Functional Pathways
MDS- Keys to Success…

One band
One sound

Now more than ever, it is essential for all IDT members to be on the same page. To have the same overarching goal. Each of us needs to bring our special talents to help achieve that goal which is to ensure excellent patient care and reimbursement that reflects that care.

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Characteristics of a Successful Team

- **Communication** – Good, open, honest, respectful, frequent communication
- **Accountability** – Teams make sure everyone knows what is expected of them and they hold each other accountable to accomplishing the task and meeting the expectation
- **Discussion and Debate** - Successful teams value differing points of view. They discuss and evaluate the options and decide together on the best solution. Everyone's opinion is listened to and respected.
- **Innovative, out of the box thinking –** Difficult problems require innovative solutions. Don't be afraid to suggest something that seems off the wall. It may be exactly what is needed. The greatest inventions were ridiculed by many people!
- **Focused** – Don't get distracted from the task at hand. They set goals, identify actional steps to meet them, review progress frequently , and adjust as needed
- **Self-improvement –** Successful teams invest in their people. They don't punish people for making mistakes. To error is human. If you really want to blaze a trail, you will make mistakes. Take those, learn from them and invest in teaching, training, developing, and supporting your greatest asset…. Your people.

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What Constitutes Skilled Care?

For a resident to qualify for skilled care, they must require **Skilled Nursing Facility Level of Care as defined in the Medicare Benefits Policy Manual, Chapter 8**

Care in a SNF is covered if **All of the following four factors are met**:

1. The patient requires skilled nursing services or skilled rehabilitation services. The services must be
   - performed by or under the supervision of professional or technical personnel (see §30.2 - 30.4);
   - ordered by a physician (or physician extender where state laws allow)
   - rendered for a condition for which the patient received inpatient hospital services, or the condition arose while the resident was in a SNF following that inpatient hospital services
2. The patient must require these skilled services on a daily basis (see §30.6)
3. For economy and efficiency, the daily skilled services can only be provided on an inpatient basis in a SNF. (See §30.7.)
4. The services must be reasonable and necessary for treating the patient's illness or injury. This means they must be consistent with the nature and severity of the individual's illness or injury, and medical needs, are accepted standards of medical practice, are reasonable in terms of duration and quantity.

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What does Daily Basis Mean?

- Rehabilitation—PT/OT/ST at least 5 distinct calendar days per week
- Skilled Nursing—7 days per week
- A combination of Therapy 3x/week and Restorative Nursing at 6 days a week for 2 programs, at least 15 minutes per program.
- If the requirements for skilled care are not met, a stay in a SNF, even though it might include the delivery of some skilled services, is not covered. For example, payment for a SNF level of care could not be made if a patient needs an intermittent rather than daily skilled service.

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Therapy Services Must Be Medically Necessary

Code only medically necessary therapies that occurred **after admission or readmission** to the nursing home that were:

The services must be:

- **ordered by a physician** (physician's assistant, nurse practitioner, and/or clinical nurse specialist)
- **based on a qualified therapist's assessment** (i.e., one who meets Medicare requirements or, in some instances, under such a person's direct supervision) **and treatment plan**
- **documented** in the resident's medical record, and
- **care planned and periodically evaluated** to ensure that the resident receives needed therapies and that current treatment plans are effective.

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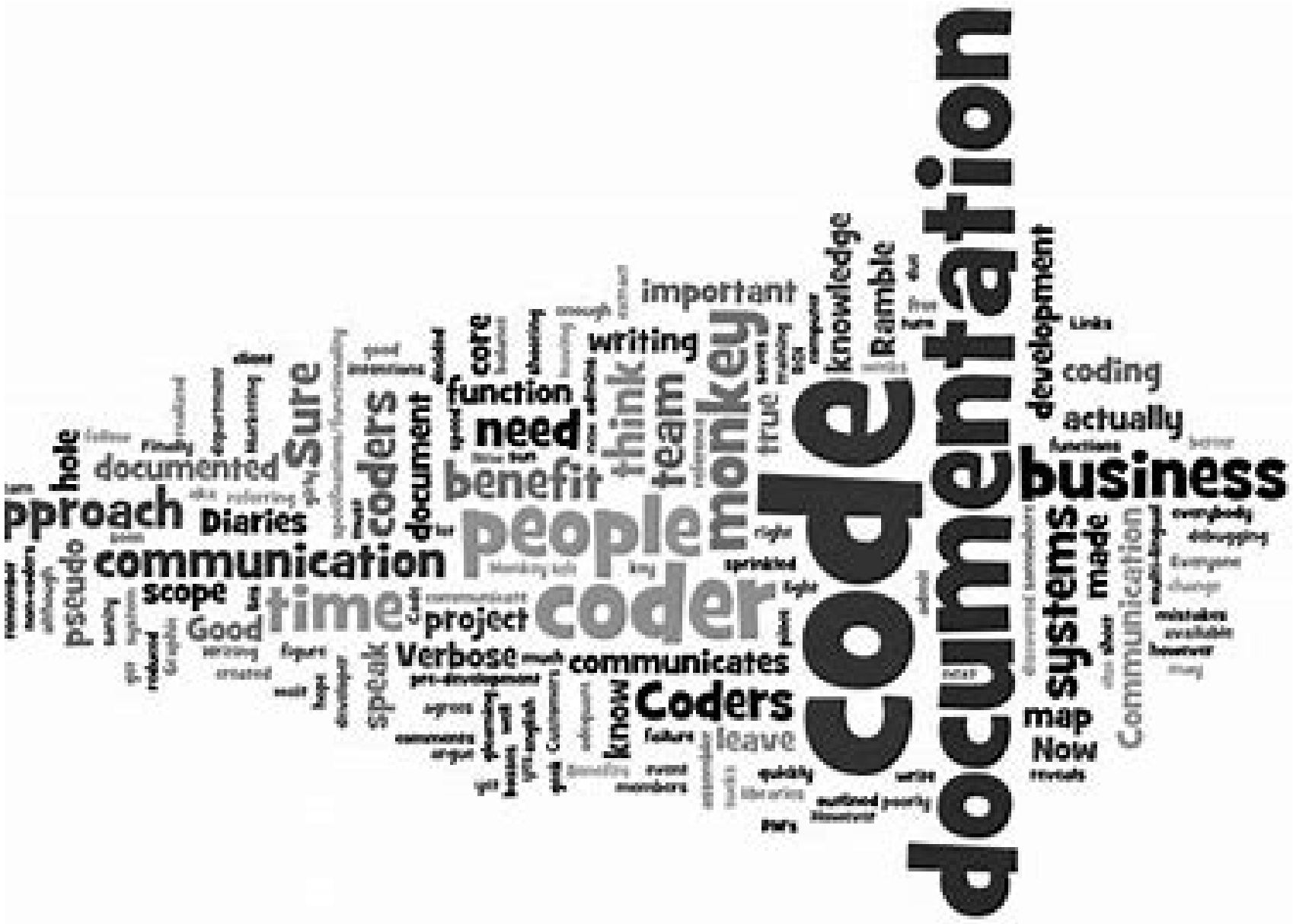

