




# COURAGE IGNITED

Tech-enabled value-based care for residents in  
long-term and senior living

1




**Mid-Atlantic Health Care**

**Post-Acute & Long-Term Care company with a specific commitment to high-quality clinical care and reducing hospital utilization**

- 🦋 Reduce unnecessary inpatient hospital re-admissions
- 🦋 Improve clinical capability with clinical staff supported by technology
- 🦋 Identify resident changes in condition early in the disease process, while those conditions are still treatable in the facility
- 🦋 Treat the patient's conditions

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2

## Background – The Evolution of Provider Partners



### Scott Rifkin, MD – Founder and Executive Chairman

- ✦ George Washington University School of Medicine
- ✦ Internal Medicine practice since 2003
- ✦ Skilled Nursing facility Medical Director
- ✦ Troubled SNF turn around Medical Director work
- ✦ Owner/Operator of Mid-Atlantic Healthcare 2003-2017
  - ✦ 21 SNFs, 4,000 beds



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3

## Mid-Atlantic Health Care (continued)



### Mid-Atlantic developed many innovations to achieve high-quality clinical care and reduce hospital utilization

Specialty Units to clinically manage higher acuity patients

PCP Alignment and Engagement

EMR Implementation & EMR Data Mining

Nurse Practitioners in the facility



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4

## The Innovations at Mid-Atlantic Lead to the Creation of Provider Partners



Our provider-owned and operated, tech-enabled, value-based care models deliver excellent, compassionate, and personalized health care for seniors



One of the largest Medicare Advantage Institutional Special Needs Plan operator in the nation (I-SNP & IE-SNP)



Approved by CMS to manage cost and quality for Medicare High Needs ACO REACH beneficiaries



Leadership team with decades of experience delivering high quality care and developing innovative programs



NPs and RNs available to wrap around facilities and PCPs to deliver quality care and avoid costly admissions

**7,500+**  
Medicare beneficiaries  
Managed

**35%**  
Projected year-over-year  
plan growth

**7**  
States with current ISNP – MD,  
PA, IL, MO, TX, NC, IN [1/2025]

**<50%**  
Medical Loss Ratio in  
proven, effective SNP  
care model

**500+**  
Partnered facilities  
(nursing homes, SNFs,  
assisted living)

**200**  
ACO REACH Participating  
Primary Care Providers

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5

## Problem Definition & Value Based Care Solution



*Clear value for providers and residents*

Problem Area	Value Based Care Solution
<b>Providers</b>	
Declining reimbursement rates and profitability	→ Improved payments and share of savings to providers
LTC staff is challenged to improve quality of care	→ Care management, care coordination and technology solution
Lack value-based care risk management experience	→ Management team experienced in value-based care programs with variable offerings to match provider risk tolerance
Limited resources for customer / family engagement	→ Regular NP & RN interaction & communication with residents and family
<b>Residents/Beneficiaries</b>	
Changes in condition result in preventable hospitalization.	→ Targeted care solutions supported by technology and clinical expertise <ul style="list-style-type: none"> <li>• Frequent NP and RN visits available as appropriate</li> <li>• Advanced analysis of real-time EMR data delivers actionable insights for caregiver</li> </ul>
Convolutd / complicated care network	→ Single care coordination point of contact
High out-of-pocket expenses for uncovered benefits	→ Covered benefits in Medicare Advantage ISNP include vision, dental, transportation, audiology, & others

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6

## Problem Definition & Value Based Care Solution



### Clear value for providers and residents

Problem Area	Value Based Care Solution
<b>Providers</b>	
Declining reimbursement rates and profitability	<b>THE MOST IMPORTANT THING</b>
LTC staff is challenged to improve quality of care	
Lack value-based care risk management experience	
Limited resources for customer / family engagement	
<b>Residents/Beneficiaries</b>	
Changes in condition result in preventable hospitalization.	Targeted care solutions supported by technology and clinical expertise <ul style="list-style-type: none"> <li>• Frequent NP and RN visits available as appropriate</li> <li>• Advanced analysis of real-time EMR data delivers actionable insights for caregiver</li> </ul>
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7

## Problem Definition & Value Based Care Solution



### Clear value for providers and residents

Problem Area	Value Based Care Solution
<b>Providers</b>	
	→
	→
	→
	→
<b>Residents/Beneficiaries</b>	
Changes in condition result in preventable, unnecessary hospitalization.	Targeted care solutions supported by technology and clinical expertise <ul style="list-style-type: none"> <li>• Frequent PCP, NP and RN visits available as appropriate</li> <li>• Advanced analysis of real-time EMR data delivers actionable insights/communication for provider.</li> </ul>
	→
	→

