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Educational Webinar Series

Ceresti HEALTH

The GUIDE Model and What ACOs Are Missing: The Activated Family Caregiver as the Next Frontier in Dementia Strategy

Better Dementia Care Starts With Activating Family Caregivers

Welcome

Ceresti HEALTH

Today's Panelists

Edo Banach, JD

Partner & Co-Chair
Healthcare Department,
Foley Hoag

Greg Johnson,
MD, MBA

Chief Medical Officer of
Quality & Innovation,
Honest Health

John Mach, MD

Chief Medical Officer,
Ceresti Health
Chairman of the Board,
John A. Hartford
Foundation

Rhonda Quintana,
MBA

Chief Revenue Officer,
Ceresti Health

POLLING QUESTIONS

Who do we have attending today's session?

Select your answer using the poll on screen.

POLLING QUESTIONS

How is dementia positioned in your organization's Strategy today?

Select your answer using the poll on screen.

Panelist Discussion

What is the CMS GUIDE Model?

Guiding an Improved Dementia Experience

WHAT IS GUIDE?

GUIDE (Guiding an Improved Dementia Experience) is the first CMMI model designed specifically for dementia.

It provides an alternative payment methodology for participating programs to deliver the first evidence model of care for dementia, caregiver education and support, and respite services to traditional Medicare beneficiaries with dementia and their unpaid caregivers.

THE GUIDE LANDSCAPE

~320

Approved GUIDE Participants Nationwide

7.2M+

Americans Living with Dementia

8 Years

Model Duration
July 2024 - June 2032

2 Tracks

Established (PY1: Jul '24)
New Program (PY1: Jul '25)

WHY THIS MATTERS TO YOUR ACO

Voluntary Selection - Patients can align in GUIDE without the ACO or physician

GUIDE DCMP payments hit your medical expenditures

People living with dementia incur 3X more in Medicare costs

Source: CMS GUIDE Model RFA (Nov 2023) | NAACOS GUIDE Overview (Jan 2024) | CMS.gov

9 Required Care Delivery Domains | Delivered by an approved GUIDE Participant

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CLINICAL FOUNDATION

1 Comprehensive Assessment

Cognitive (CDR/FAST), functional status, clinical needs, behavioral/psychosocial, advance care planning, caregiver burden, HRSN screening, in-home safety evaluation

2 Person-Centered Care Plan

Goals, strengths, needs; service coordination; caregiver supports; updated at least annually

3 Ongoing Monitoring & Support

Dyad: Low quarterly, Mod/High monthly+
Individual: Low monthly, Mod-High 2x/month

4 Medication Management

Medication reconciliation by prescribing clinician; prescribe/de-prescribe with PCP agreement; adherence support

ACCESS & COORDINATION

5 24/7 Access to Care Team

Round-the-clock helpline with live human support (not AI); third-party permitted; all off-hours interactions communicated to IDT

6 Care Coordination & Transitions

Share care plan with PCP; coordinate care changes; ensure new providers receive patient history incl. meds; support transitions between settings

7 Referrals & Support Coordination

Maintain/access community resource inventory; connect dyad to CBOs; coordinate with Medicaid HCBS/LTSS case manager for duals

CAREGIVER & RESPITE

8 Caregiver Education & Support

Administer caregiver support program: skills training, dementia education, ADL assistance, behavior management, support groups, 1:1 calls

9 GUIDE Respite Services

Up to $2,500/yr; in-home required, adult day/facility optional; eligible: mod/severe dyad tiers only (not all beneficiaries)

INTERDISCIPLINARY CARE TEAM (REQUIRED)

Dementia-proficient clinician (E/M billing eligible) + Trained care navigator (standardized dementia training). Optional: pharmacists, behavioral health, social workers, OTs.

