
Why You Should Join the My Choice Quality Care Network Accountable Care Organization

June 2026



Welcome

Jason Bellamy

SVP of Enterprise Strategy, Communications, and Member Experience

Health Center Partners Family of Companies

Today's webinar:

1. Discover the transformative benefits of joining an ACO Primary Care Flex Model.
2. Learn the difference between this model and the new ACO LEAD model.
3. Find out how you can participate in My Choice Quality Care Network in 2026.
4. Hear from one of our members.

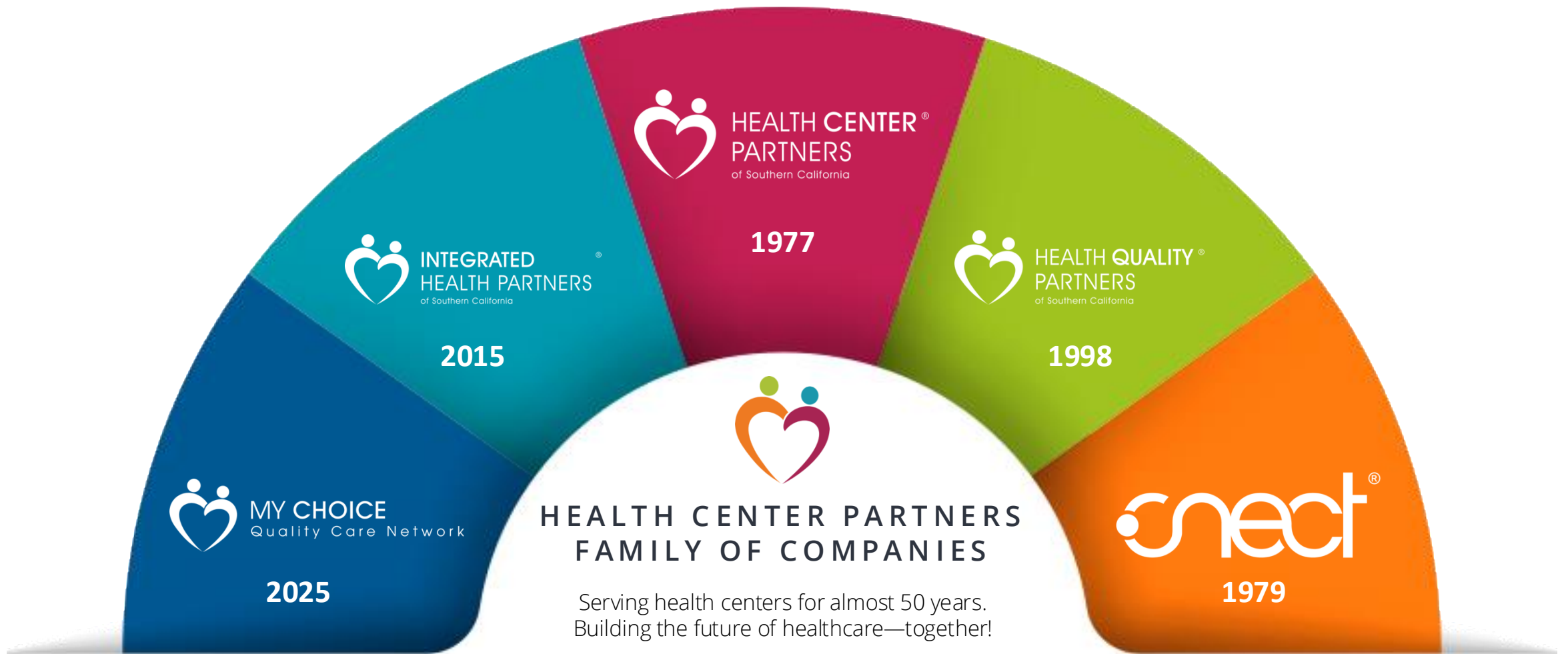




HEALTH CENTER PARTNERS FAMILY OF COMPANIES

Serving health centers for almost 50 years.
Building the future of healthcare—together!





MCQCN

Accountable care organization supporting high-quality primary care for people with Medicare.

IHP

Clinically integrated network managing 350K+ attributed lives.

