COPE HEALTH SOLUTIONS

5 Considerations of the ACO REACH Model Performance Period Participation Agreement

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CMS has released the final ACO REACH Model Performance Period Participation Agreement (MPP PA) for PY2023 starters as well as a redlined version of the MPP PA compared to the GPDC Model Performance Period PA for PY2022 starters that highlights the updates made to the PA.

Here are the key five considerations every ACO entity needs to know about the MPP PA:

1. Current ACOs will be receiving either the ACO REACH First Amended and Restated PA or the ACO REACH Second Amended and Restated PA later this week for review. CMS is encouraging all ACOs to review the document and be prepared to sign it by timeframe window indicated below.
2. ACOs that meet all ACO REACH Model requirements (e.g., the minimum beneficiary requirements based on the mid-December proxy Aggregate Alignment Estimate) will be eligible to sign the MPP PA in 4i.
3. Each ACO must sign the MPP PA in 4i between December 23rd at 8AM ET to December 28th at 8 PM ET. The MPP PA must be signed by the executive contact for the ACO.

   PLEASE NOTE: If the PA is not signed in 4i within the specified timeframe, the ACO will not be permitted to participate in ACO REACH.
4. The deadline for CMS to countersign the MPP PAs in 4i is December 31.
5. Some of the key updates incorporated in the ACO REACH Model Performance Period Participation Agreement include:
   - Updated all terms to be consistent with the redesigned and renamed model;
   - Added the terms Health Equity Activities and Underserved Communities;
   - Update the definition of Other Monies Owed to include calculations described in Appendix T;
   - Update the composition and control requirements for the ACO's governing body;
   - Update the ACO leadership and management requirements to include ownership restrictions;
   - Update the bases for adding a physician or non-physician practitioner to the Participant Provider List or Preferred Provider List during a Performance Year;
   - Include the bases for which CMS would reject a request to add a Participant Provider or Preferred Provider during the Performance Year;
   - Update the availability of the Federal anti-kickback statute safe harbor for Beneficiary incentives;
   - Require the ACO to submit to CMS a Health Equity Plan for approval and such Health Equity Plan will identify underserved communities within its aligned population and develop initiatives to measure and reduce health disparities for such populations;
   - Clarify how the ACO may disclose, use, and reuse identifiable data;
   - Update quality performance scoring to include the Health Equity Data Reporting Adjustment;
   - Update the methodology used to determine the ACO's Quality Withhold Earn Back;

- Add the availability of the Nurse Practitioner and Physician Assistant Services Benefit Enhancement for selection;
- Update the timeline for when the ACO shall pay CMS any Shared Losses or Other Monies Owed;
- Require the ACO to collect and report to CMS demographic and social determinants of health data for the purpose of monitoring and evaluating the Model;
- Update the list of remedial actions to include the retroactive reversal of alignment of Beneficiaries to the ACO that is based on Claims-Based Alignment;
- Limit when CMS shall make payments of Shared Savings to the ACO upon the termination of the Agreement or Agreement Performance Period by CMS;
- Update the process for determining reconsiderations and add the requirements for requesting CMS Administrator review;
- Update the list of Primary Care Services for Performance Year 2023;
- Update the requirements for submitting the SVA List;
- Update the methodology for calculating the PCC Payment Adjustment Amount;
- Clarify the types of claims CMS will not reduce when calculating the PCC, APO and TCC Fee Reductions;
- Update methodology for calculating quarterly updates to monthly TCC Payment and adjustment amount;
- Update actions CMS may take if the ACO's financial guarantee documentation is not approved;
- Update the requirements for funds placed in escrow;
- Update the applicable number of months an eligible SNF must have an overall rating of three or more stars under the CMS 5-Star Quality Rating System for the 3-Day SNF Rule Waiver Benefit Enhancement;
- Update the Beneficiary eligibility requirements for the 3-Day SNF Rule Waiver Benefit Enhancement;
- Add Appendix U to clarify any updates to terminology

Contact info@copehealthsolutions.com to learn how we can help you in navigating through ACO REACH.