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 and 10,000 specialists across Connecticut.

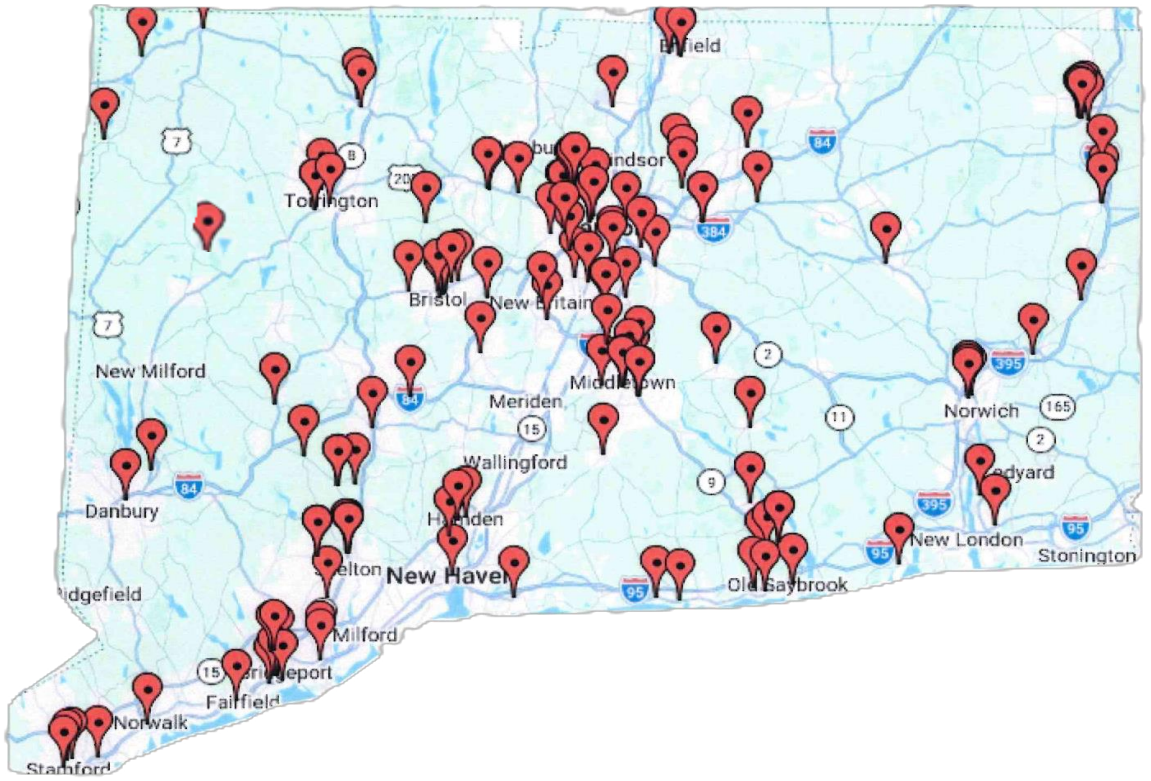
www.csms-ipa.com

Provider Network

Overview & Reach

Diverse Provider Types

Over 1, 000 Primary Care Providers across Connecticut



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

CSMS-IPA, Inc is an Accountable Care Organization delivering value-based care (VBC) programs to over 1,000 primary care providers and 10,000 specialists across Connecticut. CSMS-IPA collaborates with hospitals, FQHCs and independent primary care practices on delivering population health care services to patients. Payor programs include CMS ACO LEAD and MSSP, Medicare Advantage, Commercial and Governmental VBC contracts with all the major insurance organizations. The CSMS-IPA Clinical Team of nurses assist primary care providers in meeting quality and utilization targets for achieving outstanding patient outcomes. CSMS-IPA also has the Connecticut Value-Based Care Venture, LLC, a joint partnership with Astrana Health for value-based care payor contracting and supporting clinical, quality and risk assessment support programs.

Value-Based Contracts

Payor Partnerships & Portfolios

All Payor lines of business under one roof

Full-Risk Payor Contracts

CMS/HHS

Medicare ACO REACH

(ACO LEAD and MSSP)

"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
- **Aetna**
  Medicare Advantage **(2027)**
- **Devoted Health**
  Medicare Advantage **(2027)**

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.