HCP

Strategic heart of the Family of Companies, and consortium of 17 primary care organizations.

HQP

Innovation and incubation engine for health center improvement and service expansion.

CNECT

Group purchasing organization reducing provider costs nationwide and powering Family of Companies progress.

Our Speaker

Sarah Schauman
VP of Operations
**Integrated Health Partners
and My Choice Quality Care Network**



What is an Accountable Care Organization (ACO)?

Accountable Care Organization Basics

- Introduced in 2011 as part of the Affordable Care Act, an ACO is a group of clinicians, hospitals, and other healthcare entities that:
 - **Accept a shared responsibility** to deliver a wide range of medical services to a defined population of patients.
 - **Are held accountable** for the quality and cost of services provided through alignment of incentives (i.e., reimbursements, shared savings).
- ACOs are primarily Medicare based, but there are Medicaid and Commercial ACO products as well.
- Primary care should be the foundation of any ACO model, aiming to reduce costly downstream care.
- Participation is voluntary, but **CMS hopes to have all Medicare beneficiaries in an accountable care relationship by 2030.** (53% of Medicare Beneficiaries are in an accountable care relationship as of 2025.)
- Beneficiaries assigned based on historical claims utilization.

Primary Care Flex Model Mechanics

ACO PC Flex Model Overview

- PC Flex is a value-based model that supports the transition from fee-for-service (FFS) to primary care capitation: **Capitation payments made in lieu of FFS payments for primary care services.**
- PC Flex model is part of the Medicare Shared Savings Program (MSSP): **Shared Savings based on total cost of care (TCOC) for attributed members.**
- [24 participating ACOs](#) in the PC Flex Model (no new ACOs are being accepted into the model).
- **ACOs must be low revenue:** ACO participating providers generate less than 35% of total Medicare Parts A + B revenue for their assigned beneficiaries, based on the most recent full calendar year.
- Performance Year is based on calendar year. PC Flex Model will run Jan. 2025-Dec. 2029.
- Traditional Medicare beneficiaries are eligible for the program.

PC Flex Model Goals

MODEL PURPOSE & GOALS



Improve individuals' experience and access to care while supporting primary care to deliver on key **outcomes**



Grow participation in the Shared Savings Program to reach CMS accountable care goals



Reduce disparities in health care outcomes and access to primary care



Lower costs while enhancing **quality of care** for individuals in the Shared Savings Program



Empower participating ACOs and their providers to **use innovative care delivery approaches** that are team-based, person-centered and proactive – rather than visit-driven – to improve health outcomes and quality of care

The ACO PC Flex Model aims to address the following primary care challenges:

- Need for **increased funding**
- Increasingly **fragmented**, expensive systems of care
- **Disparities in outcomes** for underserved populations
- **Limited flexibility** to deploy resources and arrange services to best serve Medicare patients
- Dependence on **visit-based service volume** to generate revenue

PC Flex Model Financial Methodology

Prospective Primary Care Payment (PPCP) Payments made to the ACO:

All PPCP funds are risk adjusted by CMS based on HCC scores.

PPCP County Base Rate

- Based on county of residence for beneficiary

Enhancements

- County Enhancement (Variable)
- Flex Enhancement (\$125 PBPY)

FQHC & RHC Adjustments

- Add-on for all beneficiaries who receive care at FQHCs & RHCs

Health Equity Adjustment

- +/- \$3 adjustment based on the mix of beneficiaries living in underserved communities

Shared Savings Methodology

MCQCN is upside only and participating in Track A.

