

ACO REACH: Fact vs. Fiction

In an effort to lower the rate of Medicare spending and improve the quality of care, the Center for Medicare and Medicare Innovation launched a new alternative payment model built of the success of various value-based payment models. Under the ACO (Realizing Equity, Access, and Community Health) <u>REACH Model</u>, participating ACOs take responsibility for the quality and total cost of care of a defined set of patients. If ACOs lower spending below a defined benchmark and hit quality targets, they earn the right to share savings generated. The model is part of a portfolio of value-based care efforts to place Medicare on a more sustainable financial path and improve patient care.

Fiction	Fact
ACO REACH will privatize	Patients remain in traditional Medicare and retain all of their
Medicare	rights and benefits of traditional Medicare, including the freedom
	of choice to go to any Medicare provider. In fact, they may
	receive more benefits at no cost through patient incentives.
Fiction	Fact
ACO REACH secretly moves	ACOs must send letters to patients notifying them that their
patients into care plans they	doctor is part of an ACO. Patients can opt out of data sharing at
can't opt out of	any time, and their care remains the same under traditional
	Medicare.
Fiction	Fact
ACO REACH will lead to	There are no networks or prior authorization under ACO REACH.
"middlemen" denying patients	Instead, ACOs work to coordinate otherwise siloed care to
care	emphasize efficient, preventive care, and eliminate waste and
	unnecessary care.
Fiction	Fact
ACOs receive capitated payments	While some ACOs receive fully capitated Medicare payments,
which can then be pocketed as	only primary care payments are capitated for most ACOs. All
profit	other care patients receive is paid by Medicare under their fee-
	for-service payment structure.
Fiction	Fact
REACH ACOs are Wall Street-	Most REACH ACOs are hospitals and physician practices, many
backed with more loyalty to	with a history participating in value-based care program and long
investors than patients	track record of upholding solid, quality patient care.
Fiction	Fact
ACO REACH will eventually cover	ACO REACH is a temporary model set to expire in 2026. DCEs will
30 million Medicare beneficiaries	likely serve between 2 million to 3 million patients.