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8

# Institutional Special Needs Plans (I-SNP)

Medicare Advantage  
Plan for Long-Term  
Care Residents



9

## I-SNP: Special Needs Medicare Advantage Plan for Long-term Care Residents



- ✦ Goal is to improve clinical care, quality, patient experience and create savings by reducing unnecessary hospitalizations
- ✦ Reduce acute admissions by 40-50%
- ✦ Onsite Nurse Practitioners and RN Care Coordinators
- ✦ Includes supplemental benefits not offered in traditional Medicare
- ✦ Capitated payment for Part A and Part B services in the Skilled Nursing Facility
- ✦ Pay for Performance shared savings and risk with Long-term care provider

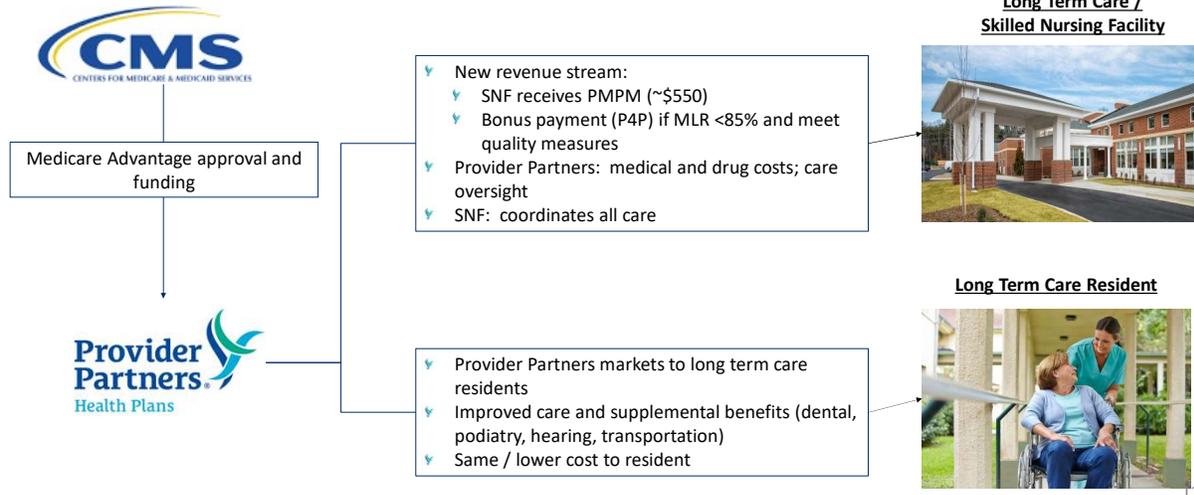
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10

## The Provider Partners I-SNP Model



Partner with SNFs to tap new source of revenue and improve health outcomes



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11

## The Provider Partners I-SNP Advantage



- ✔ Provider Partners Health Plans is an opportunity for Long-Term Care providers who have the responsibility for resident healthcare outcomes, to **fully participate in the gain** created by improved and timely care
- ✔ Local Provider Clinical Team at the Long-Term Care facility is responsible for coordinating all aspects of resident care in collaboration with the resident, the family, hospitals, and physicians

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12

12

# I-SNP Clinical Model

Improves Patient Care and Offers Important Benefits



13

## I-SNP Clinical Model Goals



- ✦ Reduce preventable acute utilization and unnecessary hospitalization with early identification, communication, and treatment of changes in resident health conditions
- ✦ Improve communication among the clinical team as well as with members and family
- ✦ Establish a Plan of Care to optimize member health and function. Improve the quality of care
- ✦ Appropriately, completely, and accurately document the member's diagnosed conditions

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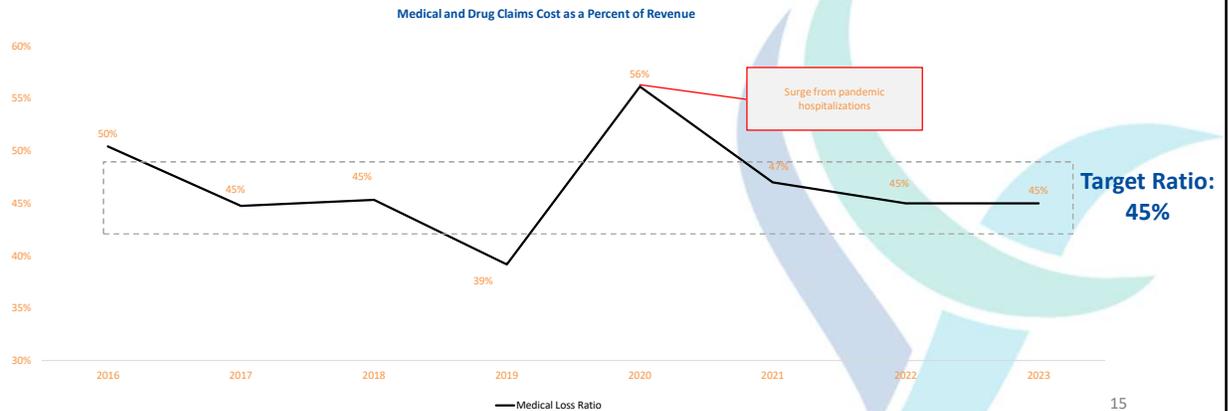
14