Characteristic	BASIC Track's Glide Path				ENHANCED Track (risk/reward)
	Level A & Level B (one-sided model)	Level C (risk/reward)	Level D (risk/reward)	Level E (risk/reward)	
Shared Savings (once Minimum Savings Rate (MSR) met or exceeded)¹	1 st dollar savings at a rate of 40% if an applicable quality performance standard established in § 425.512(a)(5)(i) is met; 1 st dollar savings at a rate of 40% multiplied by the ACO's health equity adjusted quality performance score if an applicable quality performance standard established in § 425.512(a)(5)(i) is not met but the ACO meets the alternative quality performance standard at § 425.512(a)(5)(ii); not to exceed 10% of updated benchmark	1 st dollar savings at a rate of 50% if an applicable quality performance standard established in § 425.512(a)(5)(i) is met; 1 st dollar savings at a rate of 50% multiplied by the ACO's health equity adjusted quality performance score if an applicable quality performance standard established in § 425.512(a)(5)(i) is not met but the ACO meets the alternative quality performance standard at § 425.512(a)(5)(ii); not to exceed 10% of updated benchmark	1 st dollar savings at a rate of 50% if an applicable quality performance standard established in § 425.512(a)(5)(i) is met; 1 st dollar savings at a rate of 50% multiplied by the ACO's health equity adjusted quality performance score if an applicable quality performance standard established in § 425.512(a)(5)(i) is not met but the ACO meets the alternative quality performance standard at § 425.512(a)(5)(ii); not to exceed 10% of updated benchmark	1 st dollar savings at a rate of 50% if an applicable quality performance standard established in § 425.512(a)(5)(i) is met; 1 st dollar savings at a rate of 50% multiplied by the ACO's health equity adjusted quality performance score if an applicable quality performance standard established in § 425.512(a)(5)(i) is not met but the ACO meets the alternative quality performance standard at § 425.512(a)(5)(ii); not to exceed 10% of updated benchmark	1 st dollar savings at a rate of 75% if an applicable quality performance standard established in § 425.512(a)(5)(i) is met; 1 st dollar savings at a rate of 75% multiplied by the ACO's health equity adjusted quality performance score if an applicable quality performance standard established in § 425.512(a)(5)(i) is not met but the ACO meets the alternative quality performance standard at § 425.512(a)(5)(ii); not to exceed 20% of updated benchmark

Shared Savings Methodology

Track A participants are eligible for **40%** of generated shared savings under the ACO benchmark.

ACO will distribute **73%** of earned shared savings.

PC Flex Model vs. LEAD Model

PC Flex vs. LEAD ACO Models

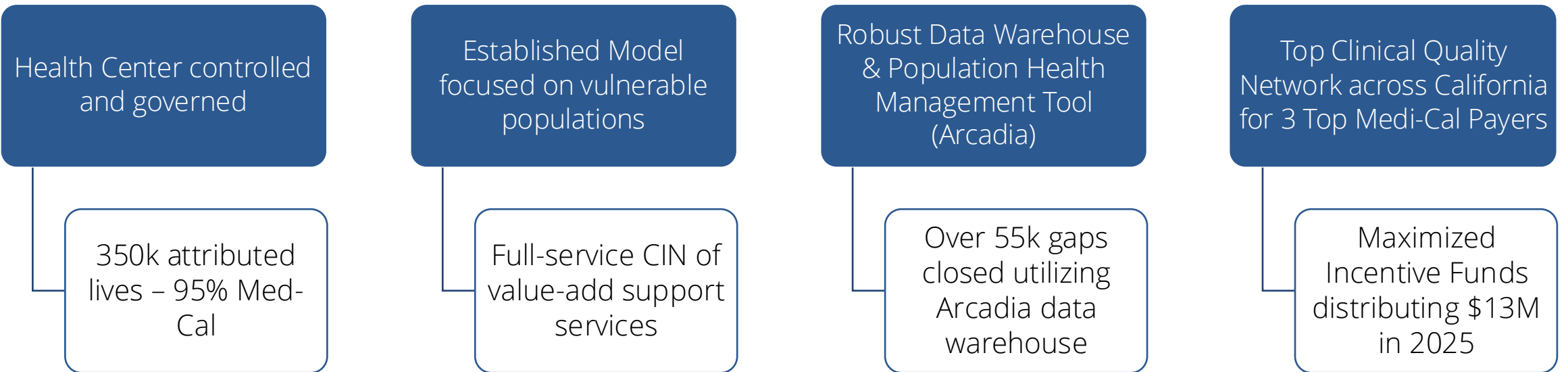
	PC Flex Model	LEAD Model
Duration	<ul style="list-style-type: none"> 5 years (2025-2029) 	<ul style="list-style-type: none"> 10 years (2027-2036)
Program Purpose and Target Audience	<ul style="list-style-type: none"> Built for low-revenue, physician-led ACOs in the Medicare Shared Savings Program (MSSP) Designed to strengthen and fund primary care first, especially for smaller, rural, FQHC, and RHC-inclusive organizations 	<ul style="list-style-type: none"> Built for larger, more advanced, risk-ready ACOs Focused on long-term accountability for total cost of care, including high-needs and dual-eligible populations
Payment Approach	<ul style="list-style-type: none"> Prospective Primary Care Payment (PPCP) replaces most primary care FFS Monthly, predictable funding specifically for primary care investment One-time \$250K Advance Shared Savings Payment to support ACO startup and infrastructure 	<ul style="list-style-type: none"> Primary Care Capitation + Total Care Capitation options Full Parts A & B accountability with optional downstream specialty risk No separate startup payment; assumes greater financial readiness
Risk Readiness	<ul style="list-style-type: none"> Primary-care-focused risk layered on top of MSSP PPCP is not fully recouped through reconciliation Lower downside exposure → entry-friendly 	<ul style="list-style-type: none"> Professional or Global Risk for total cost of care Meaningful downside risk with stop-loss and risk corridors Designed for mature risk-bearing organizations
Financial Flexibility	<ul style="list-style-type: none"> 95% of capitated funds must support advanced primary care activities 	<ul style="list-style-type: none"> Greater flexibility for use of capitated dollars
Why Chose this Model?	<ul style="list-style-type: none"> Predictable primary care revenue Lower financial risk A gradual transition away from FFS Strong support for independent, physician-led practices 	<ul style="list-style-type: none"> Full accountability for total cost of care Long-term capitation and risk Advanced specialist integration and downstream risk

