

## Provider Payment Enhancements

In the REACH Model, Collaborative Health System (CHS) ACOs have selected to participate in Primary Care Capitation (PCC). CMS will make monthly capitated payments to CHS, which enables the creation of value-based payment arrangements with participant providers.

CHS has also created payment enhancements for provider partners who qualify, dependent upon your contract. Enhancements are defined in each individual's provider contract with CHS. To earn these payment enhancements, providers are required to meet metrics defined by CHS and the ACO governing body. Metrics and criteria are further defined on the *Provider Payment Metrics & Evaluation* tip sheet.

Payment Enhancements*	Description	Timeline	Payment System
<b>Fee-For-Service Claims</b>	Paid for certain primary care services furnished to aligned beneficiaries; payout determined by Weekly Claims Reduction file provided by CMS	Weekly; Approximately 3-4 weeks from the receipt of CMS data; first payment made in early February for January activity	ECHO, CHS payment partner HealthSmart
<b>Quality Incentive Bonus</b>	Triggered by the completion of Health Risk Assessment in HealthyImpact 360 for aligned beneficiaries	Monthly	ECHO, CHS payment partner HealthSmart
<b>Care Coordination Compensation</b>	Calculated per beneficiary per month depending on care metrics and activities	Monthly	ECHO, CHS payment partner HealthSmart
<b>Shared Savings</b>	Potential year-end distribution calculated after performance year ends and determined by ACO performance, provider contracts and governing body approval	Annually	CHS