

Accountable Care Organization Realizing Equity, Access, and Community Health (ACO REACH) Model

PY2024: Other Monies Owed Alternative Payment Arrangement Report Information Packet

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Revision History

Revision	Date	Revisions
4.01.01	8/8/2024	Initial working draft

Reference Documents

Title
ACO REACH Model: PY2024 Capitation and Advanced Payment Mechanisms
ACO REACH Model: PY2024 Financial Operating Guide Overview
ACO REACH Model: PY2024 Financial Settlement Overview

Acronyms

A&D	Aged & Disabled
ACO	Accountable Care Organization
APA	Alternate Payment Arrangement
APO	Advanced Payment Option
BPCC	Base Primary Care Capitation
CMMI	Center for Medicare & Medicaid Innovation
CMS	Centers for Medicare & Medicaid Services
CY	Calendar Year
EPCC	Enhanced Primary Care Capitation
ESRD	End-Stage Renal Disease
FFS	Fee for Service
IDR	Integrated Data Repository
IP	Information Packet
PBPM	Per Beneficiary Per Month
PCC	Primary Care Capitation
PFS	Physician Fee Schedule
PY	Performance Year
REACH	Realizing Equity, Access, and Community Health
TCC	Total Care Capitation
TWOL	Terminated Without Liability
WH	Withhold

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1.0 Introduction

The Other Monies Owed Alternative Payment Arrangements (“Other Monies Owed APA”) Report is for Realizing Equity, Access, and Community Health Accountable Care Organizations (REACH ACOs) that terminated without liability (TWOL) during the performance year (PY) on or before March 31 of that year. This report is designed to ensure that the APA payments received by each REACH ACO are equal to the claim reductions that occurred for these REACH ACOs during the months they were active in the model. The Other Monies Owed APA Report contains calculations of the final reconciliation amount, which subtracts total APA payments from total claim reductions for the PY months active in the model. The purpose of this Information Packet (IP) is to help TWOL REACH ACOs interpret their Other Monies Owed APA Reports and explain the calculations involved in calculating the APA payment amount, total claims reductions, and final reconciliation amount.

Each TWOL REACH ACO will receive one Other Monies Owed APA Report for the PY they decide to terminate.

2.0 Delivery and Extraction of the Other Monies Owed APA Report

Other Monies Owed APA Reports are delivered to REACH ACOs through the 4i's Direct Delivery system.

To access the Other Monies Owed APA Report, the REACH ACO should navigate to "Data Hub," "Data Files and Reports," then to the "Reports" folder. If a REACH ACO does not see their report, they should check the performance year using the drop-down menu on the right side of the page.

3.0 Data Sources and Methods

The expenditure data reported in the Other Monies Owed APA Report is obtained from the Center for Medicare & Medicaid Services (CMS) Integrated Data Repository (IDR).

Similar to the Quarterly APA reports, the Other Monies Owed APA reports include the data for beneficiaries who opted out of data sharing, claims for treatment of substance use disorder, and claims that were subject to administrative suppression. However, the data that is ultimately reported on the Other Monies Owed APA reports are aggregated to remove all provider identification.

For detailed information about capitation and APA mechanisms, please refer to the [ACO REACH PY2024 Financial Operating Policies: Capitation and Advanced Payment Mechanisms](#) paper. Information about other financial aspects of the ACO REACH model can be found in the [ACO REACH PY2024 Financial Operating Guide: Overview](#) paper.

4.0 Report Structure and Content

The Other Monies Owed APA Report is an Excel® workbook consisting of three worksheets focusing on different elements of final reconciliation calculations. The report includes a tab holding claims data, for reference. The same workbook structure is used for all payment mechanisms. Some columns in the worksheet are zeroed out or blank if not applicable to a REACH ACO's elected payment mechanism. See the table below for a full list and description of Other Monies Owed APA Report worksheets.