My Choice Quality Care Network (MCQCN)

Proven Success

Integrated Health Partners, Clinically Integrated Network

IHP celebrates 10 years in 2026 with a proven clinically integrated network focused on ensuring health centers have support systems that maximize the hard work already in action. This success allowed the creation of My Choice Quality Care Network.

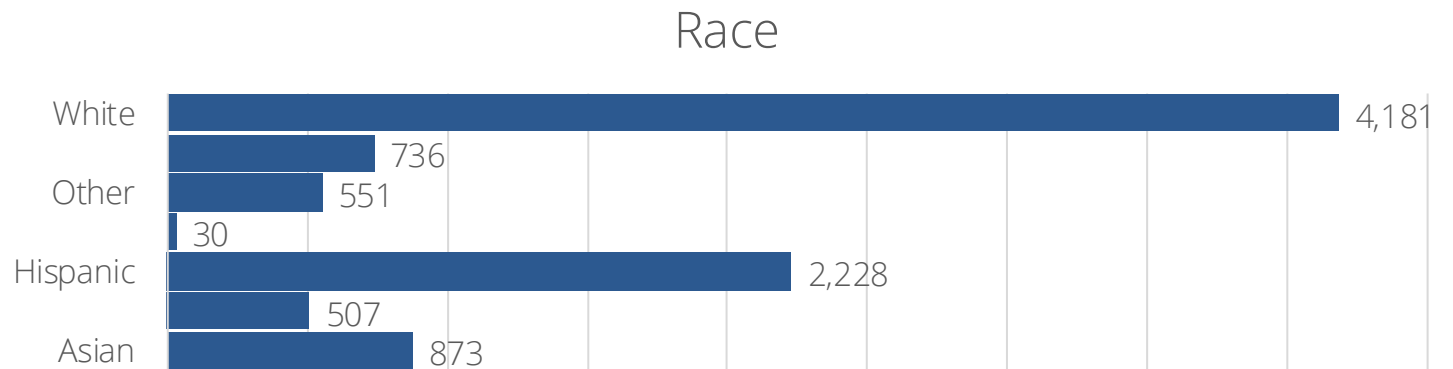
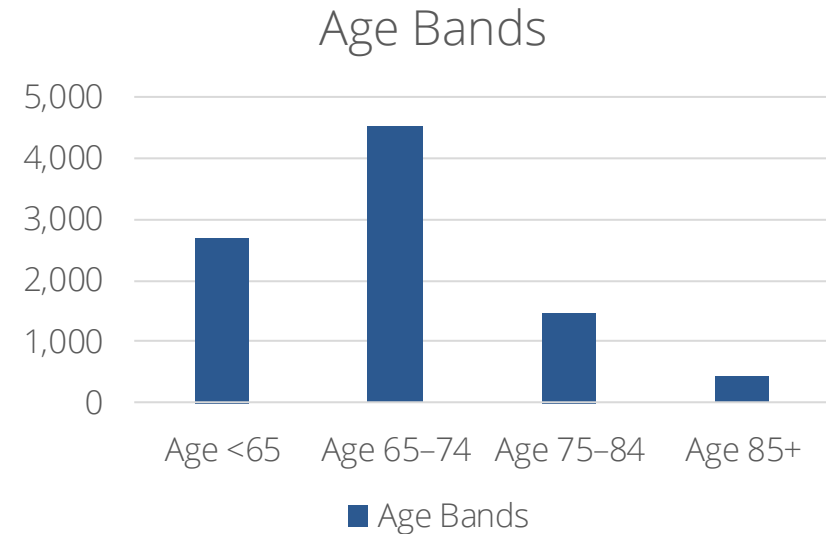
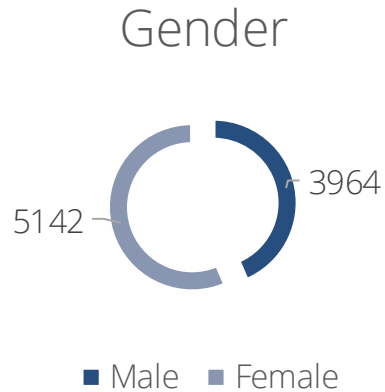


