

Choosing the Partner Who Can Deliver

Evaluating Digital Engagement Partnerships
for ACOs & Service Lines

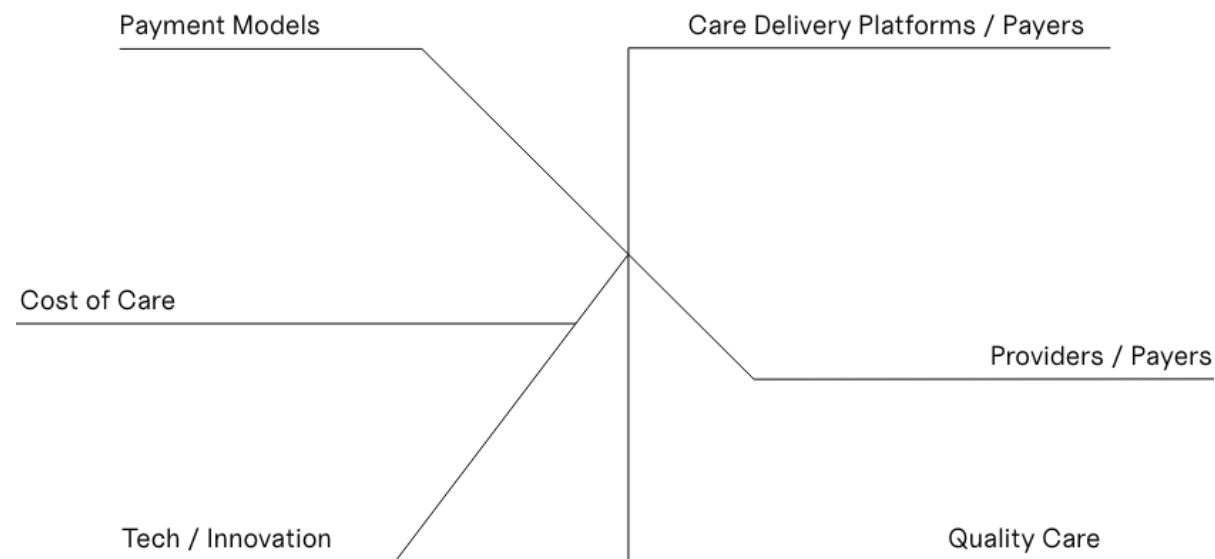
Will Sellheim, ATI Advisory | NAACOS Fall 2026 Pre-Conference | October 2026

ATI Advisory



Solving the hardest problems in healthcare

- **Maximizing healthcare value**
Aligning payment with high quality care
- **Eliminating complexity & inequality**
Integrating programs and service delivery, including pharmacy
- **Scaling person-centered care and services**
Shifting to more accessible service delivery infrastructure



Agenda & Learning Objectives

Objective 1

With the advent of ACCESS and AI native care, how to assess your digital engagement partnerships

Objective 2

How to assess whether ACCESS participants can close care gaps in addition to the solutions you work with today

Objective 3

Understand the unique steps to assess and partner with ACCESS participants to ensure joint success

5 minutes

Where might your table be comfortable, or not?

