

4 THINGS EVERY DCE SHOULD KNOW ABOUT ACO REACH

The ACO REACH program replaces CMS' former direct contracting model and heavily focuses on eliminating health equity. Here are four things that every DCE should know about ACO REACH.

1. Deadline for Compliance

Current DCEs must comply with new model requirements by January 2023 to remain in the ACO REACH Model (but they need not re-apply).

2. 75% Provider-Led Governance Requirement

ACO REACH requires a restructuring of the governing body to include 75% participant providers and *two distinct* beneficiary and consumer advocate voting members.

3. Plans for Addressing Health Equity

ACOs will be required to dig in deeper with Social Determinates of Health, assessing opportunities to address health disparities, define health equity goals, establish a health equity strategy and a plan for implementing, monitoring, and evaluating progress.

4. Market Overlap Issues Will Need to be Addressed

A High Needs Population ACO cannot co-exist in the same geographical market as a Standard or New Entrant ACO owned by the same parent company. Therefore, it is critical that ACOs have a deep knowledge about the specific needs of geographic areas they current serve or wish to serve.

We can help ACOs successfully transition to REACH. Click our logo to learn more about our success with ACOs.

