

Guide

Why Health Plans Need to Invest in Companion Care



papa

TM

table of contents

A stylized illustration of a man's face with glasses, rendered in blue outlines on a yellow circular background.

03

Introduction

A stylized illustration of a woman's face with glasses and curly hair, rendered in blue outlines on a yellow circular background.

04

Aging in place: a national priority

Barriers to aging at home

Instrumental activities of daily living (IADLs)

07

Companion care: solution to an unmet need

Why health plans should invest in companion care

The 7 ROI domains of companion care

19

How Papa can help

Making a difference with Papa Pals

Value for Medicare Advantage plans

The power of Pals: Papa member stories

Measuring matters: the Papa Social Index

Look to the future with companion care

INTRODUCTION

Most of us dream of living out our years comfortably in our own homes. The problem is how hard it can be to make that dream a reality. Without the proper support, many find it difficult, if not impossible to achieve.

More than 3 out of 4 Americans hope to age in place, but just as many are worried that they lack what they'll need to make it happen.¹ The baby boomers are leading a demographic shift toward an aging population. They will need increased support to maintain the independence they want and deserve, and the current U.S. health care system is not set up to support them.

This is especially true when it comes to social support. Despite studies that demonstrate a substantial reduction in health care costs when people have access to social support, transportation, and secure housing, these “social determinants of health” are rarely addressed by conventional services provided to older Americans.²

For Medicare Advantage plans, the gap in our aging-in-place infrastructure represents an important opportunity. Solutions that help members address health-related social needs can drive cost savings, better outcomes, and an improved member experience, all at the same time.

Companion care services break down the barriers that prevent many people from safely aging at home—reducing health care costs and even saving lives. And health plans have a critical role in providing older adults with this critical source of social support.

In this guide, we'll explore:

- The key challenges many older adults face when living at home
- The ROI for health plans in addressing these challenges
- How Papa can help health plans provide critical social support to older adults

Rise of the baby boomers

Between 2010 and 2020, the country's 65-and-older population grew by more than a third.

77 million

people will be 65 years or older by 2034.³

85%

of baby boomers feel it's “important” or “very important” to age at home.⁴

88%

of baby boomers worry about their ability to age in place.⁵

More than 3 out of 4 Americans hope to age in place.

1 AARP

2 Population Health Management

3 Ibid

4 WebMD

5 SCAN Survey

PART ONE

Aging in place: a national priority

While aging in place is a simple and reasonable desire, it's proven difficult for so many. In response, dozens of organizations have formed to focus on this issue.

The U.S. Centers for Disease Control and Prevention (CDC) has described aging in place as “the ability to live in one’s own home and community safely, independently, and comfortably, regardless of age, income, or ability level.”⁶

Aging at home, explains the Rural Health Information Hub, “promotes life satisfaction, a positive quality of life, and self-esteem—all of which are needed to remain happy, healthy, and well into old age.”⁷ The National Center for Equitable Care for Elders (NCECE) states that ensuring older adults can age in place “is a national priority, both from a quality of life and a cost-savings perspective.”⁸

In a separate report, the U.S. Department of Housing and Urban Development (HUD) explored the value of aging in place. The agency explains how it can provide individual, state, and federal cost savings, systemic cost savings for Medicare and Medicaid, and social and emotional benefits for older adults.⁹ They point out that, for those who need assistance with activities of daily living, out-of-pocket costs to age at home are about half the cost of a nursing home.

The agency explains that those who age in place are better able to maintain connections with friends and families, reducing loneliness and social isolation.

Allowing older adults to age in place so they can stay involved in their communities “has been found to have health benefits,” the agency says. It can “reduce mortality; increase physical function, muscular strength, and levels of self-rated health; reduce symptoms of depression and pain; and increase life expectancy.”

Benefits of aging in place

Improve:

- physical function
- muscular strength
- happiness, social, and emotional well-being (quality of life)
- life expectancy

Reduce:

- costs for health plans
- loneliness and social isolation
- depression
- physical pain
- mortality



⁶ CDC

⁷ Rural Health Information Hub

⁸ National Center for Equitable Care for Elders

⁹ U.S. Department of Housing and Urban Development



Barriers to aging at home

If aging at home is best for individuals, communities, and the health care system, why is it so difficult for older adults to make it happen?

Federal, state, and local organizations have explored this topic in depth. The NCECE lists a wide range of common environmental hazards (like stairs) that can prevent older adults from safely moving around their homes and notes that physical limitations like poor vision and balance put many at higher risk for falls.¹⁰ And the NIA points to the challenges of everyday activities like household chores, meal preparation, getting to health care appointments, and medication management.¹¹



Top concerns of older adults

A recent national survey of 1,000 older adults revealed the top issues preventing them from aging in place.¹²



lack of financial resources



poor access to friends/family



limited transportation



poor physical health



declining brain health/
cognitive abilities

¹⁰ National Center for Equitable Care for Elders

¹¹ National Institute on Aging

¹² SCAN Health Plan



Instrumental ADLs

The CDC reports that one in three older adults has trouble with activities like preparing meals and housekeeping. Known as “instrumental activities of daily living (IADLs),” these tasks differ from basic ADLs like the ability to dress, walk independently, or use the toilet. Other IADLs include:



