

Welcome to ACO REACH!

Your practice participates in Astrana Health's REACH Accountable Care Organization

APA ACO, Inc. [CMS ID #D0215]

Starting January 1, 2026

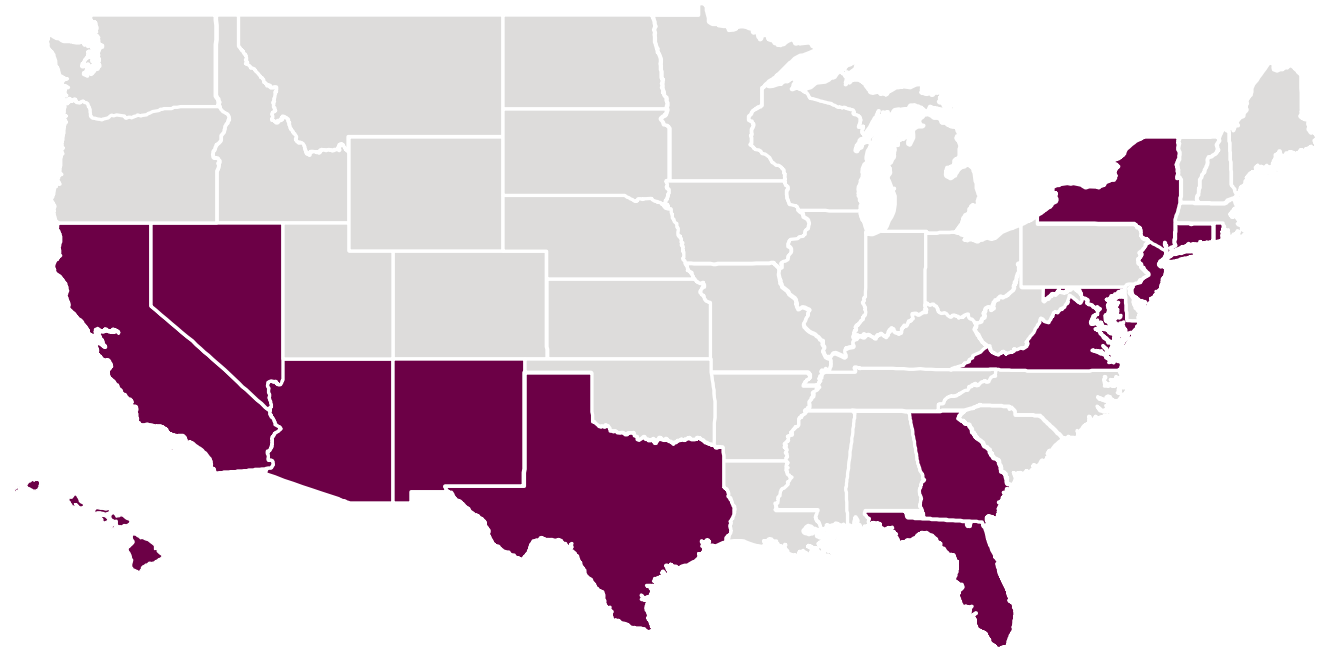
Today's Objectives

- ◆ Understanding Your Accountable Care Organization (ACO) Model
- ◆ Describing How the Money Flows in the Model
- ◆ Understanding How Astrana Supports Your Practices' Success with Resources
- ◆ Outlining Participation Expectations and Important Activities That Drive Success

By joining Astrana, you are part of a high-performing ACO

✦. Astrana Health

ACO Footprint



Astrana Health is a physician-centric healthcare organization **dedicated to delivering high-quality, cost-effective care** through value-based contracts and innovative care delivery models



We operate **1 REACH ACO & 3 MSSP ACOs** serving Medicare beneficiaries across diverse geographic markets, with a focus on improving health outcomes while reducing healthcare costs through coordinated, patient-centered care

By joining Astrana, you are part of a high-performing ACO

We have a strong history of positive performance in our ACOs, with 2024 MSSP results, released in October 2025, delivering record-breaking performance:



