

ADVISORY MEMORANDUM

Home-Based Medical Care Market Entry | Arifa Senior Medicine

TO:	Dr. Waris
FROM:	HCCI Advisory Team – Odessa Hoinkis, MD, CMD and Wendy Kraszewski, MBA, LCSW
DATE:	May 21, 2026
RE:	Strategic Recommendations — Arifa Senior Medicine Premier Market Analysis (Confer Analytics, May 2026)
SUBJECT:	Home-Based Medical Care Market Entry: Key Findings & HCCI Advisor Recommendations

PURPOSE

This memorandum translates key findings from the Confer Analytics Premium Market Analysis Report (May 2026 – V1) into actionable strategic recommendations for Arifa Senior Medicine’s entry into home-based medical care (HBMC) across El Dorado, Placer, Sacramento, and Sutter Counties, California. Recommendations are intended to inform the May 21, 2026, HCCI advisory meeting and directly prepare for the subsequent Business Plan Workbook session.

MARKET CONTEXT

The four-county footprint presents a compelling entry opportunity characterized by substantial unmet need and an accelerating growth trajectory:

- Total FFS Medicare beneficiaries age 65+: 205,237
- Total MA beneficiaries age 65+ (2023): 250,486
- Home visit volume grew 61% in two years: 14,666 visits (2023) → 23,674 visits (2025)
- Total FFS high-needs patients (HNP, per CMS ACO REACH definition): 29,508 across the four counties.
- 26,809 FFS HNP (91%) are currently not receiving house calls — representing the primary addressable near-term HBMC opportunity.
- Patient population (65+): 68.5% White, 13.1% Asian, 10.4% Hispanic, 5.3% Black; 24.4% live alone; 21.2% report ambulatory difficulty; 15.4% report independent living difficulty.

The depth of unmet need combined with a demonstrably expanding market supports a strong case for strategic market entry before competitive saturation materially increases.

COUNTY PRIORITIZATION

Sacramento County is the recommended primary launch market. El Dorado and Placer represent strong secondary targets. Sutter should follow once operational capacity is established.

County	Strategic Rationale	Unserved HNP
Sacramento	Largest FFS market (113,850 patients 65+), highest volume of unserved FFS HNP, and consistently elevated FFS home visit utilization rates across multiple high-risk patient cohorts	16,164
Placer	Large and growing suburban senior population with moderate competitive intensity	5,451
El Dorado	Lower competitive density and strong hospice partnership alignment opportunities	3,058
Sutter	Smaller but underserved market appropriate for later-stage expansion	2,136

TARGET PATIENT PROFILE

Clinical complexity, frailty, and functional impairment should anchor intake criteria and outreach strategy. Confer market data demonstrate the highest home visit utilization among patients with:

- Advanced age coupled with functional decline and mobility limitations
- Severe frailty (CFI > 0.35)
- Elevated clinical complexity / risk burden (High HCC > 4.0)
- High-needs patients (CMS ACO REACH definition)
- Functional limitation and access barriers that make office-based care difficult

Recommendation: Establish intake criteria anchored primarily to frailty, complexity, and functional limitation indicators (CFI $\geq$ 0.25 and/or HCC $\geq$ 2.5), with priority outreach to severely frail and high-acuity patient populations most likely to benefit from longitudinal HBMC services.

Strategic Alignment with CMS ACO REACH: Arifa Senior Medicine's target profile (CFI $\geq$ 0.25, HCC $\geq$ 2.5, age 85+, and significant frailty) is well aligned with the high-needs, frail, and clinically complex population defined under the CMS ACO REACH High Needs Patient criteria. With 91% of the 29,508 identified High Needs Patients currently unserved, this represents a substantial clinical and business opportunity for longitudinal home-based medical care.

COMPETITIVE LANDSCAPE & POSITIONING

The FFS home visit market is moderately concentrated but remains open for a high-quality longitudinal provider.

- Dignity Health Medical Foundation: 21.2% share
- DispatchHealth-CA, PC: 19.8% share
- American River Nursing Services: 13.8% share

DispatchHealth represents a meaningful positioning opportunity given its significantly higher hospitalization (1,533 per 1,000) and readmission (28.9%) rates relative to several established HBMC practices in the market, though these outcomes likely reflect a substantially higher-acuity patient population.

Arifa Senior Medicine's opportunity is not simply market entry, but development of a longitudinal, relationship-based HBMC model emphasizing continuity, care coordination, and high-acuity management.

REFERRAL DEVELOPMENT STRATEGY

Target office-based physicians managing large panels of unserved high-needs patients.

Provider	Specialty	Unserved HNP	Priority
David Chess	Internal Medicine	332	Tier 1
Qais Wahidi	Internal Medicine	181	Tier 1
Paramjit Takhar	Family Practice	133	Tier 1
Baljinder Gill	Internal Medicine	109	Tier 2
Donald Martin	Family Practice	107	Tier 2

PARTNERSHIP OPPORTUNITIES

Targeted partnerships will be critical for rapid patient acquisition and market positioning. Priority focus areas include:

- **Assisted Living Facilities:** Initiate discussions with high-capacity communities, starting with Eskaton Village (Carmichael, 500 units) and Atria El Camino Gardens (325 units). These represent immediate scale opportunities despite J M Geiss DO APC's current dominance in ALF visits (49.3% market share).
- **Home Health Agencies:** Establish formal co-management and warm handoff protocols with the highest-volume providers — Sutter Visiting Nurse Association (largest presence in the market) and American River Home Care (1,194 patients in Sacramento).
- **Hospice Providers:** Build strong transition-of-care relationships with Snowline Hospice (strong El Dorado presence and quality metrics) and Sutter VNA Hospice.

PAYER STRATEGY

Given Sacramento County's 61.9% Medicare Advantage penetration, a robust MA strategy is essential for long-term success:

- Prioritize exploratory contracting discussions with United Healthcare of California, the largest non-Kaiser Medicare Advantage plan across the core counties.
- Develop care coordination pathways with Kaiser Foundation Health Plan, which holds dominant MA market share (57–61% across the three largest counties).
- Evaluate value-based arrangements with Alignment Health Plan (present in Placer and Sacramento).

- Build full MA contracting infrastructure, credentialing, and delegation capabilities into the Year 1 business plan.

BILLING & REVENUE PROFILE

The market actively supports a longitudinal, moderate-to-high complexity care model with significant opportunity for layered revenue streams:

- Most frequently utilized codes include 99350 (high MDM), 99348 (low MDM), and 99349 (moderate MDM), along with substantial wound care volume.
- Strong utilization of Chronic Care Management (CCM) and related care management codes (particularly 99490, 99439, 99487, and 99489) confirms the market is receptive to comprehensive care management billing.
- Advance care planning (1123F) and medication reconciliation (G8427) documentation are already embedded in competitor workflows — these should be standard in Arifa Senior Medicine’s clinical templates from Day 1.

RECOMMENDED NEXT STEPS

1. Proceed immediately to the HBPC Business Plan Workbook session using Sacramento County as the primary market scenario.
2. Develop professional outreach materials and initiate contact with Tier 1 referral providers (David Chess, Qais Wahidi, and Paramjit Takhar) within 30 days.
3. Schedule introductory meetings with Eskaton Village and Atria El Camino Gardens as priority ALF partners.
4. Establish formal co-management / warm handoff agreements with Sutter VNA and American River Home Care.
5. Initiate exploratory MA contracting discussions with UnitedHealthcare of California while beginning relationship development with Kaiser.
6. Incorporate CCM and longitudinal care management workflows, quality documentation templates (1123F, G8427), and clinical care protocols into operational planning from program launch.

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