MCQCN ACO Membership



ACO Beneficiaries PY2026

Total	8,885
Total Dual Eligible	6,826
Total Non-Dual Eligible	2,059
ESRD	42
ESRD Dual Eligible	37
ESRD Non-Dual Eligible	6
Disabled	2,213
Disabled Dual Eligible	1,952
Disabled Non-Dual Eligible	260
Aged	6,630
Aged Dual Eligible	4,837
Aged Non-Dual Eligible	1,793
Total Assigned Beneficiaries	9,106



MCQCN ACO Service Offerings

Community Based Organization Engagement

- Innovative efforts of CBO and technology connection
- CBO peer group
- CBO agreements to address social determinants of health

Arcadia Population Health Management Tool

- Unilateral Patient Record
- Aggregation of Member Electronic Medical Record Datasets
- Non-EMR connectors (lab, HIE, etc.)
- Population Health Management Module Access
- Beneficiary Engagement Texting Campaigns

Data Reporting & Analytics

- Robust Reporting Package
- Access to Performance Dashboards
- CMS Claims / Utilization Trending
- EMR Chronic Condition Trending
- Quality Performance Reporting and Benchmarking

Managed Care Operations

- Practice Manager Support

HCC Coding & Clinical Documentation

- Retrospective Chart Reviews
- Customized Feedback and Education

Clinical Strategy & Evidence Based Medicine Development and Implementation

- Engagement in Clinical Committee to Define Innovative Care Pathways
- Utilization of Datasets to Impact Care

Social Care Management & Patient Engagement

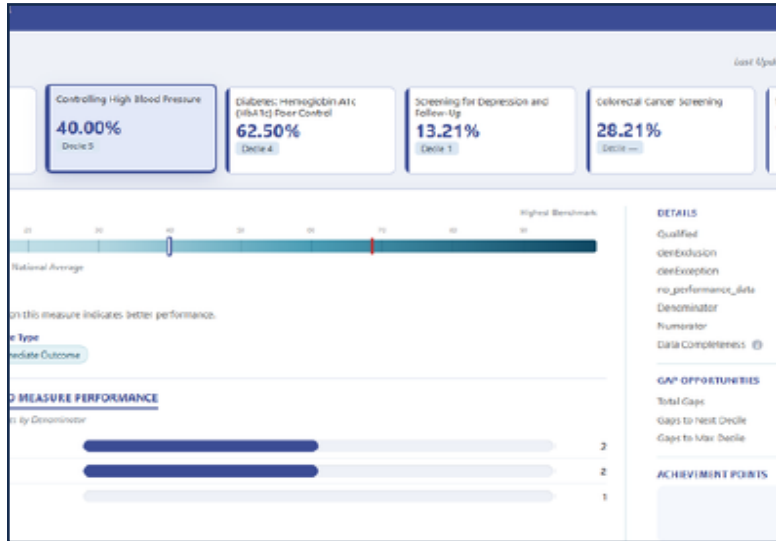
- Beneficiary Risk Stratification for Care Management and Care Planning
- Clinical Intervention Planning to Ensure Community-Based Care Plans
- Non-Clinical Beneficiary Offerings (to be defined by Clinical Committee)

