



OUR MISSION



WE INSPIRE AND ENABLE
PEOPLE EVERYWHERE TO LIVE
FREE OF CHRONIC DISEASE.

OMADA IS THE LEADER IN BEHAVIORAL MEDICINE + DPP

70,000 PATIENTS ENROLLED

50

**STATES WITH
ACTIVE OMADA
ENROLLMENT**

1,000,000,000+

**DATA POINTS TURNED INTO
HEALTH INSIGHTS**

500,000+

POUNDS LOST

1. 40-60% of adults are at-risk for diabetes or heart disease. NHANES (2005 - 2012) biometric USPSTF guidelines eligible prevalences.

2. Gerstein, H., Santaguida, P., et al. (2007). Annual incidence and relative risk of diabetes in people with various categories of dysglycemia: A systematic overview and meta-analysis of prospective studies. Diabetes Research and Clinical Practice, 78(3), 305-312.

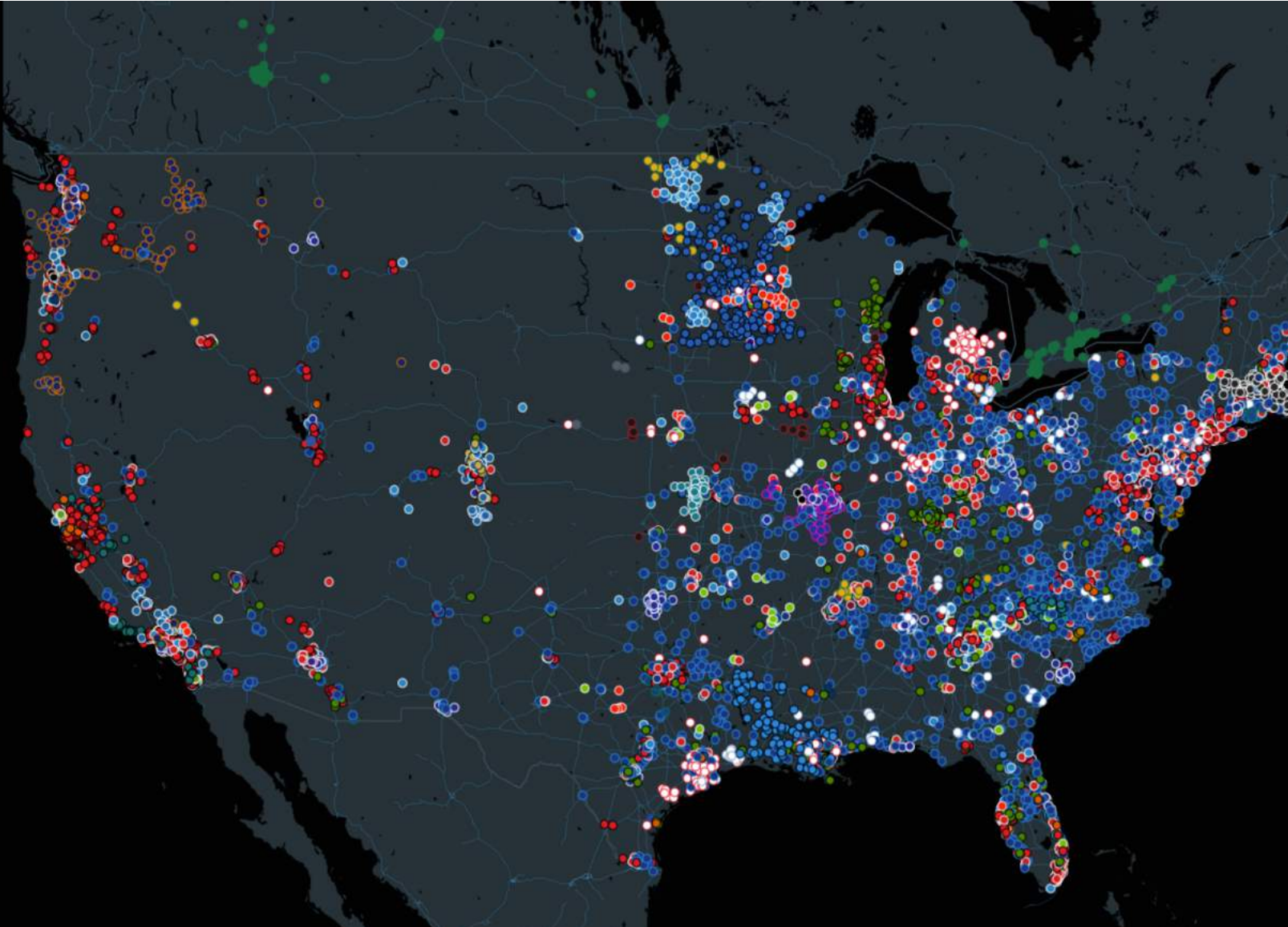
3. Chronic disease costs range from \$12K - \$22K. Dall TM et al., (2015). Value of lifestyle intervention to prevent diabetes and sequelae. Am J Prev Med, 48(3):271-80. United Health Group. United States of Diabetes: Challenges & Opportunities in the Decade Ahead. Working Paper 5. Nov 2010. Estimated cost of \$11,700 for a member with diabetes and \$7700 annual cost of a member with prediabetes used for analysis.



