



Introduction to PHCN

September 2022

PHCN is an innovative risk-bearing platform designed to optimize care in the home

The only independent, fully at-risk platform of home-based care services that **improves care delivery** and **reduces the total cost of care**. Our customized programs support your organization's strategic priorities.

The result?

Better outcomes for **patients, providers, and payers.**

20+

Years of experience

~1M

Lives served across Medicare Advantage, Medicaid and Commercial

100%

Customer retention

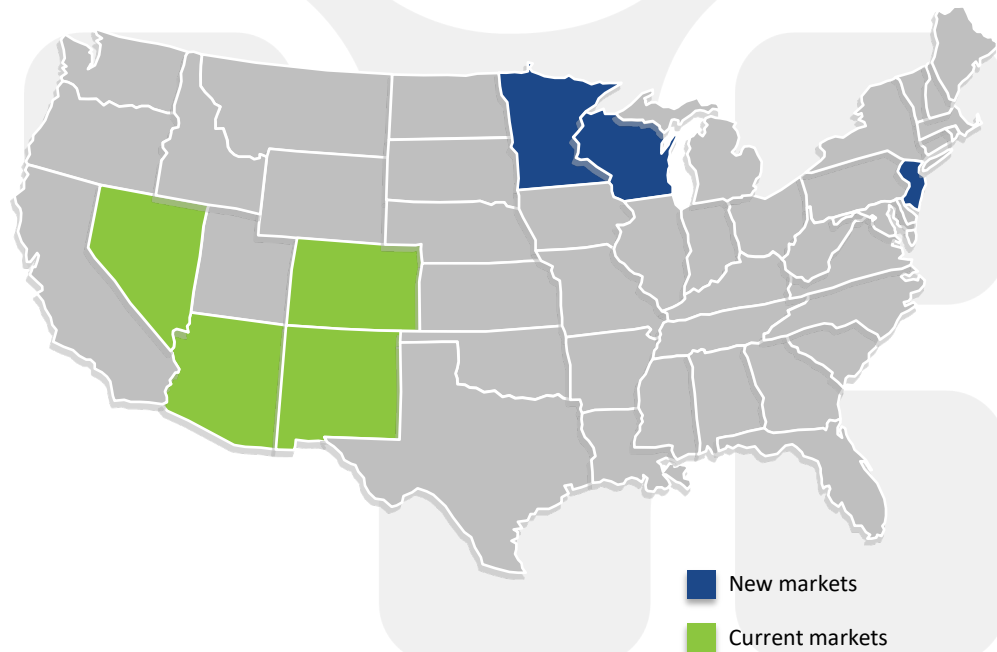


BLUE VENTURE FUND 



PHCN is engaged with a health plan in your geography

- Expected to formally “go-live” second quarter of 2023
- Medicare Advantage members only



PHCN's business model is focused on the coordination and delivery of high-quality care in the home



Network management



Utilization management



Claims management



Post acute care coordination



**Outcome improvement programs,
Star measure closure, data
conglomerator, SNF at home**

G codes (Medicare)

G0151 - Physical
Therapy

G0153 - Speech
Therapy

G0299 – Skilled Nurse

G0152 – Occupational Therapy

G0155 – Medical Social worker

G0157 - Physical
Therapy Assistant

G0153 - Speech
Therapy

G0300 - Licensed Practical or
Vocational Nurse

G0158 – Occupational Therapy
Assistant

G0156 – Home Health Aide

Excluded home health services:

Infusion therapy

Behavioral health

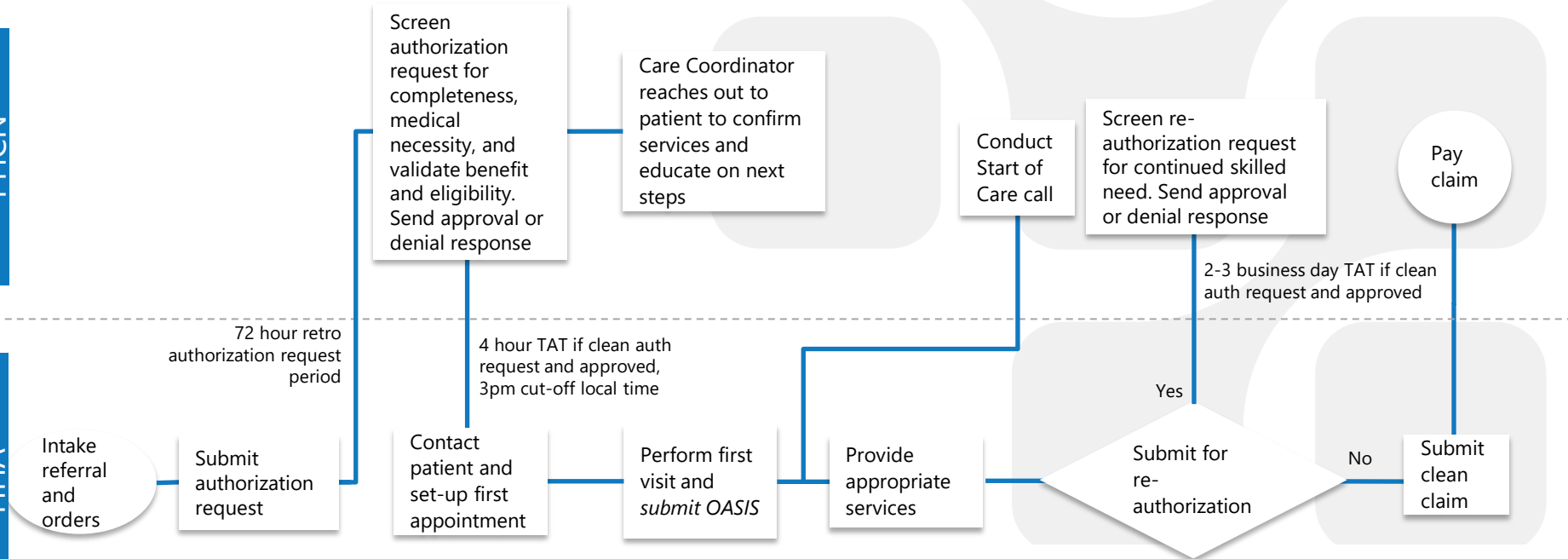
PHCN strives to be a good partner and bring you value