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Documentation

DO's	Don't's
Do Use Objective Measures 3 times per hour, once weekly	**Don't Use Vague Terms:** Frequently or Occasionally
Do Reflect Skilled Services: Assessment, Education/Teaching, Evaluating Effectiveness, or Modification of Plan.	**Don't use Non-Skilled Terms:** Observation, Monitoring, Supervision, Routine, Unchanged
Do Document How Therapy is Impacting Function of the Resident on the Unit	**Don't Use Statements Reflecting No Change or Benefit from Therapy**
Do Document Recommendations/Training Received by Therapy	**Don't Rely on Second-hand Reports**
Do Document What you Saw, Heard, Felt, and Smelled	**Don't Document Conflicting Entries:** For example, therapy documents trained on use of sliding board, but nursing continues to transfer with assist of two

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Nursing Documentation and PDPM

- Determining the Case Mix Group (CMG) is not the role of the nurse but requires support from nursing documentation.
- Nursing **MUST** ensure that medical record documentation captures the resident care being delivered so the MDS can be coded to reflect all the needs and care of the resident.
- The MDS nurses serve as the gatekeepers of all the information that the nurse documents to ensure that all they have heard, learned and know it is captured to ensure the facility is reimbursed for all the care and services provided.
- Nursing needs to understand what documentation is needed to support the MDS and the most accurate reimbursement for the care we are providing.
- Nurses need to know that each treatment and monitoring of a condition they provide **that is not documented** can be a missed opportunity for reimbursement.

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Nursing Notes: What Should be included

- **Subjective Data:** Pain Assessment, Data that pertains to verbal statements that cannot be collected during a physical finding.
- **Objective Data:** Vital signs, Edema, Wounds, Signs and Symptoms of Infection, etc.
- **Assessment:** Nurse's interpretation of your resident's condition.
- **Plan:** Treatments and tests.
- **Education:** Explanations to your resident about their medications, by giving handouts, or special instructions.
- **Data:** Describe any observations made at a specific time in your resident treatment. Support the main issues in your documentation.
- **Action:** All actions you take to care for your resident. Also, include any type of evaluations or changes made to present the care of your resident.

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Remember:

1. Educate all your nursing staff regularly on what is a good progress note. What specific information is needed daily to be included in their documentation? How and What is needed to support the MDS?
2. Ensuring that nursing is educated on the importance of accurate documentation of the “usual performance” that is needed to be captured in section GG of the MDS.
3. Share the Nursing Documentation Tool with your nurses so they have support to assist with writing nursing progress notes for skilled residents.
4. Know and share with your nurses the indicators and symptoms for their documentation that will assist in capturing depression on the MDS.
5. Understand that restorative is important to PDPM reimbursement in the Behavioral and Reduced Physical Functioning categories.
6. You deserve to be reimbursed for all the care you are providing to the resident and excellent documentation of your nurses will support your journey in obtaining your reimbursement opportunities.

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Therapy that exceeds expectations.