TOTAL OMADA WEIGH-INS

9,717,896

Denver	CO	US	16:29
Monroe	NC	US	16:29
Germantown	MD	US	16:29
Enid	OK	US	16:29
Texas City	TX	US	16:29
Pooler	GA	US	16:30
Denver	CO	US	16:30
Arbyrd	MO	US	16:30
Bakersfield	CA	US	16:30
Owensboro	KY	US	16:30
Riverside	CA	US	16:30
Kennewick	WA	US	16:30
Denver	CO	US	16:30
Texas City	TX	US	16:30
Kennewick	WA	US	16:30
Cincinnati	OH	US	16:30
Orange	CA	US	16:30
Landenberg	PA	US	16:30
Pittsburgh	PA	US	16:30
Pawhuska	OK	US	16:31
Pittsburgh	PA	US	16:31



omada

WIRELESS SCALE

163.2 lb

HEALTH COACH

RESISTANCE BANDS

INTERACTIVE GAMES

GROUP SUPPORT

HELLO

Omada is a breakthrough online program that inspires healthy habits you can stick with long-term.

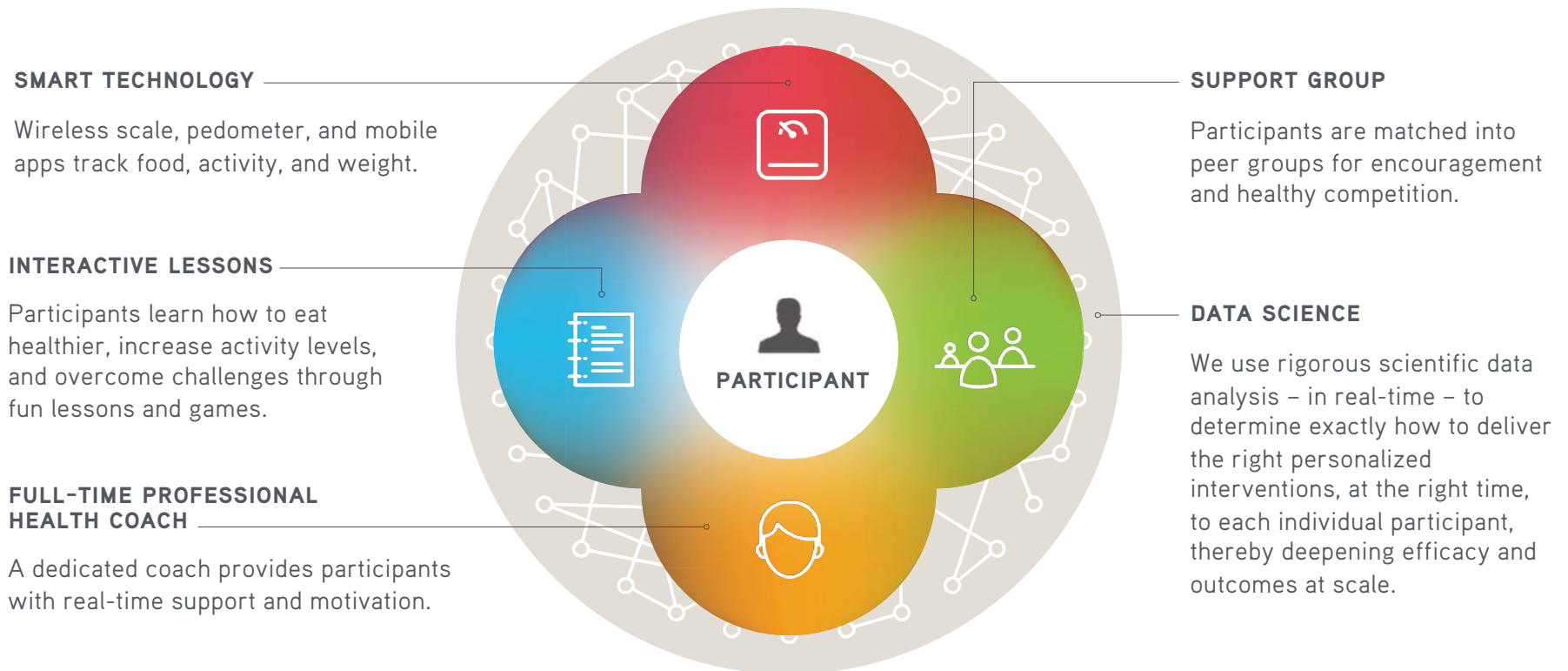
OMADA HEALTH