Examples to start your conversation

Examples

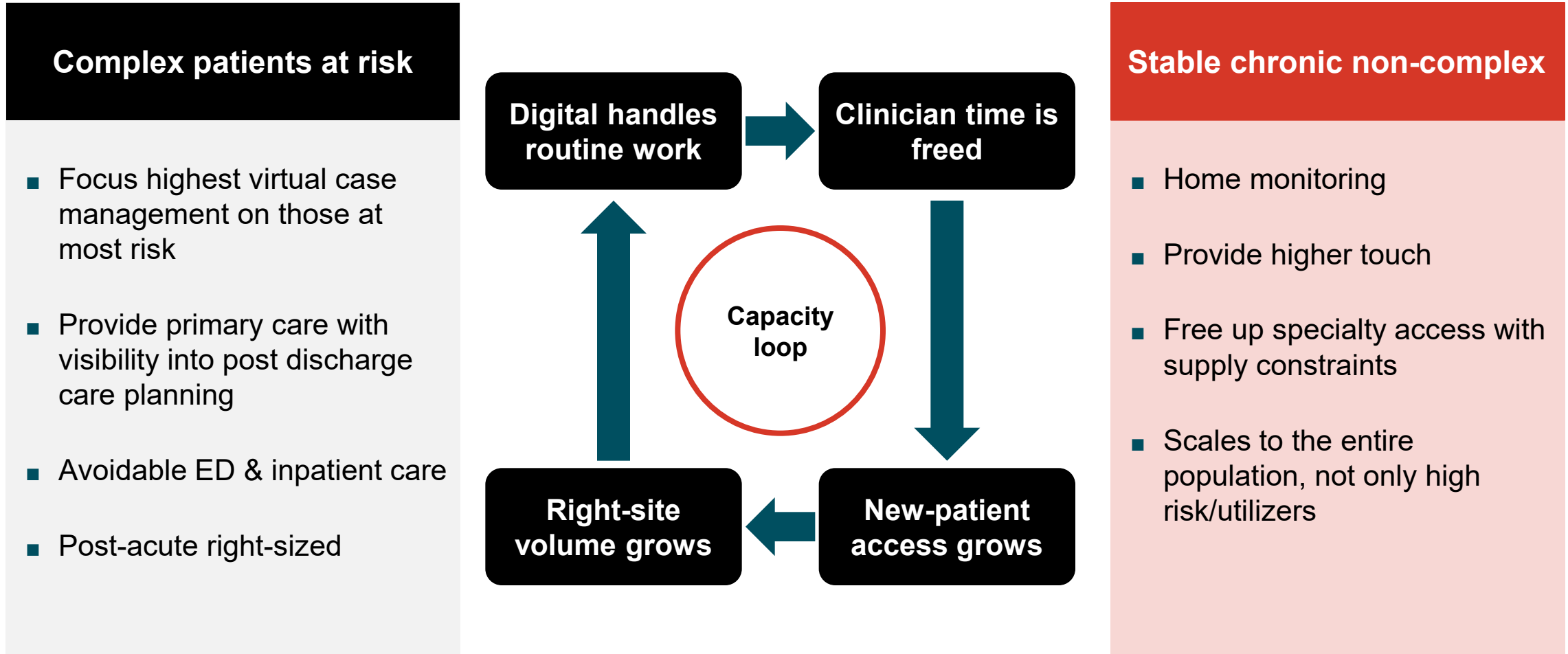
Refill renewal for a stable medication	Day-three post-discharge check-in call	Daily blood pressure check-in with coaching	Symptom triage before a visit
Weight coaching and dietary support	Diagnosis for simple condition	Detect and escalate suicidal ideation	Your own example