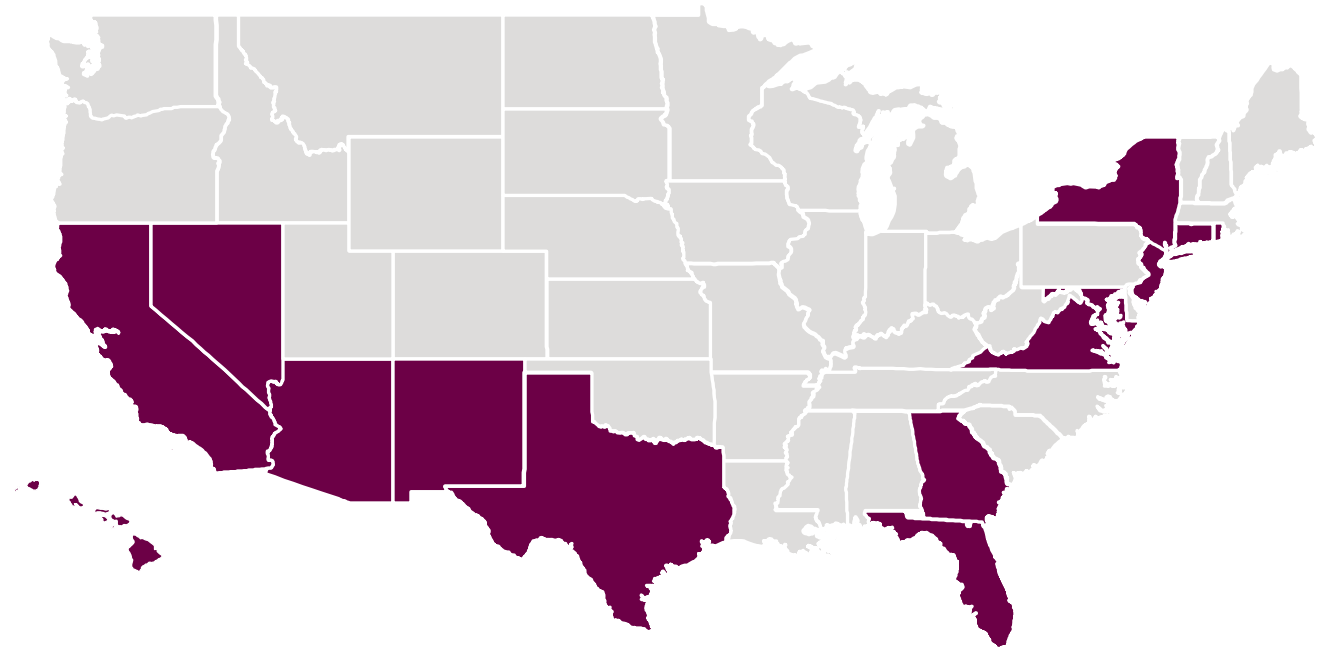
In 2024, our MSSP ACOs saved \$18.5 million in net shared savings and our flagship MSSP achieved 8th place nationwide (out of 476 ACOs) for net shared savings per beneficiary



Astrana's participation in REACH has historically netted millions in net shared savings. Our exceptional quality has been recognized through earnings from the High Performers Pool*

 **Astrana Health**

ACO Footprint



**PY2024 results are currently under CMS embargo, meaning Astrana is not permitted to share specific savings numbers. We expect to issue a press release when the embargo is lifted.*

Understanding Your Accountable Care Organization (ACO) Model

About the CMS Model: ACO REACH

◆ REACH is the CMS acronym for the Reaching Equity, Access, and Community Health Model

◆ Model Purpose:

- Reduce overall healthcare expenditures and improve the overall quality of care for Medicare patients aligned to our ACO through better care coordination
- Connecting healthcare providers and patients across the entire healthcare system, including those who are underserved
- Greater data transparency between CMS and the ACO to enable these goals

◆ Benefits:

- The ACO has the resources and staffing to provide your practice with the **care management support & quality services** of a larger medical group, without sacrificing your independence
- The ACO has the ability to design **reimbursement that is effective at promoting value-based care** and efficient in supporting practice operations – please refer to your contract for compensation
- The ACO receives full claims data for your ACO patients, allowing us to draw comprehensive **insights about your patient “panel” spend throughout the healthcare system**

Key Components of Our ACO Partnership

Patient Alignment
to the ACO



CMS assigns
beneficiaries to the
ACO/ Providers

Together, managing
healthcare costs



The ACO is
responsible for
Total Cost of Care
[Part A & B only] for
these beneficiaries

ACO supporting practices
with wrap around
services



The ACO handles
regulatory and
administrative
requirements of the
program and supports
clinical programs such as
Care Mgmt.

Practice focusing on
elements of care



Focus on AWWs, HCC
recapture, timely follow-
up, preventing
readmissions, managing
chronic conditions

Rewarding practices for
focusing on elements of
care



The ACO
compensates
providers via a
number of avenues –
see your contract for
specifics

How do the ACO and providers make money?



CMS calculates average spend of patients in traditional Medicare
(Risk-Adjusted Benchmark)

Benchmark Components:

- Regional Expenses
- Historical Expenses
- Risk Score
- Membership

Note: 5% of the Benchmark is withheld for Quality, impacting take-home Shared Savings. Our ACO can earn back between 0-100% of this Quality Withhold., depending on overall performance.



