# ACO REACH MODEL COMPLIANCE TRAINING

An overview of ACO REACH compliance

# Training overview

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# Introduction to **ACO REACH**

# ACO REACH Model overview

1. The **ACCOUNTABLE CARE ORGANIZATION REALIZING EQUITY, ACCESS, AND COMMUNITY HEALTH (ACO REACH)** Model is a value-based payment model for Medicare beneficiaries from the Centers for Medicare and Medicaid Services (CMS).
2. The goal of ACO REACH is to increase the availability of high-quality, coordinated care with a focus on reaching people who live in underserved communities.

## ABOUT ACO REACH:

- ACO REACH incorporates all the important lessons learned from earlier CMS models—like NextGen ACO and MSSP—plus innovative practices from Medicare Advantage.
- When the ACO provides high-quality care for less than what CMS would have paid through traditional Medicare, the ACO keeps those savings and shares them with participant providers.

# ACO REACH benefits

## BENEFITS FOR PROVIDERS AND PATIENTS

- Providers have more tools and resources to better coordinate and improve the quality of care they offer for patients in traditional Medicare.
- Patients receive more personal attention to their individual health and well-being while keeping all services and flexibilities beneficiaries enjoy in traditional Medicare.

# ACO REACH key elements

**TOTAL COST OF CARE MODEL**

When the ACO provides high-quality care for less than what CMS would have paid through traditional Medicare, the ACO keeps those savings and shares them with participant providers.

**QUALITY MEASURES: ACUTE CARE UTILIZATION + PATIENT EXPERIENCE**

ACOs are assessed on four measures:

1. All-Cause Readmission Rate
2. Unplanned Admissions for Patients with Chronic Conditions
3. Timely Follow-up after Acute Events
4. Patient Experience measured through the CAHPS Survey

**BENEFICIARY ALIGNMENT: CLAIMS AND VOLUNTARY**

Most beneficiaries are aligned with an ACO based on the primary care provider they see.

ACO REACH also allows beneficiaries to **self-align** throughout the year through a process called **voluntary alignment.**

**BENEFIT ENHANCEMENTS & ENGAGEMENT INCENTIVES**

Patients can receive additional services through the ACO, such as:

- Home visits
- Telehealth visits
- Gift cards for wellness activities

# NeueHealth and ACO REACH

## ABOUT NEUEHEALTH:

- **Care providers:** We are primary care providers. In our 70+ locations, our focus is to provide wholehearted care to our patients and improve the well-being of our communities.
- **Value-based care experts:** Our team has over a decade of experience leading the transformation to ACO and value-based payment models. We provide hands-on support so that providers can focus first on patients' health and wellness needs.

**NeueHealth ACO services:** NeueHealth supports ACO providers by delivering services they need to succeed, including:

- **Analytics and performance dashboards**
- **Access to a high-value network**
- **Clinical workflows**
- **Compliance program**
- **Financial analytics**
- **Insights from national groups and policy experts**
- **Risk adjustment and coding support**
- **Timely claims payment**