Skilled Nursing Documentation Recommendations

Respiratory	Urinary/Bowel	Integumentary	Diabetic Care	Pain Control	Orthopedic
Respiratory rate, rhythm, quality, pattern	Document S/S of infection	□ Wound location and type □ Condition/appearance of wound □ Wound measurements □ Wound stage □ Presence of drainage, erythema, or warmth □ S/S infection	Performing/reading blood sugars	Type Location Severity Frequency Time of day Activity related to pain	ADLs affected and amount of assist needed for ADLs
Describe any changes in level of consciousness, anxiety, or other mental status changes	Burning, pain, bloody, cloudy, pus in urine, odor		Describe number of order changes and MD visits		Assist with transfers
Lung sounds: wheezes, rales, ronchi	Dysuria description		Determining/drawing insulin		Assist with ambulation Positioning/safety devices
SOB cause; SOB while lying flat; Nursing care to decrease SOB	Urgency Fever Confusion Behavior	Surgical wound: □ Describe pain and interventions to decrease pain	Self-injections: □ Rotating sites; □ Describe skilled nursing care to teach resident self-administration □ Describe effectiveness of resident teaching □ Resident return demonstration	Medications and response Pain rate before and after medication	Pain: (see pain control section) Surgical Incision appearance/care □ Describe pain and interventions to decrease pain
Describe the presence of Cough/congestion	Medications ordered and response	Dressing type and change orders		Non-therapeutic interventions: turning down lights, quiet environment, position change, massage, therapy, etc.	Precautions/contraindications
Oxygen use/O2 sats and interventions provided	Change in S/S	Pain with dressing changes			Weight Bearing Status; affected extremity
Fever present and interventions provided	Straight catheterization □ Describe condition that requires straight catheterization; □ Describe sterile technique used; □ Describe any teaching regarding catheter use;	Skin integrity nursing care	Diabetic diet		
Respiratory treatment effectiveness		Describe outcome and resident's understanding from self-wound care training	Describe S/S associated with blood sugar fluctuations		
Meds and response			Diabetic foot care		
Activity tolerance	Describe outcome and resident's understanding from colostomy/ileostomy/ supra-public care training.	Nutritional intake; include meal & fluid consumption; dietary interventions (protein shakes/food; vitamin C; etc.)			
Comfort level relating to respiratory status					
Sore throat					
Description of trach care/suctioning provided	Describe outcome and resident's understanding from bowel and bladder training	Current treatment and response Describe wound healing process			**I.V. or I.M. Medication**

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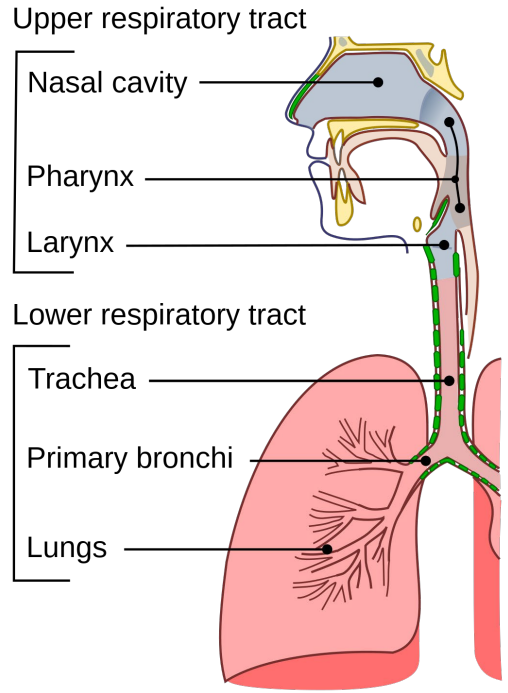
Respiratory Documentation:

Assess the following and ensuring all is included in your nursing note.

- Respiratory Rate: rhythm, quality, and pattern .
- Describe any changes in level of consciousness: anxiety, or any other mental status changes.
- Lung Sounds: wheezes, rales, rhonchi.
- SOB causes: SOB while lying flat or sitting and care to decrease.
- Describe the presence of Cough/Congestion.
- Oxygen use, O2 Sats and Interventions provided.
- Fever persistent and interventions provided.
- Respiratory treatment effectiveness.
- Medications and responses to it.
- Activity tolerance: SOB with exertion and care to decrease.
- Comfort level relating to respiratory stats.
- Sore throat.
- Description of Trach care/Suctioning provided.
- Skilled nursing interventions used to improve comfort and overall functional status.



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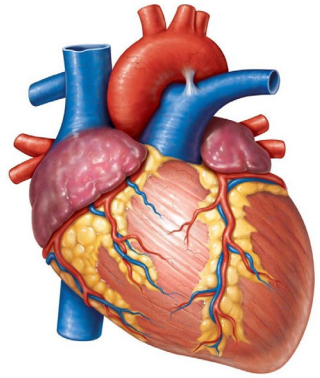
Cardiac Documentation:

Assess the following and ensuring all is included in your nursing note.

- Vital Signs: B/P, and Apical pulse with irregular rate and rhythm.
- Chest pain and type: nursing care to improve comfort.
- SOB: Lying/Sitting/Exertion.
- Oxygen use, O2 Sats and interventions provided
- Weight Gain: Edema and Measurements.
- Cardiac medications: Response to medications and effectiveness.
- Chest Pain relieving medications and effectiveness.
- Anticoagulation medications: type and responses.
- Skin: Color, temperature, and dryness.
- Dizziness: Syncope what happened, with position changes, any warning signs.
- Poor Peripheral Circulation: Hands or feet feel cold or look pale or bluish, any pain with movement or exercise, Does rest make the pain better, How much activity increases pain.



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Remember:

- If it wasn't written, it wasn't done
- If you can’t read it, it wasn't done
- If you can’t find it, it wasn't done
- If it is not filed in the record, it wasn't done

