



**Connecticut State Medical Society
Independent Practice Association
CSMS-IPA**

**Accountable Care
Organization**

**Population Health
Value-Based Care Overview**

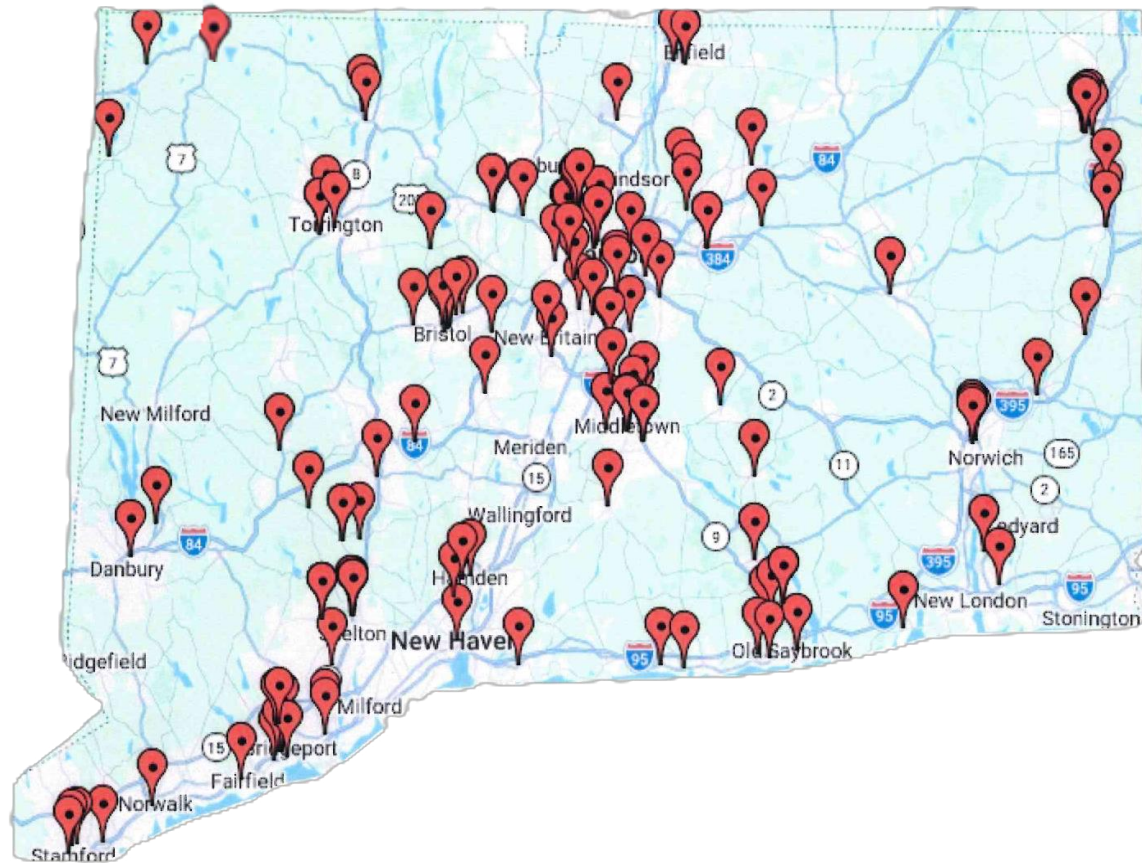
Providing accountable care programs for over
1,000 primary care providers across Connecticut





Over 1,000 Primary Care Providers across Connecticut

Diverse Provider Types



Hospital Based

Integrated Healthcare delivery systems and campus providers



FQHCs

Federally Qualified Health Centers serving communities



Large Multispecialty

Comprehensive care groups with varied specialists



Office-Based Primary Care

Community-based internal and family medicine



Office-Based Pediatric Care

Specialized care for children and adolescents



Medicare ACO REACH

CMS/HHS



"Focusing on health equity and care coordination for Medicare beneficiaries."