# Overview of **ACO REACH** compliance program

# NeueHealth ACO compliance

## ACO compliance team

### ACO COMPLIANCE TEAM STRUCTURE

**NeueHealth ACO Compliance Team**

**BEN WRIGHT**
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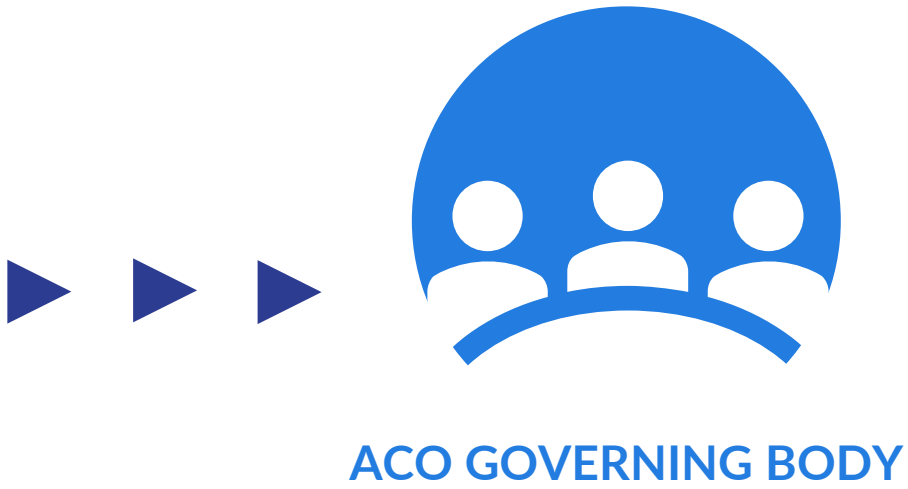

**ACO GOVERNING BODY**

# NeueHealth ACO compliance

## ACO compliance officer

### ACO COMPLIANCE OFFICER

Each ACO is required to have a compliance officer who:

- Is not legal counsel to the ACO
- Reports directly to the governing board
- Is responsible for implementation and oversight of the ACO compliance program
- Provides regular reports to the ACO governing board
- Is available to address beneficiary and provider questions or concerns

# NeueHealth ACO compliance

## Compliance program elements

### NEUEHEALTH'S ACO COMPLIANCE PROGRAM INCLUDES:

1. A designated compliance officer who is not legal counsel to the ACO and reports directly to the ACO's governing body
2. Mechanisms for identifying and addressing compliance problems related to the ACO's operations and performance
3. A method for ACO-related individuals to anonymously report suspected problems related to the ACO to the compliance officer
4. Periodic compliance training for the ACO, participant providers, and preferred providers
5. A requirement for the ACO to report probable violations of law immediately to an appropriate law enforcement agency

Additionally, the ACO develops comprehensive policies and procedures to ensure compliance with these requirements, as well as any additional federal and state laws, guidelines, and regulations including HIPAA and fraud, waste, and abuse laws.

# NeueHealth ACO compliance

## Compliance program elements

### ACO COMPLIANCE TRAINING

- Mandatory training for all ACO-related individuals
- Training should occur within the first 90 days of participation in the model and annually thereafter

### ANONYMOUS REPORTING PROCESS

*Anyone can report at any time, 24/7!*

To report a compliance concern:

- Visit www.lighthouse-services.com/brighthealthgroup;
- Call the toll-free hotline:
  English: **855-208-2766**,
  Spanish: **800-216-1288**; and/or
- Report direct to the compliance officer at neuecompliance@neuehealth.com.

### AUDITING AND OVERSIGHT PROGRAM

- The NeueHealth Compliance Team conducts ongoing audits.
- ACO-related individuals are required to comply with documentation requests.
- This program is designed to identify and address any issues.

# NeueHealth ACO compliance

## Policies and procedures (P&Ps)

**P&Ps describe the ACO compliance program to fulfill requirements of the CMS participant agreement**

The ACO develops comprehensive P&Ps to:

1. Ensure regulatory requirements are met
2. Prevent compliance issues from occurring

P&Ps are reviewed and approved by the NeueHealth Policy Review Committee on an ongoing basis

P&Ps are available on the participant portal: https://partners.neuehealth.com

# NeueHealth ACO compliance

## ACO governing board

### ACO GOVERNING BOARD STRUCTURE

- Our ACO governing board has sole and exclusive authority to make final decisions on behalf of the ACO.
- Our **providers voices matter**. 75% of the governing body is controlled by ACO Participant Providers.
- Our **beneficiaries voices matter**. There is at least 1 Medicare beneficiary and 1 consumer advocate on our governing body.

# NeueHealth ACO compliance

## ACO governing board

### ACO GOVERNING BOARD RESPONSIBILITIES

The governing board is responsible for the ACO's oversight and strategic direction and will hold ACO management accountable for the ACO's activities, including:

- A transparent governing process.
- Rules for ACO governing board members.
    - Rules will state that each member has a fiduciary duty to the ACO, including the duty of loyalty, and members will act consistently with that fiduciary duty.
- Periodical reports from the ACO designated compliance official.