CMS totals patient expenses across entire healthcare system
(excluding Part D)

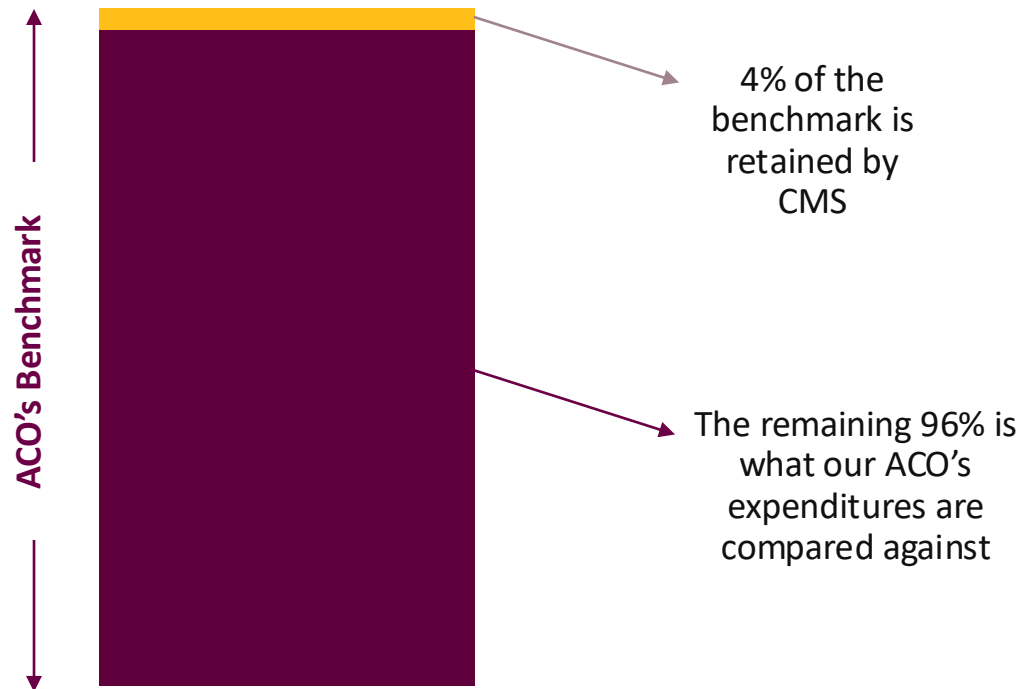


The remaining dollars are quality-adjusted and shared between CMS and the ACO



Astrana distributes Shared Savings to Participant Providers based on performance & engagement metrics

How does CMS make the program financially viable?



- ◆ In ACO REACH, CMS takes a 4% “discount” right off the top – this is how they generate revenue from the program
- ◆ The ACO then retains 100% of any additional shared savings, or is responsible for the shared losses
- ◆ APA ACO takes on all downside risk, but shares upside gains with Participant Providers 50/50 (after paying operating costs)

Support & Resources Provided by Astrana's ACO



Supporting Your Practice Throughout the Year

Each practice is assigned a dedicated representative from the IPA.

They will touch base with your practice regularly, typically monthly

- This individual will be involved in orienting your practice, will provide data and insights and will be your main source for questions and support, going forward!

Astrana's Quality & Care Management Resources

Coding & Documentation

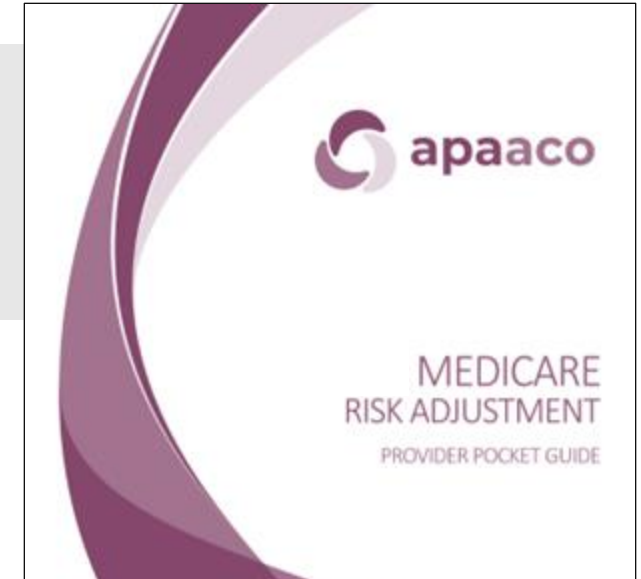
- ◆ Coding specialist chart reviews, coding education and support
- ◆ Reference guides: ICD-10 CM desk reference, provider pocket guide, coding "cheat sheets"
- ◆ Annual Wellness Visit template notes and HCC/Quality care gaps report (Patient Assessment Forms)

Care Management

- ◆ Patient admit/discharge fax notifications triggered by ADT feeds
- ◆ Readmission and ER prevention programs for high-risk, complex patients
- ◆ Disease Management & In-Home Care program (region-specific availability)

CMS Reporting

- ◆ Management of the REACH Health Data Reporting, an activity that CMS mandates each year
 - In-clinic survey forms (with QR codes); web-based portal



Astrana Health

Hospital Discharge Notification

Date: XX/XX/XXXX

TO: Dr. PROVIDER NAME

RE: PATIENT NAME (DOB: XX/XX/XXXX)

PATIENT PHONE: XXX-XXX-XXXX

PATIENT ADDRESS:

Dear Dr. PROVIDER NAME

Your patient, PATIENT NAME, was admitted to FACILITY NAME on XX/XX/XXXX and discharged on XX/XX/XXXX. According to the hospital, your patient was admitted for DIAGNOSIS.