## Leader in Improving Health Outcomes



### Low medical loss ratio resulting from best-in-class care management systems and execution

- ✔ Hospital admissions are the largest driver of SNF medical expense
- ✔ Consistent performance outside of the pandemic-driven increase in hospital admissions



15

## I-SNP Offers Improved Clinical Oversight Through an on-site Nurse Practitioner and RN Care Coordinator



- ✔ I-SNP provides an on-site Nurse Practitioner (NP) and a RN Care Coordinator who assess, diagnose, treat, and coordinate care
- ✔ I-SNP's on-site Nurse Practitioner offers regular training to facility clinical staff on a variety of patient care topics including infection control
- ✔ I-SNP provides a Nurse Practitioner on-call 24/7

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16

## Role of I-SNP Nurse Practitioner



- ✧ Complete Annual Health Risk Assessment (HRA) to establish goals and improve health outcomes
- ✧ Onsite visits and available on call 24/7 to provide continuity of care
- ✧ Coordinates care with the members of PCP, facility, and the interdisciplinary care team (ICT)
- ✧ Provides chronic disease management, addresses polypharmacy and goals of care
- ✧ Identifies, anticipates, and treats acute changes in condition
- ✧ Provides education to facility and all members of the ICT to improve quality of care and outcomes

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17

## Role of the I-SNP RN Care Coordinator



- ✧ Rounds on assigned members to identify and escalate member changes in condition to the Provider Partners Nurse Practitioners, PCP and facility to avoid unplanned transfers
- ✧ Coordinates integrated care plan development, including collaboration with nursing staff, leadership, as well as the entire interdisciplinary team according to the Provider Partners Model of Care
- ✧ Manages coordination of care needs such as transitions of care, prior authorization and skilling needs
- ✧ Assists in development and deployment of education to nursing facility and members
- ✧ Ensures members receive all necessary, preventative care and medication reviews to promote wellness and improved outcomes

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18

## Tech-enabled EMR Monitoring and Communication



### Remote Patient Condition Monitoring

- Surveyor asks, "Did you know..."
- We use proprietary technology, Real Time Medical Systems, to gather EMR data analyze that data, and provide the facility's clinical team with updates (hourly/by shift/daily) on every member's clinical conditions
- Real Time Medical Systems' Infection Control module enables Provider Partners Health Plans clinical staff to stay ahead of potential outbreaks including COVID and Flu

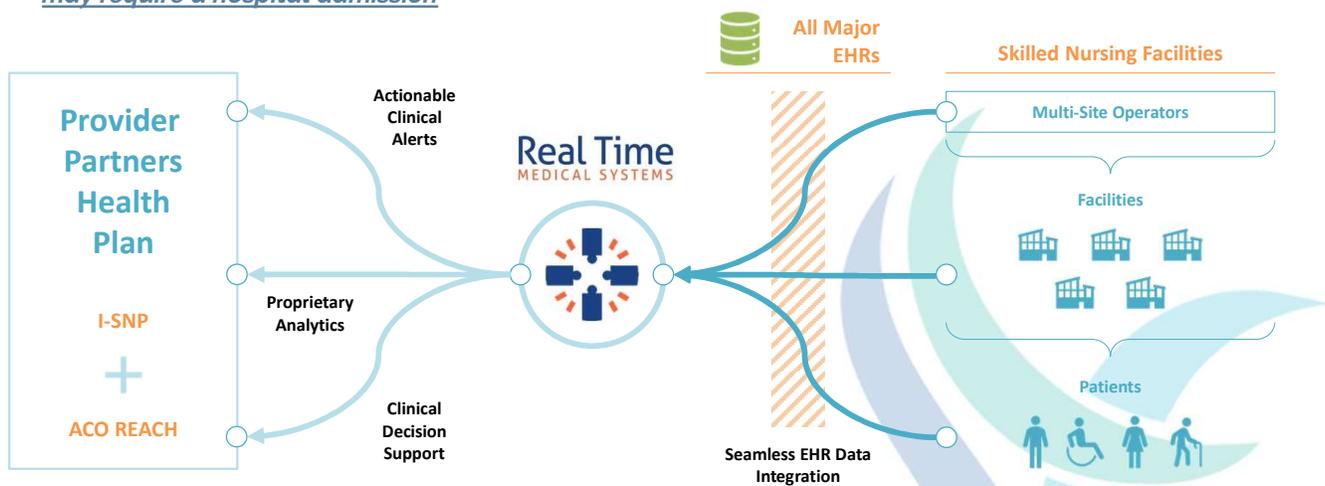


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## Supported by Proprietary Technology Platform