Table 4.0 Structure of the Other Monies Owed APA Report

Worksheet	REACH ACO APA Election	Description
REPORT_PARAMETERS	All REACH ACOs	The REPORT_PARAMETERS tab will show the REACH ACO their identifying information and APA election. The Performance Period dates will be populated as claims incurred from the beginning of the PY and through to the termination date. The Performance Period dates will only be populated under the elected payment mechanism for each REACH ACO. The Lookback Period dates will be left blank as the Other Monies Owed APA Report is only concerned with performance year data.
RECONCILIATION	All REACH ACOs	The RECONCILIATION tab will show the final Reconciliation Amount for the REACH ACO, calculated for each month of model participation and in total for PY2024. This tab shows post-sequestration payments made to the REACH ACO by payment mechanism, the total claim reductions amounts, and calculates the difference between APA payments and claim reductions for the final Reconciliation amount. Columns for non-elected payment mechanisms will be zeroed-out.
DATA_CLAIMS_PRVDR	All REACH ACOs	The DATA_CLAIMS_PRVDR tab holds the claims data for REACH ACO aligned beneficiaries, aggregated to the Participant, Preferred, and non-REACH ACO Provider level. The aggregated claims data in this table can be used to cross-reference calculations of total claim reductions. The only difference from quarterly APA reports is the exclusion of columns related to the calculation of the APA percentages and APO PBPM, which are not relevant for the Other Monies Owed APA Report.

5.0 Other Monies Owed APA Report Worksheets

The following subsections provide examples to help the reader navigate the report and walk-through the calculations. These example figures will be most beneficial to the reader when cross-referenced with the Other Monies Owed APA Excel workbook.

In this IP, data elements will be referenced by Excel row number to facilitate references in the text to figures. Column letters will be referenced by Excel column letter.

5.01 REPORT_PARAMETERS

1	Accountable Care Organization Realizing Equity, Access, and Community Health (ACO REACH) Model Reconciliation			
2				
3	Performance Year: PY2024			
4				
5	Alternative Payment Arrangement Election			
6	REACH ACO Identifier			
7	REACH ACO Name			
8	APA Election			
9				
10	Incurred and paid claim parameters by APA election	TCC	PCC	APO
11	Performance Period			
12	Claims incurred from:			
13	Claims incurred through:			
14	Performance period run-out date:			
15	Lookback Period			
16	Claims incurred from:			
17	Claims incurred through:			
18	Calibration period run-out date:			
19				
20	version 1.01			

The REPORT_PARAMETERS worksheet provides background and identification information about the REACH ACO, including the current Performance Year, REACH ACO ID, and REACH ACO APA Election (TCC, PCC, or PCC and APO).

The Performance Period dates will be populated as claims incurred from the beginning of the PY and through to the termination date. The Performance Period dates will only be populated under the elected payment mechanism for each REACH ACO. The run-out date is June 30 of the PY for all TWOL ACOs, regardless of termination date.

The Lookback Period refers to the period on which the calculations of TCC Withhold, PCC Percentages, and APO payment PBPM are based. For the Other Monies Owed APA Report, the Lookback Period dates will be left blank as TCC Withhold, PCC Percentages, and APO payment PBPMs are not relevant for reconciling claim reductions to APA payments already paid out to the REACH ACO.

5.02 RECONCILIATION

	A	B	C	D	E	F	G	H
1	Financial Reconciliation of Other Monies Owed Alternative Payment Arrangements							
2								
3	Performance Year: PY2024							
4								
5	Calculation of Reconciliation for the ACO							
6	Calendar Month	Post-sequestration TCC payment made to the ACO ¹	Post-sequestration BPCC payment made to the ACO ²	Post-sequestration EPCC payment made to the ACO ³	Post-sequestration APO payment made to the ACO ⁴	Total APA Payment ⁵	Total Claim reductions: All APAs ⁶	Difference between APA Payment and Claim Reductions ⁷
7	Jan 2024	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8	Feb 2024	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9	Mar 2024	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10	Apr 2024							
11	May 2024							
12	Jun 2024							
13	Jul 2024							
14	Aug 2024							
15	Sep 2024							
16	Oct 2024							
17	Nov 2024							
18	Dec 2024							
19	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