5

The advertisement features a central blue background with the Omada logo at the top. A black wireless scale displays a weight of 163.2 lb. To the left, a plate of food and a measuring tape are shown. To the right, a smartphone displays a health coach interface, and resistance bands are visible. At the bottom, a tablet shows a group support interface. The text 'Omada is a breakthrough online program that inspires healthy habits you can stick with long-term.' is centered on the blue background. The Omada Health logo is in the bottom left corner, and the number 5 is in the bottom right corner.

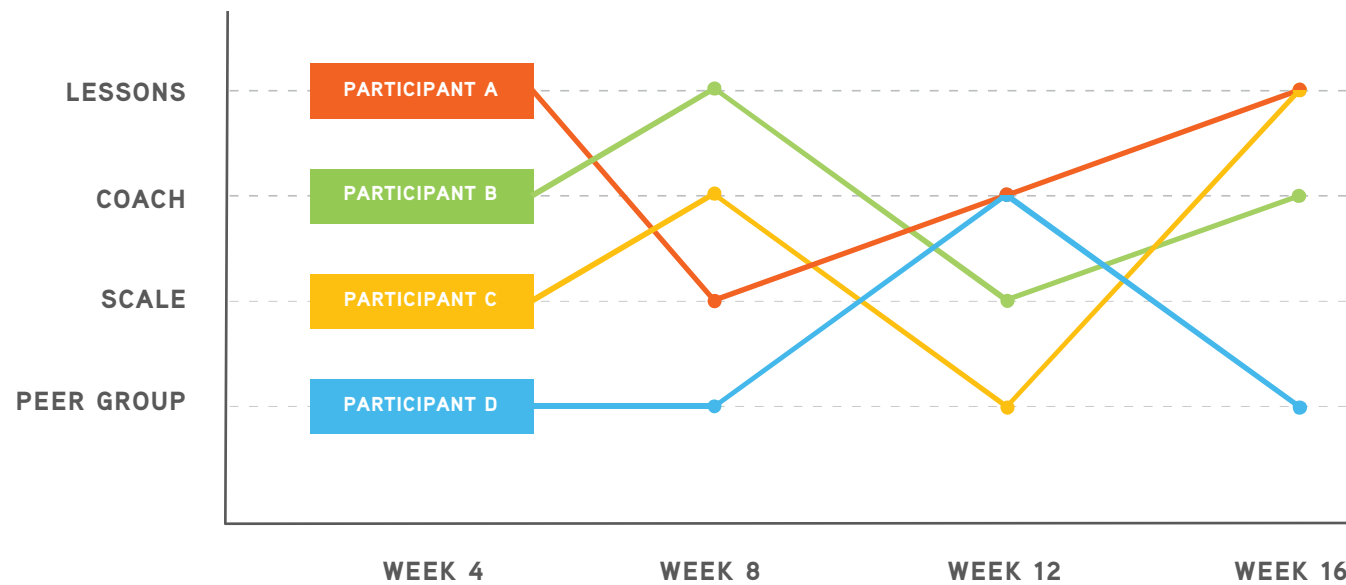
OMADA IS A HIGHLY CHOREOGRAPHED JOURNEY

Each component is made stronger by the others.