Proprietary clinical platform to identify and manage potential conditions before they may require a hospital admission



Real Time provides Provider Partners connectivity with LTC partners, which allows for critical clinical intervention in an immediate time frame – improving health and financial outcomes



## Supplemental Member Benefits



### Nurse Practitioner & RN Care Coordinator

An on-site Nurse Practitioner and RN Care Coordinator is provided to each facility to collaborate with residents' care team and family to create a personalized care plan. Together, the clinicians will provide proactive care to reduce unnecessary hospitalizations.



### Hearing

When seniors experience hearing loss, they get isolated and can experience a deep depression. Provider Partners Health Plans ensure they have access to routine audiology exams and hearing aids.



### Over the Counter

Residents receive a catalog of items to choose from. Anything from lotions, shampoos, heating pads, incontinence products, and more are included. Because these are covered, facilities can experience reduced expenses.



### Podiatry

Routine foot care is one of the easiest ways to keep seniors out of hospitals. Without regular podiatry care, they can end up with cuts and wounds which can even lead to amputations. Plans cover bimonthly podiatry care and help to prevent any complications.



### Vision

Medicare doesn't cover routine eye exams and glasses. With a high percentage of diabetes in this population, eye care is vital. Eligible residents can get these exams covered and a new pair of glasses every year.



### Non-Medicare Covered Wheelchair

To help with mobility, residents will receive a special supplemental wheelchair paid for by the plan. This can help residents live a more independent, active, healthy, and happy lifestyle.



### Medical Transport

Residents can get to and from medical appointments with ease. A health aide can accompany residents if requested to provide additional assistance.



### Dental

Oral health is extremely important for the senior population, and dental care is not covered by Medicare. Provider Partners Health Plans can bring routine and comprehensive dental coverage to keep residents healthy.



### Home & Bathroom Safety Devices and Modification

Residents receive a catalog of items to choose from including an enhanced selection of Home and Bathroom safety products not found in the Over-the-Counter catalog. These items improve safety, reduce falls and monitor chronic conditions.

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21

# I-SNP Financial Model

Offers Improved SNF Revenue through Capitated Payments and Pay for Performance Shared Savings



## I-SNP Improves SNF Revenue



- ✦ Capitation payment for Part A and Part B services
- ✦ Payments for supplemental benefits like transportation and medical attendant
- ✦ Pay-for-Performance bonus based on improved clinical outcomes, quality, and shared savings
- ✦ Reduce lost revenue from unnecessary hospitalizations
- ✦ Reduce lost revenue from the long length of stays in the hospital
- ✦ Residents have longer lengths of stay in the facility, thereby reducing marketing costs

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23

## ISNP Program Financial Illustration



<b>PMPM Revenue from CMS</b>	<b>\$ 2,900</b>	<b>100%</b>
<b>Cost of Care</b>		
<b>SNF Capitated Payments</b>	<b>\$ 550</b>	<b>19.0%</b>
Medical & Drug Claims Cost		
Hospital Claims	\$ 725	25.0%
Other Part A & Part B	\$ 342	11.8%
Part D Drug Claims	\$ 197	6.8%
<b>Total Medical and Drug Claims Cost</b>	<b>\$ 1,264</b>	<b>43.6%</b>
<b>Total Medical Loss Ratio (MLR)</b>		
Claims Cost	\$ 1,814	62.6%
Care Management Cost	\$ 435	15.0%
<b>Total Cost of Care Before Reconciliation</b>	<b>\$ 2,249</b>	<b>77.6%</b>
<b>Pay for Performance (P4P) Bonus</b>	<b>\$ 216</b>	<b>7.4%</b>
<b>Total Cost of Care</b>	<b>\$ 2,465</b>	<b>85.0%</b>
Plan Administrative Cost & Profit	\$ 435	15%

Rate determined via CMS scale based on acuity of plan participants

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24

24



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Represents the cost to care for that resident plan member including a monthly payment to provider partner

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25

25



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Care Management Cost of NP & RNCC

