



Tuesday, January 17, 2023, Time TBD

Medicare Accountable Care Policy & Addressing Perspectives about the ACO REACH Model

Summary of Discussion:

The Centers for Medicare and Medicaid Services (CMS) has a policy goal of having all Medicare beneficiaries in accountable care relationships by 2030. CMS believes that care coordination is critical to providing high quality care and control health care costs. The Medicare Shared Savings Program, is the nation's largest Accountable Care Organization (ACO) program, covering more than 11 million people with Medicare and has more than 500,000 health care providers.

Because CMS wants to expand the number of health care providers who come together to give coordinated, high-quality care to people with Medicare, it authorized the development of an ACO model that would encourage expansion of accountable care participation based on shared global financial risk and offers financial incentives for ACOs that can achieve cost savings. The initial model, the Global Professional Direct Contracting model, was criticized for not having sufficient safeguards to prevent overbilling Medicare and inadequate levels of clinician ownership of the direct contracting entities (DCE). CMS modified the GPDC model into the ACO REACH model which added more safeguards to avoid inappropriate billing, to incentivize care for underserved beneficiaries, and added new requirements that clinicians have a majority stake in the DCEs. CMS recently released the first year results of the GPDC model and reported \$71 million in net savings from the ACOs participating in the model.

The panelists will discuss the benefits of care coordination and ACOs for the Medicare population, share their perspectives about the ACO REACH model, and provide their views about the best policy options to promote quality in Medicare and have a sustainable Medicare Trust Fund for future years.