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FLORIDA · 2026

Partnership momentum: working with ACOs & CINs

How home health agencies win in value-based care, starting with the Medicare patients they already serve.

Nir Katz & Kris Smith, MD · Ruby Health

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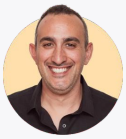
YOUR SPEAKERS



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THE PROBLEM

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Why agencies struggle with Medicare Advantage

A power imbalance harms everyone

Powerful payers 1

Top 7 insurers control 50% of the market and force rates down. MA is half the market and pays roughly 60% of Medicare rates.

Fragmented providers 2

Most agencies are too small to build negotiating clout, and referral pressure pushes them to take all patients, regardless of payer.

Everyone loses 3

Agencies stay understaffed, under-resourced, and low tech. Payers and patients lose out on better outcomes.

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THE SHIFT

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Value-based care is already in your census

HHVBP and PDGM provide a proving ground to highlight your value

ACO ATTRIBUTION

1 in 2

traditional Medicare beneficiaries is already attributed to an ACO or other accountable care relationship

CMS TARGET

2030

the year CMS wants every traditional Medicare beneficiary in an accountable care relationship

HHVBP AT STAKE

±5%

of your Medicare home health payments already ride on outcomes under nationwide HHVBP

Someone is already accountable for the total cost of care of the patients you serve. The only question is whether your agency is part of that equation, and paid like it.

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THE PLAYERS

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How these partnerships work

ACOs and CINs in one minute

ACO · ACCOUNTABLE CARE ORGANIZATION

Providers accountable to Medicare for the total cost and quality of care of attributed traditional Medicare patients (MSSP, ACO REACH).

They earn shared savings when patients stay healthier at lower cost.

CIN · CLINICALLY INTEGRATED NETWORK

A structure that lets independent providers organize and contract collectively, including with Medicare Advantage plans.

The step two play, once value is proven on your Medicare book.

WHAT THEY OFFER AGENCIES

- Shared savings and care coordination fees
- Population health and data support
- Experience with risk-based contracts
- Scale into Medicare Advantage negotiations

WHAT THEY NEED FROM AGENCIES

- Lower total cost of care, fewer readmissions
- Quality outcomes for their attributed patients
- Accurate risk adjustment documentation
- Real-time visibility into the home

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WHY HOME HEALTH

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Home health should be their favorite partner

Why ACOs and CINs need agencies at the table

The eyes and ears of the care team

Agencies have in-home visibility no hospital, plan, or primary care group can match.

$17B in avoidable readmissions

Readmissions are the ACO's biggest savings lever, and they happen on home health's watch.

21% of Part A spend is post-acute

The highest-leverage window for total cost of care runs right through your episode.

Cheaper than building it themselves

A strong agency partner replaces expensive population health overhead.

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THE CATCH

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Partnerships are won with outcomes, not visits

The episodic model has a blind spot, and ACOs know exactly where it is

THE BLIND SPOT

Your clinicians see the patient 1 to 3 hours a week.

The other 165 hours, plus nights, weekends, and everything after discharge, are invisible.

That is where deterioration starts, where the ED becomes the default, and where readmissions happen.

And readmissions are exactly what your partner is being scored on.

THE QUESTIONS AN ACO WILL ASK YOU

What is your acute hospitalization rate?

Who answers your patient's call at 2am on a Sunday?

What happens in the 30 days after you discharge?

Can you show me the data?

If the answers are not ready, the partnership conversation stalls before it starts.

THE UNLOCK

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Care management closes the gap between visits

One capability answers every question on the last slide

1. **24/7 access**
   Every patient call answered, day or night
2. **Proactive engagement**
   Between-visit outreach and monitoring, not just scheduled visits
3. **Same-day escalation**
   Catch deterioration before the ED becomes the default
4. **Continuity past discharge**
   Support through the end of episode and beyond the cliff
5. **Outcomes reporting**
   Data you can put in front of a partner, or a referral source

You do not need an ACO's permission to start.

Your traditional Medicare census is the proving ground.

HHVBP already pays for the results. Hospitals and physicians notice, and refer. And every month you run it, you are building the exact track record an ACO will ask for.

THE PATH

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Start where you already are

From your Medicare census to risk-sharing, one rung at a time

Start 1

Your Medicare book · now

Stand up care management for your traditional Medicare patients. Fewer hospitalizations, stronger OASIS and HHCAHPS, HHVBP upside, referral growth. No partner required.

Walk 2

ACO partnerships · 2 to 4 quarters

Bring your outcomes data to the ACOs already attributed to your patients. Become the preferred post-acute partner. Care coordination fees and shared savings.

Run 3

CIN scale and MA risk · step two

Band together with proven agencies in a CIN and negotiate collectively. Case rates and risk contracts with MA plans. The leverage a single agency never has alone.

Each rung pays for itself. None of them requires waiting for the one after it.

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THE LEVERAGE

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Great deals take a carrot and a stick

What it takes to walk into an MA plan or hospital negotiation and win

THE CARROT · PROVEN OUTCOMES

Your patients cost less and do better, and you can prove it.

Fewer hospitalizations, stronger quality scores, documented total cost of care impact on your own Medicare book.

This is why a partner wants you in the deal.

THE STICK · NETWORK CLOUT

Together, the network covers too much of the market to ignore.

A CIN of agencies with real local share negotiates as one: rates, case rates, and risk terms a single agency could never get.

This is why a partner cannot walk away cheap.

Outcomes make you worth choosing. Scale makes you impossible to ignore. Bring both, and you leave with better deals.

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THE PLAYBOOK

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The Monday morning playbook

Five moves, in order

1

Stand up care management

Build it or buy it. Point it at your Medicare census first.

2

Measure from day one

Baseline your hospitalization rate. Track HHVBP measures like a P&L.

3

Map your local ACOs & CINs

Identify who is taking risk in Medicare and MA in your market.

4

Find your coalition

Like-minded local agencies make you a network, not a vendor.

5

Pilot, then formalize

One partner at a time. Turn pilot results into contracts, then scale.

BUILD OR BUY

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Where vendors fit

Everything in this playbook can be built in-house. The right vendors and partners can help.

CARE MANAGEMENT AS A SERVICE

The Start rung, delivered for you.

Ruby's virtual clinical team and AI agents deliver the between-visit care under your agency's brand: 24/7 coverage, proactive engagement, same-day escalation.

Pointed at your Medicare census from day one, with the outcomes reporting an ACO will ask for.

THIRD-PARTY CIN

The Run rung, ready when you are.

Agency-centered Clinically Integrated Networks are emerging as partners for independent agencies.

Built to contract with ACOs and Medicare Advantage plans on behalf of member agencies.

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Let's talk

Your questions, your market, your first rung.

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