

# ACO Realizing Equity, Access, and Community Health (REACH) Model Health Equity Updates Webinar

CMS/CMMI  
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# Speakers

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# Agenda

1. Model Goals and Health Equity
2. Health Equity Plan Requirement
3. Health Equity Benchmark Adjustment
4. Health Equity Data Collection Requirement
5. Nurse Practitioner Services Benefit Enhancement
6. Health Equity in Application Scoring
7. Model Timeline
8. Upcoming Webinars and Questions

# Model Goals and Health Equity

# “Reaching” Beyond GPDC: ACO REACH Model Goals

## GPDC



Empower beneficiaries to personally engage in their own care delivery.



Transform risk-sharing arrangements in Medicare fee-for-service (FFS).



Reduce provider burden to meet health care needs effectively.



## ACO REACH

Promote health equity and address healthcare disparities for underserved communities

Continue the momentum of provider-led organizations participating in risk-based models

Protect beneficiaries and the model with more participant vetting and monitoring and greater transparency

# Focus on Health Equity

- The Innovation Center believes that equitable care is a key component necessary to achieve high-quality care for Medicare beneficiaries and is therefore critical to the ACO REACH Model's success.
- The ACO Reach Model defines the term “Equity” as it is defined in the Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government (Executive Order 13985)
  - “the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American individuals, Asian Americans and Pacific Islanders and other individuals of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) individuals; individuals with disabilities; individuals who live in rural areas; and individuals otherwise adversely affected by persistent poverty or inequality.”

# Health Equity in the ACO REACH Model

The ACO REACH Model is introducing five new policies to promote Health Equity starting in PY2023:

1. Health Equity Plan Requirement
2. Health Equity Benchmark Adjustment
3. Health Equity Data Collection Requirement
4. Nurse Practitioner Services Benefit Enhancement
5. Health Equity Questions in Application and Scoring for Health Equity

# Health Equity Plan Requirement



# Health Equity Plan Requirement

- REACH ACOs will be required to develop and implement a Health Equity Plan.
- The purpose is to identify underserved patients within the REACH ACO's beneficiary population and implement initiatives to measurably reduce health disparities, starting in PY2023.
- The Health Equity Plan will be due in early 2023. REACH ACOs will not be required to submit a Health Equity Plan as part of the application process.
- A template will be made available in Fall 2022 based on the CMS Disparities Impact Statement, created by the CMS Office of Minority Health (OMH)<sup>1</sup>
- The template will require detailed information regarding the underserved populations served by the REACH ACO, the proposed interventions including actions steps, and outcome measures.

1. The CMS Disparities Impact Statement is available here: <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Disparities-Impact-Statement-508-rev102018.pdf>.

# Disparities Impact Statement (DIS)

**1** Identify health disparities and priority populations

**2** Define your goals

**3** Establish your organization's health equity strategy

**4** Determine what your organization needs to implement its strategy

**5** Monitor and evaluate your progress

# Considerations for Developing Health Equity Plan

- Identify data sources to help identify health disparities and/or underserved communities within your REACH ACO's aligned beneficiary population
- Explore various interventions to reach the identified underserved communities
- Identify existing resources and community resources including partnerships with community based organizations
- Incorporate the Health Equity Benchmark Adjustment as applicable
- Determine the internal infrastructure required for creating, implementing and maintaining the Health Equity Plan
- Identify goals, timelines, and approaches to measuring and monitoring progress

# CMS Health Equity Initiatives

CMS is currently working on providing resources to support Health Equity Plan development including: Action Groups, frequently asked questions, webinars, technical assistance, and guidance documents.

- Reports

- [Paving the way to Health Equity Report](#)
- [CMS Equity Plan for Medicare](#)
- [Disparities Impact Statement](#)
- [2020 Report on Disparities in Medicare Advantage](#)
- [2020 Report on Rural-Urban Disparities in Medicare](#)
- [Using Z-Codes: SDOH Data Journey Map](#)
- [Strategy Refresh White Paper \(Innovation Center\)](#)

- Tools and Programs

- [Mapping Medicare Disparities Tool](#)
- [CMS Health Equity Award](#)
- [Health Equity Data Access Program](#)
- [Health Equity TA](#)

# Health Equity Benchmark Adjustment

# Why Adjust Benchmarks for Health Equity?

Benchmarks in ACO models (including ACO REACH) make use of historical expenditures, which can **entrench historical underspending** for underserved beneficiaries and create a **disincentive for ACOs to align** and serve these beneficiaries.



There is evidence that regions of the country with lower socioeconomic status (e.g., higher levels of poverty, lower education) and higher proportions of non-white populations tend to have lower levels of ACO participation<sup>1</sup>.