And

- If it was not ordered, it wasn't necessary

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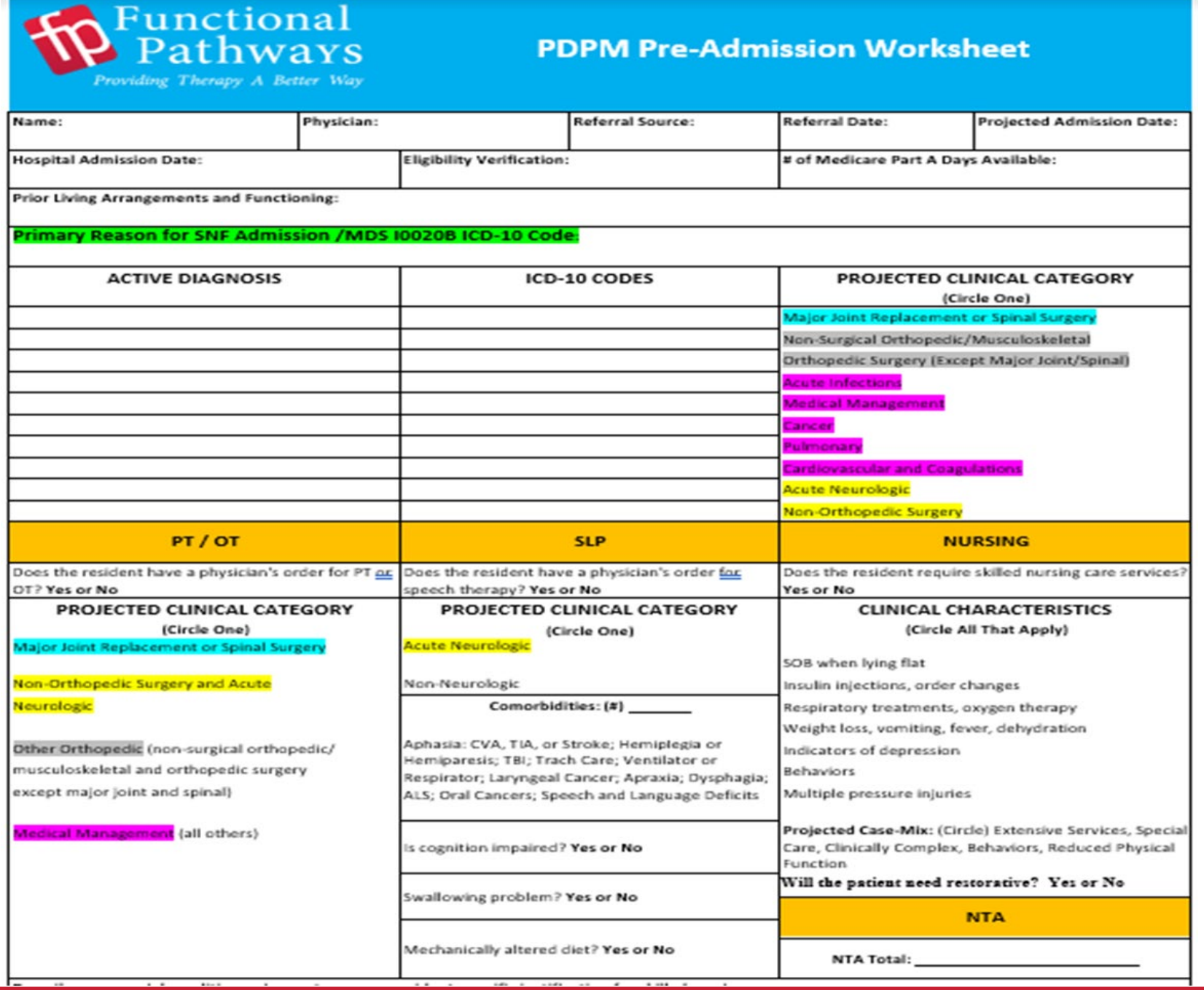
Pre-Admission Form



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Providing Therapy A Better Way

PDPM Pre-Admission Worksheet

Name:	Physician:	Referral Source:	Referral Date:	Projected Admission Date:
Hospital Admission Date:	Eligibility Verification:		# of Medicare Part A Days Available:	
Prior Living Arrangements and Functioning:				
Primary Reason for SNF Admission /MDS I0020B ICD-10 Code:				

ACTIVE DIAGNOSIS	ICD-10 CODES	PROJECTED CLINICAL CATEGORY (Circle One)
		Major Joint Replacement or Spinal Surgery
		Non-Surgical Orthopedic/Musculoskeletal
		Orthopedic Surgery (Except Major Joint/Spinal)
		Acute Infections
		Medical Management
		Cancer
		Pulmonary
		Cardiovascular and Coagulations
		Acute Neurologic
		Non-Orthopedic Surgery

PT / OT	SLP	NURSING
Does the resident have a physician's order for PT or OT? **Yes or No**	Does the resident have a physician's order for speech therapy? **Yes or No**	Does the resident require skilled nursing care services? **Yes or No**
PROJECTED CLINICAL CATEGORY (Circle One) Major Joint Replacement or Spinal Surgery Non-Orthopedic Surgery and Acute Neurologic Other Orthopedic (non-surgical orthopedic/ musculoskeletal and orthopedic surgery except major joint and spinal) Medical Management (all others)	**PROJECTED CLINICAL CATEGORY** (Circle One) Acute Neurologic Non-Neurologic **Comorbidities: (#) _____** Aphasia: CVA, TIA, or Stroke; Hemiplegia or Hemiparesis; TBI; Trach Care; Ventilator or Respirator; Laryngeal Cancer; Apraxia; Dysphagia; ALS; Oral Cancers; Speech and Language Deficits Is cognition impaired? **Yes or No** Swallowing problem? **Yes or No** Mechanically altered diet? **Yes or No**	**CLINICAL CHARACTERISTICS** (Circle All That Apply) SOB when lying flat Insulin injections, order changes Respiratory treatments, oxygen therapy Weight loss, vomiting, fever, dehydration Indicators of depression Behaviors Multiple pressure injuries **Projected Case-Mix:** (Circle) Extensive Services, Special Care, Clinically Complex, Behaviors, Reduced Physical Function **Will the patient need restorative? Yes or No** **NTA** **NTA Total: _____**