# NeueHealth ACO compliance

## Conflict of interest

Our governing board is a separate and unique entity.

Therefore, the ACO has a conflict of interest policy that applies to members of the board.

### THE CONFLICT OF INTEREST POLICY:

- Requires each member to disclose relevant interests that may present a potential conflict of interest
- Provides a procedure to determine whether a conflict of interest exists and sets forth a process to address any conflicts that arise
- Addresses remedial actions for members of the board who fail to comply with the policy

# NeueHealth ACO compliance

## Public reporting

The ACO REACH model emphasizes transparency and public accountability.

At a minimum, ACOs are required to publicly report information about:

1. **Organizational structure, including identification of the members of the ACO's governing body, participant providers, and preferred providers**
2. **Shared savings and shared losses information**
3. **Quality measures performance**

ACO Public Reporting can be accessed on the NeueHealth website at NeueHealth.com

# NeueHealth ACO compliance

## CMS audit and monitoring

### COMPREHENSIVE AUDITS

CMS has implemented a monitoring plan designed to protect beneficiaries and address potential program integrity risks.

An integral part of the ongoing monitoring plan is **comprehensive audits** by CMS.

# NeueHealth ACO compliance

## CMS audit and monitoring

**CMS uses a number of methods to assess compliance, including:**

**AUDITS**
of charts and medical records

**CLAIMS ANALYSES**
to identify fraudulent behavior or program integrity risks

**REVIEW OF DEMOGRAPHIC DATA**
to identify program integrity risks

**INTERVIEWS**
with any individual or entity participating in ACO activities

**SITE VISITS**
to the ACO, and its providers

**FEEDBACK**
from beneficiaries and their caregivers

**DOCUMENTATION REQUESTS**
sent to the ACO, and/or its providers

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# **ACO REACH** Model elements

# ACO REACH Model elements

## Voluntary alignment

### WHAT IS VOLUNTARY ALIGNMENT?

A process in which beneficiaries may choose to align to an ACO voluntarily.

The beneficiary designates an ACO participant provider as their primary care provider or main source of care.

The beneficiary is still free to receive services from any provider of their choice, whether or not they are aligned to the ACO.

# ACO REACH Model elements

## Voluntary alignment

### HOW DOES VOLUNTARY ALIGNMENT WORK?

#### MEDICARE.GOV VOLUNTARY ALIGNMENT (MVA)

is when a beneficiary designates a "primary clinician" on Medicare.gov.

#### SIGNED-ATTESTATION BASED VOLUNTARY ALIGNMENT (SVA)

is when an ACO provides or mails beneficiaries a CMS-approved "voluntary alignment form." Beneficiaries may choose to complete and return the form to the ACO. Electronic versions of paper-based forms and signatures (e.g., DocuSign or a patient portal) are also acceptable.

*Note: CMS must approve VA materials! All marketing, communications, and outreach materials or events related to voluntary alignment require approval from CMS **prior to use**.*

# ACO REACH Model elements

## Voluntary alignment

### REGULATIONS FOR BENEFICIARY EDUCATION ABOUT VA

ACO providers and individuals **CAN**:

- Answer beneficiary questions about VA. NeueHealth will provide you with CMS-approved resources for guidance on how to help beneficiaries understand the benefits of aligning to the ACO via VA
- Instruct beneficiaries to call the ACO for questions about VA
- Provide beneficiaries with information about the ACO and VA **IF** that information has been approved by both the ACO and CMS

ACO providers and individuals **CANNOT**:

- Complete a VA form on behalf of the beneficiary
- Designate a primary clinician on MyMedicare.gov (or any successor site) on behalf of the beneficiary
- Include the VA form and instructions with any other materials or forms, such as materials requiring the signature of the beneficiary
- Withhold or threaten to withhold medical services or limit or threaten to limit access to care

# ACO REACH Model elements

## ACO marketing activities

### WHAT ARE MARKETING ACTIVITIES?

Marketing activities are the distribution of marketing materials to educate, notify, or contact beneficiaries regarding the ACO's participation in the ACO Model.