Medicare Advantage

CMS/HHS

WellCare
Medicare Advantage

Anthem
Medicare Advantage

United HealthCare
Medicare Advantage

CCI/Molina
Medicare Advantage

Commercial

Connecticut & State Plans

CCI/Molina
Commercial

Anthem
Commercial

Anthem State of CT
Employee Plan

Cigna
Commercial



CSMS-IPA ACO

The foundational accountable care approach managed directly through the Independent Practice Association.

Over 1,000 primary care providers across Connecticut.

- ✔ Value Based Care Payor Contracting
- ✔ Standard ACO Governance
- ✔ Established Network Protocols



Connecticut Value-Based Care Ventures ACO

A strategic partnership with Astrana Health and the CSMS-IPA ACO for enhanced capabilities.

- ✔ Astrana / CSMS-IPA Joint Venture Entity
- ✔ Advanced Technology Platform
- ✔ Full Risk-Bearing Capabilities

Providers may participate through either contracting vehicle based on practice readiness and goals.



Full-Risk Scale & Capability

A strategic joint venture entity providing comprehensive accountable care programs and services to the CSMS-IPA provider network, enabling success in full-risk-based contracts.

✓ Provider Network Services




✓ Full-Risk Contracts

 1.8 million Covered lives

 12,000+ Providers






Clinical & Care Management

-  Complex care management for high-risk populations
-  Chronic disease management protocols
-  Transitions of care support and active follow-up






Enablement & Technology

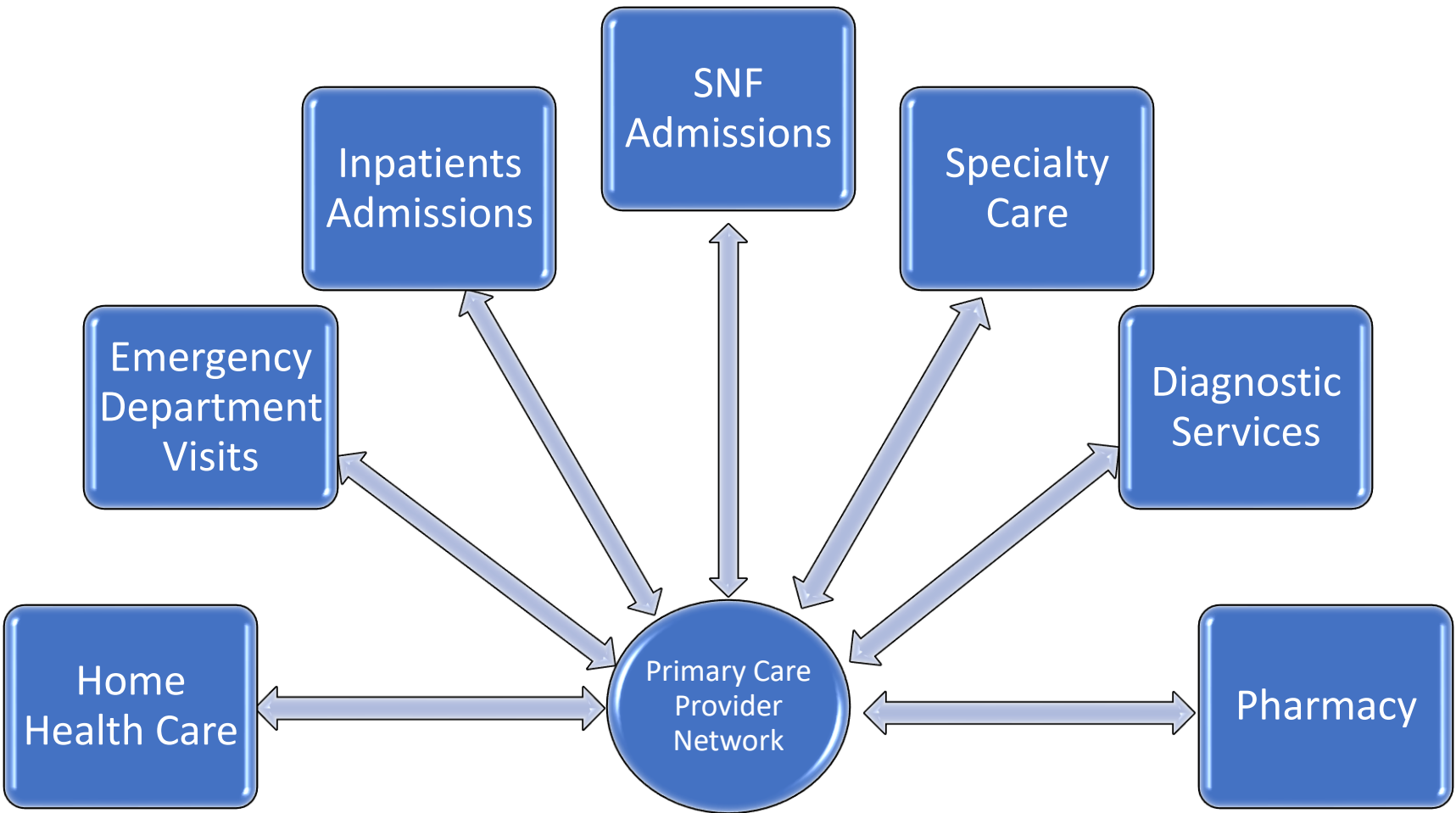
-  Risk adjustment and accurate coding support
-  Advanced technology and solutions platforms
-  Provider education and training programs