Beneficiary Care Management Program Flyers

✦ Astrana Health

Your Health Copilot

Healthcare can be overwhelming. We're here to make it easier. Imagine having a trusted partner by your side, guiding you through every twist and turn of your health journey. That's what Astrana Health is all about.

Our Services

- Routine Care**
Stay ahead of the game
- Disease Management**
Take control of your health
- Complex Care Management**
Navigate challenges with confidence
- Transition of Care**
Smooth transitions & seamless support
- Care Coordination**
Receive efficient care

Contact us first at **626-876-2191** or ambulatorycare.dept@astranahealth.com. We're here for you with expert care that may save you a trip to the hospital!

Why Choose Our Service?

- We care
- We listen
- We guide
- We empower
- We advocate

✦ Astrana Health

Complex Care Management Program

WHAT WE OFFER

- 01 Care plans made just for your health needs
- 02 Regular check-ins with licensed healthcare experts
- 03 Help with scheduling appointments, managing medications, and coordinating your care
- 04 Support for managing chronic conditions, staying active, and improving your health

ABOUT US

Join our Complex Care Management Program today and get the help you need to manage multiple health conditions easily.

GET IN TOUCH

+1 626-876-2191
ambulatorycare.dept@astranahealth.com

✦ Astrana Health

Transition of Care Program

A trained staff member will contact you within 7 days of discharge to help you transition from healthcare settings, like from the hospital to home.

Call us regularly to see how you're doing, answer any questions you have, and make sure you're following your treatment plan.

Work with your hospital, doctor, home health team, and other care providers to make sure everyone is coordinated and informed.

Review your discharge plan, medication list, and any follow-up doctor appointments you need.

Give information and guidance to you and your caregivers.

MORE INFORMATION:

626-876-2191 | ambulatorycare.dept@astranahealth.com

✦ Astrana Health

COPD Program

What We Offer:

- Customized Treatment Plans
- Breathing Technique Training
- Medication Management & Monitoring
- Patient Education & Self-Management Training
- Nutritional Support
- Programs to Help Quit Smoking
- Regular Check-ups & Assessments
- Emergency Action Plans

Why Choose Us:

- Skilled Care Team
- Whole-Person Approach
- Education & Support

At Astrana Health, we're dedicated to helping you live a fuller life with COPD (Chronic Obstructive Pulmonary Disease). Our goal is to provide you with the support, resources, and confidence to breathe easier, stay active, and improve your overall quality of life.

ambulatorycare.dept@astranahealth.com
 +1 626-876-2191

✦ Astrana Health

Kidney Care Program

Managing CKD (Chronic Kidney Disease) and End-Stage Renal Disease (ESRD) can be tough, but you don't have to face it alone. Our phone-based Kidney Care Program offers expert advice, personalized support, and peace of mind—all from the comfort of your home.

Learn how to make kidney-friendly meal plans and manage your diet to help support your health.

Learn how to stay active, manage stress, and improve your quality of life.

Get help with scheduling dialysis, managing your medications, and working with your healthcare providers.

MEDICAL GUIDANCE
Talk to kidney experts about managing symptoms, making smart treatment options, and improving your overall health.

NUTRITION COUNSELING
Learn how to make kidney-friendly meal plans and manage your diet to help support your health.

LIFESTYLE COACHING
Find tips to stay active, manage stress, and improve your quality of life.

TREATMENT COORDINATION
Get help with scheduling dialysis, managing your medications, and working with your healthcare providers.

TAKE CONTROL OF YOUR HEALTH TODAY!

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ambulatorycare.dept@astranahealth.com

✦ Astrana Health

Heart Care Program

Results You Can Feel

- More energy and strength
- Fewer hospital visits
- Better control of symptoms
- Improved overall health and well-being

About Us

At Astrana Health, we understand how tough it can be to live with CHF (Congestive Heart Failure). Our Heart Care Program provides tools, support, and personalized care to help you manage your health and improve your quality of life.

What We Offer

- Learning and Support
- Customized Care Plan
- Help at Every Step

TAKE THE FIRST STEP TODAY!

Contact Us:

+1 626-876-2191
ambulatorycare.dept@astranahealth.com

Providing Data to Support Your Practice's Success

- ◆ Astrana will be providing your practice with data and insights on a regular basis.
- ◆ This data will be provided through the Astrana Provider Portal; your IPA Resource will teach your practice how to use the portal, and they may bring data extracts to your regular meetings

Regular Reporting

- List of aligned beneficiaries
- Annual Wellness & Gap reports
- Patient Assessment Forms

Outlier and Audit Reports

- The ACO Data team runs monthly audit checks to identify services and beneficiaries for provider review.
- If your beneficiaries meet certain criteria, you may also receive:
 - Home Health Utilization Reports
 - ED Frequent Flyer Reports
 - High Admission Beneficiary Reports

