

Accountable Care Organization Realizing Equity, Access, and Community Health (ACO REACH) Model

Application Process and Results Frequently Asked Questions

June 30, 2022

Why did CMS decide to offer an RFA for ACO REACH?

ACOs are a critical component of CMS' goals to advance health equity, support high-quality, person-centered care, and promote affordability and sustainability in Medicare. ACOs bring together groups of doctors, hospitals, and other providers to deliver coordinated care to beneficiaries. Providing an opportunity for another cohort to join the ACO REACH Model allows CMS to build momentum of provider-led organizations participating in risk-based models, helps to ensure CMS has the scale required to evaluate the new policies included in the ACO REACH Model, particularly those related to advancing health equity, and increases the number of beneficiaries in relationships with health care providers who are accountable for their care.

When will provisionally accepted¹ applicants begin participation?

Provisionally accepted applicants that continue to meet all conditions and requirements for participation will have the option to join the Implementation Period (IP3), beginning on August 1, 2022, and ending on December 31, 2022. The Model Performance Period (MPP) for the redesigned ACO REACH Model, during which participating ACOs will take on risk for the cost and quality of care for the traditional Medicare beneficiaries they serve, begins on January 1, 2023. The MPP will span four Performance Years, ending on December 31, 2026.

The IP3 is an opportunity to conduct activities in preparation for meeting ACO REACH Model requirements. Participation in the IP3 does not obligate an accepted applicant to participate in the MPP, and choosing not to participate in the IP3 does not prevent a provisionally accepted ACO from participating in the MPP. CMS will not share data with participants in the IP3 and participating ACOs do not take on responsibility for the cost and quality of care for Medicare beneficiaries during the IP3.

¹ Prior to being offered the Model Performance Period (MPP) Participation Agreement (PA) for signature, we refer to all accepted applications as 'provisionally accepted' due to the remaining conditions that must be satisfied before a given applicant begins participation in the MPP. Please review the ACO REACH Model Application Process and Results Fact Sheet, available on the [ACO REACH Model website](#), for further information.

When will CMS announce which ACOs are participating in the third Implementation Period (IP3) and PY2023 of the ACO REACH Model?

Provisionally accepted ACOs that remain eligible to participate in ACO REACH and are offered a Participation Agreement have until late July 2022 to decide whether to participate in the IP3 and until late December 2022 to decide whether to participate in PY2023. Accordingly, CMS will publish the list of ACOs participating in the IP3 and PY2023 in early August 2022 and early January 2023, respectively. As CMS has done in the past, we will include supplementary information on the participating ACOs in these announcements, including ACO type, risk sharing option, state(s) where the ACO operates, and ACO website.

What other information is CMS planning to publish related to the ACO REACH Model, and when?

CMS is planning to publish additional materials related to the ACO REACH Model, including information related to performance under the Global and Professional Direct Contracting (GPDC) Model² during PY2021 and PY2022, including:

- Methodology papers covering the details of the financial, quality, and alignment policies under the redesigned ACO REACH Model. These policy papers will be made available during the late summer of 2022 on the ACO REACH Model [website](#) under the ‘Methodology Paper’ header.
- Additional information for the health equity related policies will be made available during the late summer of 2022 on the ACO REACH Model [website](#).
- Aggregate data on overall quality performance, financial performance, and model payments under the GPDC Model. This information will be updated on a quarterly basis and made available on the GPDC Model [website](#) under the ‘Additional Information’ header.
- Participant level data on performance in PY2021 of the GPDC Model, once such data is finalized in late 2021. This data will be made available on the GPDC Model website.

² The ACO REACH Model is a redesign of the GPDC Model, which began on April 1, 2021. The ACO REACH Model is a time-limited test; the first performance year of the redesigned model starts January 1, 2023 and the Model will span four Performance Years, ending on December 31, 2026.

Will there be other opportunities to apply for participation in the ACO REACH Model?

At this time, CMS is not planning any other application opportunities for the ACO REACH Model.

What does this announcement mean for beneficiaries?

There are no immediate implications for beneficiaries based on this announcement. All beneficiaries aligned to REACH ACOs participating in the ACO REACH Model remain in Traditional Medicare and retain all of their rights, coverage, and benefits, including the freedom to see any Medicare provider. Like previous ACO models, the ACO REACH Model prohibits limited networks, prior authorization or any other means of restricting care. Beneficiaries aligned to a REACH ACO always maintain the freedom to see any Medicare-enrolled provider. CMS expects that beneficiaries whose primary care provider is part of a REACH ACO will see and feel improvements in the quality of health care they are getting because of the ACO REACH Model. For example, they may receive increased access to telehealth, home visits after leaving the hospital, cost sharing support to help with co-pays, or other enhanced services and incentives. Moreover, the new health equity provisions are expected to provide greater access to the benefits of value-based care for underserved communities, reaching beneficiaries who have not previously received coordinated care.

For PY2023, CMS requires each REACH ACO to have both a Medicare beneficiary and consumer advocate serving on the REACH ACO's governing body who will hold voting rights (the same person is no longer permitted to fill both roles) to ensure beneficiary representation in the REACH ACO's governance.

In addition, CMS will closely monitor levels of care provided over time and compare care delivery patterns to a reference population to determine if REACH ACOs are stinting on beneficiary care. CMS also will conduct compliance audits throughout the year, investigate beneficiary complaints, and conduct beneficiary experience of care surveys (CAHPS) annually to measure changes in beneficiary satisfaction. Lastly, CMS will monitor whether beneficiaries aligned to REACH ACOs participating in the model are being shifted into or out of Medicare Advantage.

If at any time a Medicare beneficiary or their caregiver has concerns about the ACO REACH Model or a REACH ACO, the Innovation Center has a model liaison that is part of the Medicare Beneficiary Ombudsman team in the Offices of Hearings and Inquiries. The model liaison can be reached thru 1-800 Medicare and will assist in facilitating communications with the Medicare Quality Improvement Organizations (QIOs), the CMS regional offices, and ACO REACH Model team to ensure the beneficiary's concerns are heard.

Will CMS provide a reconsideration process for organizations whose applications were not accepted?

CMS will not be providing a reconsideration process for organizations whose applications were not accepted, or details around why an application was not accepted. This is consistent with the approach the Innovation Center has taken in prior voluntary models. Applicants may reference the ACO REACH Model Request for Applications (RFA) and the ACO REACH Model Application Process and Results Fact Sheet for information on the selection criteria and process that CMS employed in reviewing all applications.

Will CMS share the names of the applicants who were accepted and not accepted?

CMS will share names of ACO REACH Model participants when participation is finalized. For ACOs participating in the Implementation Period (IP3), this will occur in early August, 2022. For ACOs participating in PY2023 of the ACO REACH Model, this will occur in early January 2023.

###