These activities can include activities related to voluntary alignment (VA).

These activities may be conducted by, or on behalf of, the ACO and its providers.

# ACO REACH Model elements

## ACO marketing materials

### WHAT ARE MARKETING MATERIALS?

**Marketing materials** are materials created for the general audience and used to educate, notify, or contact beneficiaries regarding the ACO's participation in the ACO Model.

Examples include:

BROCHURES

OUTREACH EVENTS

WEBPAGES

SOCIAL MEDIA

ADVERTISEMENTS

LETTERS TO BENEFICIARIES

MAILINGS

EDUCATION

Marketing materials **do not** include communications that **do not** directly or indirectly reference the ACO model. For example, information about care coordination generally would not be considered ACO marketing materials

# ACO REACH Model elements

## ACO marketing prohibitions

### MARKETING ACTIVITY AND MATERIAL CANNOT:

- **Mislead or confuse a beneficiary** regarding the model, another model currently tested or under development by CMS under the authority of section 1115A of the Act, the Medicare Shared Savings Program, Medicare benefits, or the ACO.
- **Claim that the ACO is recommended or otherwise endorsed by CMS** or that CMS recommends that the beneficiary select an ACO provider as his or her main doctor, main provider, and/or the main place the beneficiary receives care.
- **Expressly state or imply that selecting an ACO provider** as the beneficiary's main doctor, main provider, and/or the main place the beneficiary receives care **removes a beneficiary's freedom to choose to obtain health services** from providers and suppliers who are not ACO providers.

# ACO REACH Model elements

## ACO marketing events

### WHAT ARE MARKETING EVENTS?

Events are one type of marketing activity designed to educate beneficiaries about the ACO's participation in the ACO Model.

### MARKETING EVENT RESTRICTIONS

Marketing events **CANNOT:**

- Involve health screenings or activities intended to affect the population of beneficiaries aligned to the ACO, including:
  - Avoiding treatment of certain at-risk beneficiaries
  - Targeting certain beneficiaries for services
- Require attendees to provide contact information as a prerequisite for attending the event

**Marketing events must be optional.**

# ACO REACH Model elements

## ACO marketing approval process

### WHAT IS THE APPROVAL PROCESS FOR MARKETING?

1. All ACO REACH marketing materials, activities, and events as defined by CMS **are subject to review and approval by CMS.**

2. Any material changes to CMS-approved marketing materials and activities **are also subject to review and approval by CMS.**

3. **All marketing materials are submitted to CMS for approval by the NeueHealth Compliance Team.**

# ACO REACH Model elements

## ACO records retention

### ACO RECORDS RETENTION

ACO providers, individuals, and entities should

maintain records related to the ACO for a period of

**10 years**

from the expiration or termination of the Agreement.

# ACO REACH Model elements

## Beneficiary engagement

### THE ACO HAS A RESPONSIBILITY TO PROVIDE BENEFICIARIES WITH:

1. **Equal access to services and care**
   - ACO providers must make medically necessary covered services available to beneficiaries in accordance with applicable laws, regulations, and guidance.
   - The ACO and ACO providers cannot engage in activities intended to affect the population of beneficiaries aligned to the ACO. These include activities to:
     - Avoid treating certain at-risk beneficiaries
     - Target certain beneficiaries for services
2. **Freedom of choice:**
   - The ACO and ACO providers cannot participate in activities that would inhibit or influence beneficiaries from exercising their freedom to obtain health services from providers who are not ACO providers.
   - The ACO may communicate to beneficiaries the benefits of receiving care with the ACO. All such communications shall be deemed marketing materials or marketing activities. To ensure that beneficiaries are not misinformed or misled about the model, CMS may provide the ACO with scripts, talking points, or other materials explaining these benefits.