1. **Knowledgeable partners** – PHCN focuses exclusively on home health. Many of our staff are long term veterans of the industry. We know your business!
2. **Faster payments** – PHCN understands the importance of cash flow. We make the payment process easy and pay claims timely with clean claims paid every two weeks improving cash flow. With pre-qualified order, every clean claim is paid.
3. **Simplified experience** – PHCN supports HHAs with qualified referrals resulting in no retroactive review and recoupments.
4. **Quality support** – Work with agencies to design, build, and implement quality and condition specific programs to improve patient outcomes. We support improvement of CMS Star scores.
5. **Advocate** - Be a strong voice on behalf of home health and its impact on total cost of care.

For providers utilizing their own home health agency, PHCN does not interfere with the placement

PHCN

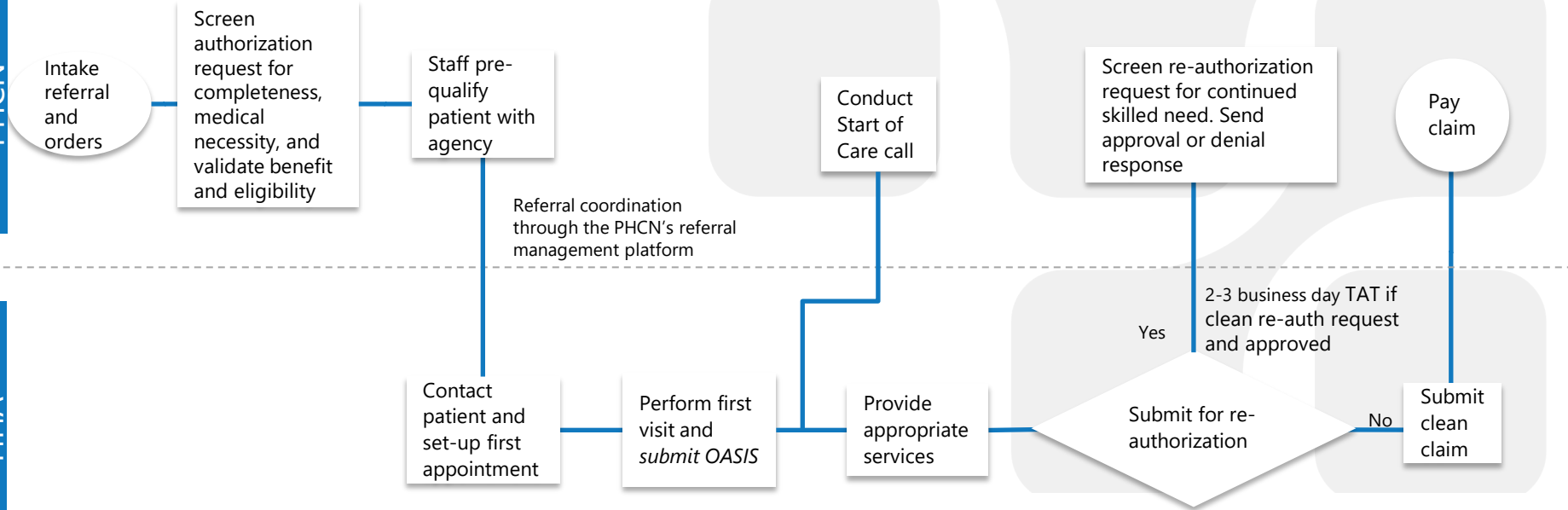
HHA



PHCN simplifies the process for non-integrated home health agencies

PHCN

HHA



Our most successful home health agencies...

- 1. Communicate and set expectations** – Communication and setting the right expectation with all stakeholders is critical.
- 2. Follow process** – Ensure every employee understands how to work within PHCN's operations, and keeping up to date on process changes.
- 3. Provide quality, timely care to our members**
 - Quality: Patient centered care driving patient outcomes.
 - Timely: Start care within 48 hours of receiving the order.
- 4. Supply electronic OASIS data** – Provide a *completed* OASIS form on every member within 5 days of the start of care through SHP.

Becoming part of the PHCN network is easy

- ✓ Align on reimbursement and terms
- ✓ Align on contract
- ✓ Credential
- ✓ Connect EMR with SHP
- ✓ Provider onboarding training



<https://prohcn.com/>

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