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26

26



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Care Management Cost of NP & RNCC

Partner eligible to receive additional bonus up to 85% of premium if costs fall below 85%

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27

27



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**Example Illustration:**  
A facility with 70 members could generate annual incremental revenue of approximately **\$643,000** (Capitation + P4P Bonus)

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28

28

## SNF Owner/Operator ISNP Economic Model



- ✧ Premium revenue number based on
  - ✧ Four facilities
  - ✧ 100 eligible residents per facility
  - ✧ Penetration Rate of 70%
  
- ✧ Total Cost of Care at 76% includes
  - ✧ Capitation payment to SNF (18.4%)
  - ✧ Medical costs (41.6%)
  - ✧ Care management costs of NP & RNCC (16%)
  
- ✧ Net Revenue to the facility from Provider Partners
  - ✧ Capitated payments made to facilities
  - ✧ Calculated Pay for Performance bonus

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29

### I-SNP Financial Model

Financial Statement Summary - Full Risk cap @ \$530

Annualized Proforma

70% Penetration; 76% MLR; 16% Care Mgmt.



	Facility 1	Facility 2	Facility 3	Facility 4	Total
Eligibility	100	100	100	100	400
Penetration Rate	70%	70%	70%	70%	70%
Monthly Membership	70	70	70	70	280
<b>Annual Member Months</b>	<b>840</b>	<b>840</b>	<b>840</b>	<b>840</b>	<b>3,360</b>
Revenue PMPM	2,876	2,876	2,876	2,876	2,876
<b>Premium Revenue</b>	<b>2,415,571</b>	<b>2,415,571</b>	<b>2,415,571</b>	<b>2,415,571</b>	<b>9,662,285</b>
<b>Medical Costs</b>					
PMPM Contract Payments, net of hospice	445,200	445,200	445,200	445,200	1,780,800
Medical Claim Payments	900,273	900,273	900,273	900,273	3,601,093
Drug Costs	103,870	103,870	103,870	103,870	415,478
<b>Total Medical Costs</b>	<b>1,449,343</b>	<b>1,449,343</b>	<b>1,449,343</b>	<b>1,449,343</b>	<b>5,797,371</b>
<b>MLR %</b>	<b>60.0%</b>	<b>60.0%</b>	<b>60.0%</b>	<b>60.0%</b>	<b>60.0%</b>
<b>Care Management</b>					
<b>Care Management Cost</b>	<b>386,491</b>	<b>386,491</b>	<b>386,491</b>	<b>386,491</b>	<b>1,545,966</b>
<b>Care Management as percentage of revenue</b>	<b>16.0%</b>	<b>16.0%</b>	<b>16.0%</b>	<b>16.0%</b>	<b>16.0%</b>
<b>Total Cost of Care</b>	<b>1,835,834</b>	<b>1,835,834</b>	<b>1,835,834</b>	<b>1,835,834</b>	<b>7,343,336</b>
<b>Total Cost of Care MLR%</b>	<b>76.0%</b>	<b>76.0%</b>	<b>76.0%</b>	<b>76.0%</b>	<b>76.0%</b>
<b>Facility Revenue from PPHP</b>					
<b>Capitated Payments made to Facilities</b>	445,200	445,200	445,200	445,200	1,780,800
<b>Calculated Bonus (Risk)</b>	217,401	217,401	217,401	217,401	869,606
<b>Net Revenue to Facility</b>	<b>662,601</b>	<b>662,601</b>	<b>662,601</b>	<b>662,601</b>	<b>2,650,406</b>
<b>Net Revenue to Facility PMPM</b>	<b>789</b>	<b>789</b>	<b>789</b>	<b>789</b>	<b>789</b>