Group Leadership Reports

- If you are part of an Independent Physician Association or Management Services Organization, a leader of that organization may receive your data as well, including:
 - Utilization and expenditure drilldown
 - Utilization by beneficiary and provider

- ◆ The Astrana Provider Portal allows you to easily review your ACO panel, alongside any other payers you have with Astrana
- ◆ Easily track your AWW completion, including ability to mark visits are scheduled, visit complete, or cannot complete – statuses that cannot be identified based on claims alone
- ◆ The Portal identifies open, pending, and closed HCCs & Quality gaps for you, based on claims data

Astrana Provider Portal

AV Chase List

Quality Gap

Performance

Viewing 287 patients for providers [Redacted] [Reset Filters](#)

<input type="checkbox"/>	Patient	PCP	AV Due Date	HCCs & Quality Gaps ● Closed ● Pending ● Open	Print PAF	Mark Visit Scheduled	Mark Visit Done	Submit PAF	Cannot Complete
<input type="checkbox"/>	[Redacted] M, 1939- [Redacted] LOB: Medicare ACO	[Redacted]	By Nov 1, 2025 10 months since last AV	HCCs ●●●●●●●●●● Quality Gaps ●●	<input type="button" value="Print PAF"/>	<input type="button" value="Mark Visit Scheduled"/>	<input type="button" value="Mark Visit Done"/>	<input type="button" value="Submit PAF"/>	<div style="background-color: #fff9c4; padding: 5px;"> <p>Cannot Complete PCP changed Updated by [Redacted] on 07/31/2025 Undo</p> </div>
<input type="checkbox"/>	[Redacted] F, 1928- [Redacted] LOB: Medicare ACO	[Redacted]	By Apr 1, 2025 17 months since last AV	HCCs ●●●●●●●●●● No Quality Gaps	<input type="button" value="Print PAF"/>	<input type="button" value="Mark Visit Scheduled"/>	<input type="button" value="Mark Visit Done"/>	<input type="button" value="Submit PAF"/>	<div style="background-color: #e8f5e9; padding: 5px;"> <p>PAF Submitted – Quality Team Is Processing Last activity: PAF approved by Quality Team on 07/01/2025 at 02:27 PM by [Redacted] for DOS 04/18/2025 Submission History Submit New PAF</p> </div>

Astrana Provider Portal

(F) 1940 Phone: N/A, Member ID: [REDACTED]

Not yet assessed (3)
Assess the conditions below. If a condition is present, mark it as accepted. Document the condition and include the ICD10 codes on your claim.

Acute on Chronic Heart Failure	Prior Diagnoses I5023 - Acute on chronic systolic (congestive) heart failure 1 supporting claim (Unknown provider) on 2024-12-31	<input type="checkbox"/> Accept condition <input type="checkbox"/> Condition has resolved <input type="checkbox"/> Condition is incorrect <input type="checkbox"/> Did not assess
Chronic Ulcer of Skin, Except Pressure, Not Specified as Through to Bone or Muscle	Prior Diagnoses I83012 - Varicose veins of right lower extremity with ulcer of calf 1 supporting claim (Unknown provider) on 2023-09-05	<input type="checkbox"/> Accept condition <input type="checkbox"/> Condition has resolved <input type="checkbox"/> Condition is incorrect <input type="checkbox"/> Did not assess
Severe Diabetic Eye Disease, Retinal Vein Occlusion, and Vitreous Hemorrhage	Prior Diagnoses H4311 - Vitreous hemorrhage, right eye 1 supporting claim (Unknown provider) on 2024-12-06	<input type="checkbox"/> Accept condition <input type="checkbox"/> Condition has resolved <input type="checkbox"/> Condition is incorrect

Completed risk adjustment gaps confirmed by claim (7)

Cardiomyopathy/Myocarditis Prior Diagnoses
I42.9 - Cardiomyopathy, unspecified
1 supporting claim
(Unknown provider) on 2024-12-06

By Nov 1, 2024 22 months since last AV	Quality Gaps ●●●	HCCs ●●●	Historical & Suspect Conditions <ul style="list-style-type: none"> ● Diabetes with Glycemic, Unspecified, or N Complications ● Diabetes with Chronic Complications ● Morbid Obesity Quality Gaps <ul style="list-style-type: none"> ● Hemoglobin A1c (HbA1c) Poor Control (>9%) ● Annual Wellness Visit ● Breast Cancer Screening ● Controlling High Blood Pressure ● Screening for Depression and Follow-Up P
By Oct 1, 2025 11 months since last AV	Quality Gaps ●●●●●	HCCs ●●●●●	
By Dec 1, 2025 9 months since last AV	Quality Gaps ●●●	HCCs ●●●●●	

Print PAF	Mark Visit Scheduled	Mark Visit Done	Submit PAF	Cannot Complete
	<input type="checkbox"/>	<input type="checkbox"/>	Required	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Fill out Patient Assessment Form digitally, making it easy for our Risk Adjustment team to review and assist