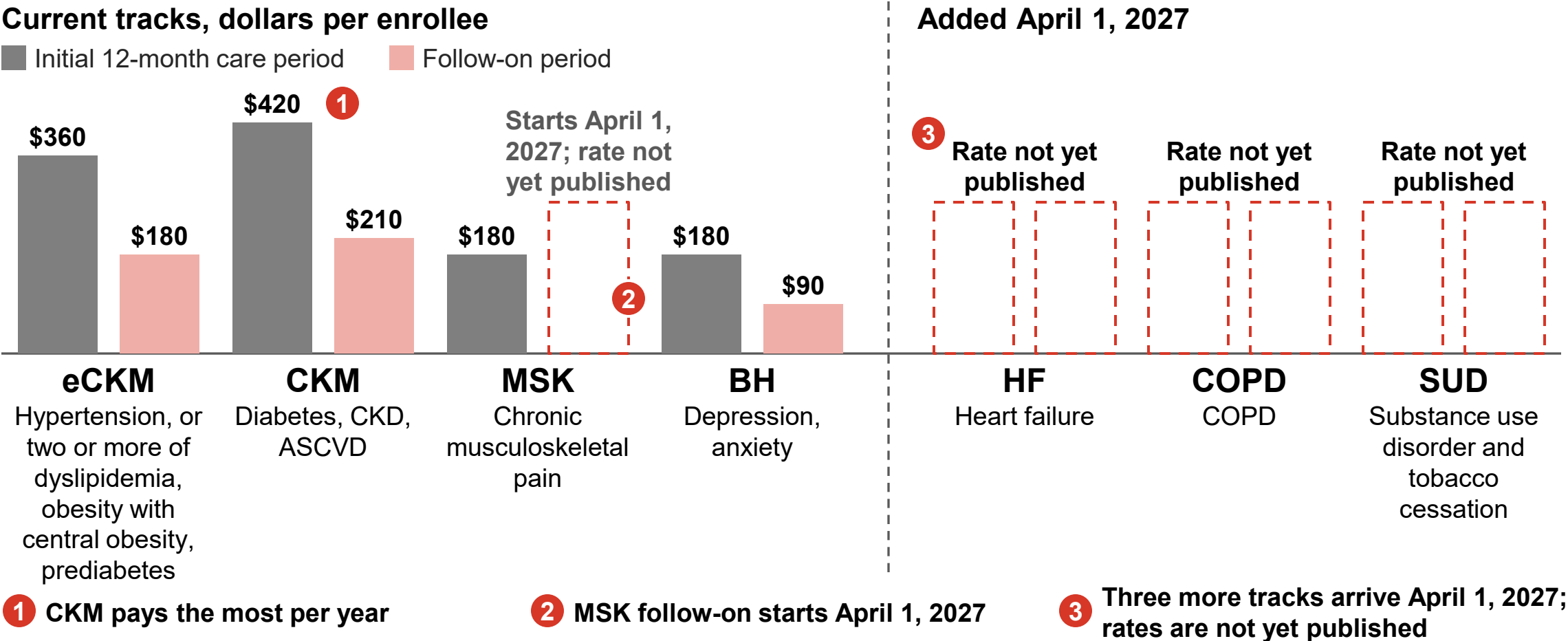
Comfortable	Only if...	Not yet

	Traditional engagement companies You contract with them and identify the panel.	ACCESS participants CMS pays the participant. The patient chooses.
Reach patients	AI voice and text outreach for scheduling, reminders, and care gaps.	Conversational AI and voice assistants check in with enrollees between visits.
Watch and sort	AI sorts alerts, messages, and symptoms and routes them to the care team.	Devices plus AI manage conditions between visits, paid for outcomes, not visits.
Coach conditions	AI coaching programs for blood pressure, weight, MSK pain, and behavioral health that you contract for.	Condition tracks pay for outcomes over a care period, with more tracks to come.
Deliver the visit	Pilots let AI run a defined visit under written oversight, such as a prescription renewal.	AI-first participants can run the whole care period, with a physician medical director behind it.

	Traditional engagement payment models		ACCESS
	Direct contract	Monitoring & Care Management Codes	
Who is paid	The vendor, by your ACO or practice, at the rate in the contract.	The billing practice, per fee-for-service code.	The participant, by CMS, through an outcome-aligned payment. Half is held until outcomes reconcile.
Who staffs it	The vendor's clinicians or coaches, with oversight set by the contract.	Clinical staff under the practice's general supervision, employed or contracted.	A Medicare Part B-enrolled organization with a physician medical director.
The clinician's part	Your clinicians follow the agreed workflow. No ACCESS co-management fee.	Orders the service for an established patient and supervises the staff.	The partner clinician reviews care updates and may receive a \$30 co-management fee.
What is pending	Nothing from CMS. Terms, data rights and exit conditions are yours to negotiate.	Proposed for Jan 1, 2027: employed staff only, an initiating visit, lower payment rates.	The model runs 10 years from July 5, 2026. New tracks start April 1, 2027.

CMS CY 2027 physician fee schedule proposed rule (Jul 16, 2026; comments closed Sept 14), per Goodwin and Bass Berry summaries; HHS OIG, Aug 2025; CMS ACCESS model page and PCP webinar.





Amounts include the 20% coinsurance, which participants may waive; a fixed adjustment applies to rural patients in qualifying tracks (amount per CMS payment document); half of the Medicare portion is held until outcomes are reconciled after 12 months.

5 minutes

A digital vendor you pay today just became an ACCESS participant. Renew, renegotiate, or walk?

Write the one concern that decides it.

Proof and ROI	Patient safety	Integration with our EHR	Cost and funding	Clinical liability
Clinician trust	Compliance	Loss of volume	Patient trust	Other