5 MODEL TIERS — Payment, care intensity, and contact frequency increase by tier

LOW DYAD	MOD DYAD	HIGH DYAD	LOW INDIVIDUAL	MOD-HIGH INDIVIDUAL
Mild dementia w/ caregiver	Mod/severe + low-mod strain	Mod/severe + high strain	Mild dementia no caregiver	Mod/severe no caregiver

Source: CMS GUIDE Model RFA (Nov 2023), Appendix B | CMS.gov/priorities/innovation/innovation-models/guide

Your Panel Exposure

WHO QUALIFIES & WHAT IT COSTS YOU

Must Have

- Confirmed dementia diagnosis (clinician attestation)
- Medicare Parts A & B as primary payer
- Community-dwelling (personal home, ALF, group home)

Cannot Have

- Medicare Advantage (including SNPs)
- PACE enrollment
- Medicare hospice benefit election
- Long-term nursing home residence

Your Financial Exposure

- DCMP (tiered monthly payment) flows as MSSP expenditure
- Higher-tier patients = larger DCMP = bigger cost impact
- Respite ($2,500/yr) does NOT hit your expenditures
- No MSSP benchmark adjustment for GUIDE overlap

No cost to patient/caregiver dyads

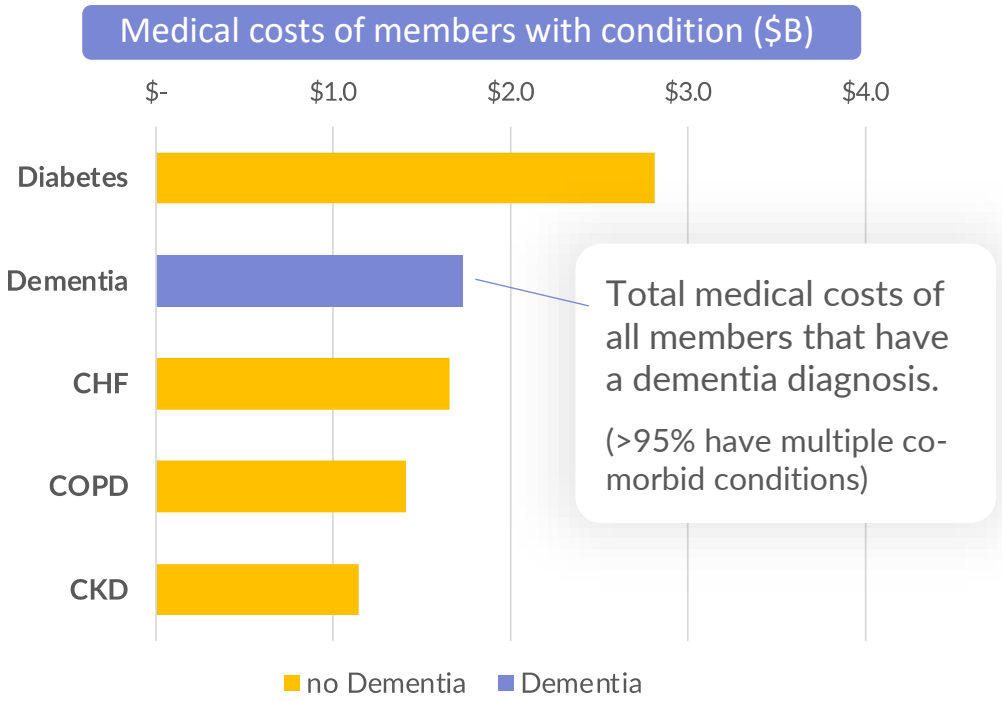
Source: CMS GUIDE Model RFA (Nov 2023) | NAACOS GUIDE Overview | Alzheimer's Association 2025 Facts & Figures

Panelist Discussion

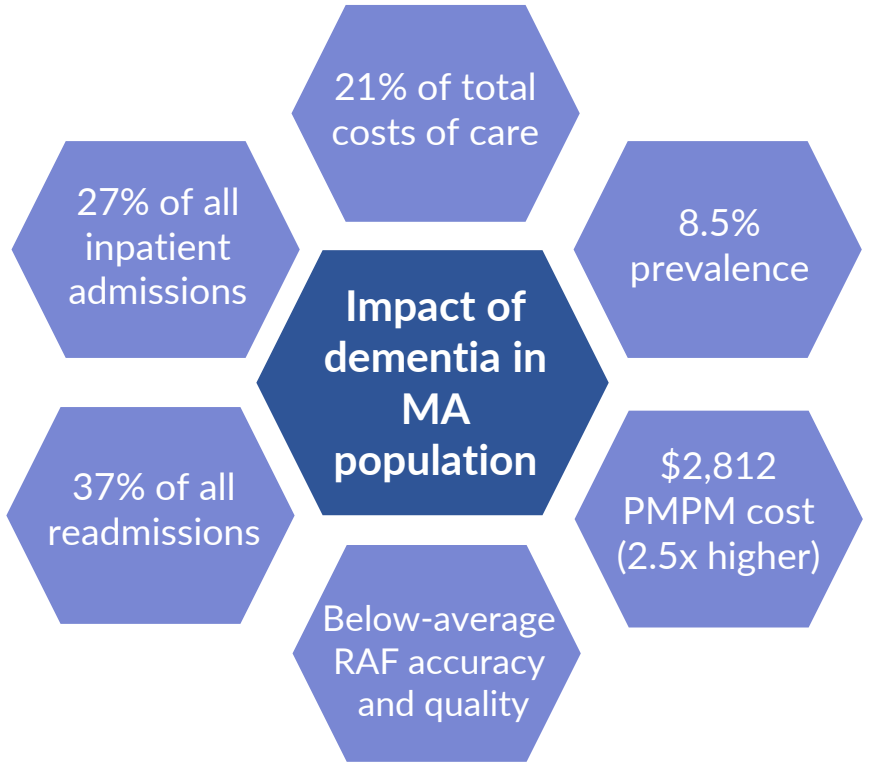
Dementia is a top target for Medicare cost savings