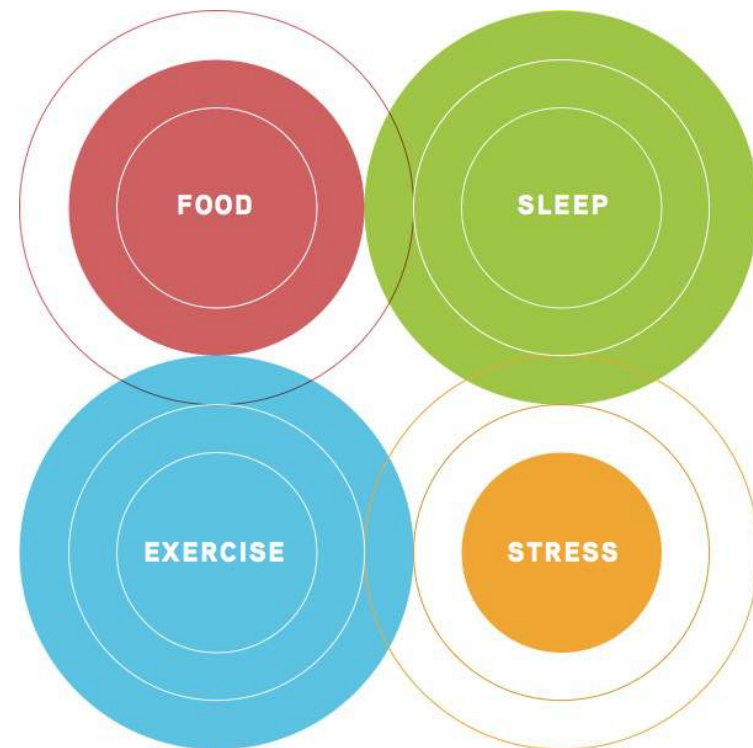
THE SYMPHONY EFFECT IS CRITICAL

Different elements of programs matter at different times for different people, which is why the symphony is critical.



WHEN IT COMES TO GETTING HEALTHY, ONE SIZE DOES NOT FIT ALL

Every participant has a different challenge—and their challenges change over time.



A dark, moody photograph of a person's hands holding a small, dark, rectangular object, possibly a book or a piece of art. The person is wearing a light-colored shirt. The background is blurred, showing what appears to be a wooden floor and a chair leg. The text 'PARTICIPANT EXPERIENCE' is overlaid in a white, serif font, enclosed in a thin orange rectangular border.

PARTICIPANT EXPERIENCE

WELCOME KIT

A week before their program start date, eligible participants will be mailed a special welcome kit directly to their front door, which includes a wireless smart scale, digital pedometer, exercise bands, tape measure, and more.



