

DCES PREPARING FOR ACO REACH

START YOUR JOURNEY NOW



This checklist can serve as a guide for DCEs transitioning to the ACO REACH Model. This resource focuses on the new requirements under the ACO REACH Model. No reference tool can ever be completely comprehensive, and use of this tool can never take the place of reading all relevant guidance and regulations. We will update this checklist as more information is received from CMS.

GOVERNANCE

- Identify a Consumer Advocate with professional experience or ensure completion of training (*Note: Consumer Advocate may **NOT** also serve as the Medicare Beneficiary*)
- Identify changes to Governing Body based on movement from 25% to 75% participant control requirement (*Note: Consumer Advocate and Medicare Beneficiary must be given voting authority*)
- Send REACH Model Participation Agreement to Governing Body Members
 - Ensure appropriate documentation to create an audit trail

COMPLIANCE PROGRAM

- Update P&Ps & Monitoring to reflect regulatory differences between the programs*
 - Health Equity Plan & New Benefit Enhancements are key
- Run Mock Audits to ensure Compliance with:
 - Updates to the Model Participation Agreement
 - Written Arrangement Requirements
 - Paper-Based Voluntary Alignment

CONTRACTING

- Update Agreements to reflect changes in the Model
 - Obtain TIN Level Agreements **only if** the TIN meets the six (6) CMS criteria
- Collect TIN Level PY23 Fee Reduction Agreements for each Participant/Preferred Provider participating in TCC/PCC/APO – ensure each name & NPI are listed
- Consider adding an Exhibit listing each NPI and a clause allowing the Exhibit to be updated upon notice to the TIN Executive
- Update Compliance Monitoring Program to ensure compliance with these requirements

OPERATIONS

- Develop & Implement Health Equity Plan, including data collection & reporting

**NAACOS offers an ACO REACH Model Compliance Manual with template Policies & Procedures.*