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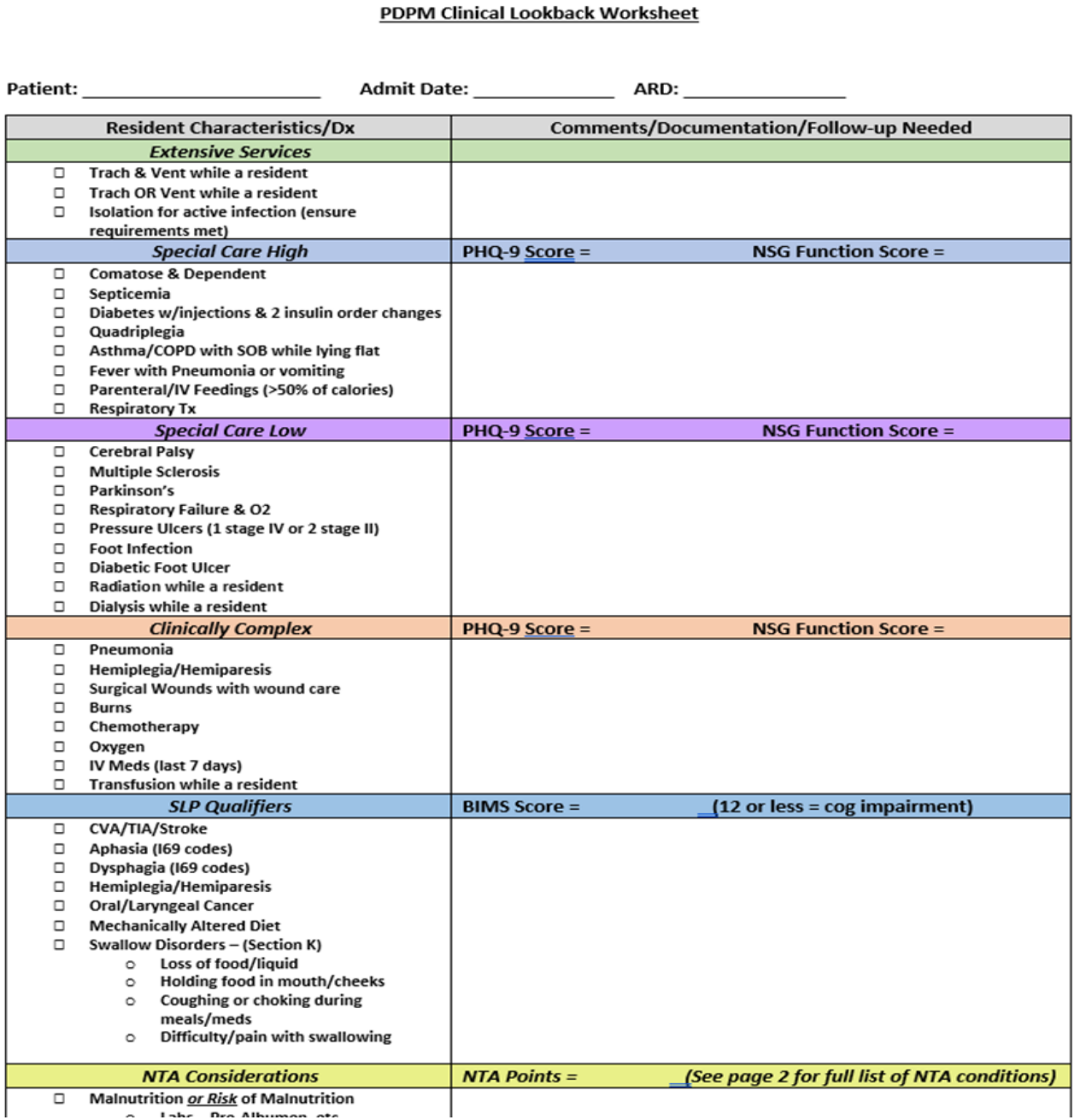
PDPM Patient Checklist



PDPM Clinical Lookback Worksheet

Patient: _____ **Admit Date:** _____ **ARD:** _____

Resident Characteristics/Dx	Comments/Documentation/Follow-up Needed
Extensive Services	
☐ Trach & Vent while a resident ☐ Trach OR Vent while a resident ☐ Isolation for active infection (ensure requirements met)	
Special Care High	**PHQ-9 Score =** **NSG Function Score =**
☐ Comatose & Dependent ☐ Septicemia ☐ Diabetes w/injections & 2 insulin order changes ☐ Quadriplegia ☐ Asthma/COPD with SOB while lying flat ☐ Fever with Pneumonia or vomiting ☐ Parenteral/IV Feedings (>50% of calories) ☐ Respiratory Tx	
Special Care Low	**PHQ-9 Score =** **NSG Function Score =**
☐ Cerebral Palsy ☐ Multiple Sclerosis ☐ Parkinson's ☐ Respiratory Failure & O2 ☐ Pressure Ulcers (1 stage IV or 2 stage II) ☐ Foot Infection ☐ Diabetic Foot Ulcer ☐ Radiation while a resident ☐ Dialysis while a resident	
Clinically Complex	**PHQ-9 Score =** **NSG Function Score =**
☐ Pneumonia ☐ Hemiplegia/Hemiparesis ☐ Surgical Wounds with wound care ☐ Burns ☐ Chemotherapy ☐ Oxygen ☐ IV Meds (last 7 days) ☐ Transfusion while a resident	
SLP Qualifiers	**BIMS Score =** **(12 or less = cog impairment)**
☐ CVA/TIA/Stroke ☐ Aphasia (I69 codes) ☐ Dysphagia (I69 codes) ☐ Hemiplegia/Hemiparesis ☐ Oral/Laryngeal Cancer ☐ Mechanically Altered Diet ☐ Swallow Disorders – (Section K) ○ Loss of food/liquid ○ Holding food in mouth/cheeks ○ Coughing or choking during meals/meds ○ Difficulty/pain with swallowing	
NTA Considerations	***NTA Points =*** ***(See page 2 for full list of NTA conditions)***
☐ Malnutrition *or Risk* of Malnutrition	

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Thriving, not just Surviving

Strategies to maximize success

- Accurate MDS coding for patient status
- GG= Interdisciplinary Functional Status at admission
- Identify accurate ICD-10 = reason for SNF admit
- Embracing the BIMS – why it matters
- Section K – not just dietary!
- Understanding Active Diagnoses
- Nursing Assessment and Documentation
  - RUGS based nursing CMI
  - Mood Indicators and overall patient status
  - Finally- a seat at the reimbursement table!

