WHEN YOU CAN'T BE THERE – SEND ACADIAN HEALTH, YOUR PARTNER FOR AT-HOME CARE.

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130 E. KALISTE SALOOM ROAD
LAFAYETTE, LA 70508

(337) 291-3333
1 (800) 259-3333

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PATIENT-CENTERED HEALTHCARE, AT-HOME

Enhance your existing healthcare systems with our mobile resources, bringing trained personnel direct to the patient – wherever they are. Acadian Health eliminates or reduces:

- Expensive ambulance rides
- Time consuming and costly ED visits
- Unnecessary and expensive hospital stays
- Patient leakage
- Total cost of care

Acadian Health offers quality Mobile Integrated Health services for healthcare payers looking to drive down medical care costs while ensuring that patients receive the proper treatment at the best location. Partnering with Acadian Health allows us to make onsite treatment referrals and work as an extension of your local providers to offer more effective care onsite. This translates into a reduction in costly unneeded emergency department visits, among other additional benefits for providers, patients, and payers alike.

PARTNERS WE SERVE

- Large Payers and ACOs
- Primary Care Providers (PCPs) and Specialists
- Hospitals and Health Systems
- Home Health
- Hospice and Palliative Care
- Skilled Nursing Facilities

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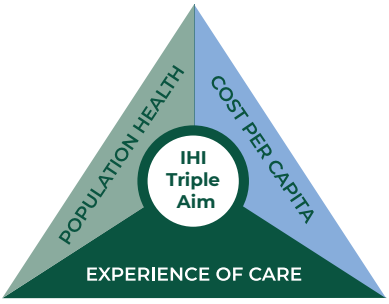
OVERVIEW OF ACADIAN HEALTH

Partnering with Acadian Health allows your patients to be seen, diagnosed, and treated all in the comfort of their home vastly improving patient satisfaction. We continually seek innovative ways to deliver patient care and improve clinical outcomes. Acadian Health's mobile healthcare services drastically eliminate unnecessary trips to the emergency department and reduce hospital admissions, thereby lowering the overall cost of healthcare for both the patient and the health system.

We redefine what is possible for rural patients and urban low utilizers who may be unable or unwilling to visit a clinic, by bringing the clinic to them. Our certified and licensed healthcare team members are available 24/7/365 to address everything from simple to complex medical conditions, while offering the primary provider greater insight into a patient's social determinants of care. But we don't stop there – Acadian Health offers at-home patient education on their care plan and managing exacerbations, leading to better overall compliance with discharge treatment plans.

OUR METHOD

Acadian Health is guided by population health and total cost of care strategies, the IHI Triple Aim, and by Coleman's Four Pillars method for post-discharge patient care and disease management.



- Teach medication self-management
- Teach a patient about their condition and use of personal health record
- Provide knowledge of warning symptoms and how to respond
- Have a patient set up follow-up care with their doctor

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WHO IS ACADIAN HEALTH

Our Mission is to work collaboratively with our partners to provide integrated value-based care, improving patient satisfaction and achieving quality patient outcomes at a lower cost. Acadian Health works to lower emergency department use and hospital admissions by providing high-quality healthcare in the comfort of home.

YOUR ACADIAN HEALTH TEAM

BENJAMIN SWIG

Director of Acadian Health

RICHARD BELLE

Operations Manager

ACADIAN COMPANIES LEADERSHIP

RICHARD ZUSCHLAG

Chairman & Chief Executive Officer

EDDY DUPUIS

Chief Financial Officer

ALLYSON PHAR

Executive Vice President & Chief Legal Officer

BLAISE ZUSCHLAG

Vice President & Chief Administrative Officer

CHARLES BURNELL, M.D.

Chief Medical Officer

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WHAT WE DO

Acadian Health's mobile community healthcare team offers quality at-home healthcare services for Clinical Partners looking to drive down medical care costs while ensuring that patients receive the proper treatment at the best location.

ACUTE CARE@*HOME*

(ER Alternative)
Alternative care for non-traumatic hospitalizations for 'sick but stable' patients who would typically be transported by ambulance to an ED. Since its beginning, our at-home care has proven to save an average of $1,000 per visit.

CLINIC@*HOME*

(Clinic Augmentation)
Hands-on visits for providers to extend their specialty practice into patients' homes, offering after hours and weekend support. Includes follow-up care and education for recently discharged and high-risk patients.

