HMA | PairTeam

From Policy to Practice: Exploring CMMI VBC Initiatives and Unlocking Value in Safety-Net Care

May 2026

Meet Our Experts

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CMS Is Redesigning the Operating Model for Medicare

The system is shifting from episodic reimbursement toward longitudinal, risk-based population management and deflationary care delivery

- Expansion of downside-risk and total-cost-of-care models
- Greater accountability for longitudinal patient outcomes
- Increased emphasis on prevention and chronic disease management
- Primary care becoming the coordination layer for Medicare populations
- Pressure to manage patients outside traditional clinic walls
- Greater focus on measurable ROI and sustainable Medicare economics
- Emerging convergence between advanced ACOs and MA-style operational models
- Levers to bend the cost curve

CMMI's Strategic Pillars

	Promoting Evidence-Based Prevention	Empowering People to Achieve Their Health Goals	Driving Choice and Competition
What current and future models will do	Incentivize preventive care and health promotion by **embedding preventive care in all current and future model designs** and **better measuring the impacts** of preventive interventions	Connect patients to their health data and empower them to make informed health decisions by **providing patients and providers with relevant and usable data** and **aligning financial incentives with outcomes**	Provide **patient choice** in both coverage and sites of care, **improve opportunities for independent providers, rural, and new entrants** to engage in models, and **streamline value-based payment programs**
Future model features	• Incorporating lessons and elements from successful models and evidence-based functional and lifestyle interventions. • Allowing new beneficiary and provider incentives • Ensuring quality measures and model evaluation are focused on preventive health outcomes	• Using information and tools to encourage patient-driven disease management and healthy living • Publishing cost and quality data on providers and services • Providing patient incentives and flexibilities • Continuing to promote and advance global risk and total cost of care models	• Adding new models, tracks, and payment to support a wider variety of participating providers and practices • Promoting flexibility in care delivery • Standardizing model design features • Improving model predictability

Sources: ***Strategic Direction***

Emerging Risk Models Require a Different Operational Architecture

Traditional staffing-heavy care management models were not designed for to support continuous longitudinal engagement across broad patient populations.

- Rising expectations without proportional workforce expansion
- High-risk populations require continuous support—not episodic outreach
- Mid-risk and rising-risk populations are often unmanaged until costs escalate
- Fragmented engagement creates leakage and attribution instability
- Traditional care management models struggle to scale economically
- Administrative burden continues increasing

Incentives Aligned Around Longitudinal Engagement and Prevention

Emerging CMS models reward organizations that can identify risk earlier, engage continuously, and reduce avoidable downstream costs

CMS increasingly rewards:

- Reduced avoidable ED and inpatient utilization
- Improved chronic disease management
- Increased primary care utilization
- Better longitudinal patient engagement
- Earlier identification of rising-risk patients
- Improved quality performance
- More efficient total cost-of-care management
- Sustainable outcomes-based economics

AI-Enabled Care Management Is Becoming Core Infrastructure for Accountable Care

AI-Enabled VBC infrastructure can:

- Augment existing care management teams
- Provide interstitial and off-hours patient engagement
- Support culturally relevant communication
- Enable scalable community-based engagement
- Extend support beyond traditional clinical settings
- Increase continuity between patient touchpoints
- Enable economically scalable engagement across broader populations

Lower-cost longitudinal engagement enables organizations to **proactively support** chronic conditions, unmet social needs, care gaps, and upstream risks **before patients become high-cost utilizers**.