And is more critical than ever based on the proposed flat payment re-imbursement in 2027

Dementia is the 2nd most costly condition



CMS 5% data sample (FFS: Parts A & B)



Source: Milliman white paper
(higher prevalence in Duals population)

Sources: Salber, PR et al, Am J Manag Care. 2018;24(11):e344-e351, CMS Chronic Conditions Chartbook

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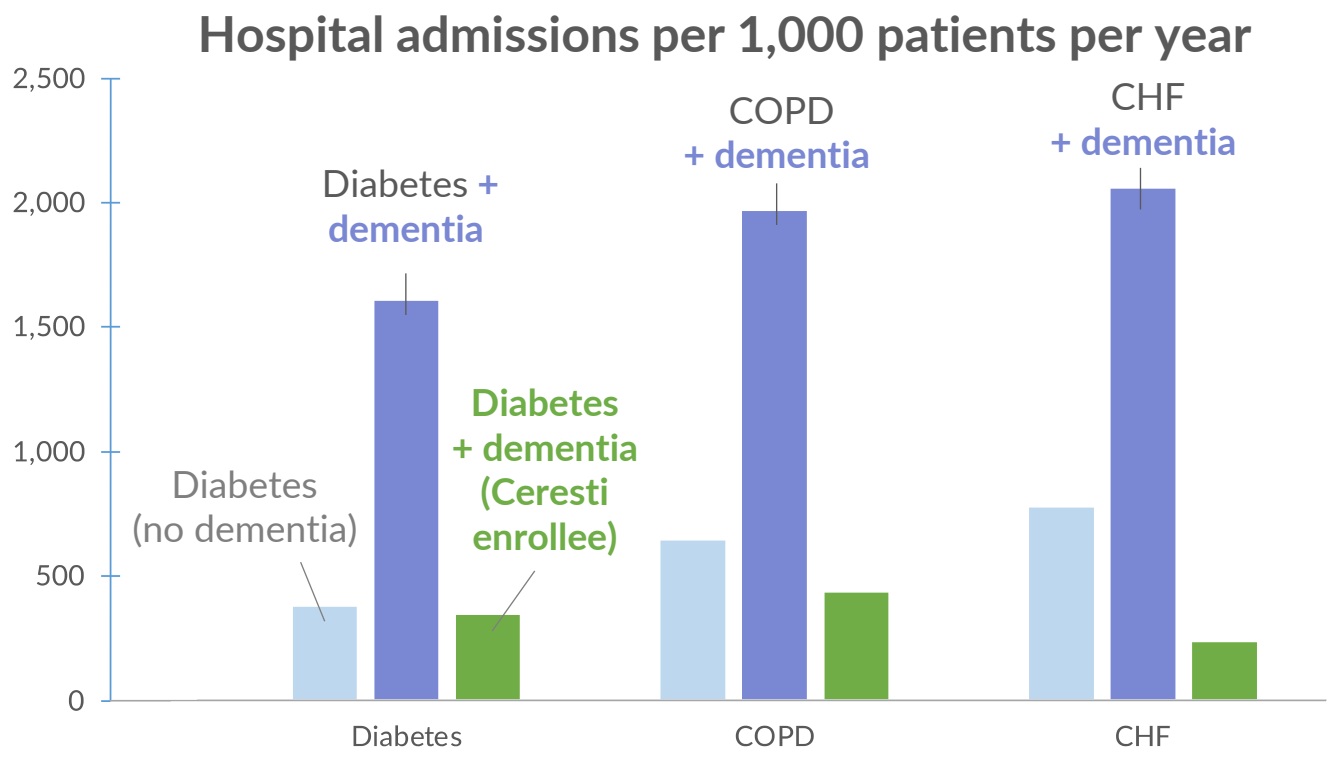
The dementia "multiplier"