The RECONCILIATION tab will show the APA payments paid to the REACH ACO in each calendar month of PY model participation, the claim reductions, and the calculation of the final Reconciliation amount that must be recovered from, or disbursed to, the REACH ACO for this financial reconciliation. The Reconciliation amount is calculated as follows:

$$\text{Reconciliation amount} = \text{Claim Reductions} - \text{APA payments}$$

Where,

- A negative amount is associated with a REACH ACO whose APA payments were greater than their claim reductions and therefore the REACH ACO owes money back and will receive a Demand letter as part of this financial reconciliation.
- A positive amount is associated with a REACH ACO whose APA payments were less than their claim reductions and therefore the REACH ACO is owed money and will receive a payment as part of this financial reconciliation.

5.02.01 APA Payments

The APA payments used for calculating the reconciliation amount will be the actual monthly APA payments that were made to the REACH ACOs for the months they were active in the model during the PY. These APA payment amounts can be cross-referenced with the Quarter 1 APA report previously delivered to the REACH ACO.

The TCC payment amount will include the TCC-accelerated amount, which was shown to the REACH ACOs in their Quarter 1 APA report. The TCC-accelerated amount is equal to 20% of the January payment and was added onto the January payment. The TCC-accelerated payment is designed to be fully recouped in December of the corresponding PY.

The Enhanced PCC (EPCC) payment amount is designed to provide an upfront additional payment and is fully recouped by CMS at the end of the PY.

5.02.02 Claim Reductions

Total claim reductions for each REACH ACO will be calculated from the start of the PY through their termination date, with claim runout through 6/30 of the PY, regardless of termination date.

Table 5.02 Calculation of Final Reconciliation to REACH ACOs: Column Descriptions

Column	Title	Description
B	Post-sequestration TCC payment made to the ACO	The prospective post-sequestration TCC payment to the REACH ACO for the specified month, if TCC was elected. CMS calculated the January TCC payment to include the TCC-accelerated payment, which is an amount equal to 20% of the ACO's January TCC payment.
C	Post-sequestration BPCC payment made to the ACO	The prospective post-sequestration BPCC payment to the ACO for the specified month if PCC was elected.
D	Post-sequestration EPCC payment made to the ACO	The prospective post-sequestration EPCC payment to the ACO for the specified month, based on the ACO's Enhanced PCC percentage election if PCC was elected.
E	Post-sequestration APO payment made to the ACO	The prospective post-sequestration APO payment to the ACO for the specified month, if APO was elected.
F	Total APA Payment	The sum of all prospective post-sequestration Alternative Payment Arrangement (APA) payments made to the ACO. Column F = Column B + Column C + Column E + Column D
G	Total Claims reductions: All APAs	The total amount of the Fee Reductions associated with the ACO's Capitation or Advanced Payment Mechanism Option, as applicable, for the specified month. Total claim reductions for each ACO will be calculated from the start of the PY through their termination date, with claim runout through 6/30 of the PY.
H	Difference between APA Payment and Claims Reductions (Final Reconciliation Amount)	Shows the final reconciliation amount, as total claims reductions minus total APA payment. A negative value represents monies owed to CMMI, a positive value represents payment to the ACO from CMMI. Column H = Column G – Column F

5.03 DATA_CLAIMS_PRVDR

This worksheet holds the claims data for ACO REACH aligned beneficiaries, aggregated to the Participant, Preferred, and Non-REACH ACO Provider. The aggregated claim data in this table serves as a reference for calculating Total Claim Reductions amount on the RECONCILIATION tab.

Purpose:	Claims data, aggregated to the provider level, used to calculate total claim reductions amount by month.
Unit Record:	Unique by CLNDR_YR, CLNDR_MNTH, ACO_ID, provider IDs (BILL_NPI, CCN, BILL_TIN, CLM_LINE_TIN, IND_NPI), CLM_TYPE_CD.
Source:	IDR
Notes:	Although data is reported for the following here, this information is aggregated, and the provider/claim provider identifiers are hidden: • Beneficiaries who have opted out of data sharing • Substance use Claims Similarly, claims from non-REACH ACO Providers have the specific provider identifiers hidden. These records are aggregated by all other variables.