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30

30



## Facility Revenue Grows with Lower Medical Losses

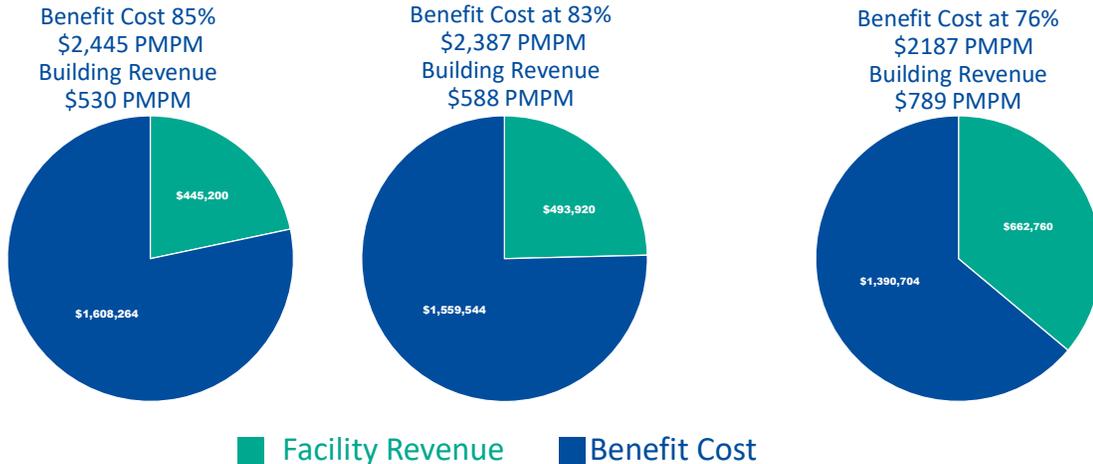
**Facility Example Illustration:**

70 Members

CMS payment of \$2,876 Per Member Per Month (PMPM)

85% Medical Loss Ratio = \$2,445 PMPM

85% Medical Loss Ratio = \$2,053,464/year



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31

# Institutional Equivalent Special Needs Plan (IE-SNP)

Medicare Advantage Plan  
for Residents in Assisted  
Living facilities



32

## Special Medicare Advantage Plan For Assisted Living Residents



**Provider Partners offers an Institutional Equivalent Special Needs Plan (IE-SNP) for residents of Assisted Living Facilities**

- ✦ Like ISNP, Provider Partners' goal is to improve clinical care, quality, and patient experience and create savings by reducing unnecessary hospitalizations
- ✦ Reduce acute admissions by 40-50%
- ✦ Onsite Nurse Practitioners and RN Care Coordinators
- ✦ Includes supplemental benefits

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33

# Summary of I-SNP Plans

Advantages for Residents and Providers



34

## I-SNP and IE-SNP Advantages



**Provider Partners offers an Institutional Special Needs Plan for SNF Long-term care residents and an Institutional-Equivalent Special Needs Plan for residents of Assisted Living Facilities**

- ✦ Onsite NP and RNCC to improve clinical care to reduce unnecessary hospital utilization.
- ✦ Supplemental benefits for residents.
- ✦ EMR data mining to identify clinical issues and changes in condition.
- ✦ Improved clinical outcomes, quality, and resident satisfaction
- ✦ Capitation payment for Part A and Part B services
- ✦ 100% Share of Savings through a Pay-for-Performance Model

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35

# ACO REACH

Realizing Equity,  
Access, and Community  
Health Model



36

## About ACO REACH



**Provider Partners Connect Care (PPCC) was chosen to participate in ACO REACH High Needs contract beginning January 2023**

- ✦ Medicare Accountable Care Organization Demonstration
- ✦ Aim to improve the quality of care and reduce avoidable utilization
- ✦ Specific to traditional Medicare FFS beneficiaries
- ✦ Primary care providers are the catalyst for beneficiary alignment and can participate in shared savings based on performance metrics
- ✦ Skilled Nursing Facilities (SNFs) can take a leadership role and participate in shared savings based on achievement of performance metrics through the provision of care management activities

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37

## Better Care to Beneficiaries and Higher Reimbursement for Providers



### Seniors in Long Term Care Communities Have Complex Needs

- ✦ Frail patient population with multiple complex chronic conditions
- ✦ Majority are dually eligible for Medicare and Medicaid
- ✦ 3-4 times greater per capita Medicare spending vs. traditional Medicare beneficiary