One concern per card

Table captains report the top two

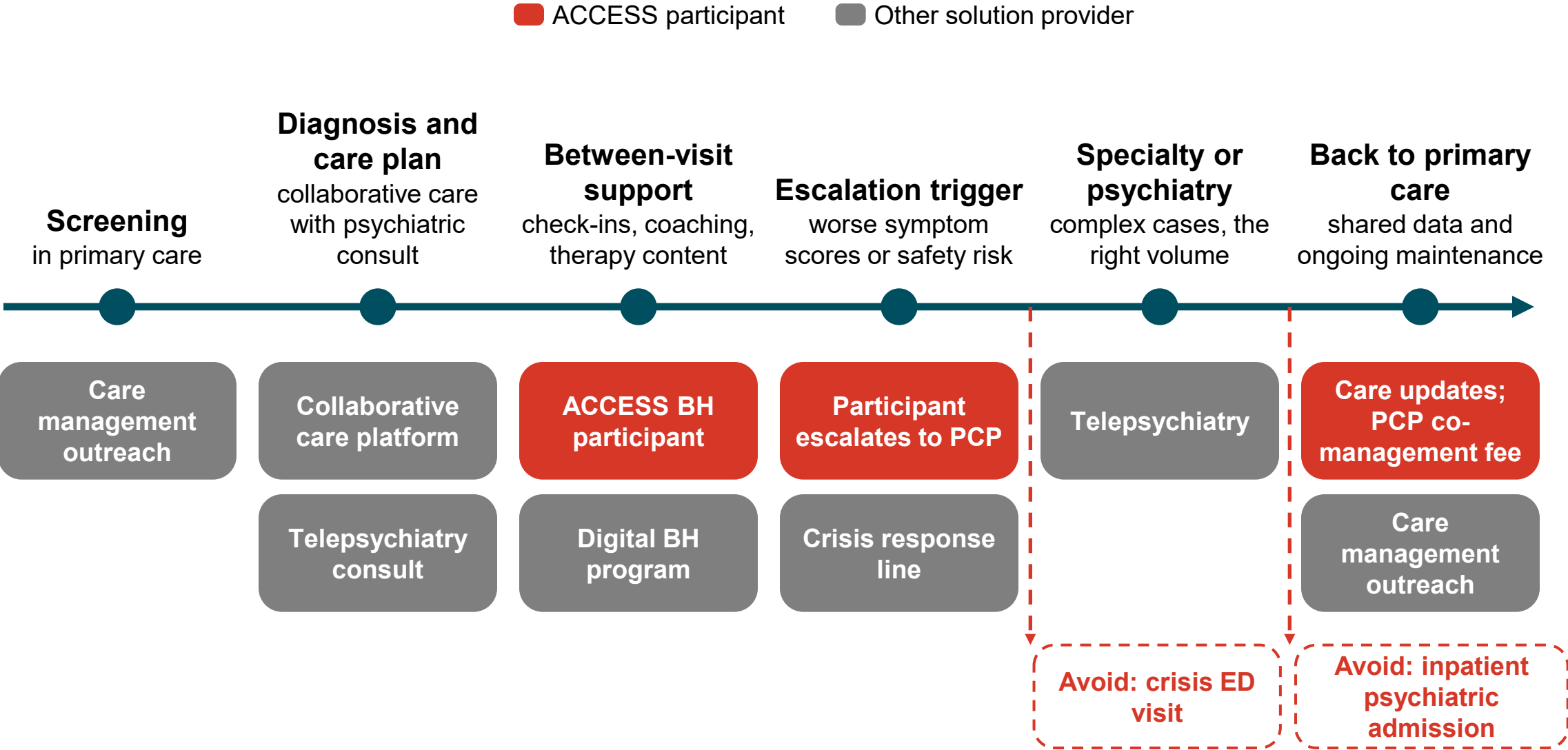
Where does your concern fall on this scorecard?

 Goal Alignment	 Evidence	 Integration
 Oversight	 Accountability	 Economics

Screen first. ACCESS participants: a Medicare-enrolled provider and HIPAA covered entity. Vendors you pay: a signed business associate agreement. How does this translate to AI-native care and are you comfortable with that translation?

