

## WHITEPAPER

SENIORCRE® · OPERATOR-CONTROLLED OPERATING INFRASTRUCTURE FOR SENIOR HOUSING & CARE

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# Earned One Workflow at a Time

*Why interoperability in senior housing & care is earned workflow by workflow — and why governance begins where exchange ends.*

For operators, owners, lenders and technology leaders in senior housing & care who want to know which workflows actually run electronically, why the rest do not, and what has to be governed even after data moves.

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## One question

Not "is this organization interoperable?" but "which workflows complete electronically, with what share of counterparties?"

## One pattern

The workflows that went electronic had a network in the middle and money or a mandate behind them.

## One boundary

Exchange moves data. Governance decides which representation is authorized for a decision.

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## FRAMEWORK

Adapted from Brendan Keeler, "Interoperability, Unbuttoned"

# Interoperability is assessed workflow by workflow

Asking whether an organization in senior housing & care "is interoperable" is too broad to be useful. Interoperability is better assessed workflow by workflow, with the counterparties, coverage and failure paths stated. Exchange alone does not determine which definition or source is authorized for a particular decision. That is a governance question, and the operator remains accountable for answering it.

- **The scorecard is uneven.** Skilled nursing claims, federally mandated assessment reporting and distributor purchasing are largely electronic. Hospital transitions, pharmacy orders, physician orders, hospice coordination, and reporting to owners and lenders still move by fax, phone, portal and spreadsheet.
- **The electronic workflows share two traits:** a network in the middle, and money or a mandate that pushed adoption past its tipping point.
- **The sector was left out of the biggest lever.** Long-term and post-acute care providers were ineligible for the federal EHR incentive payments that digitized hospitals and physician practices. As recently as 2020, only 41% of residential care communities used an EHR at all.
- **Connection does not make unlike measures identical.** Operational census, sales pipeline and billed resident days may all be valid for different purposes. Governance states the purpose, definition, authority and lineage before a number is used.
- **For capital, this is a valuation issue.** A listed healthcare REIT, Omega Healthcare Investors, states in its earnings releases that the operator revenue, census and coverage data it presents come from its operators and have not been independently verified.

## SECTION 01

# Ubiquity is earned one workflow at a time

A digital connection pays off only once the counterparties use it too. A technically superior link that reaches a third of an operator's pharmacies is less useful, day to day, than a fax line that reaches all of them. As Brendan Keeler puts it, the reliability of ubiquity "beats the functional advantages of a technically superior one." So each workflow climbs its own adoption curve, and success in one buys remarkably little in the next.

*The useful question is not whether two organizations are interoperable. It is which workflows they can complete electronically, and with what share of their counterparties.*

## EXHIBIT 1

### The senior housing & care workflow map

Cross-organizational workflows, graded from the operator's perspective. Grades are directional, not audited.

| <div>ElectronicFragmentedAnalog</div> |                                             |            |                    |
|---------------------------------------|---------------------------------------------|------------|--------------------|
| Counterparty                          | Workflow                                    | Status     | Note               |
| Payers                                | Skilled nursing claims and eligibility      | Electronic | Via clearinghouses |
|                                       | Medicaid waiver billing for assisted living | Fragmented | Varies by state    |