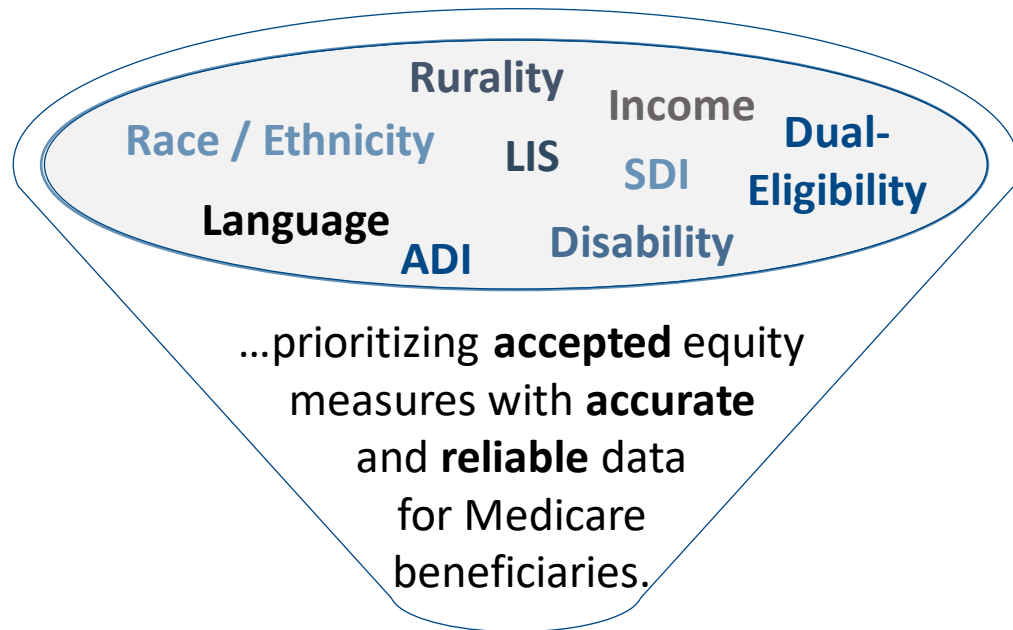
*For ACO REACH, our goal was to create a benchmark adjustment to address this disincentive and increase ACO participation in underserved areas and alignment of underserved beneficiaries.*

1. Yasaitis LC, Pajeroski W, Polsky D, et al. Physicians' Participation In ACOs Is Lower In Places With Vulnerable Populations Than In More Affluent Communities. Health Affairs. 2016;35(8):1382-1390.doi:10.1377/hlthaff.2015.1635.

# Equity Adjustment Design Considerations

## Measure Selection

CMS considered a variety of measures to identify underserved beneficiaries...



## Financial Impact

Financial impacts were then simulated using the PY2021 GPDC aligned population:

- The adjustment was intended to mitigate disincentives for ACOs to align underserved beneficiaries.
- Adjustments should thus be sufficiently large to support care to underserved beneficiaries, but not so large as to meaningfully disrupt the model financials.
- Simulations showed limited impacts for most ACOs (~+/- 0.2% of benchmarks), but larger impacts for ACOs that served high proportions of underserved beneficiaries (~0.5 - 1% bump).

# Health Equity Benchmark Adjustment

ACO REACH includes a benchmark adjustment that increases benchmarks for ACOs serving higher proportions of underserved beneficiaries

CMS will stratify all beneficiaries aligned to ACO REACH using a composite measure of underservice that incorporates a combination of<sup>1</sup>:

## Area Deprivation Index

Area-level measure of *local socioeconomic factors* correlated with medical disparities and underservice

Percentile Score from 1-100

## Dual Medicaid Status

Beneficiary-level measure of *economic challenges* affecting individuals' ability to access high quality care

25 Point Adjustment for Full or Partial Dual Eligibility



91<sup>st</sup> – 100<sup>th</sup> Percentile  
(Top Decile)

+\$30 PBPM Adjustment

51<sup>st</sup> – 90<sup>th</sup> Percentile  
(Middle 4 Deciles)

No Adjustment

1<sup>st</sup> – 50<sup>th</sup> Percentile  
(Bottom 5 Deciles)

-\$6 PBPM Adjustment

1. CMS may explore other variables to include in this assessment and will notify applicants prior to the start of PY2023 if any other variables are included.