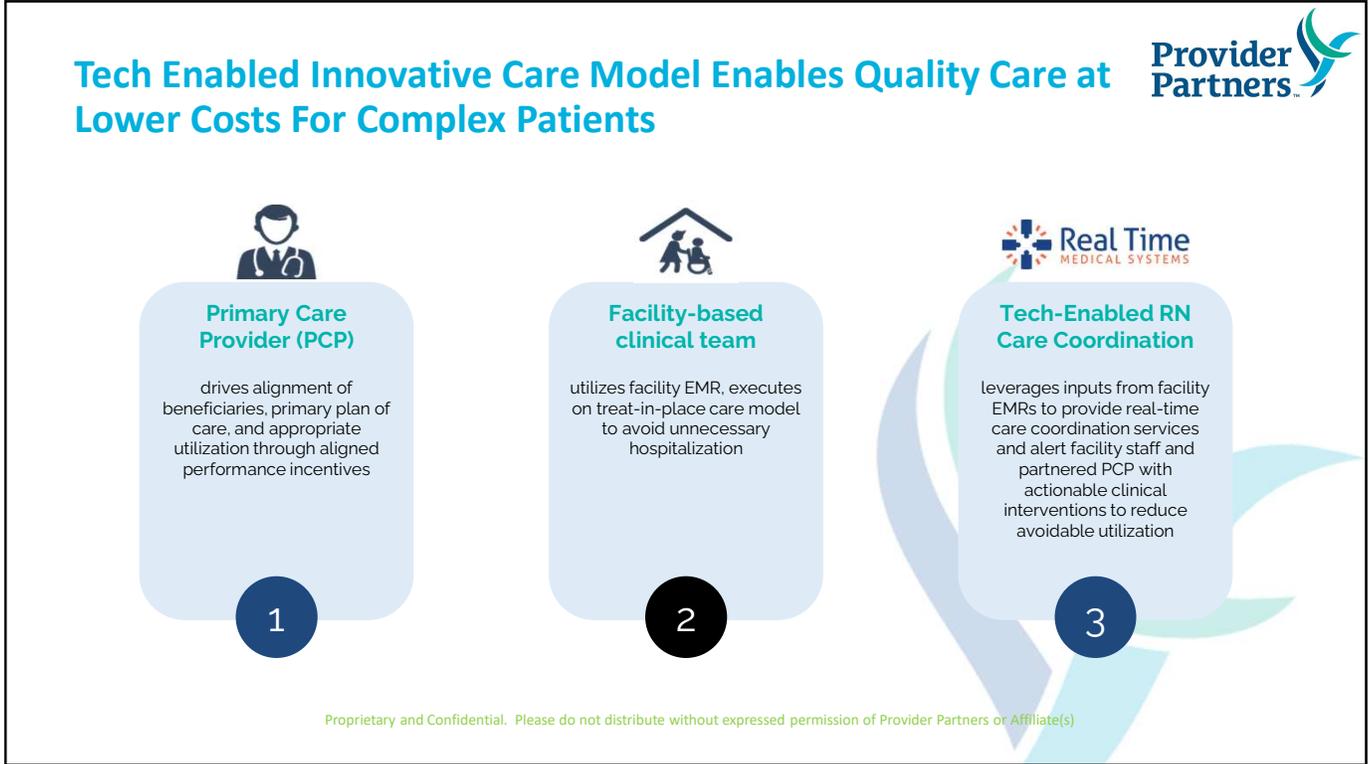
### Current FFS Models Do Not Adequately Reimburse Providers

- ✦ FFS Medicare payments are inadequate to reimburse providers for the time and expertise to manage patient complex care needs
- ✦ Traditional Medicare payment models provide disincentives for caring for the most complex patients

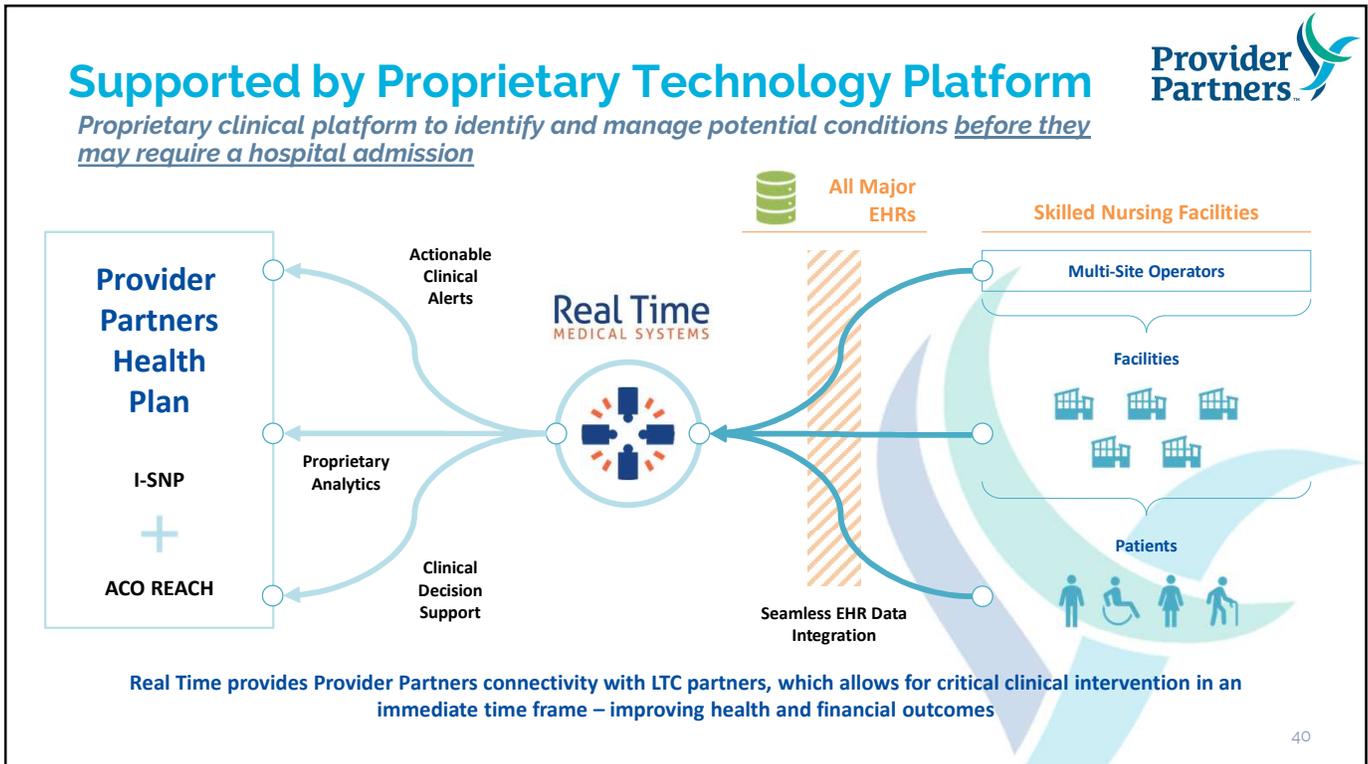
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38