Strategic Partnership

-  Joint venture structure leveraging shared expertise for Connecticut
-  Focused on population health value creation
-  Access to national resources and best clinical practices

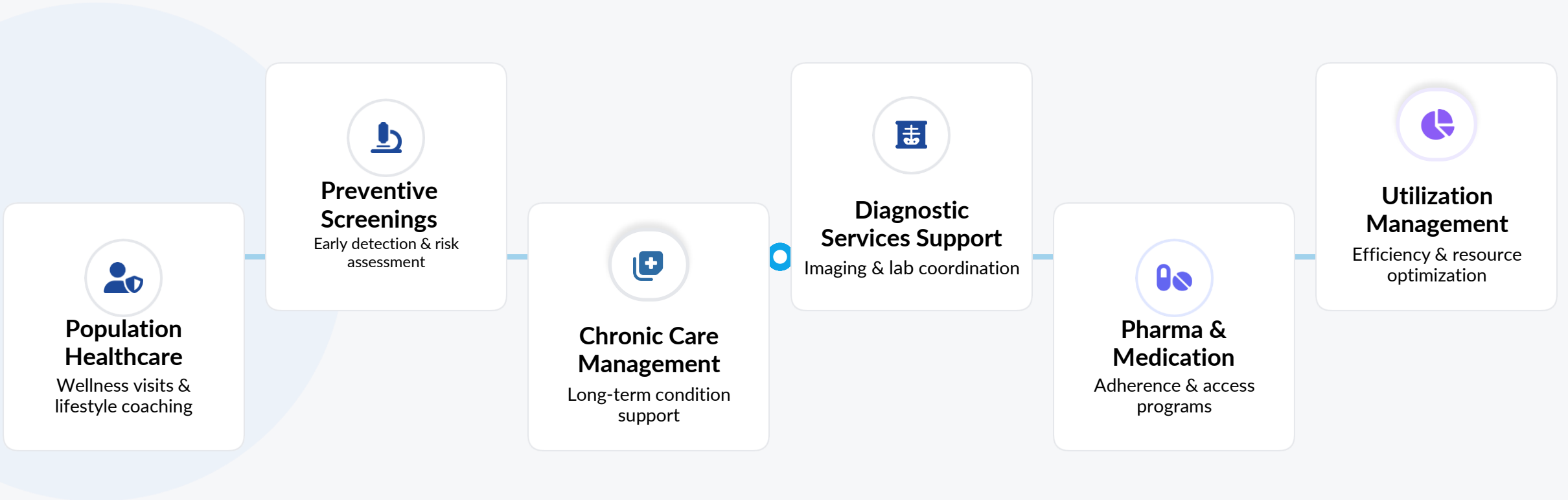
Population Health Program and Services Across the Healthcare Continuum