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Defining Your Success – Quality Functional Outcomes

Section GG has a HUGE impact on PDPM, Medicaid and QM's

31 Measures total – 21 mobility and 10 self-care

- Admission performance vs Discharge Goal vs Discharge performance
- Calculates PT, OT and Nursing CMGs
  - 10 Measures tracked for therapy – higher function score = more independent = higher payment
  - 7 Measures tracked for nursing – lower function score = more dependent = higher payment
- Usual performance – what does that mean, really?
- Interdisciplinary collaboration
- Setting realistic discharge goals based on clinical information, typical length of stay and admission functional levels
  - "Minimum" requirement considerations

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Defining Your Success – Quality Functional Outcomes

Section GG Discharge Goals

- Regardless of CMI and payment, it is essential to set realistic discharge goals.
- CMS only requires 1 discharge goal to be compliant with the reporting requirements, but……..!!
- Best practice is to set goals for all items that will be addressed during the resident's skilled stay.
- To set good goals consider:
  - The patient's clinical characteristics
  - Functional status at admission
  - The facilities average length of stay
  - The patient's own goals and motivation
  - Professional and Medical practice standards
- Set goals that are achievable and show reasonable gains. This is your opportunity to showcase your skilled program

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Therapy-What have we done for you lately?

- Assessing Cognition – SLP or OT administration of the BIMS on eval
- Section K – partnering with SLP and OT to assess swallow and diet
- PHQ-2 to 9 Considerations - how therapy can help
  - It does not diagnose depression but identifies mood indicators
  - Hearing vs Listening to truly capture mood indicators
  - The therapist/patient connection – maximizing this safe zone

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MDS Pitfalls and Tips for Achieving Accurate CMI

ICD-10 selection

- Admission dx – Active diagnoses selection
  - Lack of specificity
- Accurate picture of patient's clinical presentation
- Utilize an intake tool for pre and post admission

GG

- It's not just about therapy
- Assess ALL items when possible
- Set realistic goals
- Set goals for ALL items being addressed during the stay
- Avoid "did not do" codes and dashes

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MDS Pitfalls and Tips for Achieving Accurate CMI

SLP items

- BIMS – who, what, when, where and why – review ARD selection
- Verify accurate administration – standardized test
- Section K- it's not just about dietary! Include discussion in daily clinical meeting
  - Don’t forget the medication intake and problems
- Validate co-morbidities and treatment codes – I69 vs R13…

Nursing

- Utilize documentation tools to focus on skilled nursing components i.e. SOB while lying flat, fever with pneumonia, etc.
- Therapy documentation can support NSG RUG capture
- PHQ-2 to9 include discussion in daily clinical meeting for presence of indicators

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MDS Pitfalls and Tips for Achieving Accurate CMI

NTA

- Examine all records and query patient, family and physician for active diagnoses
  - Do you have an intake tool?
  - Do you have a scrubber?
  - Check all diagnoses against the NTA list and allowable ICD-10 codes in I8000 – don’t forget the meds!
- Every point matters! If you are providing the care and getting the outcomes – you should get paid for the services, you provide!