Transportation:

driving or arranging for other means of transport



Money management:

understanding and paying bills



Shopping:

purchasing necessities like food and clothing



Communicating:

using the phone or internet to interact with others



Medication management:

taking medications and refilling prescriptions

Older adults may experience difficulty with ADLs (instrumental or basic) for a wide variety of reasons. These include:



Physical impairment



Cognitive decline



Social isolation



Side effects of prescription medications



Home-safety factors



One-third of older adults are limited in their ability to perform instrumental activities of daily living.¹³



80% of older adults in the U.S. have at least one chronic health condition.¹⁴



13 CDC
14 IBID

PART TWO

Companion care: a simple and economical solution to an unmet need

For some, the answer to the aging-at-home question seems obvious—those who can afford it should hire the help that they need, while those with fewer financial resources should lean on family and friends.

But these solutions only apply to a small segment of the population. Relatively few have the financial resources to pay for professional services out-of-pocket, and even those who are lucky enough to have caring families and neighbors are often reluctant to ask them for help. The CDC states that caregiving for families and friends is an “important public health issue.”¹⁵ It’s “emotionally and physically demanding,” putting caregivers at increased risk for developing health problems of their own.

“With an increasing older adult population and people with disabilities living longer, the need for caregiving is growing.”

—The Centers for Disease Control and Prevention (CDC) ¹⁶



¹⁵ CDC
¹⁶ IBID



“As a determinant of health, medical care is insufficient for ensuring better health outcomes.”

–National Academy of Medicine¹⁷

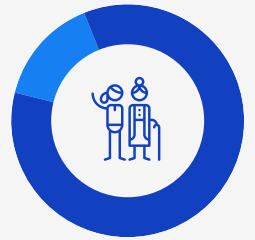
A more sustainable approach is for Medicare Advantage organizations to offer their members professional companion care services. This supplemental benefit makes critical services more affordable for individuals and their families, while Medicare Advantage plans reap downstream savings by attracting and retaining members, and improving overall health.

Companion care focuses on two general areas: basic companionship and low to moderate assistance with instrumental activities of daily living. A professional companion is a dedicated friend who builds trust and connection while helping where needed, from housework to trips to the grocery store or medical appointments.

Factors influencing health outcomes:¹⁸

10-20%
medical care

80-90%
social determinants
of health (SDoH)
factors¹⁸

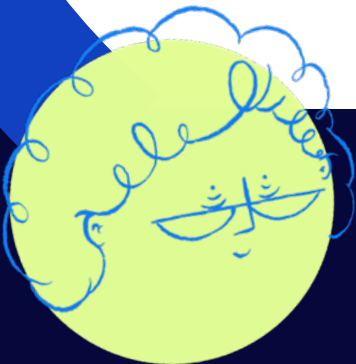


¹⁷ National Academy of Medicine
¹⁸ Health Payer Intelligence



10 ways companion care helps older adults

- 1. Basic companionship:** conversation, board games, movies, community outings
- 2. Transportation:** medical appointments, errands, visits with friends
- 3. Food assistance:** food shopping, unloading groceries, access to nutritional food
- 4. Care gap closure:** health plan navigation, reminders to schedule medical appointments
- 5. Child and parental support:** help navigating benefits and the health care system
- 6. Habitat and personal safety:** identifying fall hazards, unsafe living environments, or elder abuse
- 7. Medication assistance:** medication adherence, prescription pick-up at pharmacy
- 8. Technology:** assistance accessing telehealth and remote care
- 9. Physical activity:** walking, gardening, light exercise
- 10. Home help:** house cleaning, meal prep, feeding and walking pets



Through friendship and ready-for-anything service, companion care can help older adults live independently and safely in their homes—all while improving quality of life and well-being by minimizing social isolation and loneliness.



Why health plans should invest in companion care

For Medicare Advantage plans, companion care can help close care gaps and reduce the need for expensive medical interventions. It's a cost-effective way to ensure members eat well, socialize, and exercise, take their medications, and go to doctor's appointments—all areas that research has shown are critical to better health care outcomes.

Specifically, companion care can drive cost savings for health plans by identifying members' unmet needs, often data unknown by the health plan, and resolving them in the home before they lead to negative health impacts. Overlapping and interconnected, Papa describes these areas of impact as the "ROI domains of companion care."



The ROI domains of companion care can help identify unmet needs before they lead to negative health impacts.



The 7 ROI domains of companion care

Companion care can drive cost savings for health plans by helping members in seven key areas.





