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General Description

The mission of the National Rural Accountable Care Organization is to collaboratively facilitate implementation of innovative healthcare models supporting quality, cost-effectiveness, and health promotion for the improvement of the well-being of rural communities.

The vision is to be the national leader of the transformation of rural health care systems from fee-based to value-based care by creating an affordable, replicable framework that results in the best possible health for our communities, at the lowest possible cost, and strengthens and preserves the rural health safety net.

The National Rural Accountable Care Organization offers a program that minimizes up-front investment and risk, provides turn-key solutions, and allows rural physician/hospital organizations to carefully implement and evaluate new delivery models to understand their impact on the health, quality, and the financial viability of their health care delivery system.

The NRACO enables rural health care communities to participate in the Medicare Shared Savings Program. We do this through economies of scale - sharing overhead costs by centralizing MSSP-required governance, and tailoring ACO services to the rural environment. Our programs are designed for and by rural health care leaders. We support rural communities as they transition from fee-for-service to fee-for-value.

Goals:
- To provide rural communities with a toolkit to implement care coordination and health care technologies.
- To achieve 90th percentile quality scores.
- To achieve 90th percentile patient satisfaction scores.
- To retain Medicare beneficiaries and optimize assignment into the NRACO.
- To engage all payers to support health care reform in rural communities through shared savings arrangements.
- To implement programs and policies that achieve savings for expensive, chronically ill patients.
- To promote clinical integration with tertiary and specialty care.
- To enable rural communities to benefit from an ACO with minimal up-front costs.

Benefits:
- Model transformation from fee-for-service to fee-for-value, keeping your organization on track with Healthcare Reform.
- Financial protection
- Minimal up-front costs and fixed costs to participate in the program.
- Cautious approach, moving slowly through the transformation process.
- No risk to your fee-for-service payments, just a "bonus" if you can reduce them.
• Data-driven transformation of care delivery to improve community health, patient satisfaction, and patient retention.
• Engagement with multiple payers for enhanced payments and network inclusion.
• Promoting clinical integration strategies across the continuum of care. We integrate data from primary care physicians, tertiary care, and specialty care.
• More specifically, the NRACO provides the following services:
  • Governance, legal, and financial services compliant with MSSP requirements
  • Care Coordination methodology including job descriptions, training, policies, and procedures for a community Care Coordinator
  • Data Warehouse interfaced to your HIE that marries clinical data to claims data, in order to generate registries of high-risk patients and automate quality reporting to CMS
  • Quality reporting and performance improvement oversight
  • Evidence-Based Medicine educational materials and webinars
  • Analytics to inform strategy and increase market share

**Hospital Responsibilities:**
• Connect ambulatory EMR’s to your HIE or to Inland Empire Health
• Information Exchange
• Create local steering committee with providers, staff and community representatives
• Appoint board member and attend monthly meetings
• Appoint project manager to work with NRACO staff
• Assign/Hire Care Coordinator to support top 10% of patients
• Develop local shared savings distribution plan
• Develop narrow referral network
• Communicate to staff, patients and providers
• Innovate and share what you have learned

**Fees:**
• $20,000 with the Application Packet
• $10,000 per month, per community, beginning December 2014
• 10% of shared savings received from CMS
• Communities that have more than 2,000 beneficiaries assigned pay an additional $12 per beneficiary per year for the Data Warehouse & Quality Reporting services

**Rural Health Visioning TAG Discussion:**

<table>
<thead>
<tr>
<th>Principles Addressed:</th>
<th>Likes:</th>
<th>Barriers:</th>
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<tbody>
<tr>
<td>Improve Health - yes</td>
<td>Protects from risk while trying something new</td>
<td>Does not allow for regional collaboration</td>
</tr>
<tr>
<td>Provide Access - no</td>
<td>Provides lots of education and tools to assist with change</td>
<td>Short term financial benefits, but there is a limit to how much efficiency can be created – long term the incentives will be harder to attain</td>
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<tr>
<td>Encourage Collaboration – partial</td>
<td>Focus on improved quality of care</td>
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<tr>
<td>Pursue Quality - yes</td>
<td>Looks at population health issues</td>
<td></td>
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<tr>
<td>Promote Efficiencies and Value – partial (not regionally)</td>
<td>Access to data</td>
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<tr>
<td>Embrace Technology - yes</td>
<td>Focus on care coordination</td>
<td></td>
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<tr>
<td>Reimbursed Fairly – partial (sustainability issues)</td>
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Updated: May 2014