



An Evolving Long Term Care Model



**Medical
at Home**
Pioneered by GeriMed

The fastest growing segment of long-term care is Medical at Home, consisting of an underserved population in excess of

2 MILLION+



GeriMed – Spearheading Medical at Home Recognition

Long before the COVID-19 epidemic forced many patients to isolate at home, GeriMed was working with advocacy partners for '**Medical at Home**' recognition as **long-term care (LTC)**, resulting in gradual success towards enhanced reimbursement and better pharma COGs for GeriMed members servicing this growing patient population.

WHAT IS MEDICAL AT HOME?

Medical at Home (MAH) is a population of community dwelling adults and children having functional and/or medical impairments that prevent them from leaving their homes independently.

Medical at Home falls under the LTC spectrum:

- Assisted Living Facilities
- Skilled Nursing Homes
- Group/Personal Care Homes
- Correctional Facilities
- Intermediate Care Facilities –Individuals with Intellectual Disabilities (ICF-IID)
- Hospice
- Independent Living/
Medical at Home
- Developmentally Disabled Group Homes
- Chronic Psychiatric Facilities

Contact a GeriMed representative for a thorough review on how MAH qualifies as LTC.



A SEGMENT WITH 'BOOMING' GROWTH

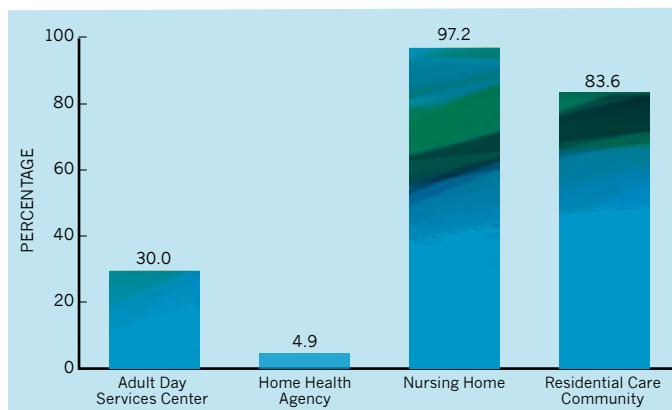
Significant age in population starting with 'Baby Boomers'

The elderly population is growing rapidly as 'Baby Boomers' age into Medicare at a rate of 10,000/day. Many of these elderly patients steadfastly resist the nursing home environment and instead remain in the familiarity of their home under the care supervision of an agency or in many cases a family member.



Viable Opportunities for Independent Pharmacies

Home Health Care (where MAH is a subset) has the least pharmacy affiliation and therefore the most underserved patient population, opening the door for the independent pharmacy looking to diversify their revenue streams in order to remain competitive.



Home Health Care	4,455,700 (growing)
Hospice	1,426,723 (growing)
Nursing Home	1,347,600 (no growth)
Adult Day Care	286,300 (growing)
Residential Care	811,500 (growing)

NOTES: Pharmacy services refer to the filling and delivery of prescriptions. See Appendix II for definitions of the provision of pharmacy services for each sector. See the Appendix I Technical Notes for an explanation of differences in how services were measured in 2012, 2014, and 2016. The available administrative data did not have information on whether or not hospices provided pharmacy or pharmacist services. Percentages are based on unrounded estimates. SOURCE: NCHS, "Long-term Care Providers and Services Users in the United States: 2015–2016," Figure 16.

*National Center for Health Statistics. Long-Term care providers and services users in the United States: Data from the National Study of Long-Term Care Providers. 2015-2016



Pharmacy affiliation becomes more important to ensure adherence and compliance with medications and therefore decreased hospitalization and emergency room visits. COVID-19 isolation will continue to accelerate the numbers of these underserved patient population.

DO YOUR PATIENTS QUALIFY?

If you operate a closed-door or retail 'combo' pharmacy, contact a GeriMed representative today to see if any of your serviced patients meet the qualifications for **Medical at Home** recognition and reimbursement.

More specifically, our experts will educate your team on the following Medical at Home FAQs:

- Where are the *Medical at Home* populations found within my community?
- What are the pharmacy and patient requirements that satisfy *MAH* criteria?
- What *MAH* reimbursement and purchasing enhancements are available to me through GeriMed?



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