ROI DOMAIN #1:

Medication adherence

Medication adherence has been defined as “the extent to which patients take their medications correctly as prescribed by their health care providers.”²¹ Among those with chronic conditions, adherence to prescribed medications is associated with improved clinical outcomes and reduced mortality, while nonadherence, according to the CDC, leads to “higher rates of hospital admissions, suboptimal health outcomes, increased morbidity and mortality, and increased health care costs.”²²

For health plans, the importance of medication adherence is well known. As one study points out, while pharmacy costs increase when patients take their medications as prescribed, adherence also leads to substantial medical savings by reducing utilization of expensive health care services.²³

Other research indicates that poor adherence to medications results in billions of dollars of avoidable Medicare expenditures. The CDC calls medication adherence a “public health priority,” and estimates that the direct health care costs associated with nonadherence could approach \$300 billion annually.²⁴

Direct health care costs associated with non-adherence could approach \$300 billion annually.²⁴



of dispensed prescription drugs are consumed by patients over age 60.²⁵



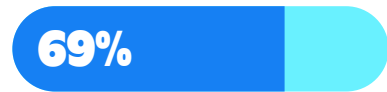
Older adults take 6-8 different medications, on average.²⁶



of older adults do not take medications as prescribed.²⁷



1 in 5 older adults take inappropriate medications.²⁸



of hospital admissions are due to complications resulting from inappropriate medications.²⁹

21 PAN Foundation
22 CDC
23 Ibid
24 CDC
25 Pharmacy Times
26 Ibid
27 Drugs Aging
28 Pharmacy Times
29 National Library of Medicine



ROI DOMAIN #2:

Loneliness and social support

Similar to medication nonadherence, loneliness and social isolation among older adults are common causes of poor health. The CDC defines loneliness as the “feeling of being alone, regardless of the amount of social contact,” while social isolation is “a lack of social connections.”

According to one recent federal report, one in four adults age 65 and older say they are socially isolated. The authors explain that social isolation is a major risk for premature mortality and that drivers can include “living alone, the loss of family and friends, chronic illness, and sensory impairments” like hearing loss.³⁰

Researchers have also examined the impact social isolation and loneliness have on the U.S. health care system. Lonely people, are admitted to hospital emergency rooms 60% more often than their non-lonely counterparts.³¹ And one study found that social isolation among older adults is responsible for an estimated \$6.7 billion in federal spending annually.³²

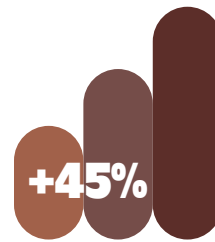
Social isolation among older adults is responsible for an estimated \$6.7 billion in federal spending annually.³²



of older adults report feeling lonely regularly.



1 in 4 older adults report being socially isolated.



Lonely older people have a 45% increased risk of dying sooner than those who report being socially connected, and are at higher risk for heart disease, stroke, and other health conditions.³³

30 National Academy of Sciences
31 National Library of Medicine
32 AARP
33 Papa Whitepaper: Combating Loneliness and Social Isolation Among Older Adults



ROI DOMAIN #3:

Behavioral health challenges

Many older adults experience behavioral health problems, including undiagnosed mental health challenges. “Because mental health is essential to overall health and well-being,” the CDC notes, “it must be recognized and treated in all Americans, including older adults, with the same urgency as physical health.”³⁴

According to the CDC, older adults with depression—the most common mental health disorder experienced by this population—have longer hospital stays, higher outpatient costs, require more medication, and seek treatment from their doctors and emergency rooms more often than their peers.³⁸ One study found that total ambulatory and inpatient costs for older adults with depression were 51% higher than costs for non-depressed older adults, translating to an additional \$1,700 per person, on average.³⁹

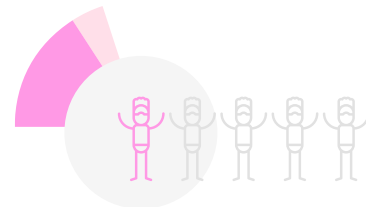
Total ambulatory and inpatient costs for older adults with depression were an average of \$1,700 higher than for those without depression.³⁹



20% of older adults suffer from mental disorders like depression and dementia.³⁵



97% of older adults with such disorders do not seek help from mental health professionals.³⁶



While older adults make up just 16% of the U.S. population, they account for 1 in 5 suicides.³⁷

34 CDC
35 American Psychological Association
36 Ibid
37 United Health Foundation
38 CDC
39 National Library of Medicine



ROI DOMAIN #4:

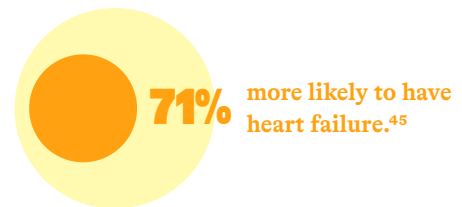
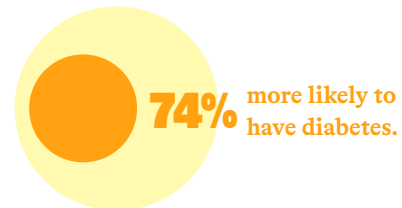
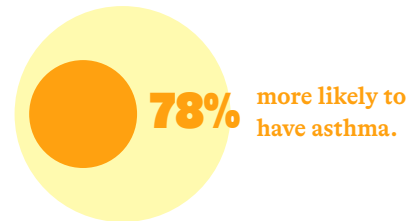
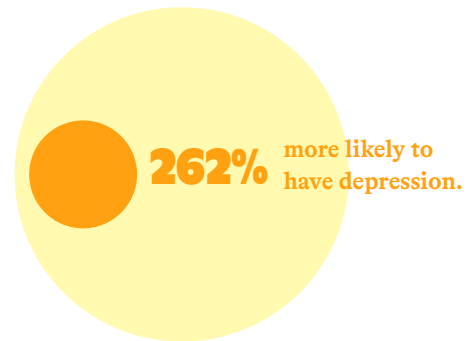
Social needs and insecurities

