

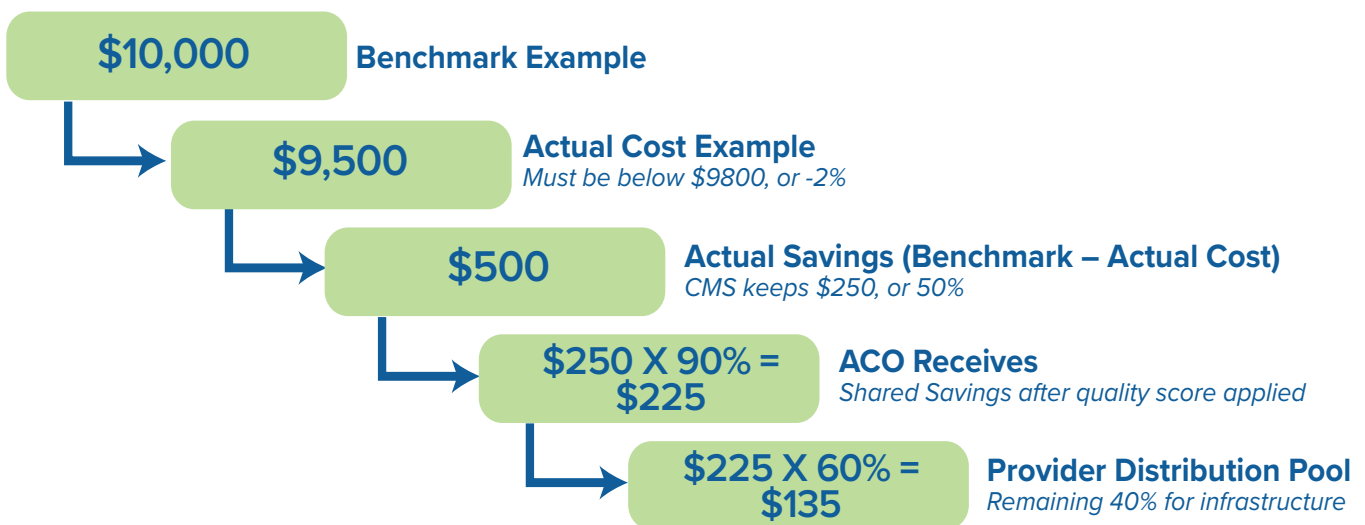
ACO SHARED SAVINGS

Distribution Methodology

As a primary care provider in AdventHealth Accountable Care Organization (ACO) with attributed beneficiaries in the Medicare Shared Savings Program (MSSP), you may be eligible to earn shared savings. Shared savings are determined by a cost of care benchmark that CMS sets for each MSSP beneficiary. Based on the actual number of beneficiaries, CMS determines the minimum savings rate the ACO must achieve to receive shared savings — approximately 2-3%. If the determined savings rate is achieved, CMS will share up to 50% of the savings with the ACO. Of the savings earned, the ACO retains 40% to support ACO costs (infrastructure and support services) and distributes the remaining 60% to the provider distribution pool.

Provider Distribution Pool

Shared savings calculations using an CMS benchmark example of \$10,000 per beneficiary per year:



PCPs eligible for shared savings:

- Family Practice
- Internal Medicine
- Pediatric Medicine
- General Practice
- Geriatric Medicine
- Nurse Practitioner
- Clinical Nurse Specialist
- Physician Assistant

