UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 8-K

CURRENT REPORT

Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): December 21, 2021

Privia Health Group, Inc.

(Exact Name of Registrant as Specified in Its Charter)

Delaware (State or other jurisdiction of incorporation or organization) 001-40365 (Commission File No.) 81-3599420 (I.R.S. Employer Identification No.)

950 N. Glebe Rd., Suite 700 Arlington, Virginia (Address of Principal Executive Offices)

22203 (Zip Code)

(571) 366-8850

Registrant's telephone number, including area code

Not Applicable

(Former name, former address and former fiscal year, if changed since last report)

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	Check the appropriate box below if the form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:							
	Written communications pursuant to Rule 425 under the	Securities Act (17 CFR 230.425)						
	Soliciting material pursuant to Rule 14a-12 under the Ex	xchange Act (17 CFR 240.14a-12)						
	Pre-commencement communications pursuant to Rule 1	.4d-2 (b) under the Exchange Act (17 (CFR 240.14d-2(b))					
	Pre-commencement communications pursuant to Rule 1	.3e-4(c) under the Exchange Act (17 C	FR 240.13e-4(c))					
Secu	rities registered pursuant to Section 12(b) of the Act:							
	Title of each class	Trading Symbol(s)	Name of each exchange on which registered					
(Common Stock, \$0.01 par value per share	PRVA	The Nasdaq Global Select Market					
	cate by check mark whether the registrant is an emerging ster) or Rule 12b-2 of the Securities Exchange Act of 1934	3	5 of the Securities Act of 1933 (§230.405 of this					

Emerging growth company $\ oxtimes$

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. \Box

Item 7.01 Regulation FD Disclosure.

We are furnishing this Current Report on Form 8-K to furnish materials that will be provided at meetings with institutional investors or analysts. The materials are attached as Exhibit 99.1 to this Current Report on Form 8-K, are incorporated into this Item 7.01 by reference and are available on our investor relations website at <u>ir.priviahealth.com</u>. This information may be amended or updated at any time and from time to time through another Current Report on Form 8-K, a later company filing, or other means.

The information in this Current Report on Form 8-K (including the exhibit) is furnished pursuant to Item 7.01 and shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934, as amended, or otherwise subject to the liabilities of that section. This Current Report on Form 8-K will not be deemed an admission as to the materiality of any information in the Report that is required to be disclosed solely by Regulation FD.

We do not have, and expressly disclaim, any obligation to release publicly any updates or any changes in our expectations or any change in events, conditions, or circumstances on which any forward-looking statement is based.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibit:

Exhibit

Description

99.1 Privia Health Group, Inc. Investor Presentation Slides - December 2021

Exhibit 104 Cover Page Interactive Data File (embedded within the Inline XBRL document).

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

PRIVIA HEALTH GROUP, INC.

Date: December 21, 2021 By: /s/ Thomas Bartrum
Name: Thomas Bartrum /s/ Thomas Bartrum

Executive Vice president and General Counsel Title:



Disclaimer

Forward-Looking Statements

This presentation contains forward-looking statements that express the Company's opinions, expectations, beliefs, plans, objectives, assumptions or projections regarding future events or future results. These forward-looking statements involve a number of risks, uncertainties (some of which are beyond the Company's control) or other assumptions that may cause actual results or performance to be materially different from those expressed or implied by these forward-looking statements. These risks and uncertainties include, but are not limited to, those factors described in filings with the Securities and Exchange Commission ("SEC"), including those under "Risk Factors" therein. Should one or more of these risks or uncertainties materialize, or should any of the assumptions prove incorrect, actual results may vary in material respects from those projected in these forward-looking statements. Forward-looking statements speak only as of the date made. The Company does not undertake any obligation to update or revise any forward-looking statements, whether as a result of new information, future events or otherwise, except as may be required under applicable securities laws.