Social needs like food insecurity, transportation barriers, and challenges related to housing are all part of the fourth ROI domain of companion care. Unfortunately, these needs are all too common—one in four older adults enrolled in Papa are unsure if they will have enough food by the end of the month.⁴⁰

When individuals have trouble securing transportation, they may not make it to their medical appointments or the pharmacy to pick up their medications. Food insecurity—the lack of reliable access to affordable and/or nutritious food—is associated with higher levels of depression and an array of chronic health conditions. When it comes to housing, numerous studies have detailed the relationship between having an affordable and safe place to live and having the resources to access critical health care services.

- Over 50% of older adults have at least one unmet social need (and over 25% have two or more). Additionally, people of color often have higher unmet needs and fewer resources available, exacerbating existing health disparities.⁴¹
- More than eleven million older adults have disabilities that make it difficult to leave home.⁴²
- In one study, 58% of Medicaid enrollees surveyed in one study said they would not be able to make it to any medical appointments if they didn't have access to non-emergency medical transportation services as a benefit.⁴³
- Older adults with housing-related problems spend 50% less on food and health care than those who are housing-secure.
- Food insecurities contribute to an additional 11% in annual healthcare costs.⁴⁴

Compared to food-secure older adults, those experiencing food insecurities are:



⁴⁰ Papa analysis

⁴¹ AARP

⁴² Disability and Health Journal

⁴³ Medical Transportation Access Coalition

⁴⁴ CDC

⁴⁵ Feeding America



ROI DOMAIN #5:

Health care access and compliance

Some individuals have trouble understanding why an annual wellness visit might be important, while others face difficulties navigating the system, from a doctor who's included in their network to remembering to go to their scheduled appointments. These challenges all fall within the same category of health care navigation, compliance, and prevention, and they're all critical for health plans to address through services like companion care.

When older adults don't receive preventive services, health care outcomes decline and costs increase. "Getting preventive care," notes the U.S. Office of Disease Prevention and Health Promotion, "reduces the risk for diseases, disabilities, and death" in people of all ages.⁵⁰ "It is far better to prevent disease than to treat people after they get sick," states the CDC in another report. They add that preventive care is especially important for chronic diseases, which disproportionately affect older adults, and that health care payers have opportunities to change practices through payment models that incentivize "uptake of chronic disease preventive services."⁵¹

Preventive care reduces the risk for diseases, disabilities, and death.⁵¹



of older adults need help understanding their insurance benefits.⁴⁶



of Medicare Advantage enrollees do not receive an annual wellness visit.⁴⁷



of people over age 65 don't use the Internet.⁴⁸



of U.S. health care spending is on chronic diseases that could be avoided through preventive care.⁴⁹

46 Managed Health care Executive

47 AARP

48 Stanford Center on Longevity

49 Health Payer Intelligence

50 U.S. Office of Disease Prevention and Health Promotion

51 CDC



ROI DOMAIN #6:

Home safety and fall risk

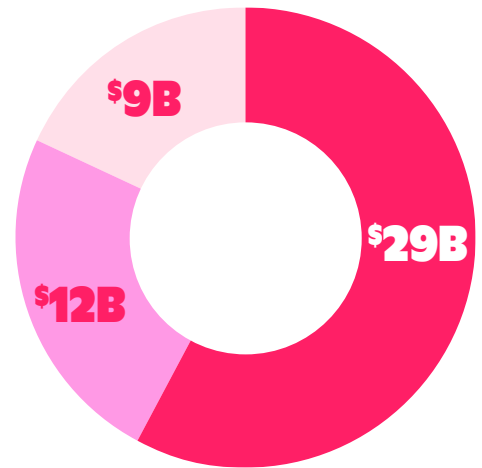
Steep or slippery stairs, inadequate lighting, fall hazards like pets and throw rugs, mold, or pest infestations are just some of the possible safety issues older adults face in their homes.

Every year, approximately 3 million older people are seen in U.S. emergency rooms for injuries due to falls.⁵² Non-fatal falls cost the health care system more than \$50 billion annually, the CDC notes, and with an aging population, “we can expect the number of fall injuries and the cost to treat these injuries to soar.”

- Up to 35% of adults ages sixty-five and over fall each year, increasing to 42% for adults over seventy.⁵³
- Over 800,000 older adults are hospitalized annually because of fall injuries.
- Around 300,000 older adults per year are hospitalized with hip fractures.
- Ninety-five percent of hip fractures are caused by falls.
- Falls result in costs totaling over \$50 billion per year.