# Health Equity Data Collection Requirement

# Health Equity Data Collection Requirement

## What is it and what will be collected?

- Data Collection to support CMS' goal to embed health equity in every aspect of Innovation Center models and increase focus on underserved populations.<sup>1</sup>
- Annual submission of beneficiary-reported demographic data and Social Determinants of Health (SDOH) data for purposes of monitoring and evaluation.
- Demographic data submitted must reflect the United States Core Data for Interoperability Version 2 (USCDI v2), which includes race, ethnicity, language, gender identity and sexual orientation.<sup>2</sup>
- The SDOH data elements have not yet been finalized, but CMS expects to offer up to three options in use elsewhere in the field: the Accountable Health Community (AHC) assessment tool<sup>3</sup>; the North Carolina assessment tool<sup>4</sup>, and the PRAPARE assessment tool<sup>5</sup>

## How and when will this data be collected?

- ACOs will have two options for reporting the defined list of data elements:
  - CMS will provide an Excel template to facilitate collection of a defined list of data elements; CMS expects to make template available for planning purposes this summer
  - CMS will also offer an Application Programming Interface (API)-driven approach for data reporting; CMS expects to make this option available in late 2023/early 2024
- CMS will establish a cadence with which these data elements should be reported and may update the list of required data elements in subsequent performance years

1. Please refer to the Innovation Center Strategic Refresh for details: <https://innovation.cms.gov/strategic-direction-whitepaper>

2. Please refer to the official documentation on USCDI v2 for details: <https://www.healthit.gov/isa/uscdi-data-class/patient-demographics#uscdi-v2>. For PY2023, we encourage collection and submission of all USCDI v2 demographic data elements but will accept USCDI v1 demographic elements

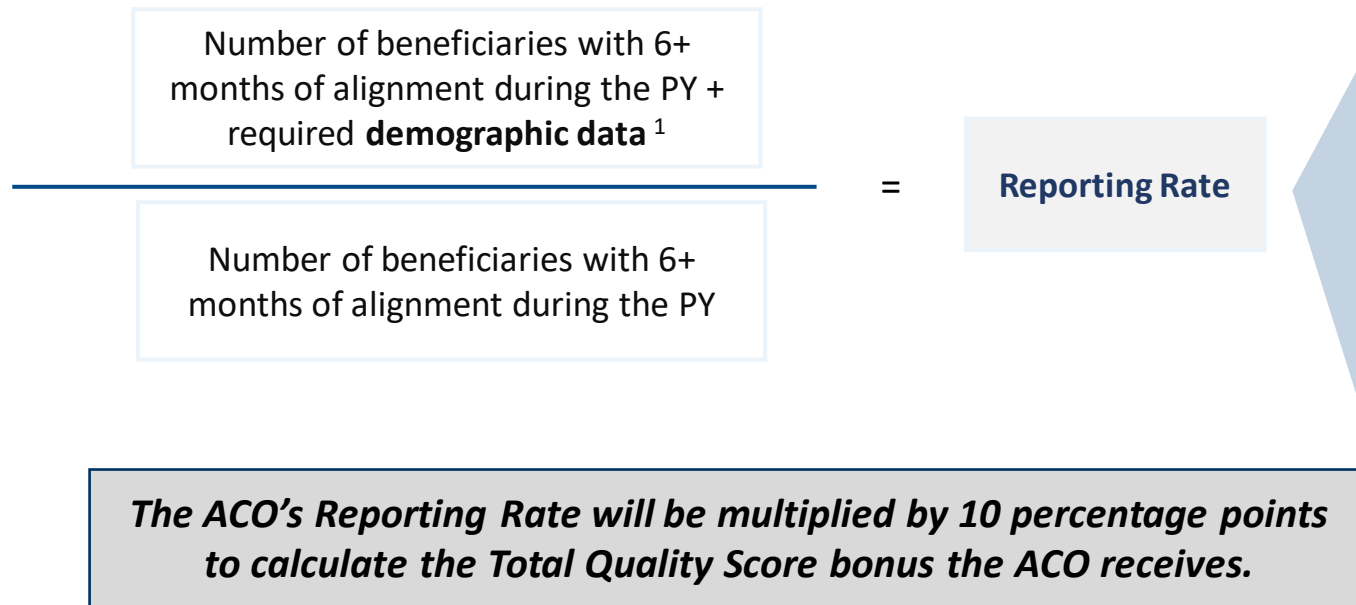
3. <https://innovation.cms.gov/files/worksheets/ahcm-screeningtool.pdf>

4. [https://files.nc.gov/ncdhhs/documents/SDOH-Screening-Tool\\_Paper\\_FINAL\\_20180405.pdf](https://files.nc.gov/ncdhhs/documents/SDOH-Screening-Tool_Paper_FINAL_20180405.pdf)

5. [https://www.nachc.org/wp-content/uploads/2018/05/PRAPARE\\_One\\_Pager\\_Sept\\_2016.pdf](https://www.nachc.org/wp-content/uploads/2018/05/PRAPARE_One_Pager_Sept_2016.pdf)

# PY2023: Health Equity Reporting and ACO REACH Quality Withhold

In Performance Year (PY) 2023, CMS will provide a bonus to the ACO's Total Quality Score for the submission of demographic data of up to 10 percentage points, with no downward adjustment for non-submission; ACO Total Quality Scores will not be permitted to exceed 100%.