Table 5.03.01 DATA_CLAIMS_PRVDR Dictionary

Field/Column	Sample Value	Description
PERF_YR	2024	Performance Year
CLNDR_YR	2024	Calendar Year
CLNDR_MNTH	1	Calendar Month
DCE_ID	D0001	REACH ACO Identifier
DCE_TCC_IND	0	REACH ACO TCC Indicator
DCE_PCC_IND	0	REACH ACO PCC Indicator
DCE_APO_IND	0	REACH ACO APO Indicator
BILL_NPI	xxxxxxxxxx	Billing National Provider Identifier
CCN	xxxxxx	CMS Certification Number
BILL_TIN	xxxxxxxxxx	Billing Tax Payer Number
CLM_LINE_TIN	xxxxxxxxxx	Claim Line TIN
IND_NPI	xxxxxxxxxx	Individual/Practitioner National Provider Identifier
CLM_TYPE_CD	10	Claim Type Code (National Claims History classification)
PRVDR_CLASS	PART	Provider Class. Denotes whether claims are attributable to Participant Providers (PART), Preferred Providers (PREF), or non-REACH ACO Providers (NONDCE). Non-REACH ACO Provider refers to claims attributable to ACO REACH aligned beneficiaries in which the service was not furnished by a Participant or Preferred Provider.
FQHC_IND	0,1	Federally Qualified Health Center Indicator
RHC_IND	0,1	Rural Health Clinic Indicator
CAH2_IND	0,1	Critical Access Hospital Indicator

Field/Column	Sample Value	Description
PCC_PHYS_IND	1	PCC Physician Indicator
HCPCS_CD	99309	HCPCS or CPT codes
IND_NPI_SPCLTY_CD	08	Individual NPI Specialty Code
APA_CD	0,1,2,3	Alternative Payment Arrangement Code. 0 = None, 1 = TCC, 2 = PCC, 3 = APO
CLM_POS_CD	02	Claim Place of Service Code
FAC_IND	0,1	Facility Indicator
SUB_ABUSE_IND	0,1	Substance use Indicator
OPTOUT_IND	0,1	Opt-out Beneficiary Indicator Note: the OPTOUT_IND is an estimate of the beneficiary's data sharing preference, based on the last date of the lookback period. It is not an exact indication of a bene's data sharing opt-out decision in claims data. The OPTOUT_IND will only be populated when using estimated claims data. For PY claims data, it will be blank.
CLM_PMT_AMT	\$xxx.xx	The amount of money paid after adjudication of the claim
UCC_AMT	\$xx.xx	Uncompensated Care Amount
APA_RDCTN_AMT	\$xx.xx	APA Reduction Amount
SQSTR_AMT	\$xx.xx	Sequestration Amount
OP_DSH_AMT	\$xx.xx	Operating DSH Payment
OP_IME_AMT	\$xx.xx	Operating IME payment
OUTLIER_AMT	\$xx.xx	Operating outlier amount; non-zero only if value code 17
NEWTECH_AMT	\$xx.xx	New technology add-on payment amount; non-zero only if value code 77
ISLET_AMT	\$xx.xx	Islet isolation add-on payment amount; non-zero only if value code Q7
PIP_AMT	\$xx.xx	Periodic Interim Payment Amount Note: This is the amount attributable to providers participating in the Periodic Interim Payments. It is not the PIP Payment made.
TOTAL_CBP_AMT	\$xx.xx	Total claims-based payment amount eligible for reductions; = 0 if a claim has a substance use indicator, or the claim was paid by PIP, or the bene has opted out of data sharing; otherwise = (CLM_PMT_AMT + SQSTR_AMT + APA_RDCTN_AMT) – OP_DSH_AMT – OP_IME_AMT – OUTLIER_AMT – NEW_TECH_AMT – ISLET_AMT.

Field/Column	Sample Value	Description
TOTAL_CBP_AMT_ADJUST	\$xx.xx	TOTAL_CBP_AMT adjusted for PFS changes for PCC codes between the Lookback Period and the Performance Period. This variable is applicable for the calculation of PCC only.