For health plans, the economic incentives are clear. Investing in a companion care program where assessment of members’ living environments is standard practice can reduce home hazards and the risk of injuries that drastically increase health care costs.

Falls result in costs totaling over \$50 billion per year:



\$29 billion paid by Medicare.

\$12 billion paid by private and out-of-pocket (OOP) payers.

\$9 billion paid by Medicaid.⁵²

Non-fatal falls cost the health care system more than \$50 billion annually.

52 CDC
53 WHO



ROI DOMAIN #7:

Member experience

The final ROI domain, member experience, has to do with the ways that companion care can make health plan membership more appealing to customers. Medicare Advantage plans are one of the fastest growing lines of business for health plans. Member-experience quality indicators have quadrupled in weight for the 2023 Star ratings, reflecting the value the Center for Medicare/Medicaid Services (CMS) has placed on member experience.

- Forty-two percent of Medicare-eligible members are enrolled in Medicare Advantage plans.⁵⁴
- The average beneficiary can select from 39 Medicare Advantage plans in 2022.⁵⁵
- Medicare Advantage membership grew by two million members (around 10%) from 2020 to 2021.⁵⁶
- Member experience represents 57% of total Star ratings.
- Consumer Assessment of Health care Providers and Systems (CAHPS) measures contribute 36% of total Star ratings.⁵⁷

While companion care services drive better health outcomes, they also provide friendships that many older adults cherish. They look forward to the time they spend with their companion and often come to see them as “part of the family.” The relationship does more than reveal the unmet needs of the member; it often leads to real affection and empathy—benefits that can be difficult to quantify.

What health plans that provide companion care can count on is members who will spread the word about the value the service brings to their lives. For many older adults, it has very little to do with “health care.” Rather, it’s all about companionship and the happiness and satisfaction that come with it.

42%

of Medicare-eligible members are enrolled in Medicare Advantage plans.⁵⁴

2 million

more members joined Medicare Advantage from 2020 to 2021.⁵⁶

57%

of total Star ratings represent member experience.

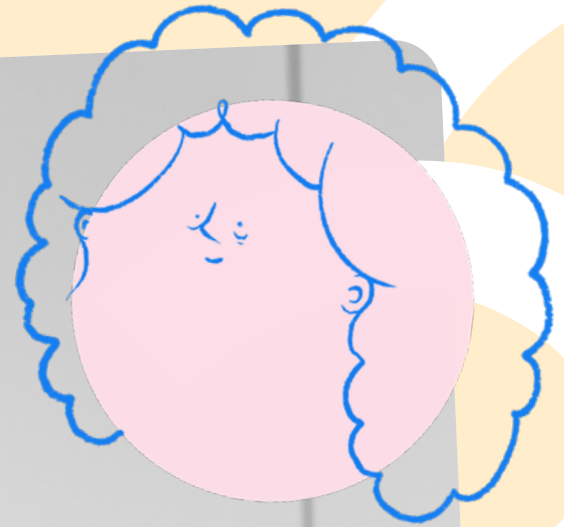
54 KFF
55 MCKINSEY
56 KFF
57 CMS



PART THREE

How Papa can help

So what does a great companion care service look like? At Papa, it involves thousands of empathetic “Papa Pals” working directly with older adults so they can live independent, healthy, and happy lives.



Making a difference with Papa Pals

Papa provides care and assistance to older adults and their families through a nationwide client base of Medicare Advantage and state-managed Medicaid health plans. Founded in Miami in 2017, Papa supports health plans of all sizes and their members with access to thousands of Papa Pals.

Hired as independent contractors, Papa Pals help older adults within their communities with instrumental activities of daily living and friendship. Papa Pals act as eyes and ears in the home. They are trained to look for unmet needs and risks and mitigate or escalate them to ensure safe resolution. Most of the time, Papa Pals can provide members with everything they need, but when there's an issue requiring support beyond their training and expertise, they escalate to a higher-level care concierge service.

At Papa, our highly trained care team includes dozens of clinically-savvy agents who support members. Adept at unearthing deep-seated member issues and identifying potential care gaps, these nurses, social workers, and other trained professionals are equipped to resolve issues that drive up health care costs.

For example, if a Papa Pal discovers pills scattered across a member's floor during a routine visit to help with housework, they would contact our experts who might suggest medication management assistance. Similarly, if a member expressed suicidal thoughts, their Papa Pal would escalate the case to ensure they receive mental health support.

A company on a new mission

Papa's mission—to create a new kind of care, built on human connection made real—is accomplished through services that address the social determinants of health, including:



Companionship: a friend the member can trust to provide support whenever it's needed.



Home visits and assistance: help with instrumental ADLs, general assistance with daily activities.



Home-environment checks: fall risk and other safety concerns.



Essential transportation: local travel for errands and appointments.

Papa assesses and resolves members' needs, helping them remain engaged in their community, and providing assistance with everything from comorbidities management to medication adherence.