Use of Non-GAAP Financial Information

In order to provide investors with greater insight, promote transparency and allow for a more comprehensive understanding of the information used by management in its financial and operational decision-making, the Company supplements its condensed consolidated financial statements presented on a GAAP basis herein with certain non-GAAP financial information, including: Care Margin; Platform Contribution; Platform Contribution margin; Adjusted EBITDA; and Adjusted EBITDA margin. Reconciliations of these non-GAAP measures to their most directly comparable GAAP measures are included in the financial schedules in the Appendix of this presentation, as well as in the Company's quarterly financial press releases and related Form 8-K filings with the SEC. This information can be accessed for free by visiting www.priviahealth.com or www.sec.gov.

Management has not reconciled forward-looking non-GAAP measures to its most directly comparable GAAP measure of Operating Income and Net Income. This is because the Company cannot predict with reasonable certainty and without unreasonable efforts the ultimate outcome of Care Margin, Platform Contribution, Adjusted EBITDA or Adjusted Net Income, Adjusted Net Income Per Share due to market-related assumptions that are not within our control as well as certain legal or advisory costs, tax costs or other costs that may arise. For these reasons, management is unable to assess the probable significance of the unavailable information, which could materially impact the amount of the future directly comparable GAAP measures.



What is Privia Health?

Privia Health is building the leading next generation physician organization and care delivery network

Our revolutionary business model is comprised of three interdependent elements:

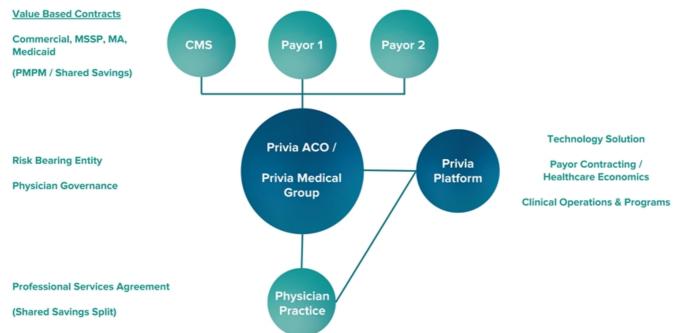
- ✓ Single TIN Medical Group
- ✓ Risk-Bearing Entity
- ✓ Tech-Enabled Clinical and Performance Operations Platform

We partner with all provider types, regardless of affiliation or ownership, in all reimbursement models across all geographies

Our value-based care platform has **proven success across the risk-bearing spectrum** as we accelerate the movement of providers into risk-based arrangements



Privia Health's Value-Based Care Structure



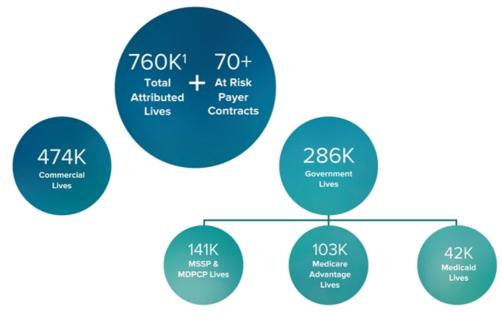


Ability to Influence Outcomes Without Ownership of Underlying Practice

- ✓ Single medical group by market
- ✓ Single contracting entity & common risk pools
- √ Physician-led governance
- ✓ Integrated technology and clinical operations
- Financial alignment with physicians (no risk backstop)
- Preserves physician autonomy



High-Performing Value-Based Platform Across Reimbursement Models





¹Attributed lives as of 9-30-2021

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Overview of Value-Based Care Arrangements

	Commercial and Medicaid	Medicare Advantage	MSSP
Overview	Employer SponsoredIndividual ExchangeMedicaidEpisode Bundles	 Retail Medicare Advantage HMO & PPO Group Medicare 	 Traditional Medicare FFS / Med Supplement Pathways to Risk Direct Contracting & Geographic options
Architecture	AttributionCost TargetQuality TargetsBundles	AttributionCost TargetQuality TargetsAdministrative Functions	AttributionCost TargetQuality Targets
Economics	 Care Coordination Fee PMPM PCP Direct Payments Upside only shared savings Increased upside sharing w/downside risk 	 Care Coordination Fee PMPM PCP Direct Payments (FFS, Capitation, Quality payments) Upside only shared savings Increased upside sharing w/downside risk Full risk based on % of CMS premium 	 PCP Direct Payments Upside only shared savings Increased upside sharing w/downside risk Enhanced Track (75% upside with total cost of care downside risk)
PRIVIA.			