38



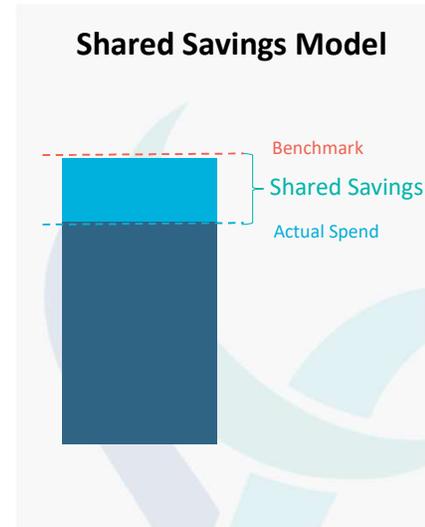
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40

## Capturing the Value

- Shared savings or losses are determined by comparing expenditures for all Medicare Part A and Part B services for aligned beneficiaries against the ACO's benchmark



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41

41

## Eligibility & Alignment

### Eligibility

1. Original Medicare (not Medicare Advantage)
2. Risk Score between 2-3 [with two unplanned admissions in the previous 12 months] or
3. Risk Score greater than 3
4. Residing in long term care facility for more than 45 days\*
5. Receiving at least 90 days of Medicare covered home health\*

\*new eligibility provisions that begin with performance year 2024

### Alignment

1. Physician contracts with PPCC at any time during the year
2. Beneficiaries voluntarily enroll, becoming effective on a quarterly basis. Ex. PPCC submits voluntary alignment forms to CMS by mid-February, Medicare FFS beneficiaries become active in program 4/1. Same process applicable April 1, July 1, and October 1.
3. Beneficiaries are aligned with the primary care practitioner that submits a majority of claims for that beneficiary

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42

## Benefits and Roles in ACO REACH



- ✓ Patients
- ✓ Primary Care Provider
- ✓ LTC Provider



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43

## Benefits



PCP Visit **Reimbursement Rate at ~108% of Medicare**



Access to additional care coordination support (remote RN Care Coordinator) and Real Time System alerts



% of shared savings earned with **no requirement for downside risk** and annual incentive payment based on quality and hospitalization metrics



Potential for avoidance of MIPS and eligibility for MACRA bonus

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44

# Benefits



-  *Enhanced, responsive care with aligned primary care team*
-  *RN care coordinator to identify changes in clinical condition allowing for swift action*
-  *Improved outcomes: Fewer unnecessary hospitalizations and disruption in care while offering care in place*

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45

# Benefits



-  ***% of shared savings with no downside financial risk** increase in resident stay resulting in more consistent census*
-  *Access to Real Time system alerts and virtual care coordination*
-  *Lower care burden on ALF or SNF staff through partnership with PPCC RN*

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46

## Role of Patient

1. Understand benefits
2. Execute Alignment Form acknowledging PCP

47

## Role of LTC Providers

Execute Real Time software data share agreement to support REACH care management process

Director of Nursing (DON) and Nursing Staff engaged in REACH interventional care management process

Assist PCP and PPCC with beneficiary alignment activities:  
 a) patient signs voluntary alignment form, or  
 b) SNF provides responsible party information (for non-self-signors)

48

### For more information, contact:



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# Thank you

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