



NEWS RELEASE

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FOR IMMEDIATE RELEASE

CHS Welcomes New Providers to Join its Medicare ACOs for 2023

As CMS Medicare ACO deadlines approach, CHS helps more providers achieve savings and improve care

TAMPA, Fla. (June 13, 2022) – Collaborative Health Systems (CHS), a management services organization, is [welcoming](#) new partners to participate in its value-based care models in 2023. Although some application deadlines have passed, Medicare providers still have until August 4, 2022, to engage CHS and join its Accountable Care Organizations (ACOs) in the Medicare Shared Savings Program (MSSP) and the ACO Realizing Equity, Access, and Community Health (REACH) models.

For more than a decade, CHS has helped healthcare providers navigate and succeed in value-based models including MSSP, Next Generation ACO, and Global and Professional Direct Contracting (GPDC). Last year, CHS expanded its footprint to 10 new markets and is anticipating continued growth this year, as interest in ACOs remains high. Through participation in those models, Medicare providers are encouraged to coordinate care to improve outcomes and reduce spending, which opens opportunities for increased revenue. As the Centers for Medicare & Medicaid Services (CMS) continues to evolve its value-based care models such as the recent transition of GPDC to ACO REACH, CHS helps its partner practices navigate this ever-changing landscape.

“The transition to value-based care alters care management at a foundational level. It’s important to start conversations as soon as possible, so we can guide providers through the crucial first steps to maximize impact,” said Anthony Valdés, President of Collaborative Health Systems. “Our collaborative process engages providers every step of the way to simplify practice management, enabling us to drive results above industry averages year after year.”

Medicare providers who partner with CHS face no upfront or monthly program fees as they transition to value-based care models. A dedicated local CHS team works with partner providers to understand regional population health challenges and collaborates with care processes and workflow. As a result of partnering with CHS, partner providers can focus on their patients and deliver better health outcomes. Since 2012, CHS has helped partner providers reduce unnecessary hospitalizations and ER visits, while achieving more than \$475 million in total savings to the Medicare program and achieving an average overall quality score of 97% in 2020.

“We believe Medicare beneficiaries can enjoy better health when they have a strong relationship with a primary care provider who has the time, information, and resources to provide high-quality care,” said Michael Barrett, Vice President of Strategy and Development for Collaborative Health Systems. “Our strong results in supporting successful value-based contracting are a testament to the impact high-quality care holds for all.”

For more information about Collaborative Health Systems and joining an ACO, visit www.CollaborativeHealthSystems.com.



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About Collaborative Health Systems

Collaborative Health Systems (CHS) is a management services organization that partners with independent primary care physicians as they move to value-based models. Its core belief is that primary care physicians are in the best position to influence the quality and cost of healthcare. CHS provides comprehensive support for its physician partners by providing management services, risk contracting, and population health capabilities, including actionable data and other tools, to deliver care coordination and closure of gaps in care. CHS provides additional services to secure and deliver favorable value-based contracts with commercial and other health plans. CHS currently manages three Direct Contracting entities, seven MSSP ACOs, a Care Transformation Organization, and three Independent Practice Associations. CHS is a wholly owned subsidiary of Centene Corporation, a leading multi-national healthcare enterprise that is committed to helping people live healthier lives.

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