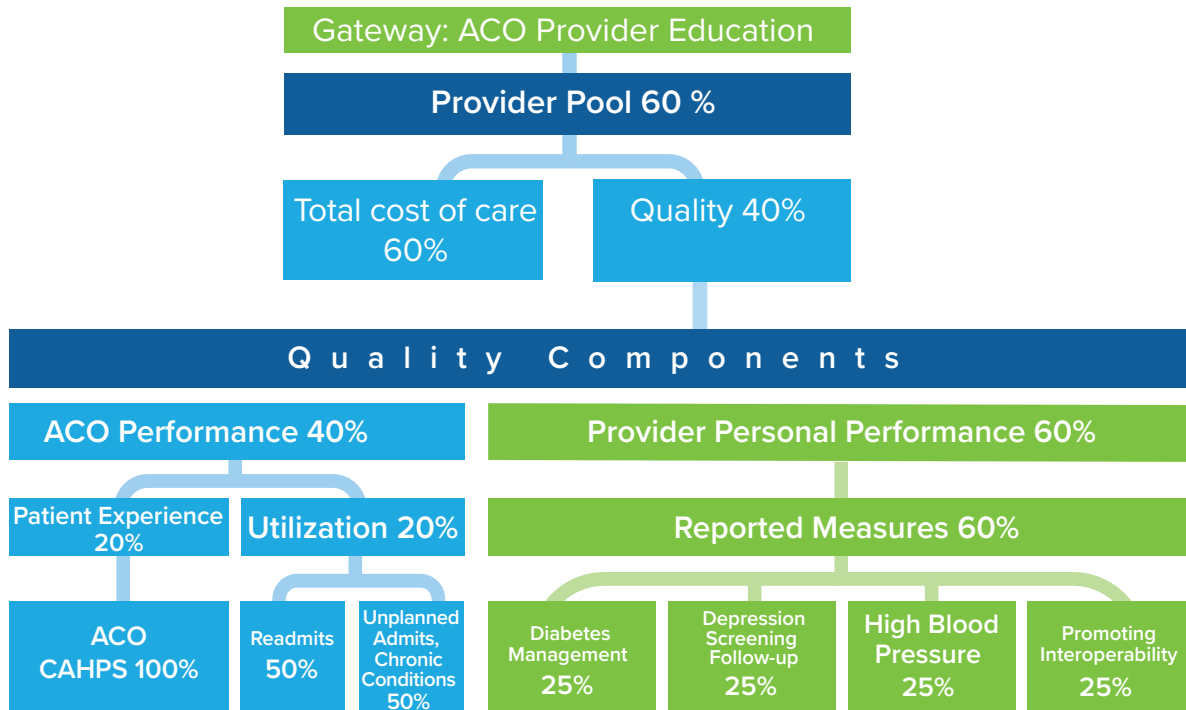
To qualify for shared savings providers must:

- Have attributed beneficiaries
- Complete the ACO Provider Education video and attestation form
- Display ACO posters
- Distribute beneficiary notices
- Meet quality measures

How It Works: Distribution of Provider Pool Shared Savings

The provider distribution pool receives **60% of the ACO shared savings**. To qualify for the pool you must complete the required **ACO Provider Education**.

- **Sixty percent of the provider pool** will be distributed to ACO providers with a patient panel **total cost of care** below a provider-specific target. Your specific target is based on the ACO's target, adjusted to reflect the risk of your ACO patient panel and regional variations in cost. You can ensure the target accurately reflects your patient panel by coding and documenting your patient's conditions to the highest level of specificity possible.
- **Forty percent of the provider pool** will be distributed based on **quality** performance.



For the quality component (40% of the provider pool), the ACO's overall performance makes up 40% of the quality distribution.

- **Patient experience** for the ACO is measured based on the CAHPS Survey which makes up 20% of the quality distribution.
- **ACO utilization** is based on the readmission rate and unplanned admissions rate for patients with multiple chronic conditions for the entire ACO, and accounts for 20% of the quality distribution.
- The remaining 60% of the quality distribution is based on **provider personal performance** with Original Medicare beneficiaries through three reported measures — **diabetes management, depression screening and follow-up, and high blood pressure management**. These results are multiplied by the number of attributed lives you manage.
- The fourth reported measure is meeting the **promoting interoperability** requirements, as defined by CMS. You must report directly to CMS on your ability to meet this measure and provide the ACO with a copy of your submission.

Questions? Reach out to your AdventHealth Provider Representatives or contact the ACO at 407-357-1566 or aco@adventhealth.com