# ACO REACH Model elements

## Beneficiary engagement

### EXCEPTIONS FOR CERTAIN IN-KIND REMUNERATIONS:

Beneficiary engagement is an important part of encouraging beneficiaries to take a more active role in their healthcare.

Beneficiary engagement and coordination of care could be enhanced by providing certain in-kind incentives to beneficiaries that would potentially encourage beneficiaries to become actively involved in their care.

# ACO REACH Model elements

## Beneficiary engagement

### WHEN CAN AN ACO PROVIDE IN-KIND ITEMS OR SERVICES TO BENEFICIARIES?

| | |
|---|---|
| **Reasonable connection** | There is a reasonable connection between the items or services and the medical care of the beneficiary. |
| **Preventive or curative goal** | The items or services are intended for preventive care or advance a clinical goal for the beneficiary, including adherence to a treatment regime (including prescribed medication), adherence to a follow-up care plan, or management of a chronic disease or condition. |
| **Item or service not covered by Medicare** | The in-kind item or service is not a Medicare-covered item or service for the beneficiary on the date the in-kind item or service is furnished to that beneficiary.* |
| **Does not influence choice** | The in-kind item or service is not furnished in whole or in part to reward the beneficiary for designating, or agreeing to designate, a participant provider as his or her primary clinician, main doctor, main provider, or the main place where the beneficiary receives care through voluntary alignment (VA). |
| **Given directly to beneficiary** | The in-kind item or service is furnished to a beneficiary directly by the ACO, a participant provider, or a preferred provider. |

**For purposes of this exception, an item or service that could be covered pursuant to a benefit enhancement is considered a Medicare-covered item or service, regardless of whether the ACO selects to participate in such benefit enhancement for a given performance year.*

# ACO REACH Model elements

## Beneficiary engagement

### EXAMPLES OF PERMITTED IN-KIND INCENTIVES:

#### Vouchers

- for recommended over the counter medications
- for chronic disease self management, pain management, falls prevention programs
- to access meal programs for malnutrition
- for dental care services
- pre-paid non-transferable for transportation services to and from appointments with a healthcare provider

#### Other

- Wellness program memberships/seminars
- Electronic alert systems
- Items and services to support chronic disease/ conditions (e.g. air-filtering systems)
- Patient medication reminder applications/calendars

# ACO REACH Model elements

## Data sharing

### WHAT KINDS OF INFORMATION CAN AN ACO SHARE?

#### Data the ACO **CAN share:**

- Information derived from the CMS beneficiary-identifiable data and requested via the HIPAA-Covered Data Disclosure Request Form.

**This information may only be shared and used within the legal confines of the DCE and its providers** for use in clinical treatment, care management and coordination, quality improvement activities, population-based activities relating to improving health or reducing healthcare costs, and provider incentive design and implementation.

#### Data the ACO **CANNOT share**:

- Any beneficiary-identifiable data disseminated to anyone who is not a HIPAA covered entity (CE), HIPAA business associate (BA), an individual practitioner in a treatment relationship with the applicable beneficiary(ies), or that practitioner's business associates.

# ACO REACH Model elements

## Data sharing opt out

### HOW DO BENEFICIARIES OPT OUT OF DATA SHARING?

The ACO must notify any beneficiary who wants to learn about or change their data sharing preferences that they may do so by calling **1-800-MEDICARE.**

- Such communications must note that, even if a beneficiary has elected to decline claims data sharing, CMS may still engage in certain limited data sharing for care coordination and quality improvement activities for DC beneficiaries, and population-based activities relating to improving health or reducing healthcare costs.
- The ACO must allow beneficiaries to reverse a data sharing preference at any time by calling 1-800-MEDICARE.

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# If you have any questions about the ACO REACH Model, please contact the NeueHealth Compliance Team at

NeueCompliance@NeueHealth.com