Underwrite-Pair Economic Risk with VBC Program Maturity





Illustrative Economics Of VBC Arrangements

All data are presented for illustrative purposes only and do not reflect actual economics in any payor contract or any historical or projected financial results of Privia Health. Calculations reflect typical industry economics in value-based care programs based on management's understanding of the industry. Actual terms and parameters can vary materially by contract, geography and payor program.

		Commercial			MSSP: Enhanced	Track	
Patient Attribution	Α				1,000		
Target		Historical PMPY Medical Trend Risk Adjustment	\$4,800 6% 1.02		Risk Adj. Historic Cost Efficiency Adjustment	\$9,709 3%	
	В	\$5,190			\$10,000		
Illustrative Performance PMPY	С			\$9,050			
Savings PMPY	B-C=D				\$950		
Quality	E	95%			Meet		
Upside Share	F	50%			75%		
Privia Shared Savings PMPY	D*E*F= G	\$49		D * F = G	\$713		
Care Coordination Fee PMPY	Н	\$30 \$79		N/A			
Total PMPY	G + H = I			\$79			
Practice Collections / GAAP Revenue	A*I	\$79,303			\$712,500		
PRIVIA Shared Savings	A*G	\$49,303			\$712,500		

Illustrative Economics Of VBC Arrangements

All data are presented for illustrative purposes only and do not reflect actual economics in any payor contract or any historical or projected financial results of Privia Health. Calculations reflect typical industry economics in value-based care programs based on management's understanding of the industry. Actual terms and parameters can vary materially by contract, geography and payor program.

		Medicare Advar Upside Only			Medicare Advan Capitation with Economic Sha	100%	
Patient Attribution	Α	1,000			1,000		
Target		CMS Payer Premium % of Premium Target	\$12,000 86%		CMS Payer Premium % of Premium Target	\$12,000 86%	
	В	\$10,320			\$10,320		
Illustrative Performance PMPY	С	\$9,000			\$9,000		
Savings PMPY	B-C=D	\$1,320			\$1,320		
Privia / Payer Split	E	50%			100%		
Privia Shared Savings PMPY	D*E=F	\$660			\$1,320		
Care Coordination Fee PMPY	G	\$300			\$300		
Practice Collections PMPY	F + G = H	\$960		B = H	\$10,320		
Practice Collections / GAAP Revenue	A*H	\$960,000			\$10,320,000		
OPRIVIA. Shared Savings	A*F	\$660,000			\$1,320,000	0	

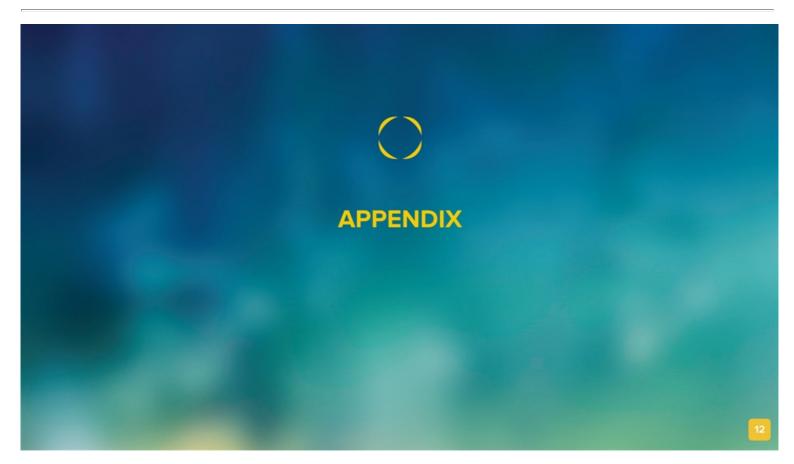
Managing \$1.1 Billion in Medical Spend in MSSP