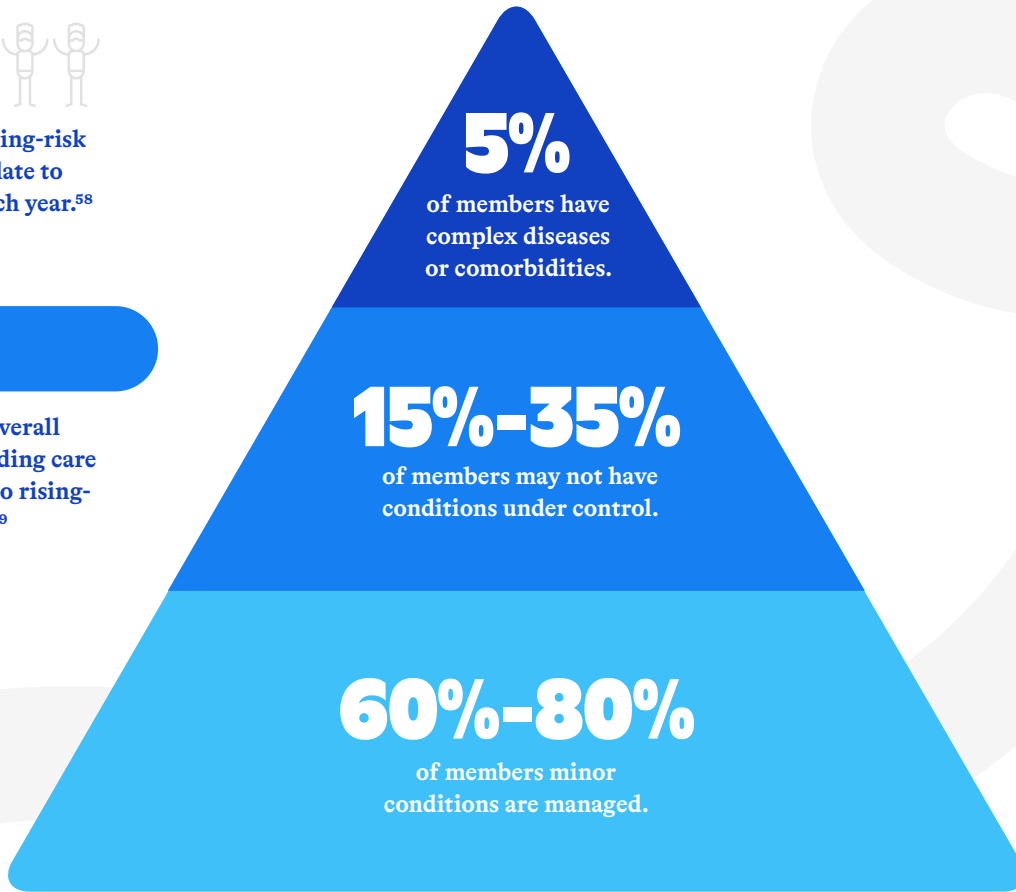
Papa services complement and scale care management



One in five rising-risk members escalate to higher risk each year.⁵⁸

10%

reduction in overall costs by extending care management to rising-risk segment.⁵⁹



How Papa helps

Papa intervenes when it's most crucial by addressing rising-risk patients' unmet needs. Targeted care for these members can prevent them from escalating to high-risk patients, driving better health outcomes and cost savings.

58 ADVISORY BOARD
59 NACHC

Value for Medicare Advantage plans

When Medicare Advantage plans offer Papa to their members as a supplemental benefit, they can expect to see returns across all seven ROI domains.



Medication adherence

Papa Pals remind members to take their medications and help them order/pick up prescriptions at local pharmacies.



Loneliness and social support

Papa tailors interventions to reduce loneliness and social isolation.



Behavioral health challenges

Papa Pals identify potential behavioral health concerns so members can get the help they need, while addressing the root cause of stressors.



Social needs and insecurities

Papa Pals help members in their homes and provide transportation to critical services/access to community resources.



Health care access and compliance

Papa helps members understand their insurance benefits, schedule wellness visits, and more.



Home safety and fall risk

Papa Pals identify and resolve fall risks and other safety hazards in the home.



Member experience

Offering Papa as a supplemental benefit allows Medicare Advantage plans to differentiate from their competitors.



Why Health Plans Need to Invest in Companion Care

The power of Papa Pals: member stories

Here are just a few of the many stories we've heard through our network of Papa Pals and the Medicare Advantage plans they serve. Each story falls within one or more of the seven ROI domains of companion care.





Sara G. told Papa she was experiencing nausea and needed help with a medication order. Her next scheduled appointment with her primary care physician (PCP) was more than a month away, and she was concerned she couldn't get the medication until she met with her physician.

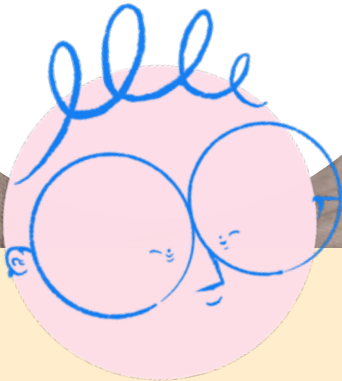


Pal power:

Realizing Sara required immediate help, Papa called her doctor's office to see if the medication could be ordered sooner. They reported the member's symptoms, and a nurse said she could send the prescription to the member's preferred pharmacy. The next day Papa followed up with the member, confirming that the script was sent to the pharmacy and that her medication was ready to be picked up.