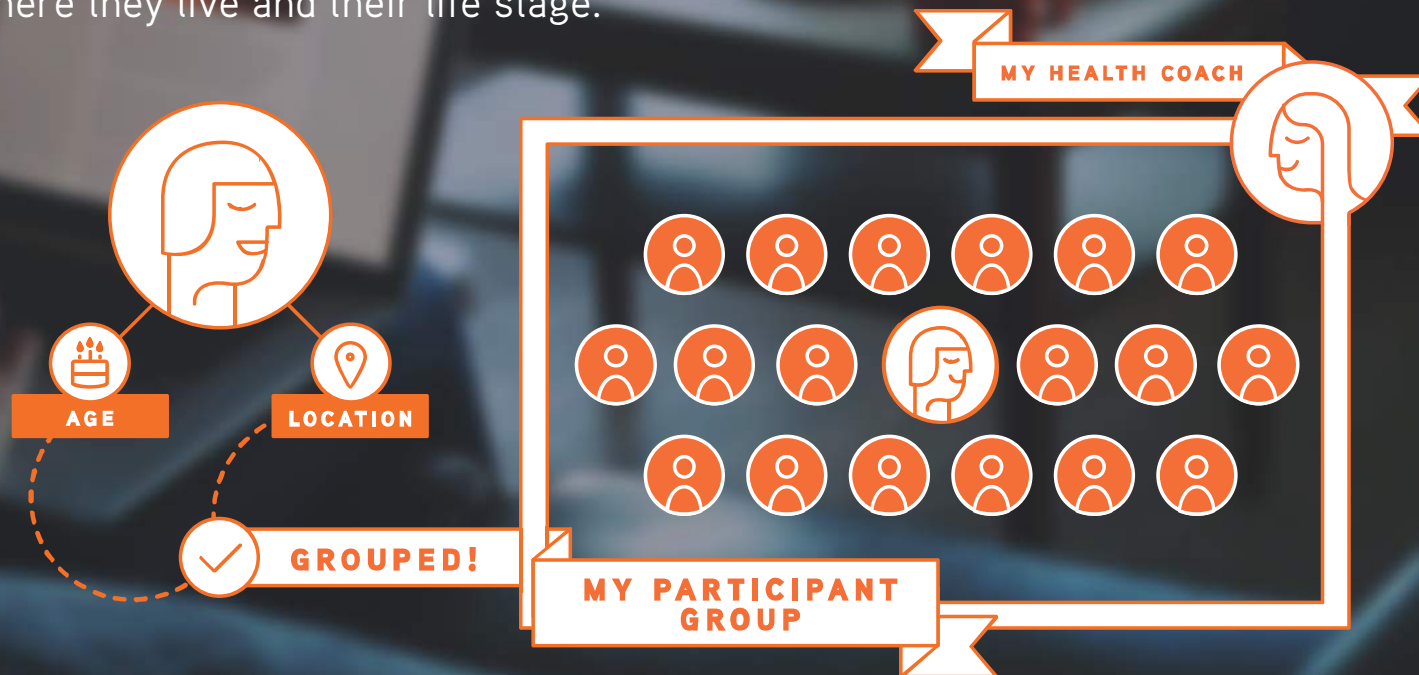
SMART TECH INCLUDED

The wireless digital scale will arrive already connected to their personal account via a built-in cellular network – all they need to do is open the box and stand on it. No WiFi setup required.



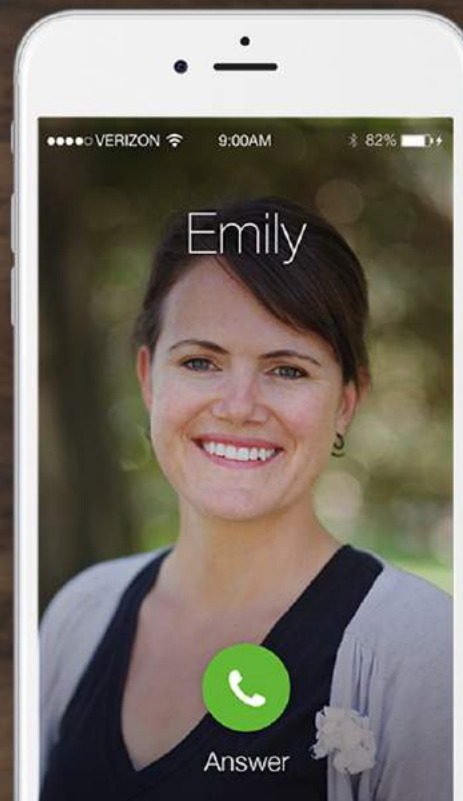
PEER GROUP PLACEMENT

Within the next week, participants are matched into a small, private group of 18-24 peers who most closely match where they live and their life stage.



PERSONAL HEALTH COACH

Each participant is also matched with a full-time, dedicated health coach, who will give them 1-on-1 support and advice along the way – especially if and when things get tough.



I just adjusted the recipe on your favorite pizza - click here to read it. Now it's far healthier and I promise you'll love it.

I don't believe it, Emily! It's amazing. We made it tonight and it tastes even better than the original version.



Thu, Sep 19, 1:26 PM

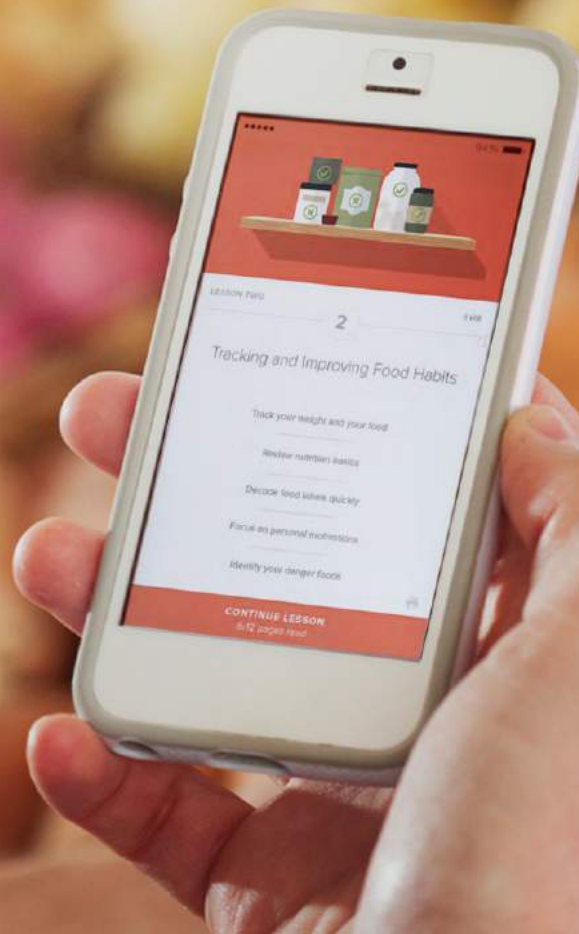
There's a 5K in my hometown. I want to sign up but I'm nervous. What if I can't run that far?