Only Privia's Share of Savings is Recognized in Revenue Today

2020 MSSP Results	All Privia MSSP ACOs	
2020 MSSP Lives	121,292	
Per Capita Benchmark (PMPY)	\$9,359	
Benchmark Spend (\$mm)	\$1,135	Illustrative practice collections / GAAP revenue under conversion of MSSP lives to capitated arrangement
Savings Rate	7.7%	
Gross Shared Savings (\$mm)	\$87	
Privia ACO Share (\$mm)	\$56	Currently recognized in practice collections and GAAP revenue

Current revenue recognition understates Privia Health's VBC scale, performance and capability





Privia Health: Investment Highlights



Proven and Scalable for All Provider Types, Patients & Reimbursement Models

Profitable,

Capital-Efficient Profile



Multiple Drivers for Future Growth with a Large TAM



Comprehensive Technology Solution Built for Providers



Aligned with Provider Financial Success while Preserving Ownership Structure



Highly Experienced
Executive and Physician
Leadership Team



Moving Markets Toward Value-Based Care At Scale



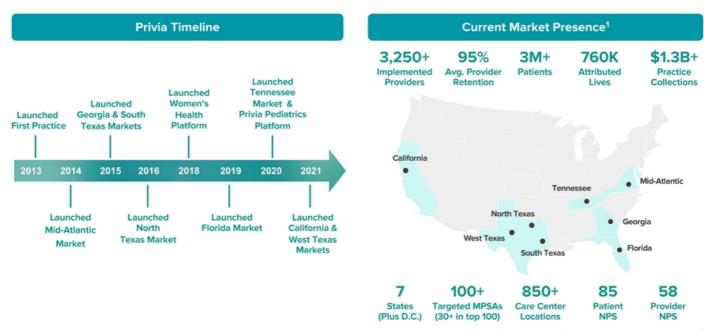


Physician Enablement Landscape

4	Clinic Models	Employment / Buyout	Single TIN / Integrated MSO / ACO	IPA / ACOs / CINs	Independents	
Commercial & Government	Urgent Care ∴ one medical iorahealth Village OPTUM	Health Systems VillageMD OPTUM' PE Firms	OPRĮVIA.	Standalone IPAs / ACOs / CINs PRIVIA (Care Partners) OPTUM Health Systems	Independent PCPs, Multi-specialty and Single-specialty Groups	
Government (Medicare / MA / Medicaid)	CanoHealth Care AX Humana OAK HEALTH ChenMed CLEON CITYBLOCK	bright HEALTH		Niedade P3 Heolth Portners apollomed		



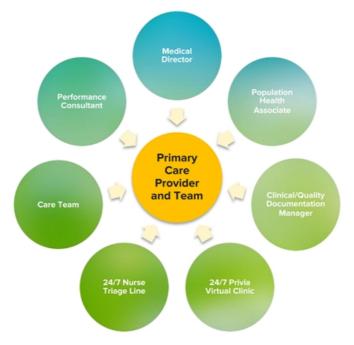
Building a National Footprint





1As of 9/30/2021, pro forma for California and West Texas markets as disclosed on Form 424B4 filed with the SEC on November 22, 2021.

Extensive Clinical Operations Team Supports Every Provider Partner To Succeed in Value-Based Programs





Deep Clinical Operations Capabilities Drive VBC Success

The Privia Platform provides a broad suite of clinical operations capabilities that have driven success across risk arrangements

Foundational Elements for Success



Practice Fundamentals

Stabilize the practice to create a successful base

- · EHR & Patient Portal
- Revenue Cycle
- Payer Contracting
- Performance Mgmt
- Reporting

Enhanced Experience

Upgrade the patient experience

- Practice Websites
- · Online Scheduling
- Virtual Visits
- · Patient Outreach
- Satisfaction Surveys



Fundamentals of Value

Execute on fundamentals of value-based care

- Membership
- Quality
- Clinical Documentation
- POD Engagement
- · Performance Reports