The inability to self-manage has a "multiplier effect" on hospitalizations and costs



Dementia costs

$200B in annual Medicare costs

21% of total costs of care

Source: Milliman white paper

Patients **without dementia**

Patients **eligible** for Ceresti's program Caregiver-Enabled Dementia Program

Patients **enrolled** in Ceresti's program

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Panelist Discussion

Ceresti is redefining dementia care

A virtual, tech-enabled, caregiver-centered model that delivers independently validated medical cost savings for at-risk populations. Powered by technology, aligned with CMS GUIDE and built for scale.

Supported by Dementia-trained Nurse Practitioners

Ceresti Cognitive Screening Program

Screen & Diagnose

Improves diagnosis accuracy and improves risk capture/recapture

Ceresti Dementia Management Program

Enroll

Activate Caregivers

Reduces medical costs for diagnosed patients and improves quality of life

More Effective Engagement of Healthcare System

Activated caregivers improve timely interaction with PCPs, avoiding expensive hospitalizations

Medicare At Risk Organization (MAOs) we serve: MA, Med Supp & Duals Plans | PACE | At-Risk Providers | ACOs

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Our proprietary dementia care platform

Ceresti dementia care platform

Activate the caregiver ⟷ Monitor the patient

Personalized education, tools and access to resources

Continuous monitoring

Proactive coaching

Caregiver enablement and patient monitoring (caregiver EHR)

Predictive analytics & risk mgt

Enrollment management

Clinical data management (patient EHR)

Empower & unburden primary care and care management

- More effective encounters
- Close care gaps
- Actionable alerts
- Encounter summaries (neurology, pharmacy)

Link to more information [Tablet overview video]

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Caregiver enablement drives measurable clinical and cost outcomes (within 6 months)

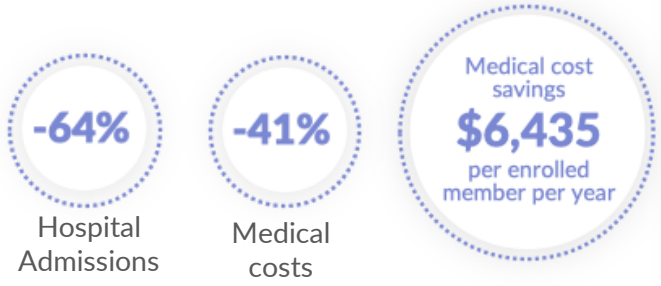
Caregiver engagement & activation

Caregiver outcomes	Result
High and continuous engagement	
Weekly engagement time per CG	> 40 min
% of Caregivers engaged during month	> 90%
Month-to-month continue rate	96%
Improved caregiver wellness	
Feeling more supported in role of CG *	+44%
Net promoter score (satisfaction)	75
Fewer mental unhealthy days (out of 30)*	-3.1 days
Caregiver activation	
Feeling confident to address loved one's health issues *	+30%

Source: Ceresti program outcomes, those with an * are changes over first 180 days of program

Cost savings (member)

Results from studies with three Medicare Advantage plans (N=625)



Harvard Pilgrim Health Care

Kansas City

PacificSource HEALTH PLANS

Methodology: propensity matching with difference-in-differences (p<0.05)

Link to Validation Report

Reductions in avoidable hospitalizations

	Top causes of avoidable hospitalization	Ceresti's Program	
		Relative change %	p-value*
1	Falls	-58%	0.274
2	Sepsis	-128%	0.130
3	Heart failure	-112%	0.049
4	Diabetes	-74%	0.160
5	Pneumonia	-134%	0.090
6	UTI	-112%	0.039
7	COPD	-154%	0.023
8	Hypertension	-72%	0.019

Source: Ceresti claims analyses from 12 months study: Program enrollees vs matched control