| Counterparty                  | Workflow                                                     | Status     | Note                                                       |
|-------------------------------|--------------------------------------------------------------|------------|------------------------------------------------------------|
| Hospitals                     | Prior authorization for post-acute stays                     | Analog     | Portals, fax, phone                                        |
|                               | Admission, discharge and transfer notifications              | Fragmented | Hospital mandate since 2021; strongest for skilled nursing |
|                               | Referrals into post-acute and residential care               | Fragmented | Platforms plus fax                                         |
| Pharmacies                    | Discharge information to assisted living and memory care     | Analog     |                                                            |
|                               | New prescriptions for residents                              | Fragmented | Network exists; long-term care mandate counted from 2028   |
|                               | Pharmacy orders synchronized to the eMAR                     | Fragmented | Depends on vendor pairing                                  |
| Physicians                    | Refill requests and order clarifications                     | Analog     |                                                            |
|                               | Visit notes and care plans                                   | Fragmented |                                                            |
|                               | Change-of-condition notices, orders and signatures           | Analog     |                                                            |
| Home health, hospice, therapy | Visit scheduling and shared care plans                       | Analog     |                                                            |
| Labs and diagnostics          | Lab orders and results                                       | Fragmented | Looks electronic with one dominant lab                     |
|                               | Mobile imaging reports                                       | Analog     |                                                            |
| Regulators                    | Skilled nursing assessment and quality reporting             | Electronic | Federally mandated                                         |
|                               | Infection and outbreak reporting                             | Fragmented | By setting and state                                       |
|                               | Assisted living incident and licensing reports               | Analog     | State forms and portals                                    |
| Suppliers                     | Orders and invoices with major distributors                  | Electronic | For operators on purchasing platforms                      |
|                               | Local and specialty vendors                                  | Fragmented |                                                            |
| Referral sources, families    | Placement-agency lead handoff; family updates                | Fragmented |                                                            |
| Owners, REITs, lenders        | Monthly financial and census packages; covenant certificates | Analog     | Spreadsheets and PDFs                                      |
|                               | Occupancy and rate data to benchmarking services             | Fragmented |                                                            |
| Insurers                      | Incident, claim and loss-run exchange                        | Analog     |                                                            |

Source: SeniorCRE analysis, September 2026, adapting the workflow framework in Brendan Keeler, "Interoperability, Unbuttoned" (Health API Guy, September 29, 2026).

SECTION 02

The sector was left out of the biggest lever

The single largest push toward electronic exchange in American healthcare was the federal EHR incentive program created by the HITECH Act in 2009. It paid hospitals and physicians to adopt certified EHRs. Long-term and post-acute care providers were ineligible. Residential care fared worse still: only 41% of residential care communities used an EHR in 2020, up from 26% in 2016. Workflows go digital where money or a mandate arrives. In senior housing & care, the money largely did not arrive, and the mandates that did were written for skilled nursing and hospitals.

EXHIBIT 2  
Federal money and mandates, and where they reach

| Lever                                            | What it does                                                                                                                                                                                                 | Skilled nursing                                | Assisted living, memory care              |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|
| <b>HITECH EHR incentives (2009)</b>              | Paid hospitals and physicians to adopt and use certified EHRs                                                                                                                                                | Ineligible                                     | Ineligible                                |
| <b>Resident assessment submission</b>            | Requires electronic submission of resident assessment data to CMS                                                                                                                                            | Yes                                            | No                                        |
| <b>Hospital event notifications (2021)</b>       | Hospitals must make a reasonable effort to send admission, discharge and transfer notices to applicable post-acute providers                                                                                 | Yes, as recipient                              | Not clearly                               |
| <b>SNF Value-Based Purchasing</b>                | Withholds 2% of Medicare Part A payments and redistributes 60% based on quality, including readmissions                                                                                                      | Yes                                            | No                                        |
| <b>CMS-0057-F (2026 and 2027)</b>                | From January 1, 2026, affected payers decide prior authorizations within 72 hours (expedited) or 7 days (standard) and state specific denial reasons; payer prior authorization APIs are due January 1, 2027 | Yes, for Medicare Advantage and Medicaid stays | Limited                                   |
| <b>Controlled-substance e-prescribing (2028)</b> | Part D prescriptions for long-term care residents count toward prescriber e-prescribing compliance from January 1, 2028                                                                                      | Yes                                            | Depends on facility and state definitions |

Source: see Sources. "Limited" and "not clearly" reflect that these rules are written for payers, hospitals and certified post-acute providers rather than state-licensed residential settings; applicability to a specific community should be confirmed with counsel.

SECTION 03

Where exchange ends, governance begins

Suppose every line on the map turned electronic tomorrow. Data could move and still arrive with different definitions, effective dates and purposes. That does not make one system wrong. It means the receiving organization must state which representation is authorized for the decision at hand, how differences are reconciled and who approved the rule.

This is a separate claim from the workflow map. The map describes exchange. The example below describes the governance required after exchange. It is illustrative design logic, not evidence from an operator deployment.