Comprehensive Care

Take greater responsibility for the totality of patient care

- Expanded Access
- Care Coordination
 - Network Management
- Clinical Programs
- Social Determinants



Advanced Risk Model

Redesign practice to succeed in mature value models

- Capitation
- Risk Positioning
- Delegated Services
- Network Contracting
- Home Care





MSSP Results Demonstrate Success in Downside Risk

MSSP 2020 Performance¹

Total annual average

Outpatient

Inpatient

facility spend

facility spend

	121,000+ Medicare beneficiaries across	expenditures	15%	
	ACOs in 4 markets	Emergency room utilization	1 22%	
•	97% or greater quality score in all ACOs	Hagnital	_	
	Mid-Atlantic ACO:	Hospital observation stays	1 22%	

- Mid-Atlantic ACO:
 - o 69K lives in Enhanced Track with downside risk
 - o Highest savings rate (9.4%) of top 100 largest ACOs in the country

67% of total MSSP liv	ves in downside risk	tracks at 9/30/21	versus 0% in 2019
O7 /0 OI LOLAI MISSE III	ves ill downside lisk	11 acks at 3/30/21	Versus U/O III ZUIS



¹Based on data provided by CMS at https://data.cms.gov/medicare-shared-savings-program/performance-year-financial-and-quality-results/data/january-2020

vs. Median

MSSP ACO

22%

20%

vs. Total

FFS Medicare

24%

30%

27%

35%

29%

Privia Care Partners

Launching 1/1/2022 with 25,000+ attributed lives in partnership with 300+ providers



- Broadens total addressable market and accelerates growth
- Exclusively focused across value-based programs (Commercial, MSSP and MA)
- · Ability to remain on existing EHR
- Technology solution and clinical operations integration to perform in VBC arrangements
- Similar economic model to existing Privia value-based programs

	(Medical Group) (FFS & VBC)	(Care Partners) (VBC Only)
Health Systems/ Employed Providers	✓	✓
Independent Providers	✓	✓
CINs		✓
ACOs		✓
IPAs		✓



Proprietary, End-to-End Tech Solution Enables Providers to Practice More Efficiently and Focus on Patient Care

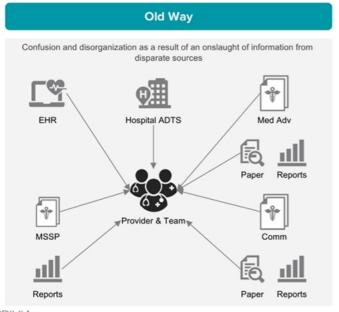


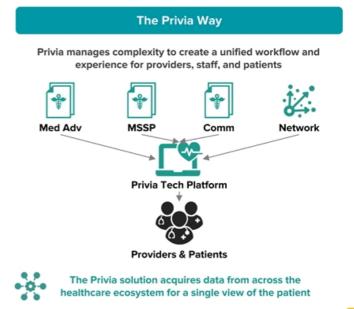


We provide physicians with a comprehensive and differentiated technology solution that eliminates the need to buy and integrate more than 30 point solutions



The Privia Technology Solution Creates an Integrated Experience for Providers and Patients







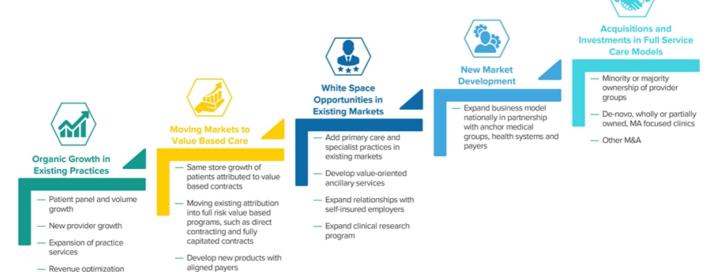
Delivering Demonstrable Value to Our Providers



