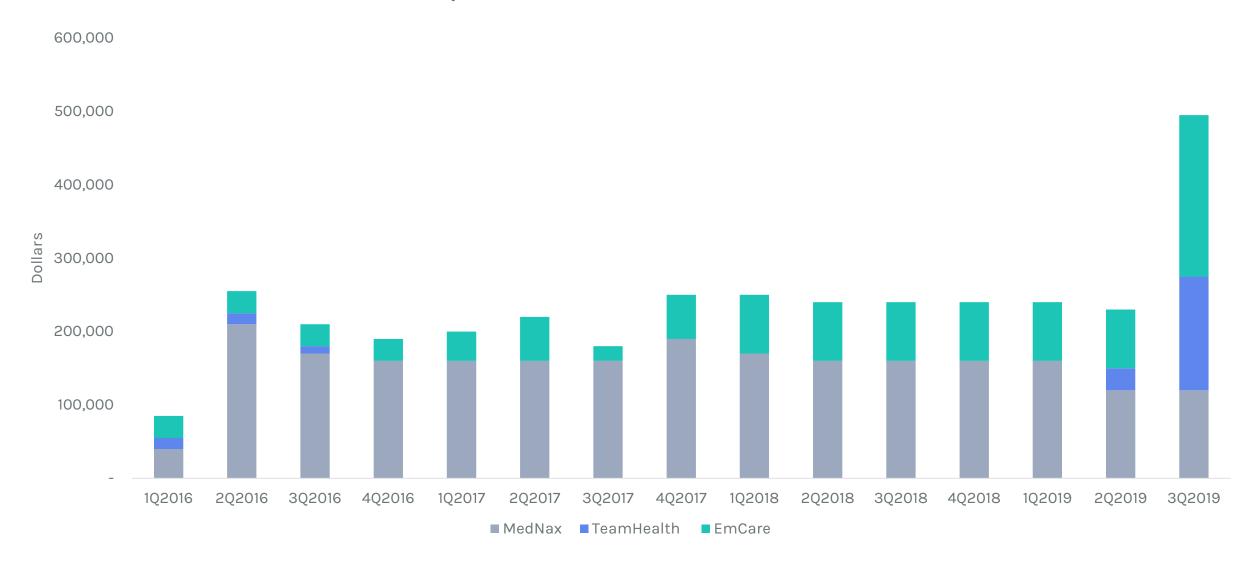
Timing

- Mostly effective in 2021
 Plan Year
- Consideration deferred until May 2020

Federal Lobbying Expenditure



TeamHealth and EmCare look worried; MD not so much



Heritage Springs Into Action



Conservative Groups Piling on to Oppose "Surprise" Billing

Nonemergency Care

IN NETWORK

Disclosure (up-front price information) and penalties on false and misleading information about network status: For scheduled care, facilities and providers would be required to provide a good faith estimate. Penalties would be established on insurers who represent facilities, and on facilities that represent themselves, as being in network when they permit balance billing for services delivered at that facility.

OUT OF NETWORK

Disclosure (up-front price information): For scheduled care, facilities and providers would be required to provide a good faith estimate. Facilities and providers could not balance-bill patients after delivering nonemergency services unless they provided them with good faith estimates of balance-billed amounts before providing the services.

Emergency Care

IN NETWORK

Penalties on false and misleading information about network status: Penalties would be established on insurers that represent facilities, and on facilities that represent themselves, as being in network when they permit balance billing for services delivered at that facility.

OUT OF NETWORK

Prohibit balance billing and require reasonable reimbursement: Facilities and providers could not balance-bill for any emergency services, as defined in EMTALA. Insurers would be required to provide facilities and providers with reasonable reimbursement for such services, as defined in existing regulations (45 CFR 147.138(b)(3)(i)).

Note: Balance billed amounts refer to what the provider bills the patient, minus what the insurer pays.



For more information, contact us at:

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