EXHIBIT 3

Three measures, three purposes, one governed record

|                                                                                  |                                                                |                                                                   |                                                                   |                                                                            |  |
|----------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------|--|
| <div>Operational census</div> <div>91%</div> <div>Daily staffing decisions</div> |                                                                | <div>Sales pipeline</div> <div>94%</div> <div>Sales review</div>  |                                                                   | <div>Billed resident days</div> <div>89%</div> <div>Revenue analysis</div> |  |
| <div>PURPOSE</div> <div>Name the decision or report</div>                        | <div>DEFINITION</div> <div>State what the measure counts</div> | <div>AUTHORITY</div> <div>Name the governing source or rule</div> | <div>RECONCILIATION</div> <div>Explain material differences</div> | <div>LINEAGE</div> <div>Retain source, rule and approval</div>             |  |

Illustrative example; values are hypothetical. For a daily staffing decision, the operator may authorize physically present residents under an approved census rule. For a sales review, deposits and expected move-ins remain a separate pipeline measure. For revenue analysis, billed resident days reconcile to the ledger. Governance does not collapse these measures into a universal occupancy number; it preserves each definition, purpose, authority and lineage.

SECTION 04

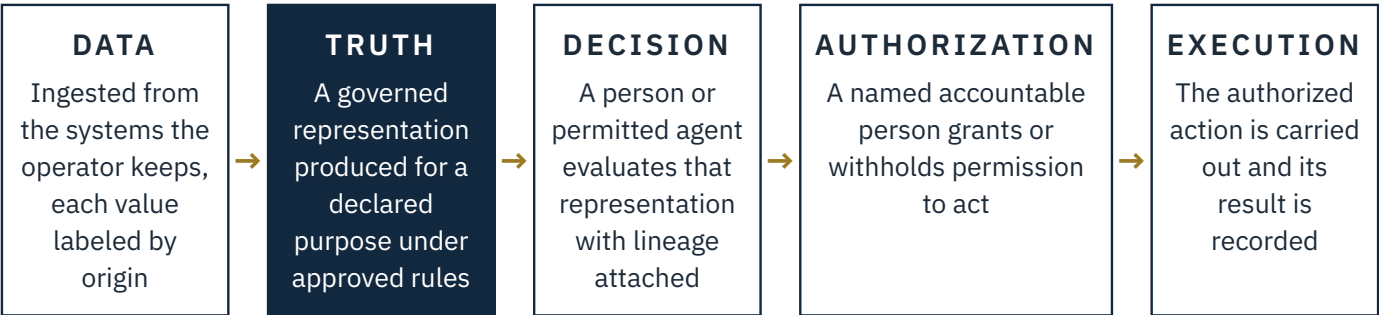
The Operator-Controlled Operating Record

SeniorCRE is operator-controlled operating infrastructure for senior housing & care. It sits above the clinical, financial, workforce and occupancy systems an operator already runs. The construct that differentiates it is the Operator-Controlled Operating Record: a governed record in which definitions, source authority, reconciliation and lineage are set by the operator, not by any single vendor. When systems disagree, the operator governs.

"Governed" does not mean SeniorCRE is right about everything. It means the record preserves the representation the operator has authorized for a stated purpose, together with the source records, governing rule, reconciliation history and accountable approval.

EXHIBIT 4

The Operator Authority Chain™



OPERATOR AUTHORITY SPANS THE WHOLE PATH

WHEN SYSTEMS DISAGREE, THE OPERATOR GOVERNS

Describes the design construct and target state. Permission to act does not equal authority to determine truth; authorization is a separate, recorded control. Operator Authority Chain™ is a mark of SeniorCRE, LLC.

EXHIBIT 5

Where cross-organizational workflows land in the governed record

| Workflow                                             | Canonical entities            | What must be governed                                                      |
|------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------|
| Hospital notifications and discharge information     | Resident, Care Plan           | The event and condition record authorized for the receiving workflow       |
| Pharmacy orders, refills and clarifications          | Resident, Care Plan           | The authorized source and reviewer for each order change                   |
| Physician orders; home health and hospice visits     | Care Plan, Shift              | The relationship among care ordered, scheduled and documented              |
| Claims, prior authorization, Medicaid waiver billing | Resident, Ledger              | The rule connecting billed revenue to eligible days of care                |
| Referral and placement-agency leads                  | Resident, Property/Unit       | What counts as a lead, deposit, move-in and available unit                 |
| Agency staffing and payroll                          | Shift, Ledger                 | The rule connecting scheduled, worked and paid hours                       |
| Owner packages, covenant certificates                | Ledger, Property/Unit, Entity | The contract, accounting policy or approved plan that defines each measure |
| Regulatory and insurer reporting                     | Resident, Entity              | The authorized record for each filing purpose                              |

Illustrative mapping to the record's six canonical entities; describes design intent, not a current integration.