Direct to Consumer
Direct to Employer
Ancillaries
Clinical Research

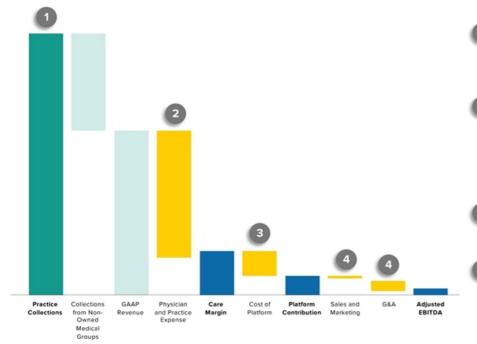


Positioned to Monetize Our Platform and Drive Growth





Privia Health: Economic Model ¹



Practice Collections: FFS collections and VBC payments (care management PMPMs and shared savings) across all markets and all payer contracts

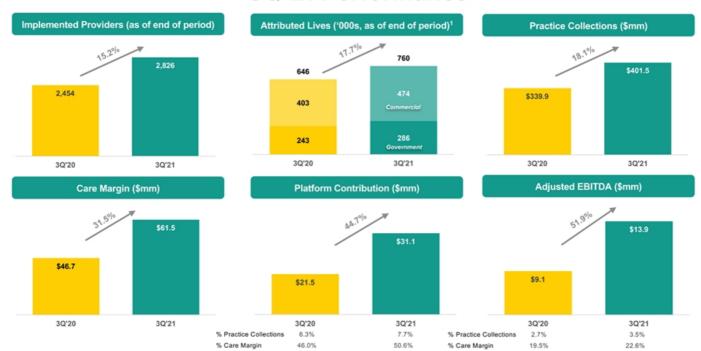
Physician and Practice Expense:

- a. Medical costs
- b. Physician and provider payments
- c. Provider share of surplus in VBC contracts
- d. Cost to build and operate care center locations
- Cost of Platform: Privia direct operating costs to support all FFS and VBC operations
 - Sales and Marketing, G&A: Sales and marketing, technology platform development and corporate G&A costs



¹The chart above is for illustrative purposes only and does not reflect either historical or future financial performance.

3Q'21 Performance





¹ Solid bar represents government lives and shaded bar represents commercial lives. Note: Any slight variations in percentage calculations due to rounding. For reconciliations of Care Margin to Operating Income, Platform Contribution to Operating Income, and Adjusted EBITDA to Net Income, please see the Appendix.

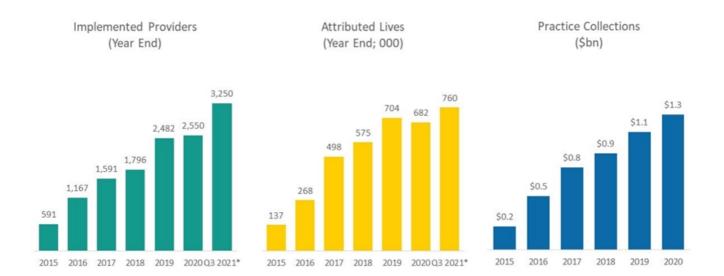
YTD'21 Financial Performance





Note: Year-to-date results reflects Q1-Q3 2021 and Q1-Q3 2020, respectively. Any slight variations in percentage calculations due to rounding. For reconciliations of Care Margin to Operating Income, Platform Contribution to Operating Income, and Adjusted EBITDA to Net Income, please see the Appendix.

The Privia Platform is Scaling Rapidly





* Q3 2021 implemented provider count pro forma for entry into California and West Texas markets as disclosed on Form 424B4 filed with the SEC on November 22, 2021.

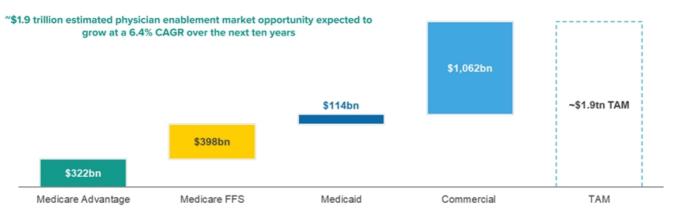
Improving Margins Over Time





Significant Whitespace Exists Across Our End Markets

The Privia Solution Addresses a Large Market Ripe for Disruption With Significant Opportunity for Further Growth



 Privia succeeds across reimbursement environments and payment models Privia can expand & scale across multiple, diverse markets

Privia has 3,250+ implemented providers out of over 1 million total active providers in the U.S.