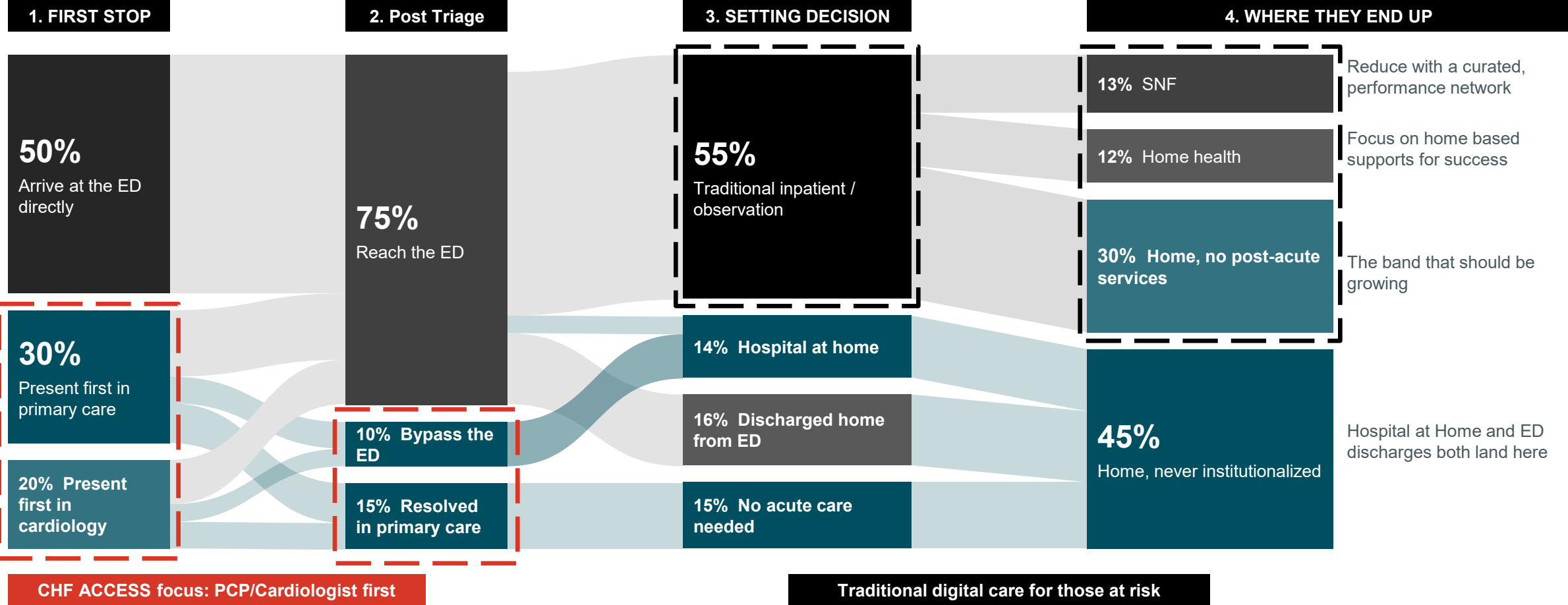
Goal Alignment	Evidence	Integration	Oversight	Accountability	Economics
Identify shared goal between ACO and aligned providers	Review results at the solution or intervention level	Define the data that you need and that they will need	Review approach to escalation & care management	Define level of reputation and patient trust you will share	Estimate the ROI and budget/structure the agreement accordingly
Assess: Does the intervention align with your internal clinical partnership goals?	Assess: Evidence base? How would you pilot (proof of concept) to prove effectiveness?	Assess: Is there two-way data sharing, how is the data supposed to inform care?	Assess: How are we notified of an escalation or other problem before an audit?	Assess: How are patients identified or referred? How do we show up for the patient together?	Assess: Risk-based payment, PMPM, tiering, RPM/CCM/activities and payments for co-management

SERVICE LINE ILLUSTRATION (CURRENT TRACK): BEHAVIORAL HEALTH CRISIS PREVENTION



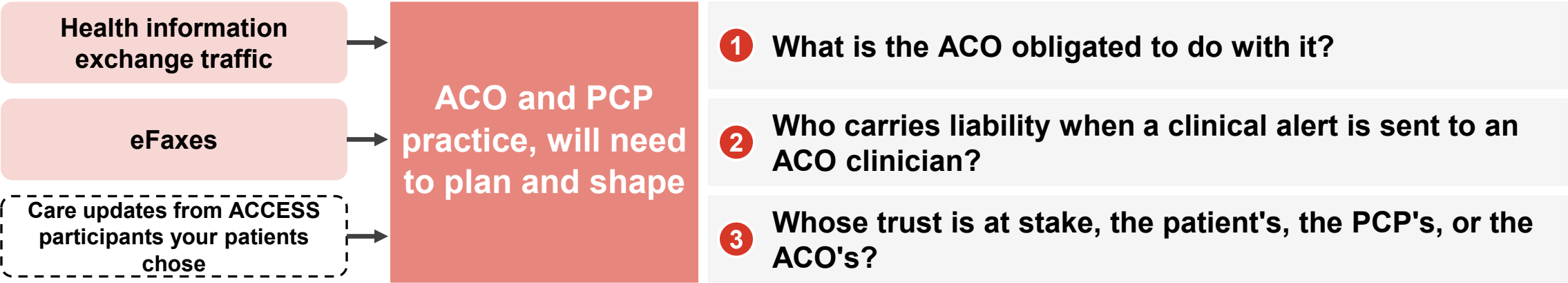
SERVICE LINE ILLUSTRATION (FUTURE TRACK): WHERE HEART FAILURE VOLUME COULD MOVE

Heart failure is the strongest test case: CMS already measures it as an ACO quality indicator, it is the most common ambulatory-care-sensitive admission.



Shares are of 100 illustrative heart failure exacerbation episodes.

Where you contract, choose your model. Where CMS pays, partner on terms for the data and the handoff.



What to ask an ACCESS participant

- What do you send?
- What do you expect back?
- How do you escalate to the PCP?

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- Identify the internal goal and select a track
 - Assess your partners across the six domains
 - For AI native care, set the oversight that's economically achievable
 - Align on referral pathway, care management model, and data exchange

Questions?

Please reach out to me with questions
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