During a call with Steven P. about dental benefits and providers, Papa realized he was experiencing a diabetic hypoglycemic crisis. He was home alone, didn't feel well, and was concerned that things were only getting worse.

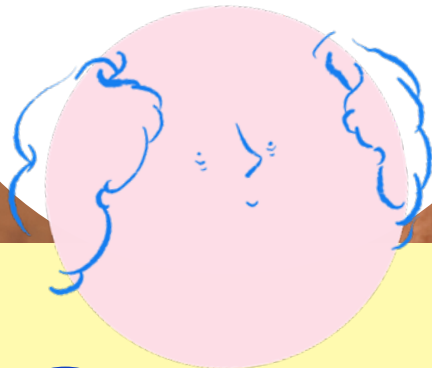


Pal power:

Papa immediately contacted Steven's PCP office and explained what was happening, noting that he needed medication management and possibly home health support. The PCP called Steven and instructed him to drink orange juice and then re-check his blood sugar. Later, when Papa checked in, Steven said his blood sugar had returned to normal levels, he was feeling better, and his grandson was with him. The following day, he visited his PCP to follow up and was offered advice and education around diabetes management.



Kathy R. received a walker from her health plan that was too small. The walker broke when she was using it causing her to fall. She had trouble getting around her home and started to feel anxious about going to the restroom.



Pal power:

During a visit, her Papa Pal noticed Kathy's concern and escalated her situation. Papa called the health plan, secured her a new walker that fit Kathy properly, and made an appointment with her PCP for a full exam to evaluate her for injuries resulting from the fall.



Anna B. had a virtual visit with a Papa Pal and shared suicidal ideations. Her Papa Pal escalated the call to Papa, who soon learned that Anna was being evicted from her apartment and was so distraught she had taken 180 aspirin pills that morning.



Pal power:

Remaining on the phone with Anna, Papa used a different line to call 911 while engaging Anna in conversation to ensure she didn't hang up before an ambulance arrived. Once the medical team showed up at Anna's apartment, Papa spoke to an agent at her health plan who ensured she would have a safe place to stay after she was discharged from the hospital.



Papa conducted an outreach call to Alan R. and discovered he had a recent unreported fall. Alan explained that he had tripped on his stairs, causing a big bruise on his hip.



papa

Pal power:

When Papa asked Alan if he was on blood thinners, he confirmed that he was and gave a list of his medications. Papa asked more questions about the bruise to assess color, size, and firmness and inquired whether he'd hit his head or experienced any symptoms that might indicate internal bleeding. After determining that Alan wasn't in immediate danger, Papa helped him schedule a visit with his PCP to assess the bruise. On the day of his appointment, Papa also made sure his Papa Pal was available to drive him to the doctor's office.



A Papa Pal visiting a member named Joanne learned she had not been to a doctor in over 25 years. Joanne also shared that she had never seen a dentist, and that she hadn't been to an optometrist in at least six years despite the fact that she wore glasses.



Papa reached out and helped Joanne schedule appointments with all three providers. Later, the health plan reported that Joanne's preventive care saved the plan \$1,232 in annual health care costs.



Jennifer is her father, Gary's, primary caretaker. In speaking with Jennifer, Papa learned that she had been trying to contact her father's PCP unsuccessfully for weeks. She had been waiting for a call back from the PCP case management team to help put him into respite care.



Pal power:

After two weeks of unsuccessfully trying to call Gary's PCP herself, Papa was finally able to connect Jennifer with a new case manager who could help them. Jennifer didn't know what benefits her father's health plan offered, so Papa contacted the plan to check. She was pleased to learn that the plan would cover home health services for 35 hours per week. Papa also gave Jennifer a list of assisted living facilities that accepted Gary's plan.



Ingrid was used to living a very active social life before COVID hit. Coinciding with divorce and a move to a new house, Ingrid felt the burden of several major life changes happening all at once. Ingrid's fibromyalgia and mobility issues also made it hard for her to get things done around her new house.



Pal power:

When Ingrid's health plan called to tell her about Papa's services, she jumped at the opportunity to have a Papa Pal help her. Ingrid's Papa Pals come weekly and help her organize, do household chores and provide companionship. Ingrid enjoys the company and found human connection through her Pals. Their visits reduce her loneliness and improve her overall physical and mental health days.

Measuring matters:

The Papa Social Index

Papa tracks data on individual members to ensure that Medicare Advantage plans can see the results of their investment, reporting on improvements as well as areas where members can use additional help.

Leveraging a platform called the Papa Social Index (PSI), the Papa team evaluates the needs of each member to determine their PSI score. Members with high PSI scores are deemed to be doing well compared to their peers, while those with relatively low PSI scores are considered at risk and need additional support.

PSI scores ensure that each member receives a personalized approach—the right level of care at the right time. The PSI score is updated regularly throughout each member's journey with Papa and their services are adjusted accordingly.