HOSPITAL@*HOME*

(Hospital Alternative)
Advanced at-home care alternative to inpatient hospital visits for general medical conditions. Supports round-the-clock comprehensive care that may include on-demand critical care, daily rounding, on-site advanced diagnostics, and more.

WHAT WE TREAT

ACUTE CARE@*HOME*

Acadian Health's specially trained clinical team members can provide acute care treatment in the comfort of patients' homes for a wide array of non-life-threatening medical conditions. These are just some of the conditions we evaluate and treat.

- Anxiety
- Asthma exacerbation
- Bronchitis
- CHF exacerbation
- COPD exacerbation
- Coronavirus
- Cough
- Dehydration
- Diarrhea
- Diverticulitis
- Edema
- Excessive vomiting
- Flu
- Food poisoning
- Shortness of breath
- Sinus infections
- Pneumonia
- Urinary tract infections
- Upper respiratory infections

CLINIC@*HOME*

By working collaboratively with your team, we strive to improve patient satisfaction, care coordination, and achieve quality health outcomes. Prescheduled visits can be organized with the provider joining by phone or telehealth. If the provider is unavailable, Acadian Health's trained professionals can execute on a provider's care plan in their place, sending detailed notes and updates following the visit. Acadian Health offers quality patient-centered care for the following services, and more:

- Wellness Visits
- Specialist Visits
- Behavioral Health Visits
- Post Op or Discharge Follow Up Care
- Patient Education and Care Plan Follow Up
- Medication Assisted Treatment
- Prenatal and Postpartum Pregnancy Care
- Chronic Condition Care Management
- Visits in Urban or Rural Areas Due to Convenience, Patient Choice, or Transportation Issues
- Medication Reconciliation
- COVID-19 Testing
- STI/STD Testing
- Routine and Annual Vaccinations
- Pregnancy Tests
- Blood Draws for Lab Analysis

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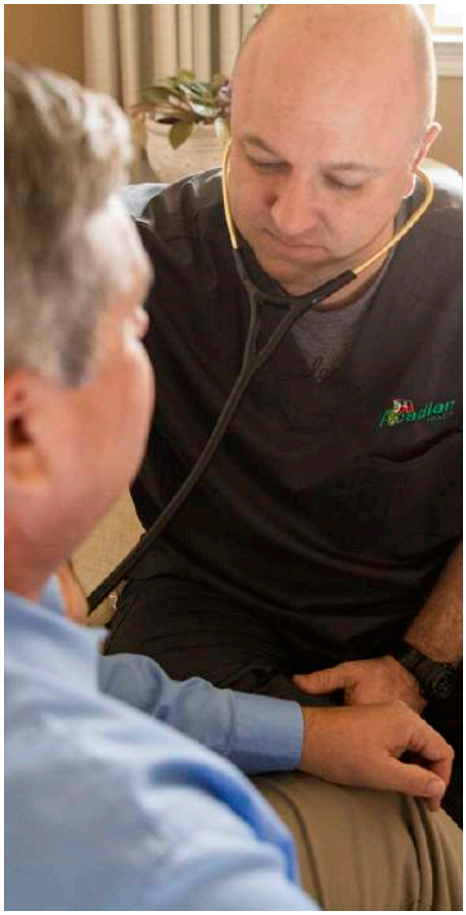
CLINIC@*HOME* POST DISCHARGE / EDUCATION PROGRAM

- Acadian Health's *Clinic @ Home* is guided by Coleman's Four Pillars of medication management, patient-centered health records, follow-up visits, and patient knowledge.

- A care plan will be developed by the provider and Acadian Health will ensure patient understanding. Acadian Health will make sure the patient has access to the right medications, can manage exacerbations, and has follow up visit scheduled. We will review specific signs and symptoms related to their disease process and ensure they are comfortable accessing the appropriate level of care when needed. We review medications, dietary restrictions, environmental factors that may contribute to a crisis, and communicate significant findings with your staff.

- The Mobile Healthcare education program focuses on educating your patients about their medical condition and how to appropriately manage their care. Education materials will be developed collaboratively with your clinical team to ensure we are providing the information you want your patients to receive.

- When possible, we like to include a member of care team via telehealth to improve relationship with providers. If the provider is unavailable, notes and records are provided following the visit.