Who needs to run? If you get tired, just walk briskly part of the way (lots of people do that!). The goal is just to finish - and given your progress, I am absolutely sure you will.

WEEKLY INSIGHTS

Lessons include insights about nutrition, exercise, and even overcoming the psychological barriers to lasting change. Plus interactive games to make it all fun and memorable.



EASY TRACKING

The program allows every participant to easily track what they eat, drink, and do (often automatically) each day so their coach can give real-time feedback and insight, while our data science team uncovers unnoticed patterns of behavior.



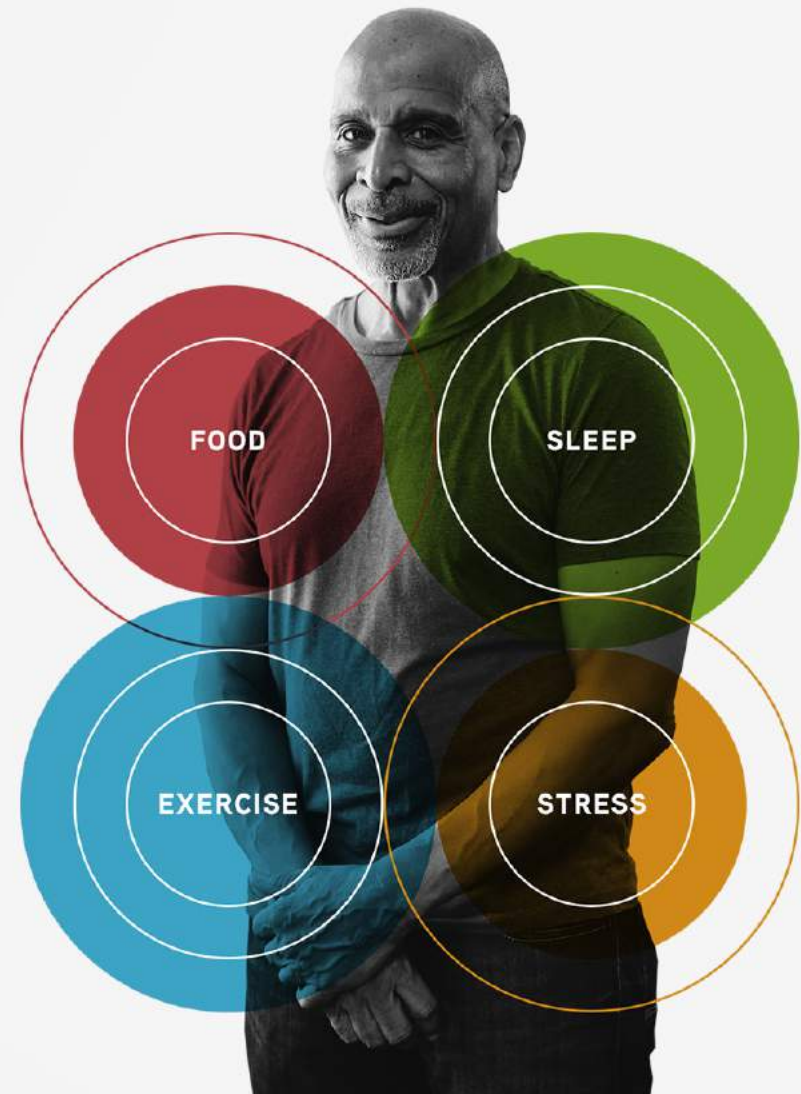
PROGRESS MADE TANGIBLE

Progress is tracked and success celebrated or challenges addressed along the way. We harness aspects of gamification to make this journey as sticky and delightful as possible.



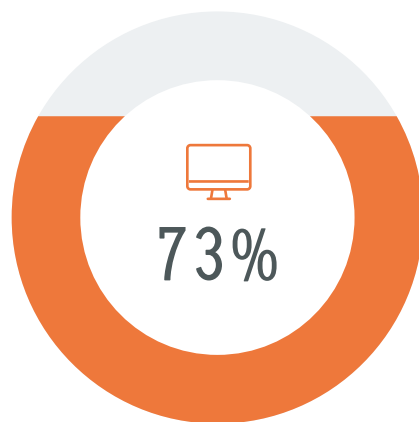
DATA SCIENCE AT WORK

We are able to pull custom insights out of behavior patterns for each user, enabling them to truly focus on the areas that will contribute most to their long-term success.