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NTA Component

Conditions and Extensive Services Used for NTA Classification: Source Items

Condition/Extensive Service	Source	Points
Bladder and Bowel Appliances: Ostomy	MDS Item H0100C	1
Bladder and Bowel Appliances: Intermittent Catheterization	MDS Item H0100D	1
Inflammatory Bowel Disease	MDS Item I1300	1
Active Diagnoses: Multi-Drug Resistant Organism (MDRO) Code	MDS Item I1700	1
Wound Infection Code	MDS Item I2500	2
Active Diagnoses: Diabetes Mellitus (DM) Code	MDS Item I2900	2
Active Diagnoses: Multiple Sclerosis Code	MDS Item I5200	2
Active Diagnoses: Malnutrition Code	MDS Item I5600	1
Active Diagnoses: Asthma COPD Chronic Lung Disease Code	MDS Item I6200	2
Aseptic Necrosis of Bone	MDS Item I8000	1
Bone/Joint/Muscle Infections/Necrosis - Except Aseptic Necrosis of Bone	MDS Item I8000	2
Cardio-Respiratory Failure and Shock	MDS Item I8000	1
Chronic Myeloid Leukemia	MDS Item I8000	2
Chronic Pancreatitis	MDS Item I8000	1
Cirrhosis of Liver	MDS Item I8000	1
Complications of Specified Implanted Device or Graft	MDS Item I8000	1
Cystic Fibrosis	MDS Item I8000	1
Diabetic Retinopathy - Except Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	MDS Item I8000	1
Disorders of Immunity - Except : RxCC97: Immune Disorders	MDS Item I8000	1
Endocarditis	MDS Item I8000	1
End-Stage Liver Disease	MDS Item I8000	1
Immune Disorders	MDS Item I8000	1
Intractable Epilepsy	MDS Item I8000	1
Lung Transplant Status	MDS Item I8000	3
Major Organ Transplant Status, Except Lung	MDS Item I8000	2
Morbid Obesity	MDS Item I8000	1
Myelodysplastic Syndromes and Myelofibrosis	MDS Item I8000	1
Narcolepsy and Cataplexy	MDS Item I8000	1
Opportunistic Infections	MDS Item I8000	2
Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	MDS Item I8000	1
Psoriatic Arthropathy and Systemic Sclerosis	MDS Item I8000	1
Pulmonary Fibrosis and Other Chronic Lung Disorders	MDS Item I8000	1
Respiratory Arrest	MDS Item I8000	1
Severe Skin Burn or Condition	MDS Item I8000	1
Specified Hereditary Metabolic/Immune Disorders	MDS Item I8000	1
Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies	MDS Item I8000	1
Parenteral IV Feeding: Level High	MDS Item K0510A2, K0710A2	7
Parenteral IV feeding: Level Low	MDS Item K0510A2, K0710A2, K0710B2	3
Nutritional Approaches While a Resident: Feeding Tube	MDS Item K0510B2	1
Highest Stage of Unhealed Pressure Ulcer - Stage 4	MDS Item M0300D1	1
Other Foot Skin Problems: Foot Infection Code, Other Open Lesion on Foot Code, Except Diabetic Foot Ulcer Code	MDS Item M1040A, M1040B, M1040C	1
Other Foot Skin Problems: Diabetic Foot Ulcer Code	MDS Item M1040B	1
Special Treatments/Programs: Radiation Post-admit Code	MDS Item O0100B2	1
Special Treatments/Programs: Suctioning Post-admit Code	MDS Item O0100D2	1
Special Treatments/Programs: Tracheostomy Care Post-admit Code	MDS Item O0100E2	1
Special Treatments/Programs: Ventilator or Respirator Post-admit Code	MDS Item O0100F2	4
Special Treatments/Programs: Intravenous Medication Post-admit Code	MDS Item O0100H2	5
Special Treatments/Programs: Transfusion Post-admit Code	MDS Item O0100I2	2
Special Treatments/Programs: Isolation Post-admit Code	MDS Item O0100M2	1
HIV/AIDS	SNF Claim	8

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Areas of Coding Opportunity

Who is doing your coding? Are they well versed with ICD-10 coding?

- Have they attended a training course or considered certification
- Do they have access to someone who is an expert or specialist in coding

Do you have a back up person who is well trained and proficient in ICD-10 coding

Do you have access to a current RAI manual and official updates to the ICD-10 coding manual

Do you have a system, such as RightTrack™, to help you evaluate the best admitting diagnosis and your outcomes?

Are you coding to the highest specificity and accuracy?

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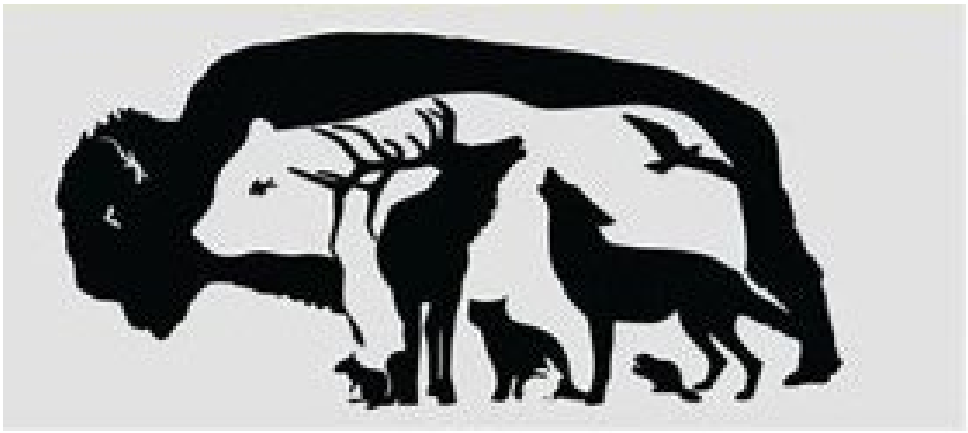
What do People See First?



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Important Take-aways for MDS

- Know your RAI coordinator and have their number readily available
- Make sure you have access to a current RAI manual and refer to it often https://www.cms.gov/files/document/finalmds-30-rai-manual-v11811october2023.pdf
- Make sure MDS' are completed and transmitted timely
- Ensure MDS validation reports are reviewed thoroughly to catch and correct any errors before the deadlines
- Educate the direct care staff on good documentation so that care can be captured on the MDS

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MDS Success

The MDS Coordinator…

- The MDS coordinator is a critical member of the IDT
  - Do you embrace new ideas or ways of doing things
  - Are you willing to change tactics mid course
- Are you a CSI? (Clinical Status Investigator)
  - If not, you could be leaving money on the table
- Is MDS active in the building:
  - Out on the floor talking to residents, staff, families, and physicians,
  - Observing care or therapy treatments and reconciling it with the documentation
  - Talking to and training staff about documentation
  - Reviewing physician visit notes, new orders, or med changes
  - Tracking ER visits (for IPAs)

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MDS Success

The MDS Coordinator… continued

- Does the MDS coordinator have access to regulatory updates?
- Do they:
  - Have a good support network of peers.
  - Are they a member of AANAC?
  - Have a GREAT (not just good) relationship with your Rehab Director
  - Complete and transmit MDS' in a timely manner
- Does the rest of the team follow through and complete their assessments in an accurate and timely manner

The default Case-Mix Group is a PA1 with a CMI of 0.62

The most successful MDS coordinators are those who pay attention to the details and scour the record to capture care details and code them on the MDS.

