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ACO REACH FACTS

Advance Health Equity to Bring the Benefits of Accountable Care to Underserved Communities. The ACO REACH model promotes health equity and focuses on bringing the benefits of accountable care to Medicare beneficiaries in underserved communities. ACO REACH will test an innovative payment approach to better support care delivery and coordination for patients in underserved communities and will require that all model participants develop and implement a robust health equity plan to identify underserved communities and implement initiatives to measurably reduce health disparities within their beneficiary populations.

Promote Provider Leadership and Governance. The ACO REACH Model includes policies to ensure doctors and other health care providers continue to play a primary role in accountable care. At least 75% control of each ACO's governing body generally must be held by participating providers or their designated representatives, compared to 25% during the first two Performance Years of the GPDC Model. In addition, the ACO REACH Model goes beyond prior ACO initiatives by requiring at least two beneficiary advocates on the governing board (at least one Medicare beneficiary and at least one consumer advocate), both of whom must hold voting rights.

Protect Beneficiaries and the Model with More Participant Vetting, Monitoring and Greater Transparency. CMS will ask for additional information on applicants' ownership, leadership, and governing board to gain better visibility into ownership interests and affiliations to ensure participants' interests align with CMS's vision. We will employ increased up-front screening of applicants, robust monitoring of participants, and greater transparency into the model's progress during implementation, even before final evaluation results, and will share more information on the participants and their work to improve care. Last, CMS will also explore stronger protections against inappropriate coding and risk score growth.

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EXHIBITING
NMA, REGION II ANNUAL MEETING
April 21-23, 2022

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ACO REACH PARTICIPANT TYPES

Standard ACOs – ACOs comprised of organizations that generally have experience serving Original Medicare patients, including Medicare-only and also dually eligible beneficiaries, who are aligned to an ACO through voluntary alignment or claims-based alignment. These organizations may have previously participated in another CMS Innovation Center shared savings model (e.g., Next Generation ACO Model and Pioneer ACO Model) and/or the Shared Savings Program. Alternatively, new organizations, composed of existing Original Medicare providers and suppliers, may be created to form a Standard ACO. In either case, clinicians participating within these organizations would have substantial experience serving Original Medicare beneficiaries.

New Entrant ACOs – ACOs comprised of organizations that have not traditionally provided services to an Original Medicare population and who may rely primarily on voluntary alignment, at least in the first few performance years of model participation. Claims-based alignment will also be utilized.

High Needs Population ACOs – ACOs that serve Original Medicare patients with complex needs, including dually eligible beneficiaries, who are aligned to an ACO through voluntary alignment or claims-based alignment. These participants are expected to use a model of care designed to serve individuals with complex needs, such as the one employed by the Programs of All-Inclusive Care for the Elderly (PACE), to coordinate care for their aligned beneficiaries.

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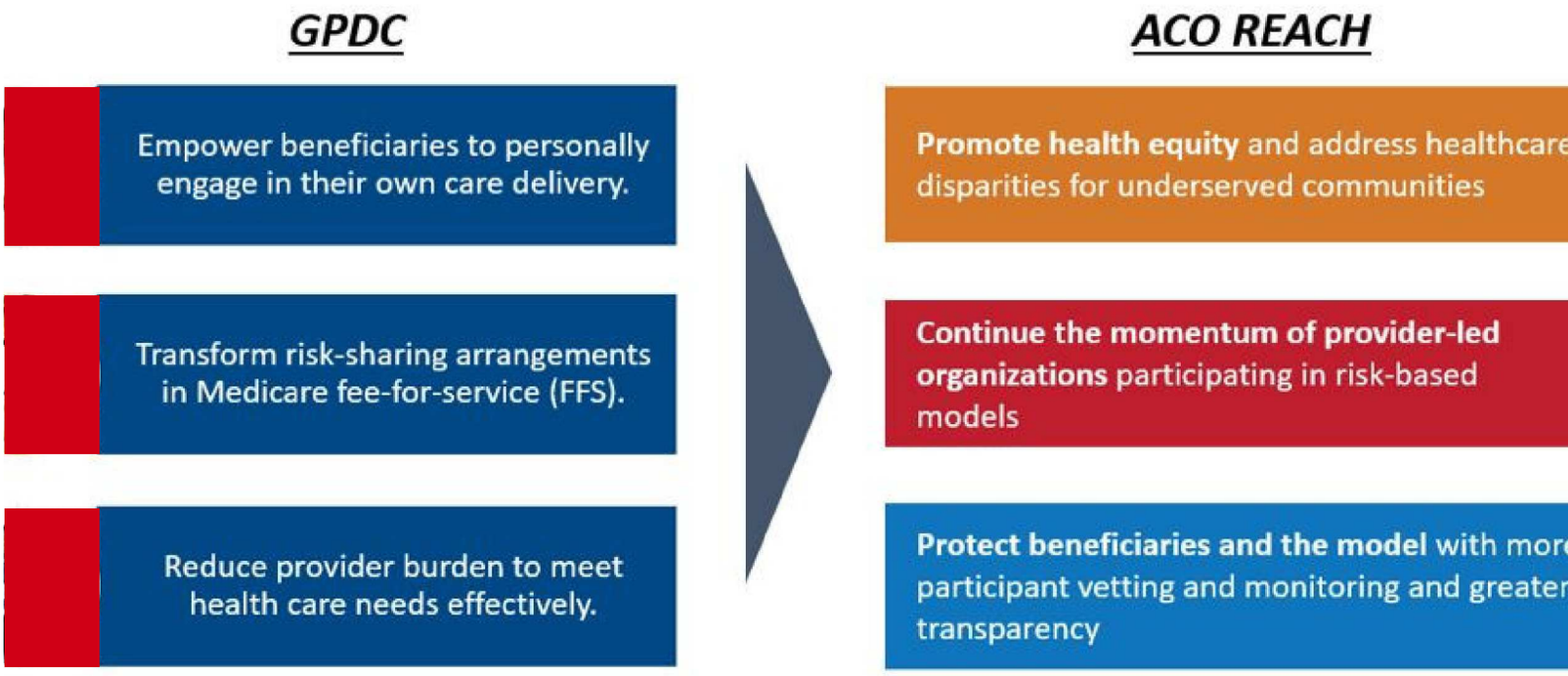
'Reaching" Beyond GPDC: ACO REACH Model Goals



PARTICIPATION OPTIONS

There are two voluntary risk-sharing options under the ACO REACH Model. In each option, participating providers accept Medicare claims reductions and agree to receive at least some compensation from their ACO.

Professional. A lower risk-sharing arrangement—50% savings/losses—with one payment option for participants: Primary Care Capitation Payment, a risk-adjusted monthly payment for primary care services provided by the ACO's participating providers.

Global. A higher risk sharing arrangement—100% savings/losses—with two payment options: Primary Care Capitation Payment (described above) or Total Care Capitation Payment, a risk-adjusted monthly payment for all covered services, including specialty care, provided by the ACO's participating providers.

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