Learning Collaboration

- Engagement through ACO Committees or NAACOS or Premier Learning Collaboratives

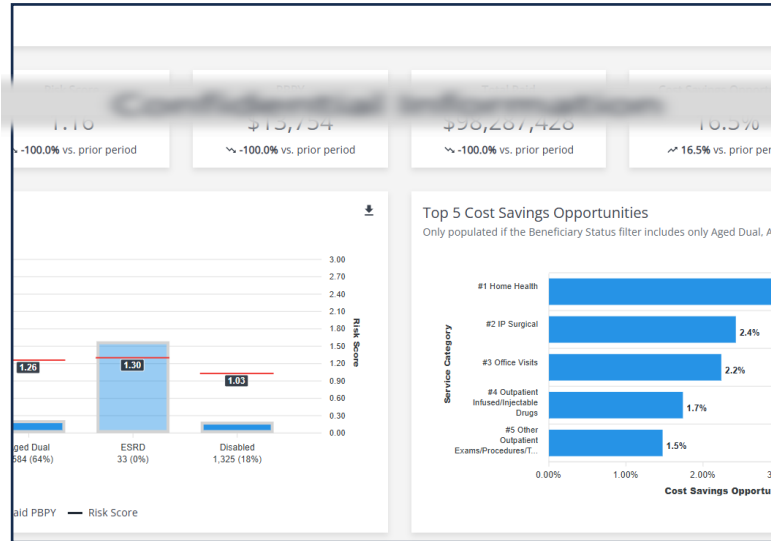
ACO Tools and Data

ACO Tools



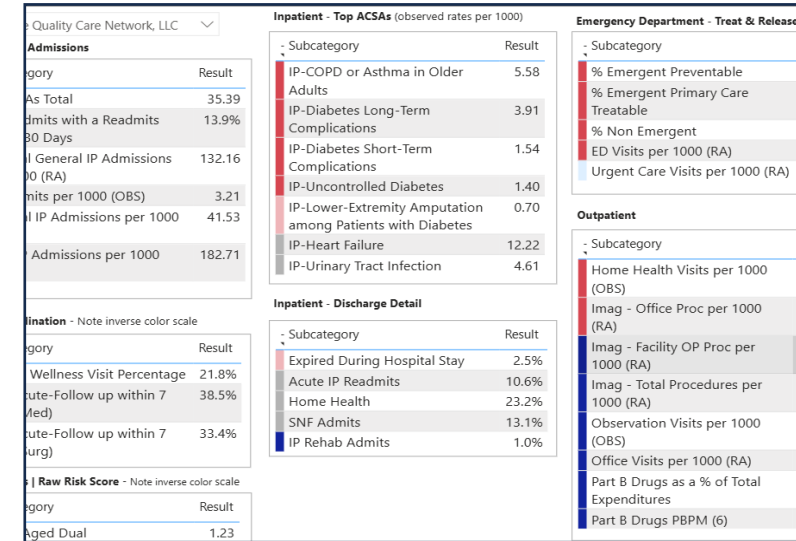
ACO Health Solutions

- ACO quality measure reporting in alignment with CMS technical requirements
- Identification of patient-level quality gaps for chart abstraction audits and data completeness
- Utilizes Arcadia data to minimize provider reporting lift



Milliman MedInsight

- CMS Claims based platform that provides benchmarking and analytics capabilities