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Teamwork Makes the Dreamwork

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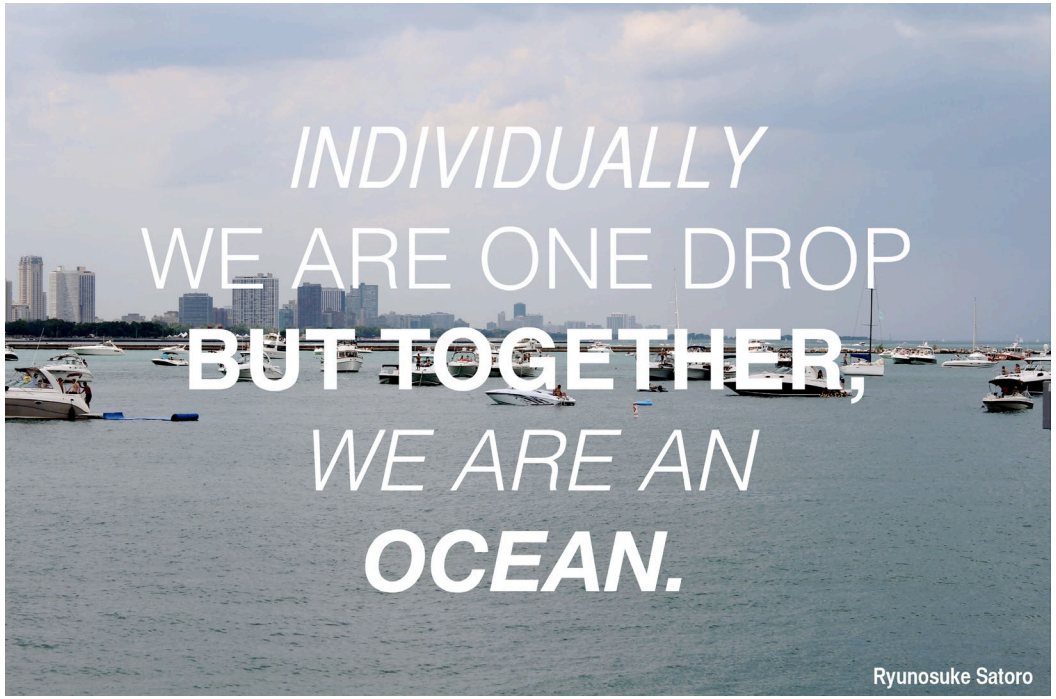
MDS - We are all in this: Together

Investing in increased collaboration may seem like more work at first – but it will pay off in the long run!

You will have:

- More Accurate Patient Assessments
- Increased Revenue
- Improved Patient Outcomes
- Reduced Rehospitalization
- Improved Patient Satisfaction



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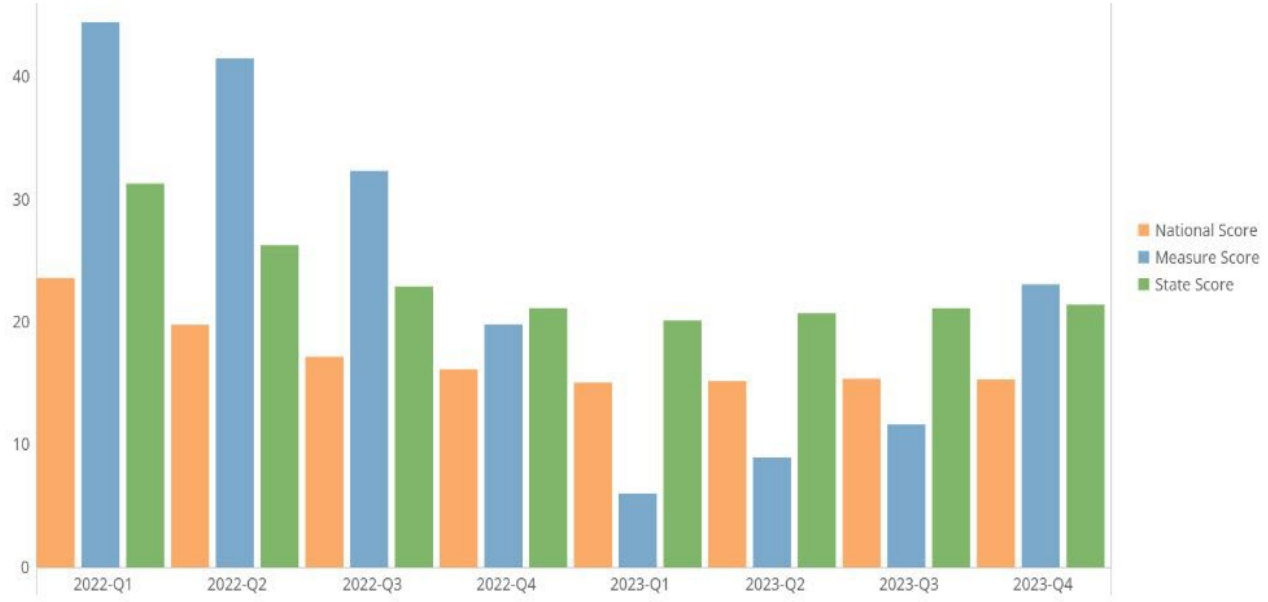
Don’t forget about the data . . .

- Know your data
  - What is your Star Rating?
  - Can you access iQIES reports?
  - Use Provider Preview reports to ensure correct data?
  - Understand Care Compare?
- Let us partner with you
- Q Card by Functional Pathways



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