

## Public Disclosure for the ACO Participation Waiver

The Secretary of the Department of Health and Human Services (HHS) has made available a participation waiver of federal fraud and abuse laws in connection with the operation of accountable care organizations (ACOs) that have entered into a participation agreement under the Medicare Shared Savings Program (MSSP) with the Centers for Medicare & Medicaid Services (CMS).

American Health Alliance Accountable Care Organization. (AHA ACO) has entered into the following contractual arrangements related to its participation as an accountable care organization (ACO) in the Medicare Shared Savings Program (MSSP) and for which it intends to qualify for the ACO Participation Waiver:

### **Management Services Agreements.**

Management Services Agreement, which is between AHA ACO and AaNeel Infotech, Inc., provides for various administrative and professional services to the ACO. These services include the following;

- Reporting and Analytics
- Group Practice Reporting Option (GPRO) support
- Utilization Management, Care Coordination and Quality Management
- Access to electronic medical records by and among providers in different care settings
- Member Management

Pursuant to the participation waiver guidelines, American Health Alliance Accountable Care Organization (AHA ACO) Board of Directors has made a bona fide determination that the Program is reasonably related to the purposes of the Shared Savings Program which includes (1) Promoting evidence-based medicine and patient engagement; (2) meeting requirements for reporting on quality and cost measures; (3) coordinating care, such as through the use of telehealth, remote patient monitoring, and other enabling technologies; (4) establishing clinical and administrative systems for the ACO; (5) meeting the clinical integration requirements of the Shared Savings Program; (6) meeting the quality performance standards of the Shared Savings Program; (7) evaluating health needs of the ACO's assigned population; (8) communicating clinical knowledge and evidence-based medicine to beneficiaries; and (9) developing standards for beneficiary access and communication, including beneficiary access to medical records. [76 FR 68002](#).