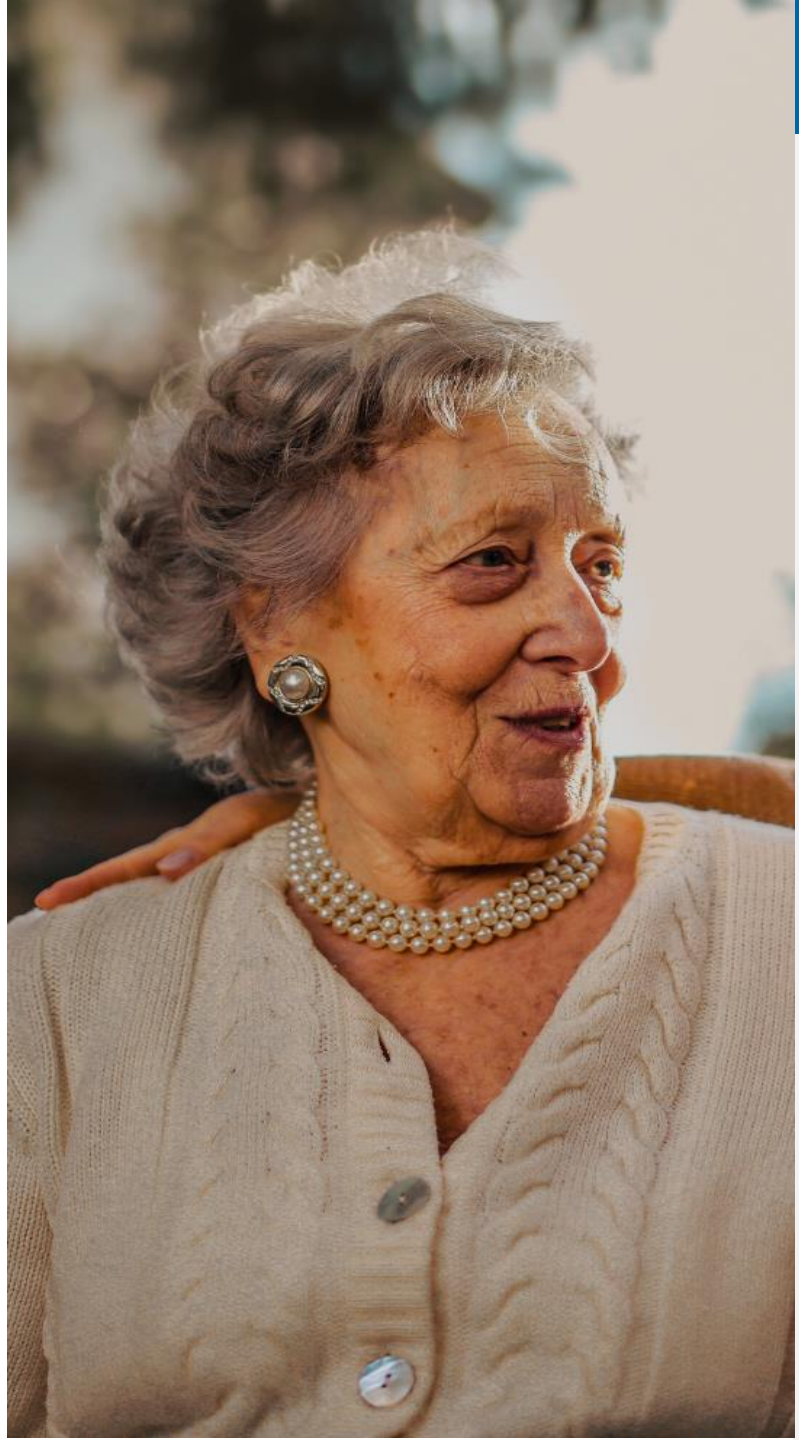
Operationalizing Longitudinal Population Management at Scale

AI-enabled workflows support continuous engagement, earlier intervention, and coordinated escalation pathways

Organizations increasingly need the ability to:

1. Maintain continuous patient engagement between visits
2. Identify rising-risk patients earlier
3. Coordinate clinical and social interventions longitudinally
4. Extend care management capacity without proportional staffing growth
5. Support engagement outside traditional clinic settings
6. Improve responsiveness across large attributed populations
7. Generate actionable operational insights from ongoing engagement
8. Scale population management with sustainable unit economics

> Higher-frequency engagement creates operational intelligence that improves risk identification, stratification, prediction, and earlier intervention.



Increased Engagement Drives Visibility, Access, and Economics

Continuous engagement across broader populations creates a compounding operational and financial advantages including:

- Identify upstream health risks earlier
- Detect changes in patient status sooner
- Improve care gap closure
- Increase primary care utilization
- Improve patient attribution stability
- Surface undocumented conditions
- Improve responsiveness for high-risk patients
- Better predict future utilization risk