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WHAT WE USE

We offer a variety of services for you and your patients, the first being crisis management. After an initial patient evaluation, we will consult with you over the phone to help determine the appropriate action. Diagnostic capabilities available include:

Services

- 4 and 12 lead EKG
- Waveform capnography
- Mean arterial pressure
- Pulse oximetry
- IV fluid administration
- Nebulizer treatments
- Traditional blood draws for lab analysis
- Medication administration
- (IV, IM, SQ, IN)

Medications

- Albuterol
- Amiodarone
- Aspirin
- Atropine
- Bumex
- Calcium chloride
- Dextrose 50%
- Diltiazem
- Diphenhydramine
- Epinephrine
- Furosemide
- Glucagon
- Oral glucose
- Ipratropium bromide
- Ketorolac
- Labetalol
- Lidocaine 2%
- Magnesium sulfate
- Metoprolol
- Naloxone
- Nitroglycerine SL and paste
- Ondansetron
- Rocephin
- Solumedrol

Services and medications are flexible and can be adjusted as needed for each health system or provider. Let us work with you to determine the optimum toolkit for your success.

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DRIVING VALUE HOME

With traditional care the costs can quickly get out of control, due to the usage of hospital and ED services. Partnering with Acadian Health lowers these costs dramatically, by offering quality at-home care in place of expensive transports and hospital stays.

Risk progression with traditional care:

Average Medicare Ambulance Transport

$470

Average Medicare ED Visit

$1,200

Average Medicare Hospital Stay

$12,000

Total Cost:

$13,670

Working with Acadian Health reduces cost:

Virtual first PCP visit is **$120**

Average **ACUTE CARE** *@ HOME* encounter is **$330** with no additonal hospital costs

Total Cost:

$450

Average **CLINIC** *@ HOME* encounter is **$250** (30 min. encounter)

Total Cost:

$370

"Partnering with Acadian Health allows us to work as an extension of providers to engage their members and provide effective last mile healthcare reducing the total cost of care."

– Benjamin Swig, Director

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THE ACADIAN HEALTH DIFFERENCE

ACUTE CARE@*HOME*

(ER Alternative)

- Decreases risk of the Patient or Member going to the ED and potential hospitalization
- Decreases medical loss ratio (medical spend on the patient)
- Better patient engagement creates better patient satisfaction, health status, and outcomes

CLINIC@*HOME*

(Clinic Augmentation)

- Decreases risk of Members experiencing an acute event in general or after a hospital discharge or invasive outpatient procedure
- Engage with members in the home when they choose not to come to clinic, have transportation issues or health status or mobility impairs a clinic visit.
- Improve patient engagement
- Improves patient access to primary care or specialty care
- Decreases further severity of chronic condition
- Covers HEDIS measures and gaps in care
- Improves frequency of visitation for providers

HOSPITAL@*HOME*

(Hospital Alternative)

- Improves bed capacity helping avoid bed shortage
- Increases hospital efficiency
- Creates higher patient satisfaction and overall outcomes
- Dramatically reduces costs from ED visits or long hospital stays
- More effective treatment leads to better patient outcomes
- Safer for patients vulnerable to hospital-acquired infections and other complications of inpatient care

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OUR TOOLKIT FOR SUCCESS

Acadian Health always strives to be on the cutting edge providing the best diagnostic tools, technology, and interoperability.

- We can easily share the results of all diagnostics through our provider portal where case records and encounter records can be easily viewed, downloaded, and uploaded to your system.
- Standardizes assessments to support organizational strategy and gaps in care to support HEDIS/NCQA requirements.
- Acadian Health providers are equipped with a fully stocked medical kit and are always supported by an emergency department physician or the patient's physician via phone or virtual visit to address complex conditions.
- Acadian Health ensures all medics and health professionals are frequently trained and stay up-to-date on the latest techniques, best practices, tools, and technology.
- Acadian Health's training is effective in increasing knowledge and skills on the core competencies for mobile health in clinical care including security and privacy issues involved with digital data, ethical issues, and cultural considerations
- Each Acadian Health partner receives a dedicated representative for customer success.
- Emphasis on consistent communication with scheduled data and operational reviews taking place every 30 days.
- Acadian Health will develop individualized programs to address our partners' specific pain points.

ACADIAN HEALTH BY THE NUMBERS

Louisiana, Texas, Mississippi, Tennessee and beyond.

Ninety-eight percent de-escalation success rate for acute cases, resulting in no ambulance transport needed.

At-home patient encounters are less expensive than ambulance transport and lead to better outcomes.

Partners save millions of dollars a year.

Drastically reduce, if not eliminate 30-day readmissions leveraging post discharge and chronic disease management education visits.