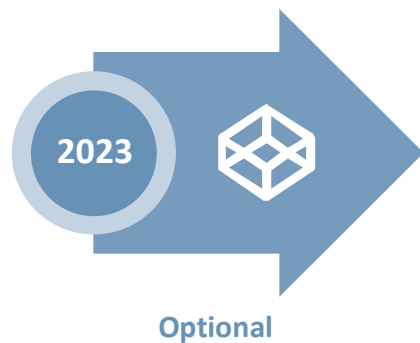


| Demographic Data Reported? | Quality Measure Set Score | Maximum Total Quality Score |
|----------------------------|---------------------------|-----------------------------|
| Yes                        | 95%                       | 100%                        |
| Yes                        | 80%                       | 90%                         |
| No                         | 80%                       | 80%                         |

1. Beneficiary submission of demographic information is voluntary; ACOs should not impose on the beneficiaries they serve or on its Participant Providers and Preferred Providers any requirement to collect such information from those beneficiaries who opt not to report it. ACOs that document a beneficiary's choice not to disclose demographic data (e.g., answering 'Prefer not to say' on a survey) will receive credit for reporting that data.

# PY2024+: Health Equity Reporting and ACO REACH Quality Withholds

In PY2024+, CMS may institute a downward adjustment to the Total Quality Score for the failure to report or adjust the reward for successful submission.



- Non-submission of SDOH data will not have any impact on a participant ACO's quality score in PY2023.
- CMS expects submission of SDOH data may be a required component of quality performance in future Performance Years.
- CMS is currently developing a Fast Healthcare Interoperability Resources (FHIR) file-based and API-based submission tool of demographic and SDOH data. More information on timing of availability will be released in the future.

*ACOs will also be encouraged to collect and submit beneficiary-level data on social determinants of health (SDOH) to CMS.*

# Nurse Practitioner Services Benefit Enhancement

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- New Benefit Enhancement offered starting in PY2023
- Capitalizes on established relationships between a beneficiary and a Nurse Practitioner to reduce impediments to better coordinate care and bridge potential gaps in access
- Seeks to provide a streamlined approach for certifying and ordering care, avoiding duplicative work
- Provides increased flexibility in care delivery, improving care coordination for their aligned beneficiary populations
- Available for eligible NPs that serve as either Participant Providers or Preferred Providers

# Health Equity in Application Scoring

# Health Equity in Application Scoring

- CMS' goal is ensure that selected REACH ACOs are well positioned to improve quality for **all** aligned beneficiaries, including those in underserved communities, while also achieving savings
- CMS encourages participation in the ACO REACH Model by applicants with:
  1. Direct patient care experience and/or
  2. Experience furnishing high quality care to underserved communities
- Discrete points are applied in the application scoring process to questions relating to these two categories of experience
- CMS will not select a given applicant for participation in the ACO REACH Model based solely on these two criteria



# Model Timeline

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| Events   | Dates for Performance Period (PY) 2023   |
|--|--|
| <b>Application Period</b>                      | March 7, 2022 – April 22, 2022   |
| <b>REACH ACO Selection</b>                     | June 2022  |
| <b>Optional Implementation Period 3 (IP3)</b>  | August 1, 2022 – December 31, 2022<br>Note: Voluntary Attestations that count towards meeting beneficiary alignment for PY2023 will be due by Early – Mid November |
| <b>Start of Performance Year 2023 (PY2023)</b> | January 1, 2023  |

*This timeline may be subject to change. Please check the ACO REACH webpage for updated timelines.*

# Upcoming Webinars and Questions

# Upcoming Webinars

| Webinar                        | Date   |
|--------------------------------|--|
| ACO REACH General Office Hours | Tuesday, April 12, 3:00 – 4:00 PM ET<br><a href="#">Register here.</a> |

# Questions



# Contact Information and References

ACO REACH Webpage:

<https://innovation.cms.gov/innovation-models/aco-reach>

ACO REACH Request for Applications:

<https://innovation.cms.gov/media/document/aco-reach-rfa>

ACO REACH/GPDC Comparison Table:

<https://innovation.cms.gov/media/document/gpdc-aco-reach-comparison>

ACO REACH Summary Graphic:

<https://innovation.cms.gov/media/document/aco-reach-graphic>

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