Premier Benchmarking

- Benchmarking tool to compare MCQCN ACO data to other Premier member ACOs

ACO Tools

Arcadia Population Health Tool

- Data aggregation platform with consolidation of 19+ clinical EHR connectors and network feeds into a longitudinal view of a patient's total activity across the network for the following use cases:
 - Temporal documentation of labs, results, and vitals history
 - IHP health plan enrollment and updated demographic information
 - Coding/Risk scoring and redocumentation opportunities
 - Network quality reports, care management documentation and significant event notifications
- ACO beneficiary and claims data will be integrated into Arcadia and consolidated with network data feeds*
 - *Includes CHC EHRs, IHP payer eligibility and care gap files, ADT alerts from San Diego HIE, Quest, California Immunization Registry, etc.
- Access to ACO performance analytics through Arcadia for executive dashboards, utilization and expenditure trending and driver drilldown, chronic condition trending, and quality performance reporting

Executive Performance Report

ARCADIA® All

2023 KPIs vs Comparison Year: 2022

Member Months: 1,213,976 **-12.0%** Risk Score: 0.507 **-4.4%** Risk Adj IBNR PMPM: \$1,323.97 **28.1%**

ASC Admits Per 1k: 6.48 **241.9%** PCP Per 1k: 2,997.6 **30.2%** Avd ED Per 1k: 44.56 **186.1%**

Readmissions Per 1k: 8.91 **72.3%**

Member KPIs	PCP Grouper 1 Summary			
Percentage value is % of Total Population	PCP Grouper 1	Member Months	PMPM	PMPM IBNR
Members with 1+ Risk Gaps	Lakes Region	52,888	\$659.75	\$674.25
35,535 35.32%	Midwest	26,873	\$842.31	\$860.58
	Northeast	671,606	\$508.00	\$517.54
Members with 2+ Measure Gaps	Oceanview	59,671	\$756.98	\$772.18
342,965 74.05%	Unknown	402,938	\$431.95	\$450.76

Event Type Comparison

Sorted by PMPM. % Δ indicates percent change from comparison period. Leveraging Cost IBNR.

RPT Grouper 2	PMPM	% Δ PMPM	Cost / Event	% Δ Cost / Event	Events per 1K	% Δ Per 1K
OP Procedures	\$104.13	5.6%	\$1,037	-2.9%	1,204.7	8.7%
Radiology	\$99.41	363.6%	\$855	204.6%	1,395.5	52.2%
IP Surgical (Adult)	\$85.79	-11.8%	\$35,452	9.6%	29.0	-19.5%
Specialist Visits	\$52.57	16.5%	\$338	10.5%	1,865.6	5.4%
IP Maternity	\$44.90	297.6%	\$20,239	248.9%	26.6	14.0%
IP Behavioral Health	\$41.87		\$22,241		22.6	
IP Surgical (Pediatric)	\$33.76		\$36,287		11.2	
IP Medical (Adult)	\$31.30	8.4%	\$12,639	19.7%	29.7	-9.4%
PCP Visits	\$29.71	9.9%	\$140	4.9%	2,537.9	4.8%
Other	\$24.15	21.4%	\$446	-21.0%	650.2	55.8%
IP Other	\$19.09	-34.8%	\$13,227	-15.0%	17.3	-25.4%
Medical Pharmacy	\$18.62	52.1%	\$259	32.1%	863.6	15.2%
Lab	\$17.29	-2.7%	\$90	-4.9%	2,312.4	2.3%

Performance: Jan 2023 - Dec 2023

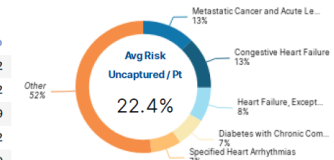
NOICE, ARORA at MAKENZLY NUTTER MEDICAL CENTER LLC

Risk Capture [Click here for a list of risk gaps.](#)

Payer	Closed Risk per Member	Potential Risk per Member	Risk Coded %	Risk Coded % Network	Variance to Network
CMS NGACO	1.07	1.38	77.6%	76.9%	0.8%
Panel Total	1.07	1.38	77.6%	76.9%	0.8%

Your top opportunities to improve risk capture:

Condition	Gaps	Weight Per Gap
Metastatic Cancer and Acute ...	1	1.782
Congestive Heart Failure	8	0.222
Heart Failure, Except End-Stage ...	10	0.119
Diabetes with Chronic ...	8	0.202
Specified Heart Arrhythmias	7	0.180
Other Significant Endocrine and ...	6	0.130
Cancer Metastatic to Bone, Othe...	1	0.773



Quality Performance

Quality Performance Measurement

Measure Title	Collection Type	Performance Year Phase In
CAHPS for MIPS	CAHPS for MIPS Survey	2025
Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	Administrative Claims	2025
Diabetes: Glycemic Status Assessment Greater Than 9%	ACO Reported Quality Data	2025
Preventive Care and Screening: Screening for Depression and Follow-up Plan	ACO Reported Quality Data	2025
Controlling High Blood Pressure	ACO Reported Quality Data	2025
Breast Cancer Screening	ACO Reported Quality Data	2025
Colorectal Cancer Screening	ACO Reported Quality Data	2026
Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	Administrative Claims	2026
Initiation and Engagement of Substance Use Disorder Treatment	ACO Reported Quality Data	2027
Adult Immunization Status	ACO Reported Quality Data	2028

PY2025 Preliminary ACO Performance

- The network worked with ACO Health Solutions (AHS), a certified CMS Qualified Registry, to submit a de-duplicated, validated, and aggregated data set for the ACO based on clinical data in Arcadia and CMS files
- Final PY 2025 quality rates for Medicare CQMs:

ACO Medicare Quality Measures	Medicare CQM Decile (higher is better)	Estimated Achievement Points (out of 10)
Diabetes: Hemoglobin A1c Poor Control	10	10.00
Breast Cancer Screening	10	10.00
Screening for Depression and Follow-Up Plan	10	9.51
Controlling High Blood Pressure	8	8.17
CAHPS for MIPS	N/A	N/A
Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	TBD	TBD

Table 2: Flat Benchmarks for Medicare CQMs

Decile	Points	Non-Inverse Medicare CQMs - Performance Rate	Inverse Medicare CQMs - Performance Rate
1	1-1.9	< 10.00	99.00 – 90.01
2	2-2.9	10.00 – 19.99	90.00 – 80.01
3	3-3.9	20.00 – 29.99	80.00 – 70.01
4	4-4.9	30.00 – 39.99	70.00 – 60.01
5	5-5.9	40.00 – 49.99	60.00 – 50.01
6	6-6.9	50.00 – 59.99	50.00 – 40.01
7	7-7.9	60.00 -69.99	40.00 – 30.01
8	8-8.9	70.00 – 79.99	30.00 – 20.01
9	9-9.9	80.00 – 89.99	20.00 – 10.01
10	10	> = 90.00	<= 10.00

The network performed in the 10th decile for 3 measures and the 8th decile for 1 measure

Joining My Choice Quality Care Network (MCQCN)

Joining MCQCN ACO

1. Contact [Amanda Simmons](#), EVP MCQCN, or [Sarah Schauman](#), VP Operations MCQCN.
2. MCQCN will run a financial analysis utilizing Milliman for all interested organizations. *Interested parties must provide TIN(s) and PTANs/CCNs for analysis.*
3. Contract templates will be provided for review.

Members can be added for PY2027:

June 9 – June 23

July 15 – August 5

Member Perspective

Alliance Medical Center proudly serves the diverse communities of Healdsburg, Windsor, and the surrounding Northern Sonoma County region.

Amy Fawcett, Chief Financial Officer



Questions & Contacts

MCQCN Contacts



Amanda Simmons, MSCHT

EVP | My Choice Quality Care Network (ACO)
EVP | Integrated Health Partners (IHP)
Chief Managed Care Risk Officer | Health Center
Partners (HCP)

Email: a-simmons@mcqcnaco.org

Phone: 713-859-9683

Web: mychoicequalitycarenetworkaco.org



Sarah Schauman

VP Operations | My Choice Quality Care Network (ACO)
VP Operations | Integrated Health Partners (IHP)

Email: s-schauman@mcqcnaco.org

Phone: 505-231-5591

Web: mychoicequalitycarenetworkaco.org