SECTION 05

Govern first. Replace only by choice.

ROAD 1 — GOVERN WHAT YOU HAVE

The operator keeps its incumbent EHR, CRM, scheduling and financial systems. SeniorCRE is designed to apply operator-approved definitions, authority, reconciliation and lineage across what those systems produce.

ROAD 2 — RUN ON SENIORCRE

Where an operator deliberately chooses, SeniorCRE can be deployed as the system of record for selected functions, including its own EHR and eMAR, domain by domain. Replacement is never a condition of governance.

Neither deployment model is in operator production today. See [seniorcre.com/deployment-models](https://seniorcre.com/deployment-models).

SECTION 06

Owner and operator

An operator and an owner may evaluate the same month through different contractual and economic lenses. Governance does not remove judgment or repair incomplete drafting. It can make the basis of a measure inspectable: the governing contract, approved budget, accounting policy or operator rule; the source records used; any reconciliation performed; and the person authorized to approve it.

The figures that decide payments between them are narrower than the operating record. In third-party management, NOI or EBITDAR decides most of them: fees, covenant tests, lease coverage and distributions. Occupancy decides a payment mainly where a loan carries a minimum-occupancy covenant. That short list is where an agreed, inspectable basis matters most.

Read more: *Owner and operator: one operating record*, [seniorcre.com/owner-and-operator](https://seniorcre.com/owner-and-operator).

SECTION 07

## What this paper claims and does not claim

| Claims                                                                                                                                            | Does not claim                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interoperability in senior housing & care is uneven and is more usefully assessed workflow by workflow than as a single organizational attribute. | That the workflow grades are audited or apply to a specific operator.                                                                                             |
| Exchanged data can retain different definitions and purposes.                                                                                     | That every system disagreement is a governance failure, or that one universal number should replace purpose-specific measures.                                    |
| The governance discipline described here selects an authorized representation for a declared use and preserves its lineage.                       | That the Operator-Controlled Operating Record is in operator production today, or that a named vendor integration or quantified outcome, saving or return exists. |

SeniorCRE will publish deployment evidence when it has it, not before.

SECTION 08

## What would narrow or falsify this argument

This paper should not treat every discrepancy as proof of a governance gap. The argument narrows when a difference is ordinary arithmetic, delayed synchronization, professional judgment, incomplete contract drafting or an unreported follow-through on an agreed action, and can be resolved without a durable authority rule. It would be falsified for a workflow if the operator can already show a consistently applied definition, named source authority, documented reconciliation, retained lineage, accountable authorization and verified execution across the systems involved.

The practical test is therefore workflow-specific: identify a consequential decision, inspect the rule and source records behind it, identify who may authorize action, and verify that the result returns to the record. SeniorCRE has not yet demonstrated that full chain in an operator production deployment.

SOURCES

- 1 Brendan Keeler, "Interoperability, Unbuttoned," Health API Guy, September 29, 2026 ([healthapiguy.substack.com/p/interoperability-unbuttoned](https://healthapiguy.substack.com/p/interoperability-unbuttoned)). Workflow framework adapted and credited.
- 2 Health Information Technology for Economic and Clinical Health (HITECH) Act, 2009: Medicare and Medicaid EHR incentive programs.

- 3 National Center for Health Statistics, National Post-acute and Long-term Care Study: EHR use among residential care communities, 2016 and 2020.
- 4 CMS, Interoperability and Patient Access final rule: hospital admission, discharge and transfer event notification condition of participation, effective 2021.
- 5 CMS, Skilled Nursing Facility Value-Based Purchasing Program.
- 6 CMS, Interoperability and Prior Authorization final rule (CMS-0057-F).
- 7 CMS, Electronic Prescribing for Controlled Substances program: long-term care prescriptions from January 1, 2028.
- 8 Omega Healthcare Investors, quarterly earnings releases: operator-reported revenue, census and coverage data.

CONTINUE THE CONVERSATION

**The Institutional Owner**  
[seniorcre.com/the-institutional-owner](https://seniorcre.com/the-institutional-owner)

**Open Data Governance**  
[seniorcre.com/open-data-governance](https://seniorcre.com/open-data-governance)

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