PSI criteria:

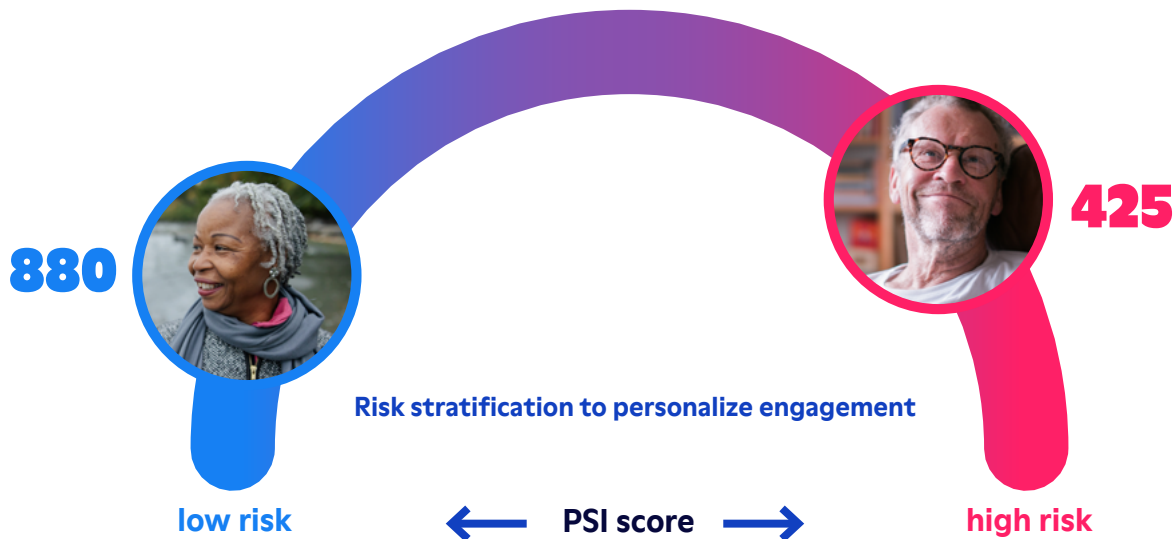
social needs

emotional vitality

health status

quality of life

where we live



Health plans that offer Papa as a supplemental benefit have access to these scores and the data behind them, so they can see if the services they're providing are meeting expectations. They can also use the data to ensure proper risk adjustment, and determine exactly how Papa's interventions impact health care spend and utilization.



Look to the future with companion care

If there's one thing Medicare Advantage plans can count on in the coming years, it's a tidal wave of baby boomers looking to spend the rest of their lives in their home communities. Many in this growing population will be equipped with everything they need to be healthy and thrive. Still many others will struggle with chronic conditions and require significant care and assistance.

For this second group of older adults, choosing the right health plan won't be easy. In the end, they're going to need much more than the standard fare. Supplemental benefits are going to be crucial. And there lies the opportunity: Medicare Advantage plans that rise to the challenge and provide these older adults with the services they require will position themselves as leaders.

Nearly 70 health plans choose Papa to support their members, allowing them to live where and how they choose. Papa Pals are an extra set of hands for members, and eyes and ears in the home for you—providing vital companionship and support, while closing care gaps.

When you offer Papa to your members, you'll enjoy enhanced satisfaction, increased retention, and bottom-line benefits. Between our teams, we can help members better engage with their benefits, care, and community, as they live out their years comfortably, and safely at home.

Increased retention:

90%

credit Papa as a reason for staying with their health plan.⁵⁹

Enhanced satisfaction:

61%

of the CMS star rating measures can be impacted with Papa.⁵⁹

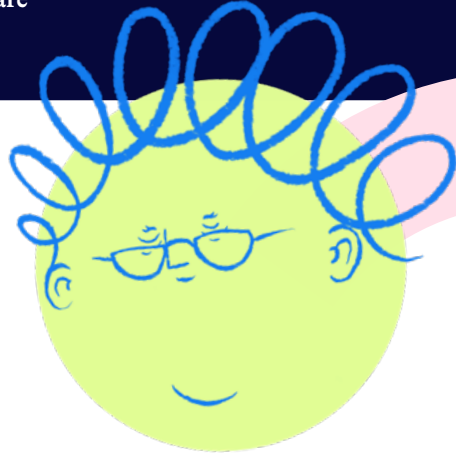
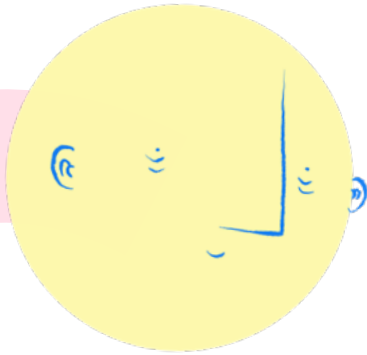
Reduced costs:

5:1

ROI targeting costs and engagement.⁶¹



⁶¹ Papa analysis



We believe that alone is an illusion, and together should never be more than a phone call away.

Because that's the human way—connected.

Discover why leading health plans choose Papa to support members, differentiate from the competition, and curb medical costs.

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