Ability to mark beneficiaries as Scheduled, Done, or Cannot Complete helps bridge the data lag, since the ACO can only see when a claim was processed

Easily see open HCCs and Quality Gaps at-a-glance by simply hovering over the beneficiary

Astrana ACO Participation Expectations

Your Practice Participation Requirements

Administrative Tasks – Please complete the first 5 items by December 31, 2025

1. Completion of Practice Profile Intake Form and any requested future updates
2. Registration for ACH (Direct Deposit)
3. Registration for and training on Astrana's claims portal
 - Review and acceptance of ACO's claim processing policies
4. Compliance with CMS CEHRT usage requirements
 - Your practice must use an EHR that has been officially certified (the EHR vendor handles certification); the EHR must be used for documenting clinical care, not just billing activities
 - Your participation agreement with Astrana has additional detail on CEHRT financial assistance
5. Provide a staff roster for Astrana to complete OIG sanction checks
6. Annual compliance training – **this task will be completed online in Q1 2026**
7. Regularly provide updates to your clinician & staff roster, as changes occur; your Market Representative will provide instructions on how to keep your ACO roster up-to-date
8. If appropriate, provide Astrana with EHR access so we may support care for aligned beneficiaries
9. Continue to bill Medicare as usual, documenting with the highest and most appropriate specificity

Supporting Overall Success Performance and Engagement Requirements

1. 60% completion of Annual Wellness Visits
 - 60% of eligible and aligned ACO beneficiaries by Sept 30th of the Performance Year
 - 60% of all aligned ACO beneficiaries for the entirety of the Performance Year, **billed** by March 31st of following year
2. Complete documentation of AWWs and Post-Discharge Visits
 - Astrana will periodically audit this documentation to ensure efficacy of Advanced Shared Savings incentives
3. Attendance at 75% of Astrana's offered ACO webinars
 - **Your practice will earn a \$200 stipend for each webinar attended.**
4. Participation in care coordination activities & initiatives administered by the ACO upon request
 - Review and acceptance of ACO's care coordination policies – next slides
5. Meet regularly with your IPA Resource and Astrana Market representative or other key stakeholders to review data and clinical or financial performance

Your Practice's Care Coordination Responsibilities in Astrana's ACO

Collaboration and Communication

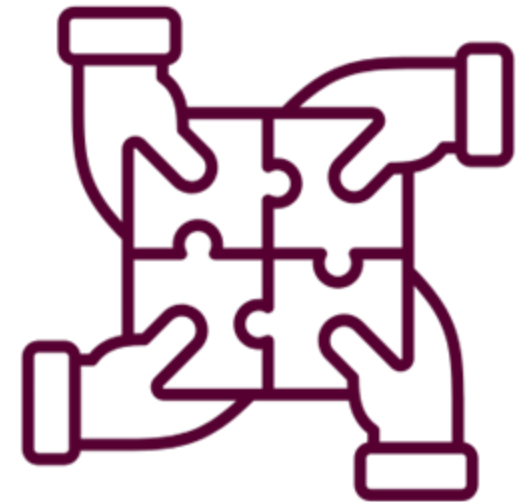
It is important that **Clinicians and their team work closely** with the ACO to facilitate smooth communication.

- This includes getting to know the ACO team members, sharing patient information as needed, and using additional resources provided by the ACO to ensure seamless care transitions and improved patient outcomes.

Access to Data

The **ACO will need access to patient records** to provide comprehensive care coordination services.

- Participating practices are expected to cooperate by sharing necessary data with the ACO, this may include quality or other patient data that is required by CMS for the ACO.



For more details, see Attachment A, Section 3.2 of your Astrana Participation Agreement

Astrana REACH ACO Payment Operations

ACO REACH Payment Introduction

1. In the ACO REACH Model, Participant Providers agree to a “*Fee Reduction Agreement*” with CMS, meaning that CMS does not pay you directly – the ACO does, based on the rates in your Participant Agreement
2. The CMS Medicare Administrative Contractor (MAC) continues to adjudicate all claims for practices
 - Adjudicates claims according to the standard Physician Fee Schedule
 - Provides claim information to ACO
3. ACO makes weekly claim payments and weekly or quarterly payments for applicable incentives



How are my Claims Processed in ACO REACH?



1

Beneficiary sees ACO Participant provider for care



2

ACO Participant Provider bills Medicare for services rendered to the beneficiary.



3

The provider's MAC (Medicare Administrative Contractor) receives and adjudicates the claims



4

The Center for Medicare Services (CMS) provides Astrana the adjudicated claims from all providers each week



5

Astrana processes claims payments weekly and cuts checks back to the provider.

