ACO REACH

ACO Realizing Equity, Access and Community Health

COLLABORATIVE HEALTH SYSTEMS®

ACO REACH Overview

ACO Realizing Equity, Access, and Community Health Model

The Centers for Medicare & Medicaid Services (CMS) Innovation Center launched the Global & Professional Direct Contracting (GPDC) Model in 2021 to test the next generation in risk sharing arrangements while advancing health equity, stakeholder feedback and participant experience. CMS has updated the model and established new criteria that places a greater emphasis on health equity by creating the **ACO Realizing Equity, Access, and Community Health (REACH) Model.** The goal is to improve the quality of care for people with Medicare through better care coordination, reaching and connecting healthcare providers and beneficiaries, including those who are underserved. The REACH Model is an that aims to encourage greater engagement from Medicare fee-for-service beneficiaries, reduce expenditures, improve patient experience and increase overall quality.

The model also includes innovative approaches from Medicare Advantage (MA) and commercial risk-sharing arrangements, such as benefit enhancements and beneficiary engagement incentives. Within the model, REACH ACOs contract with Medicare to be held accountable for the total cost of care of attributed beneficiaries.

Capitation Replaces Fee-For-Service

REACH offers two payment mechanisms: Total Care Capitation (TCC) and Primary Care Capitation (PCC). REACH ACOs must participate in one of the capitation payment mechanisms. The monthly amount of the capitated payment made by CMS to the ACO will partially depend on the risk arrangement option and capitation payment mechanism selected by the ACO. **CHS's current REACH ACOs are all Primary Care Capitation.**

Primary Care Capitation (PCC): The capitated payment to the ACO applies **only to certain primary care services** provided to aligned beneficiaries by Participant and Preferred Providers participating in PCC. CMS defines primary care-based services as claims lines from professional claims for Evaluation and Management (E/M) office visits for new and established patients using the current procedural terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes. A list of these codes can be found below. Participating and Preferred Providers will continue to receive FFS payment for non-primary care services that are outside the scope of the PCC payment. PCC is required for all ACOs that have selected to participate in the Professional Model. Global ACOs have a choice between PCC or TCC payment mechanisms.

Total Care Capitation (TCC): The capitated payment to the ACO applies to **all services** covered by Medicare Parts A and B that are provided to aligned beneficiaries by Participant and Preferred Providers participating in TCC. REACH Participating and Preferred Providers will receive FFS payment only for the portion of claims that are outside the scope of the TCC. The TCC payment mechanism is only available to ACOs that have selected to participate in the Global model.

Opportunity for Shared Savings

If the ACO meets quality standards and the total cost of care is lower than the historical cost of care (after a regional and national trend, and risk adjustment have been applied), the ACO will have earned shared savings, which will be distributed to the ACO's participating providers as agreed upon

Quality Payment Program & Measures Reporting

In addition, the REACH Model qualifies as an Advanced Alternative Payment Model (Adv APM) under the Quality Payment Program (QPP). Advanced APMs allow eligible clinicians to become a Qualifying APM Participant (QP) for an opportunity to receive a 5% APM incentive payment and to be excluded from Merit-Based Incentive Program System (MIPS).

- To become a QP, you must receive at least 50% of your Medicare Part B payments or see at least 35% of Medicare patients through an Adv APM entity during the QP performance period (January 1 - August 31).
- In addition, 75% of practices need to be using certified Electronic Health Record (EHR) Technology within the Adv APM entity.
- An Adv APM entity group may also become a QP through the "All-Payer and Other Payer Option," which is a combination of Medicare and non-Medicare payer arrangements, such as private payers and Medicaid.

Quality Measures

Measure Title	Method of Data Submission	Pay for Performance Phase In R—Reporting P—Performance
Risk-Standardized, All Condition Readmission	Claims	PY2021: P & R PY2022: P & R PY2023-2026: P
All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	Claims	PY2021: P & R PY2022: P & R PY2023-2026: P
Timely Follow-Up After Acute Exacerbations of Chronic Conditions (for Standard or New Entrant REACH ACOs)	Claims	PY2021: N/A PY2022: R PY2023-2026: P
Consumer Assessment of Healthcare Providers and Systems® (CAHPS)	Survey	PY2021: N/A PY2022: R PY2023-2026: P

Primary Care Providers & CPD/HCPC Codes

Code	Specialty
1	General Practice
8	Family Medicine
11	Internal Medicine
37	Pediatric Medicine
38	Geriatric Medicine
50	Nurse Practitioner
89	Clinical Nurse Specialist
97	Physician Assistant

CPT/HCPC	Code Description	Percentage of Current Year CMS Medicare physician fee schedule (FFS) or applicable PPS
99201-99205	Outpatient Visit New	110
99211-99215	Outpatient Visit Established	110
99339-99340	Home Care Plan Oversight Services	110
99354-99355	Prolonged Care	110
99495-99496	Transitional Care Mgmt.	110
99324-99328, 99334-99337, 99339-99345, 99347-99350	Home Care E&M	110
99421-99423, 99441-99443	Telephone Visits (Audio Only)	110
99497-99498	Advanced Care Planning	110
G0402, G0438, G0439	Welcome to Medicare & AWV	110
99487, 99489, 99490, G0506	Chronic Care Mgmt.	110
G2010-G2012	Virtual Check-ins	110
99484, 99492, 99493, 99494	Behavioral Health Integration Services	110
G0442-G0444	Depression & Alcohol Misuse	110
G0463	Professional Services Provided in Electing Teaching Amendment Hospitals	110

For covered services not covered by CPT/HCPC codes described here: Primary care services “Bill Aboves” will be reimbursed at 100 percent of Medicare physician rate schedule, based on the CMS Medicare physician fee schedule published on the CMS website on the date the covered services are rendered, for the applicable locality.

Questions?

For additional assistance, please reach out to the CHS REACH help box at:
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