Source: Kaiser Family Foundation, Nephron Research. "The Dawn of Physician Enablement: Defining Healthcare in the 2020s." January 20, 2021. Statista.

Case Study: Driving Performance for Physician Group "A" Partnership¹

Key

Takeways

- Physician group A joined Privia in 2014 with several objectives in mind:
 - Increase participation and improve performance in value based care programs;
 - Implement a new provider compensation model;
 - Hire new providers to offset retirement and attrition;
 - Expand specialty capabilities including sports medicine, allergy and urgent care;
 - Improve branding

Overview

Since 2014, Privia has helped to drive...

~90%

Increase in practice collections (from \$5.8mm to \$11mm)

35%

Increase in provider base (from 17 to 23 providers)

>50%

Increase in annual patient visit volume

~20%

Increase in per provider patient volume

22%

Improvement in days accounts receivable

0.8

Improvement in online reputation rating (from 3.2 to 4.0 stars)



¹ From 2014 to 2020.

٠,

Reconciliation of Operating (Loss) Income to Care Margin¹

	For the Three Months Ended September 30,				For the Nine Months Ended September 30,			
(unaudited; \$ in thousands)	2021			2020		2021		2020
Operating (loss) income	\$	(12,809)	\$	8,543	\$	(198,089)	\$	21,218
Depreciation and amortization		466		457		1,351		1,389
General and administrative		33,910		9,788		216,563		29,196
Sales and marketing		4,588		2,709		18,950		7,381
Cost of platform		35,314		25,241		131,007	Oil	77,133
Care margin	\$	61,469	\$	46,738	\$	169,782	\$	136,317

⁽¹⁾ Care Margin is total revenue less the sum of physician and practice expense



Reconciliation of Operating (Loss) Income to Platform Contribution²

	For th	e Three Month	s Ende	d September 30,	For the Nine Months Ended September 30,				
(unaudited; \$ in thousands)	2021		2020		2021		2020		
Operating (loss) income	\$	(12,809)	\$	8,543	\$	(198,089)	\$	21,218	
Depreciation and amortization		466		457		1,351		1,389	
General and administrative		33,910		9,788		216,563		29,196	
Sales and marketing		4,588		2,709		18,950		7,381	
Stock-based compensation(5)	_	4,947		_		40,987			
Platform contribution	\$	31,102	\$	21,497	\$	79,762	\$	59,184	

⁽⁵⁾ Amount represents stock-based compensation expense included under Cost of Platform..



⁽²⁾ Platform Contribution is total revenue less the sum of physician and practice expense and cost of platform.

Reconciliation of Net (Loss) Income to Adjusted EBITDA³

	For the	e Three Month	Ended S	September 30,	For t	he Nine Months	Ended S	September 30,	
(unaudited; \$ in thousands)	2021			2020		2021		2020	
Net (loss) income	\$	(9.115)	\$	16,685	\$	(176,251)	\$	27,380	
Net loss attributable to non- controlling interests		(1,776)		(85)		(2,509)		(255)	
Benefit from income taxes		(2,210)		(8,561)		(20,214)		(7,387)	
Interest expense		292		504		885		1,480	
Depreciation and amortization		466		457		1,351		1,389	
Stock-based compensation		25,800		121		228,461		363	
Other expenses(6)	P	410	10 <u>0</u>	10		2,128		232	
Adjusted EBITDA	\$	13,867	\$	9,131	\$	33,851	\$	23,202	

(3) Adjusted EBITDA is net income (loss) attributable to Privia Health Group, Inc. shareholders and subsidiaries excluding minority interests, provision (benefit) for income taxes, interest income, interest expense, depreciation and amortization, stock-based compensation, severance charges and other non-recurring expenses.

(6) Other expenses include certain non-cash or non-recurring costs.