Payment Process Detail & Responsibilities

Practice

- Treats patients with 2026 dates of service
- Submits bills to MAC in line with regular processes
- Receives regular remit support from MAC, as well as from Astrana after claims processing

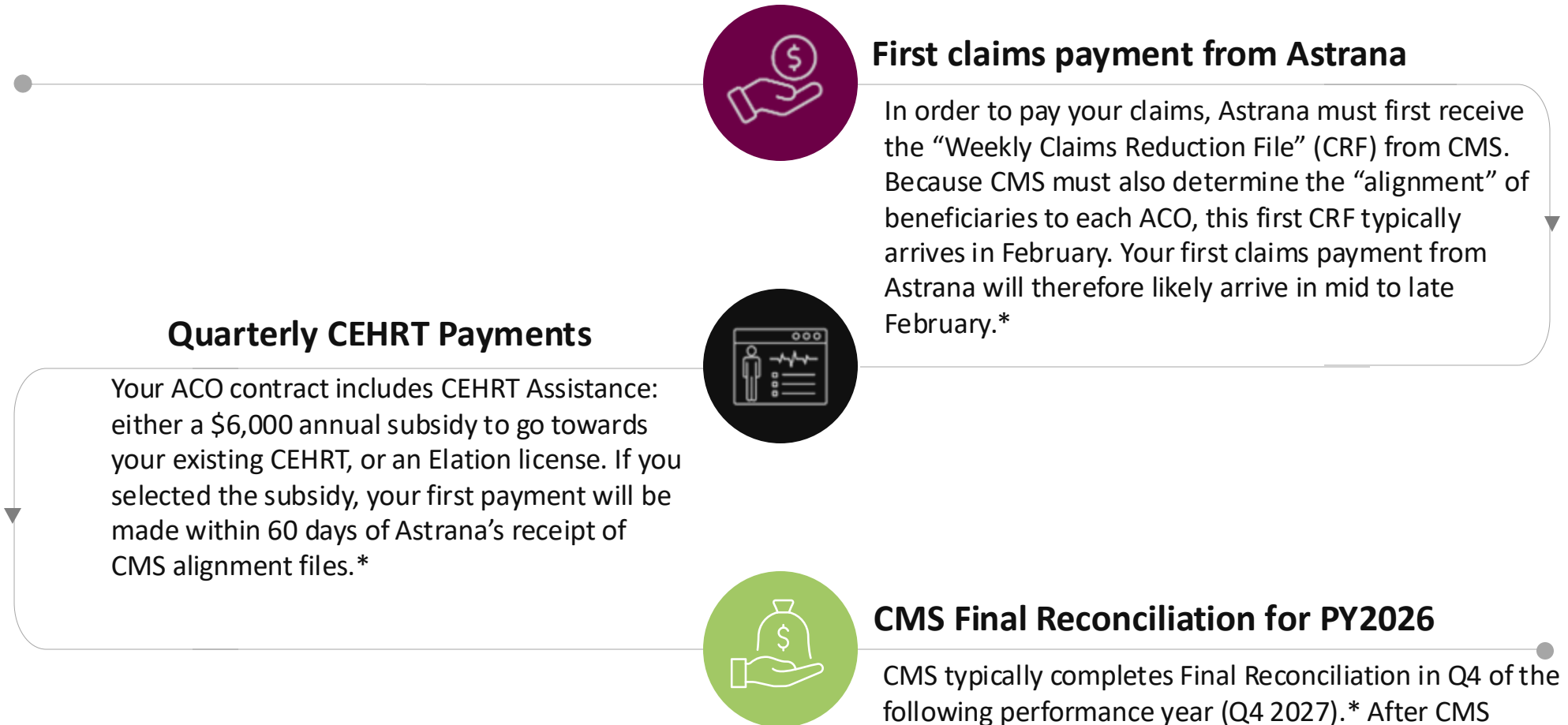
MAC & Data Source of Truth

- Receives bills, adjudicates claims, makes denial decisions, etc. as always
- Reduces payments in line with fee reduction agreements in place (e.g., 100%, using co-132 adjustment code)
- Provides practice regular remit/835 information
- Provides Astrana with our Source of Truth files weekly called the “Claims Reduction File” (CRF)

Astrana

- Receives source data from CMS, including the weekly reduction file as well as eligibility/ attribution data
- Loads and processes payments in line with practice contracts
- Make payments via electronic EFT or check
- Provides regular detailed support in form of remit/835 and access to electronic payment portal; Support for incentive payments available via market staff
- Payment Timing = Claims payments at 100% of fee schedule made weekly, usually within 15 days after ACO file receipt. Incentive payments will be made weekly or quarterly in line with the applicable contract.