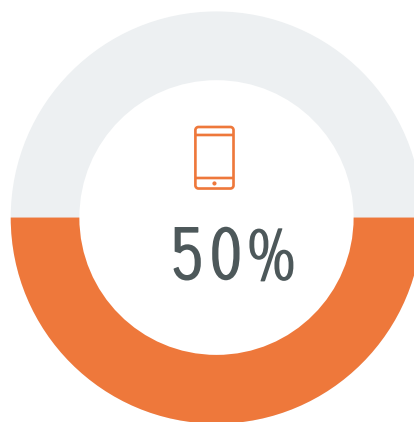


INTERNET AND SMARTPHONE DEPENDENCE IN THE UNDERSERVED

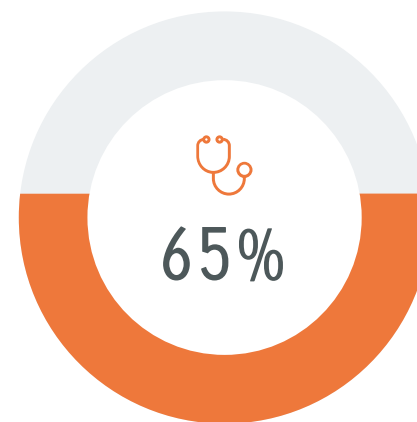
AMERICAN ADULTS WITH HOUSEHOLD INCOMES BELOW \$30,000:



INTERNET USERS



HAVE SMARTPHONE



ACCESSED HEALTH INFORMATION

Madden, Mary, Pew Research Center, "Technology use by different income groups" WREC 2014 conference
Smith, Aaron & Zickuhr, Kathryn, "Digital differences," Pew Research Center, April 13, 2012.
Smith, Aaron, U.S. Smartphone Use in 2015, Pew Research Center, April 1, 2015

DESIGNED FOR UNDERSERVED POPULATIONS



DEDICATED HEALTH COACH

One-on-one support from a professional health coach who has experience working with underserved populations



LOW LITERACY PROGRAM

Prevent content is written at 4th–5th grade reading levels



ADAPTED CURRICULUM

Focus groups with Medicaid patients informed lessons sensitive to food access, neighborhood safety and economic insecurity



INFORMED BY RESEARCH

Feasibility study determined best practices for program uptake and delivery

A person is shown from the chest down, holding a small photograph of a landscape. The person is wearing a light-colored shirt and dark pants. The background is a blurred outdoor setting. Overlaid on the image is a white rectangular box with an orange border containing the text 'RESULTS & OUTCOMES' in a bold, serif font.

RESULTS & OUTCOMES

OUR PARTICIPANT-INITIATED DAILY ENGAGEMENT IS EXCEPTIONAL

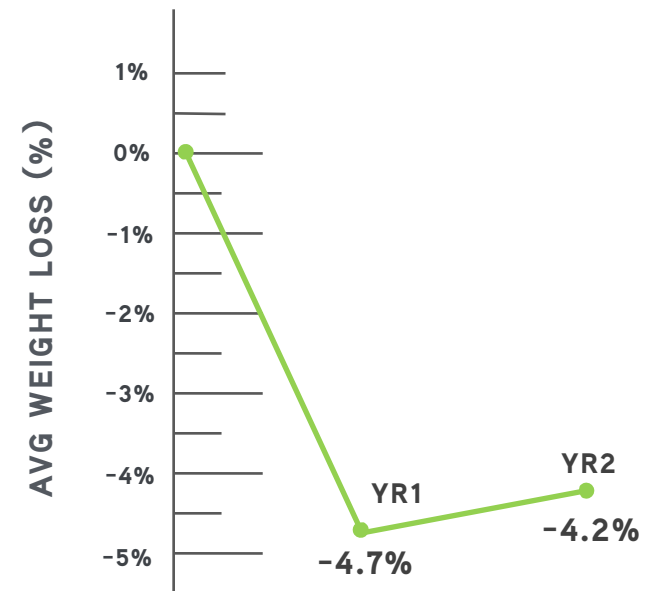
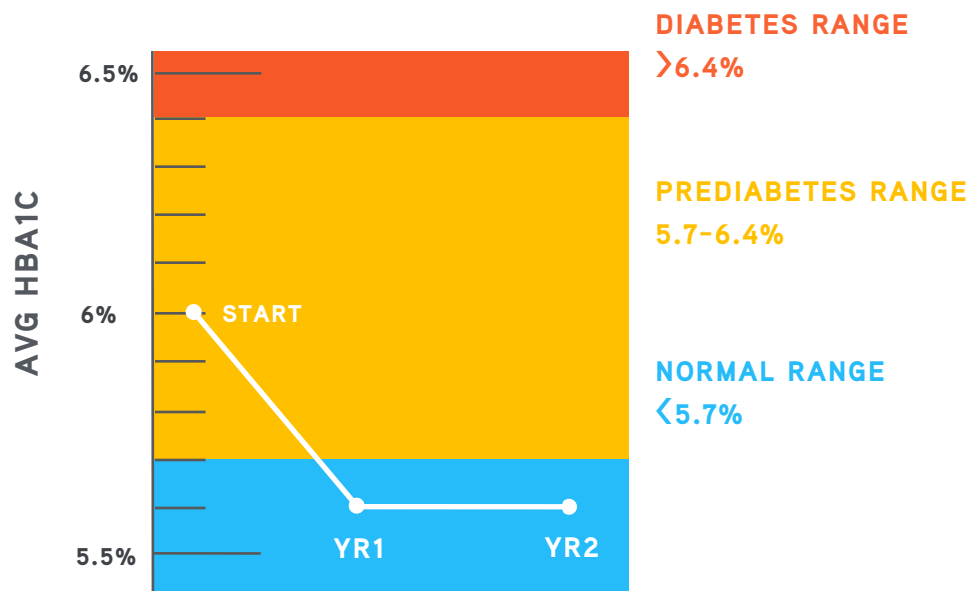
The average participant has over 19 points of engagement each week.