Enhancing quality and efficiency across the continuum of care



Our value-based contracts drive a comprehensive set of activities focused across the entire healthcare continuum, from prevention to complex condition management.



Population Healthcare

Wellness visits & lifestyle coaching



Preventive Screenings

Early detection & risk assessment



Chronic Care Management

Long-term condition support



Diagnostic Services Support

Imaging & lab coordination



Pharma & Medication

Adherence & access programs



Utilization Management

Efficiency & resource optimization



Incentive Opportunities

Financial incentives represent distinct revenue streams over and above standard fee-for-service payments.



Quality & Access

- ✓ **HEDIS Measures**
Meeting quality targets
- ✓ **Annual Wellness Visits**
AWV completion rates



Care Transitions

- ✓ **Transitional Care**
Post-discharge engagement
- ✓ **Follow-up Visits**
Timely patient contact



Utilization & Efficiency

- ✓ **Utilization Measures**
Resource optimization
- ✓ **Efficiency Targets**
Cost effectiveness



Performance Based Outcomes



Incentives Opportunities

Up-Front + Bonus + Utilization / Efficiency

How incentives are earned

Incentive opportunities are defined by payor contract terms and may include **up-front activity payments**, **quality PMPY bonuses**, and **utilization/efficiency outcomes**.



Up-Front Incentives

Activity-based payments

Per activity



Annual Wellness Visits (AWVs)

Completion of eligible AWV

Up to \$200



Transitions of Care Visits

Post-discharge follow-up visit

Up to \$175



EMR CEHRT Certified Access

Certified EHR technology access

\$6,000



Provider Education Program

Participation / completion

\$200



Roundtable Meetings

Engagement and collaboration sessions

\$100



Bonus Payments

Quality / Annual PMPY

Up to \$400 PMPY

Program Structure

Varies by payor program

Annual per-member-per-year (PMPY) bonus potential tied to achieving quality outcomes.

Quality outcomes (examples)



HEDIS 4 Stars

Target



HEDIS 5 Stars

Triple-weighted



Annual Wellness Visits (AWVs)

Completion



Utilization / Efficiency

Outcomes-based performance

Targets



Medical Loss Ratio (MLR)

Cost performance threshold

Lower is better



Inpatient LOS & Admissions

Avoidable utilization reduction

Decrease



Emergency Dept (ED) Visits

Appropriate setting of care

Decrease



HCC Recapture

Accurate risk coding capture

Optimize



SNF Length of Stay (LOS)

Efficient post-acute utilization

Optimize

Bonuses are reconciled annually and may include interim distributions depending on contract terms.



Performance Metrics & Targets

Payor Contract Requirements

10

★ Quality (HEDIS)

Triple-Weighted Measures

5 STAR

Standard Measures

4 STAR

Annual Wellness Visits

80 %



Utilization & Efficiency

Inpatient Admissions

31/1,000

Inpatient Readmission

14%

Inpatient LOS

5 Days

ED Visits

181/1,000

SNF LOS

25 days



Risk & Coding

RAF Score Accuracy MA & COM

1.14

HCC Recapture Rate

85%



Network & Access

Specialist to PCP Ratio

0.97

Diagnostic Services

180/1,000



Financial Performance

Medical Loss Ratio (MLR)

< 92 %



Incentive Payment Cadence

Performance payouts are distributed based on contract terms

Short Term
Monthly / Quarterly

Long Term
Annually

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