Coverage in rural and underserved areas to support scheduled / on-demand visits with patients.

Ambulance Transport supplied by one of the largest nationally-accredited ambulance services in the country.

Support filling Gaps in Care and Leverage Advanced Life Support diagnostics and supplies.

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RELEVANT EXPERIENCE

JenCare Senior Medical Center

JenCare Senior Medical Center
A CHENMED COMPANY

ACUTE CARE *@ HOME*

CLINIC *@ HOME*

EDUCATION VISITS

ADVANCED LIFE SUPPORT (ALS)

CRITICAL CARE, BARIATRIC, & WHEELCHAIR VAN TRANSPORTATION

Mobile Healthcare and medical-transportation provider for five Medicare Advantage clinics and 7,500 patients in the New Orleans metro area. JenCare centers were experiencing high emergency department use by their member population. Use on weekends, when clinics were closed, was especially high.

Key Results:

Acadian Health providers performed "Call us First" education visits to boost engagement and provided quick arrival times to patients in crisis, which helped curb ED visits and hospital admissions. Annually, Acadian Health performs close to 1,000 patient encounters and has maintained a 98% non-transport rate.

non-transport rate

1,000 patient encounters

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WHO WE SERVE

In rural areas

In the community

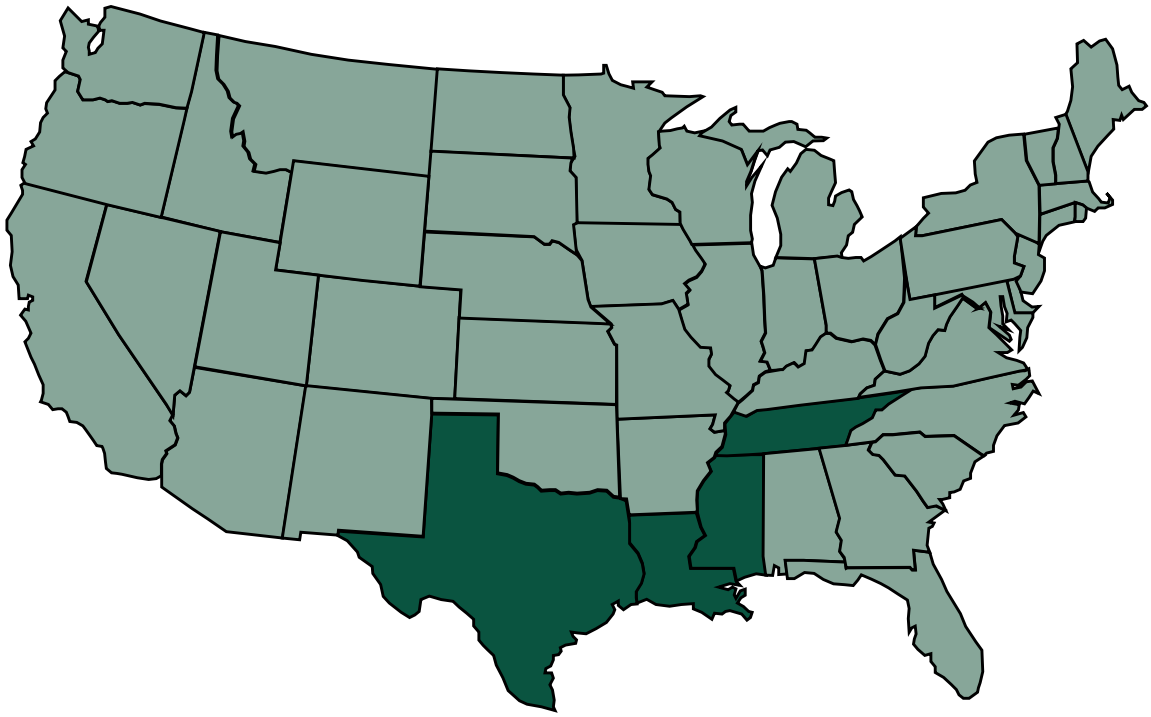
At the workplace

Outside clinic and provider facilities

When and where you can't be there

In the comfort of patients' homes

WHERE WE SERVE



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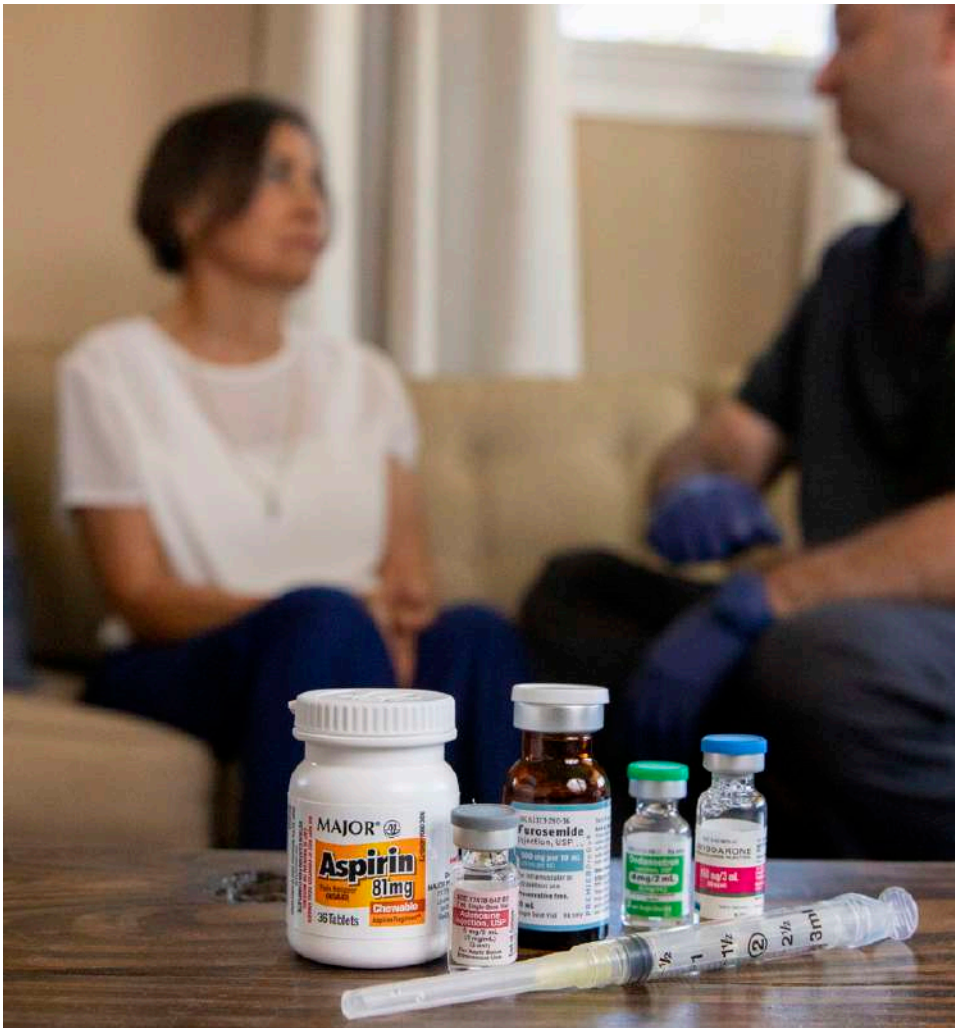
KEY PERFORMANCE INDICATORS