CONNECTICUT VALUE-BASED CARE VENTURE

Astrana / CSMS-IPA Joint Partnership Entity

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

Astrana Health

1.8 million
Covered lives

20,000+
Primary Care Providers

Clinical & Care Management

- Complex care management for high-risk populations
- Weekley clinical roundtable identification of high risk patients & related actions
- Chronic disease management protocols
- Transitions of care support and active follow-up

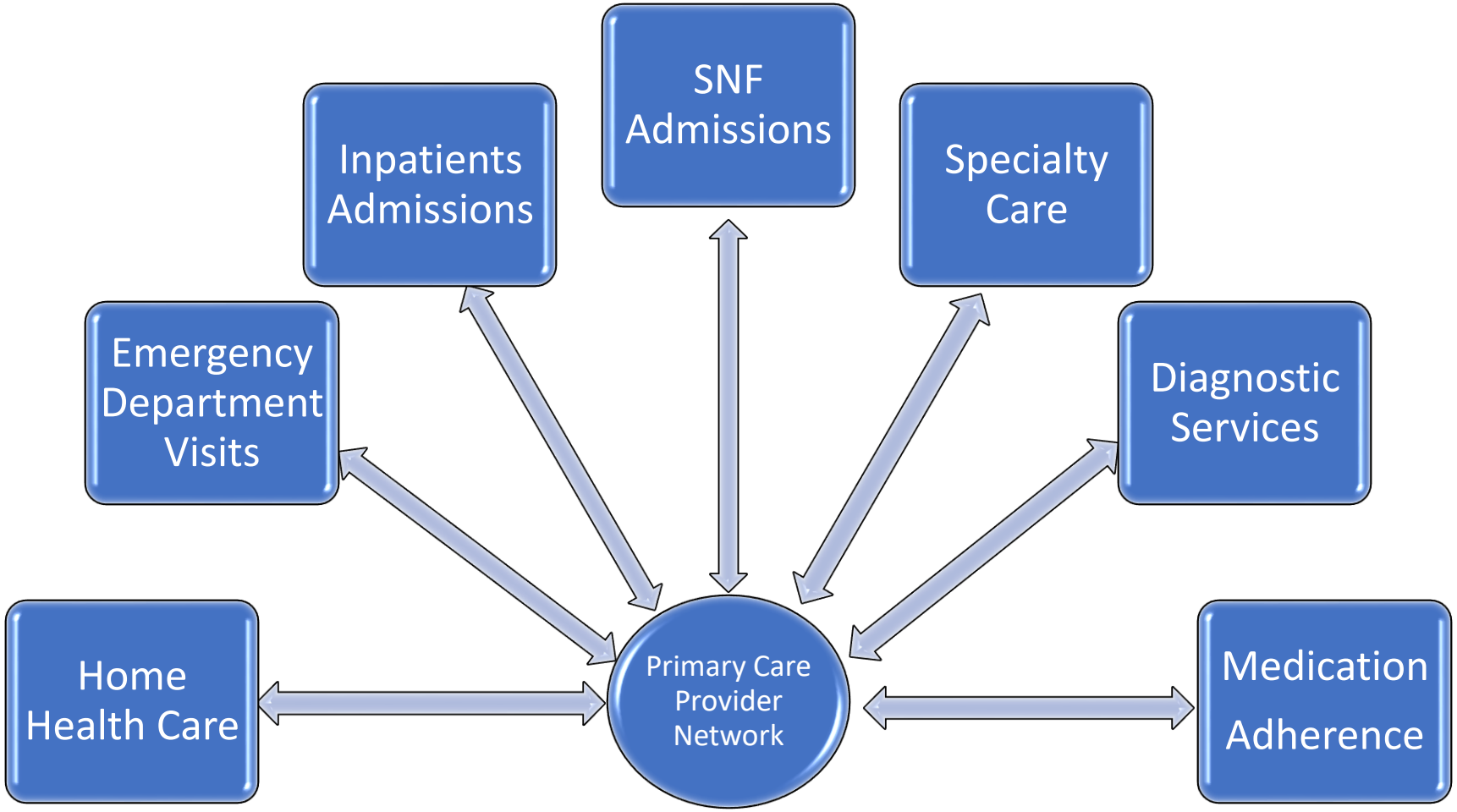
Enablement & Technology

- Population Health Management database with quality and efficiency dashboards and analytics
- Advanced technology and solutions platforms
- Provider education and training programs
- Coding and risk adjustment support

Strategic Partnership

- Joint venture structure leveraging shared expertise for Connecticut
- Focus on population health value creation
- Access to national resources and best clinical practices
- Long-term financial stability via Nasdaq entity

Population Health Value-Based Care Programs and Services Across the Healthcare Continuum



Enhancing quality and efficiency across the continuum of care

Payor ACO Activities

Population Health Care Continuum

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

Value-Based Incentives

Financial Performance Drivers

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

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

CSMS-IPA Team Directory

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