Medicare Shared Savings Program ACO
Frequently Asked Questions
7/9/12

What is the News?

Maine Community Accountable Care Organization announced today it is one of 89 Accountable Care Organizations (ACOs) around the country to have been selected by the Centers for Medicare and Medicaid Services (CMS) to participate in the Medicare Shared Savings Program. The organization will provide coordinated care to Original Medicare (i.e., Fee-for-Service) patients.

ACOs are groups of physicians (i.e., Participants/Providers/Suppliers) and other healthcare professionals organized to improve quality and affordability in the goal of holding down medical costs. They will be responsible to coordinate the care of their ACO-assigned patients and will provide clinicians with new technology and support services. They will also provide financial incentives for providers who meet or exceed benchmarks defined by CMS in support of better outcomes for Medicare beneficiaries.

Our ACO was selected based on an ability to meet vigorous eligibility criteria and program requirements. The goal of the ACO is to provide better coordinated care for Medicare patients through the *TripleAim: better care, improved health and lower costs*.

The Medicare Shared Savings Program was created as part of the Affordable Care Act, the health care reform law of 2010, to offer coordinated care for Original Medicare patients through a new model provided by ACOs.

Our ACO will be a partnership with Collaborative Health Systems, a company that specializes in medical management, analytics and risk management to partner with providers throughout the country in the development of jointly-owned ACOs. Its goal is to deliver comprehensive care coordination which will result in better care, improve health outcomes and lower healthcare costs.

Today's announcement marks the second round of ACO selections made by CMS this year. In April, CMS announced that 27 ACOs were selected to participate in the Medicare Shared Savings Program.

What exactly is an ACO?

An ACO is a group of doctors, specialists, supplier as well as other healthcare professionals who come together to coordinate care for the Medicare patients they serve. Our ACO has entered into a direct contract with CMS to participate in the newly-established Medicare Shared Savings Program. It will serve Fee-for-Service, or otherwise known as Original Medicare, patients.

Medicare benefits stay exactly the same for ACO patients. There is no change in cost of coverage, and ACO patients can still choose to see any doctor or go to any hospital that accepts Original Medicare.

CMS created the Medicare Shared Savings Program to achieve these "Triple Aim" objectives:

1. **Better Overall Care** – in a safe environment, equitable to all who seek it, and always available when needed.
2. **Improved Health** – accomplished through the practice of proactive preventive medicine and chronic care management.
3. **Lower costs per capita** – aimed at reducing the upward trend of costs associated with the Original Medicare population. Medicare benefits stay exactly the same for ACO patients. There is no change in cost

How will the ACO provide improved health and overall care?

Among other things, our ACO will implement processes to promote:

- Effective and efficient coordination of care
- Evidence-based medicine
- Reporting of quality and costs
- Patient engagement

Our ACO partnership with Collaborative Health Systems include unique programs that work directly with patients to provide them optimum care that helps to keep them healthy and living an active life. This includes programs such as care management in which case nurses visit with and coordinate the care of those beneficiaries who are identified as highest risk due to current health care needs, disease states as well as those who are hospitalized.

How will the ACO work?

CMS will compare healthcare expenses associated with those patients with a three-year historic benchmark. If the cost of their healthcare is less than what the government has paid for those patients historically – and quality of care standards are met – CMS will retroactively share these savings with the ACO.

To ensure that savings are accompanied by improved care, CMS will track patient data through reports submitted by our ACO and from other sources. All information will remain HIPAA compliant and be monitored by the ACO Compliance Program.

Among other things, our ACO will:

- Communicate understandable clinical knowledge and evidence-based medicine to patients and engage them in shared decision-making.
- Establish internal processes to measure clinical and service performance by participants/providers/supplier across practices.
- Conduct patient experience surveys and create individualized care plans that address 33 distinct quality measures established by CMS.
- Ensure patient involvement in ACO governance.
- Use systems and processes to assess patient health needs, including the development of individualized care plans.

How is this different from an HMO or MA plan?

The ACO is not a Medicare Advantage plan or a Health Maintenance Organization (HMO). Medicare patients still have the right to use any doctor or hospital that accepts Original Medicare, at any time. The ACO is not an insurance company, but is owned and managed by the doctors themselves.

CMS automatically assigns patients to our ACO based on what doctors the patients use. If patients use our doctors, they are assigned to us. However, CMS has provided a mechanism where Medicare beneficiaries may elect to opt-out of sharing their claims history with our ACO. Electing this option, however, will not affect their ability to continue to see any Medicare participating provider that they may choose.

How does this benefit patients?

The ACO allows for a more complete picture of the patient's healthcare. Each of the healthcare providers involved in the patient's care will not only know about the health issues that they have treated, but will be provided with comprehensive reporting and data which will serve to provide a "complete picture" of the patient's health.

In support of the ACO model and goals, there will be care coordinators and nurses to help check on a Medicare patient's care. They may call the patient after an appointment, a procedure or post-discharge to make sure they understand their care plan, to ensure medication compliance and monitor such as well as to schedule follow-up visits. They will also share information with the patient's primary care doctor and specialists to make sure the patient gets the right care.

Patients should see better, more coordinated health care. They are the center of care and patient satisfaction is a goal of the ACO. Over time, one may notice that:

- They won't have to fill out as many medical forms that ask for the same information;
- Health care providers will know more about what is going on with their health because they communicate with each other;
- They won't have to have the same medical tests or procedures repeated because their results are shared among members of their health care team;
- The providers participating in the ACO will become partners with their patients in making informed care decisions.

How does this benefit Physicians?

Physicians will have more, easily accessible information about their patients and will find it easier to coordinate care with other providers. In addition, it will help physicians deal with a changing financial landscape and make the significant financial investments in technology needed to comply with ICD-10 and other requirements.

What is Collaborative Health Systems?

Collaborative Health Systems (CHS) is a wholly-owned subsidiary of Universal American Corp. CHS was created for the purpose of leveraging its core competencies in medical management, analytics and risk management to partner with providers and suppliers throughout the country in the development of jointly-owned ACOs. Its goal is to deliver better care, improve health outcomes while reducing costs to the Medicare Trust Fund.

Universal American (NYSE: UAM) is a publically-traded healthcare company offering a breadth of products and services to members and providers nationally. UAM has a long history of working collaboratively with providers in markets throughout the country to deliver efficient, quality care to its members.

Through its 10+ years of experience in physician partnership and risk management, UAM has developed a solid clinical approach to management of Medicare beneficiaries, including:

- Electronic services and technology interface
- Comprehensive data reporting
- individualized disease and care management
- Quality improvement

What is Maine Community Accountable Care Organization?

Maine Community Accountable Care Organization is an Accountable Care Organization (ACO) formed in partnership between Collaborative Health Systems (CHS) and 9 Federally Qualified

Health Centers (FQHCs) that serve residents across all of the State of Maine's 16 counties with a primary focus on underserved communities.

CHS will provide a range of care coordination, analytics and reporting, technology and other administrative services to enable physicians and other healthcare professionals to deliver high quality healthcare efficiently. CHS is a member of Universal American Corp. family of companies.

Maine Community Accountable Care Organization combines the proven ability of CHS services to coordinate care for people with Medicare, with the well-respected providers located within the 9 FQHCs across the state of Maine. This collaboration is expected to successfully achieve the CMS goal of the "Three Part Aim" objectives of better overall care, improved health and lower per capita costs for Medicare Fee-for-Service beneficiaries attributed to the ACO.