* sample size too small to achieve stat. sig. (p<0.05) for all conditions

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Panelist Discussion

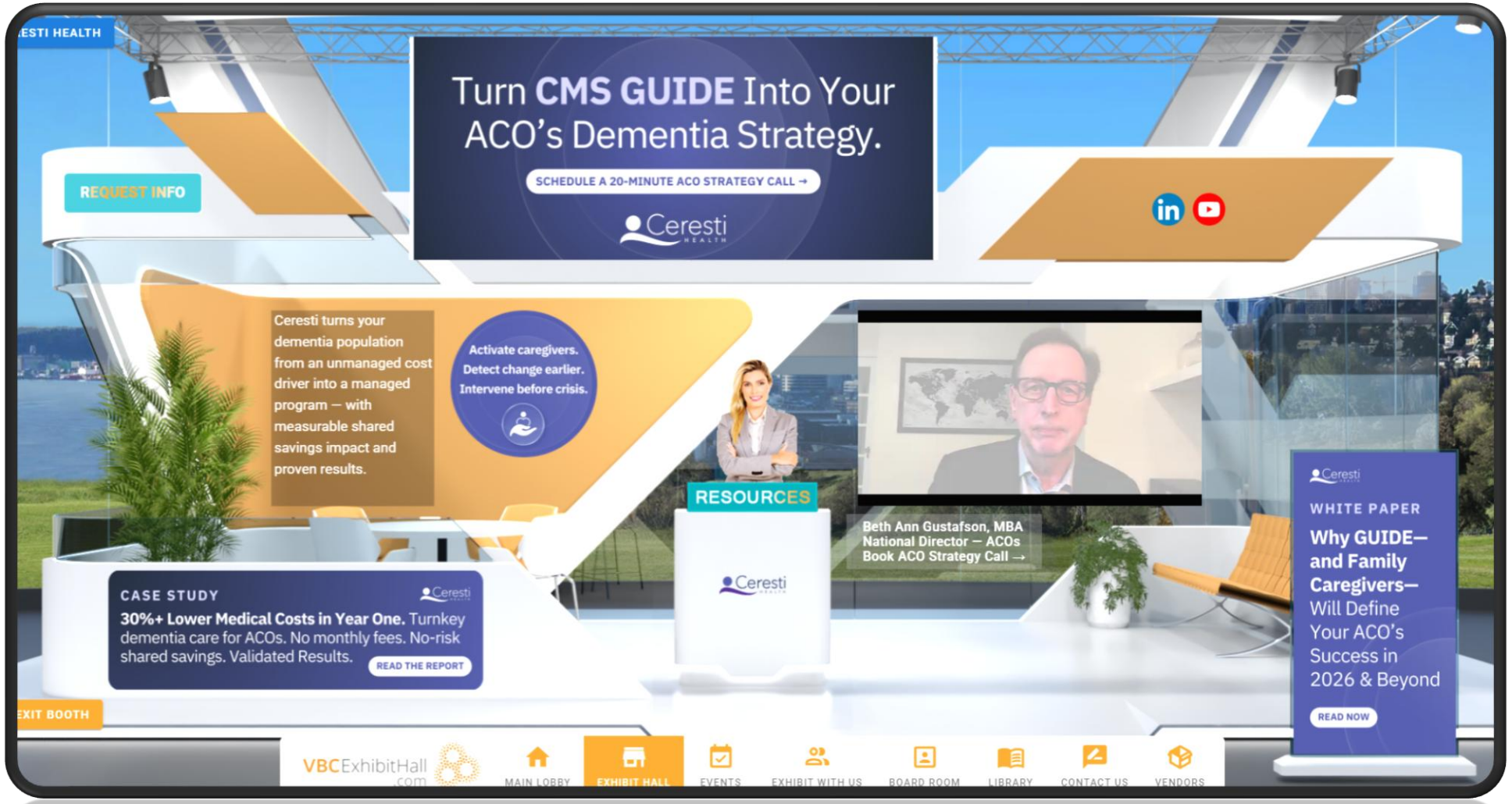
POLLING QUESTIONS

How would you rate your operational readiness to deploy a comprehensive dementia strategy?

Select your answer using the poll on screen.

Q & A

Stop by our VBCExhibitHall.com Virtual Booth



Visit the Ceresti exhibit booth

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Thank You.

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