In order to measure success, Acadian Health has recommended set of metrics to be tracked. Acadian Health shall collaborate with the Clinical Partner so that these KPIs are successfully tracked.

- Decrease in avoidable readmission
- Decrease in inappropriate use of ED
- Decrease in hospital admission
- Increased member engagement in appropriate level of medical care
- Decrease in HEDIS gaps for targeted measures

It is recommended to start with a baseline and begin with patient / member data 90 days prior to member engagement with Acadian Health and member/patient data 90-120 days following initial member engagement.

MONTHLY PROGRAM PERFORMANCE REPORTING



To illustrate the impact of our program on your patients we will provide you with a monthly Program Performance Report. This report will provide you with valuable information including:

- Number of Acute Care @ Home responses
- Number of Clinic @ Home responses
- Provider impressions, diagnostic notes, care provided, and medication administered.
- ED visits avoided from Acute Care @ Home
- Charges and cost savings per month
- Multiple Crisis Call response trends for individual patients
- Time of day and day of week trends

Implementation: Reporting is provided monthly after the first 30 days and access to the Electronic Health Record is available following the first patient visit.

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WE'RE EXCITED TO WORK FOR YOU!

Your dedicated Sales Representative will be in touch to begin the process of partnering with Acadian Health, and go over the following items:

Fee Schedule

Contract

Acadian Health Protocols

Implementation Process

HOURS OF OPERATION

8AM-10PM

AMBULANCE RESPONSE HOURS

10PM-8AM

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