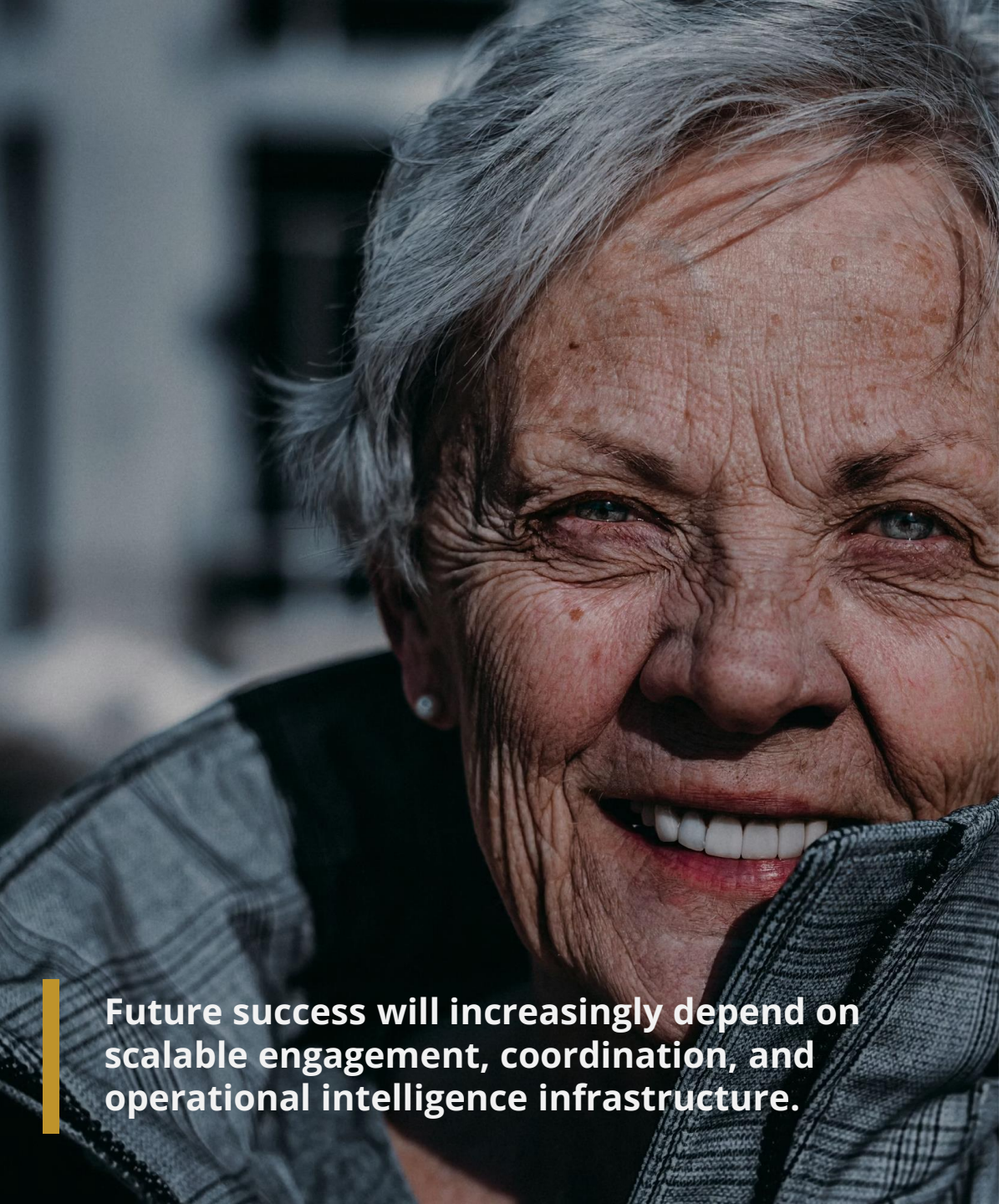
> The long-term value is not just automation efficiency, but a continuously learning longitudinal care infrastructure.

Operational and Economic Impact Areas

Potential impact areas include:

- Reduced avoidable hospitalization
- Reduced unnecessary ED utilization
- Improved quality scores
- Reduced care gaps
- Increased primary care engagement
- Better patient attribution
- Earlier identification of rising-risk patients
- Improved coding accuracy and RAF capture
- More efficient care management deployment
- Enhanced provider workflow efficiency

> Scalable, AI-enabled engagement models can simultaneously improve patient outcomes and strengthen VBC economics.



Future success will increasingly depend on scalable engagement, coordination, and operational intelligence infrastructure.

The Operational Bar for Medicare Risk Models Will Continue Rising

Expected market direction:

- More downside risk
- More prospective payment structures
- More accountability across rising-risk populations
- Greater focus on prevention and chronic disease management
- Increased scrutiny on total cost-of-care performance
- Continued workforce constraints
- Growing need for AI-enabled operational leverage
- More emphasis on measurable outcomes and scalable economics

Discussion + Questions

Building the Next Generation of Accountable Care Infrastructure

Thank You

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