Omada internal participant results.
Stated results reflect the average weekly engagement for participants during first 16 weeks of program. Actual engagement may vary.

OUR OUTCOMES ARE PUBLISHED, BEST-IN-CLASS, AND LASTING

1- and 2-year results of single-arm study published in peer-reviewed journals



CDC DPP Eligibility Criteria: Age 18+, BMI ≥ 24 kg/m², Diagnosis of prediabetes, N=220

1. Sepah SC, Jiang L, Peters AL. Translating the diabetes prevention program into an online social network: validation against CDC standards. *The Diabetes Educator*. 2014; DOI: 10.1177/014572174531339
2. Sepah SC, Jiang L, Peters AL. Long-Term Efficacy of an Internet-Based Diabetes Prevention Program: 2-Year Study Outcomes. *J Med Internet Res* 2015;17(4):e92.

A person is holding a small photograph of a man standing in a field. The photograph is held in front of a blurred background. The text "PRICING MODEL" is overlaid on the image in a white, serif font, enclosed in an orange rectangular border.

PRICING MODEL

ALIGNING INCENTIVES THROUGH OUTCOMES BASED PRICING

Omada's outcomes-based pricing model aligns incentives with those of our payer and employer partners while delivering significant value.



OMADA PARTICIPANT FEES – BILLING MADE EASY THROUGH MEDICAL CLAIMS

Omada Health has a National Provider Identifier (NPI) number and bills via CPT code + modifier.

PLAN MEDICAL BENEFIT – PROVIDER NETWORK



OMADA’S CUSTOMERS ARE INDUSTRY LEADERS

A few of the customers that contributed to Omada’s 70K+ enrollees

Omada for
Underserved Populations:

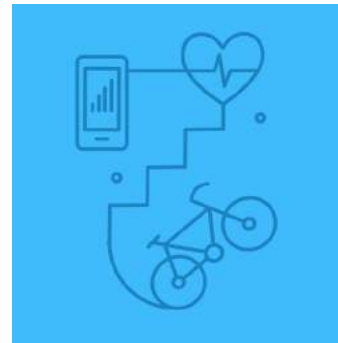
			 
			
			

PAYER BEST PRACTICES - INSTITUTE FOR CLINICAL & ECONOMIC REVIEW (ICER)



1. Coverage

Cover Diabetes Prevention Programs (DPPs) from CDC-recognized providers across all lines of business and products. Make them available with zero copayments to encourage participation.



2. Provide Options

There is no single DPP format (e.g., in-person programs delivered to a group or digital programs with human coaches) that works for everyone, so make a variety of carefully-vetted DPPs available to support patient preference.

PAYER BEST PRACTICES - INSTITUTE FOR CLINICAL & ECONOMIC REVIEW (ICER)



3. Demand Pay-For-Performance

Establish pay-for-performance (P4P) contracts with DPP providers based on patient participation, retention in program, and achievement of weight loss goals.



4. Active Screening

Payers should encourage their clinical networks to support both active outreach and screening for prediabetes using standard blood glucose tests such as FPG and HbA1c.

PAYER BEST PRACTICES - INSTITUTE FOR CLINICAL & ECONOMIC REVIEW (ICER)



5. Tailor for Individual Patient Needs

DPP Providers should create different (or adaptable) programs for diverse populations like seniors, rural participants, or non-native English speakers.

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