



AN INVITATION TO JOIN AMERICAN CHOICE HEALTHCARE, A CMS DIRECT CONTRACTING ENTITY

American Choice Healthcare, LLC (ACH) would like to invite you, the primary care provider (PCP), to take part in their Direct Contracting Entity (DCE) program for the 2022 performance year.

ACH's national agreement with the Centers for Medicare and Medicaid Services (CMS) gives ACH's participating PCPs the ability to secure monthly capitated revenue and generate shared savings for their Medicare beneficiaries not already enrolled in a Medicare Advantage plan.

What is DCE

The DCE program evolved from CMS's Medicare Shares Savings Programs (MSSP) and Accountable Care Organizations (ACO). DCE's consist of participating PCPs and accept financial accountability for the overall quality and cost of medical care provided to the Medicare beneficiaries who are aligned with the participating PCPs.

Why join a DCE

ACH's PCP participants will receive the following:

- **Monthly Capitated Payments.** Reimbursement for Primary Care Qualified Evaluation and Management (PQEM) services becomes a fixed monthly capitation payment, rather than FFS reimbursement*, for each aligned Medicare beneficiary. The participating provider and the DCE agree to the amount of the capitation.

*The participating PCP will continue to collect the co-pay (typically 20%) and forego the 80% of FFS reimbursement from Medicare in exchange for the monthly capitation payment.

- **Shared Savings.** CMS distributes 100% of the Shared Savings to DCEs semi-annually, as opposed to ACO's which receive 50% (on average, depending on ACO track) of the Shared Savings from CMS annually, thus increasing the amount of shared savings revenue passed onto participating PCPs. Participating PCPs have no downside risk.

– To help drive shared savings, participating PCPs have access to ACH's network of specialists, hospitals, labs, imaging centers, and other service providers that have agreed to accept a discount from Medicare Fee-for-Service rates.

- **Increased FFS Reimbursement.** DCE is considered an Advanced Alternative Payment Model (AAPM) which allows physicians to be excluded from MIPS reporting requirements and are eligible for a 5% lump-sum annual bonus to Medicare Part B payments, provided all other program requirements are met.

- **Patients May Voluntarily Align.** Patients can proactively choose you as their PCPs through voluntary alignment to a DCE, allowing you to better manage your panel and ultimately your patients. This also allows you to align Medicare beneficiaries who otherwise may have aligned to a specialist. Your voluntary alignment panel is in addition to your claims-based alignment panel.

- **Future of Medicare.** DCE builds on the ACO model by adding innovations from Medicare Advantage capitated risk-sharing arrangements to better align Medicare beneficiaries and empower PCPs.

– Next Generation ACOs will be phased out after the 2021 performance year.

– Voluntary alignment takes precedence over claims-based alignment across all MSSPs.

PROVIDER ECONOMICS – FFS vs. ACO vs. DCE

The capitated monthly payments offered ACH replaces the instability of your Medicare FFS revenue; and unlike FFS, ACH distributes earned shared savings. Participating PCPs could earn up to 3 times the revenue versus Medicare FFS and 54% more revenue versus Track 1 ACOs.

The following chart illustrates the potential Program performance based on the same provider's performance under each reimbursement program.

	FFS	Track 1 ACO	DCE
E/M Revenue PBPM	\$25.00	\$25.00	\$30.00
Guaranteed Revenue	No	No	Yes
CMS Shared Savings to DCE/ACO	No	50%	100%
Est. Shared Savings Pool PBPM	N/A	\$100.00	\$100.00
Est. Shared Savings Earned PBPM	N/A	\$25.00 Provider earns 50% of the 50% Distribution	\$50.00 Provider earns 50% of the 100% Distribution
TOTAL Earnings PBPM	\$30.00	\$55.00	\$90.00
TOTAL Annual Earnings, 300 Beneficiaries	\$108,000	\$198,000	\$324,800

PBPM = Per Beneficiary, Per Month

This information is intended to be a high-level description of potential performance under the Program provided that all Program requirements are met. It is not a guarantee of future performance or a solicitation in connection with any product or service. Terms are subject to change and compliance with applicable laws, rules, and regulations. Any contractual relationship will be governed by a separate agreement. For the most current information available please contact us directly at 877-281-1185.

FOR THE PATIENT

Your patients will now have better access to healthcare, while maintaining their freedom of choice.

ACH has partnered with over 2,000 doctors, hospitals, and other healthcare providers who work together to keep patients healthy and help improve outcomes. ACH helps patients navigate through the healthcare continuum and coordinate care according to their medical needs and treatment choices. Our goal is to help reduce expenditures and enhance the quality of care for Medicare beneficiaries.

As a beneficiary of ACH, the patient's Medicare benefits will not change. Choosing an ACH provider also ensures that patients receive the right care at the right time, while protecting their medical records and privacy.

Beneficiaries of American Choice Healthcare may also receive enhanced benefits, including:

- Care Coordination
- Post-discharge Benefit
- 3-day SNF Waiver
- Telehealth Expansion Benefit
- Cost Sharing Support for Part B Services
- Chronic Disease Management Rewards Program

At ACH, we are forging life-long bonds with our patient's while ensuring superior high-quality care for all.