Important Payment Milestones in ACO REACH



**Disclaimer: All timeframes provided here are based on Astrana’s experience in ACO REACH in past years and are subject to change based on CMS timing and potential delays.*

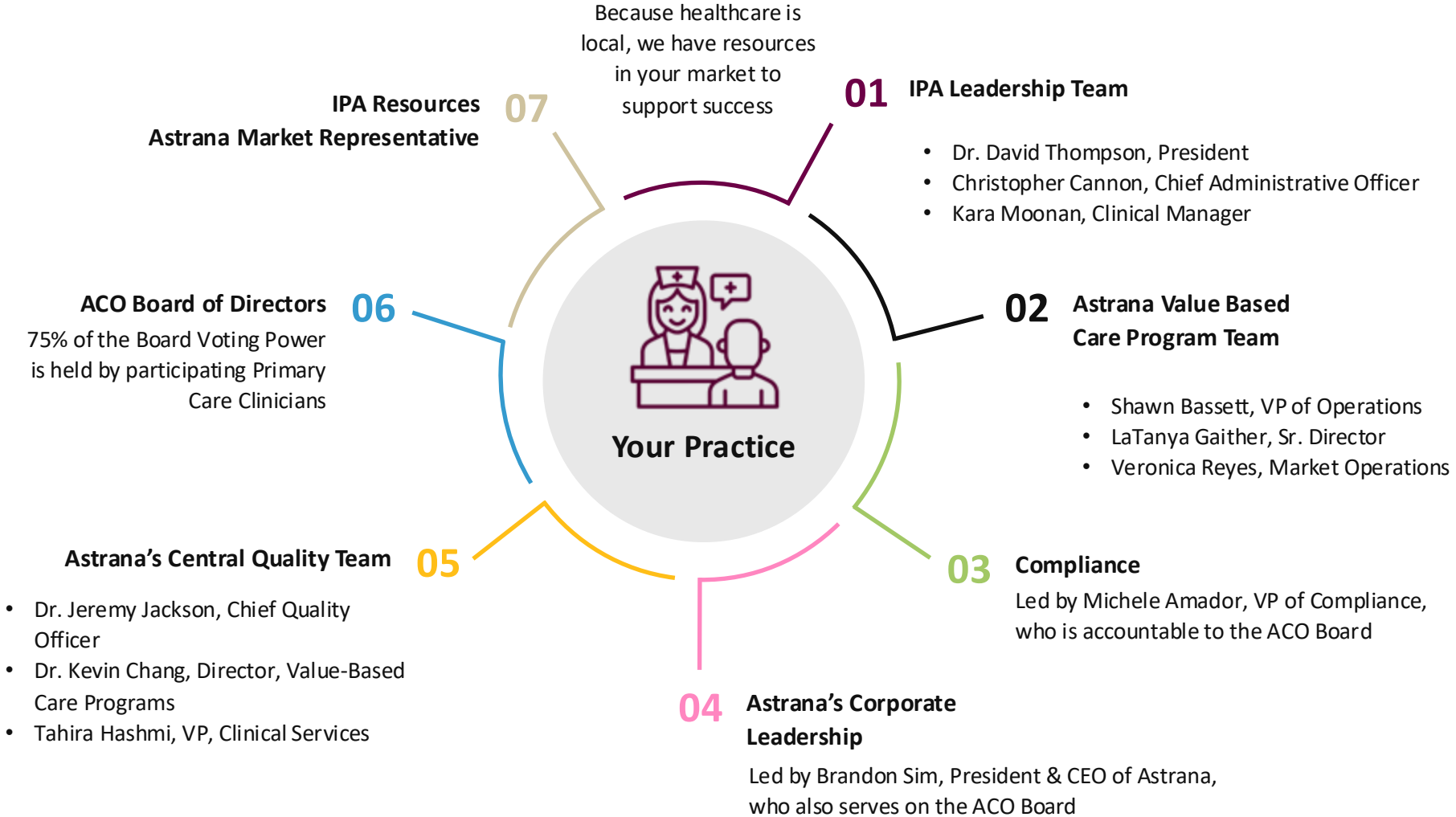
Claims Processing Summary: Submission and Payment

- ◆ The first claims payment of the Performance Year will occur in February, after CMS provides the ACO with the first "Provider Alignment" file *
- ◆ Claims must continue to be submitted to the MAC in accordance with Medicare billing guidelines; **any claims denials must be addressed with the MAC**
- ◆ **Payments will be made to the practice weekly**, usually within 15 days after the ACO receives its payment from Medicare
- ◆ While the ACO aims to process claims accurately, minor errors may occur. **Providers have the right to appeal any claim discrepancies**, as outlined in their respective participant agreement

* Actual timing of the first claims payment for the performance year will be dependent on when the ACO receives the first Provider Alignment file and CRF from CMS.

Your Practice is Supported by a Robust ACO Team

Your IPA Resource will be your main point of contact and can answer your questions



Key Takeaways

Your practice is participating in a well-established REACH ACO with Astrana, with many support services available to your practice

There are a few administrative tasks to complete before 1/1/26 - Please use Slide 18 as a checklist

Your Medicare billing activities need to remain the same; backend reimbursement will come from the ACO on a new payment schedule (weekly starting in February 2026)

For questions, please reach out to your IPA Clinical Representative



Provider Round Table Survey



Let's shape the future together- your input is key!

Scan with your phone and it'll lead you right to the link to fill out the survey or click the link on the bottom.

Help us help you- remember to share your thoughts!

Thank you!

[Astrana Health \(formerly CHS\) and CSMS-IPA Provider Round Table Survey – Fill out form](#)

.✦. Astrana Health

Questions?