

# REACH vs MSSP

	<b>ACO REACH</b> (Realizing Equity, Access, and Community Health)	<b>MSSP</b> (Medicare Shared Savings Program)
What is it?	ACO model that replaces Direct Contracting (DC) as the highest level of risk/reward total cost of care model for Medicare fee-for-service (FFS)	Voluntary program that brings together groups of doctors, hospitals and other health care service providers in an ACO to deliver coordinated, quality care to Medicare beneficiaries
How are the models different?	Offers advanced levels of risk, alternative payment mechanisms (capitation and preferred provider arrangements) for managing care that are more similar to a health plan and move toward Medicare Advantage in many ways	A simpler program, based on FFS, for managing population risk that positions practices, clinics and CHCs to gradually transition to higher levels of risk and rewards in value-based care
Do you want to experiment with capitated monthly payments?	You'll either have Primary Care Capitation, in which the ACO receives a monthly capitated payment for services considered primary care, or Total Care Capitation, which is 100% capitation for all services for aligned beneficiaries provided by participating practices. The capitation payments flow through the ACO to your practice	CMS continues to make FFS payments directly to your practice.

<p>What about health equity?</p>	<p>In REACH, the ACO must develop and implement a health equity plan and collect and report demographic and social determinants of health data for their aligned beneficiaries. As a result, ACOs that serve more underserved patients will receive a health equity benchmark adjustment at the beneficiary level that will increase their benchmark.</p>	<p>MSSP uses risk scoring to determine benchmarks, which determines the amount of savings an MSSP ACO receives each year. In MSSP, higher risk scores yield higher benchmarks, which yield higher savings.</p>
<p>Is your practice or health center new, or does it otherwise lack established primary care relationships?</p>	<p>Allows practices/ACOs to participate even if they don't have primary care relationships with Medicare beneficiaries through the "New Entrant" ACO type</p>	<p>ACOs are required to have a minimum of 5,000 beneficiaries to be able to participate</p>
<p>Is a track record of success important to you?</p>	<p>ACO REACH is an experiment; its design may change abruptly and without notice.</p>	<p>MSSP has been in operation for a decade. With 480+ ACOs serving 11M+ beneficiaries nationwide, it's Medicare's largest alternative payment model, with gross savings of \$13.3B+ since 2012.</p>
<p>How do I choose the right model for my organization?</p>	<p>Each practice, clinic and community health center is different. Before selecting a model, consider the financial aspects of each model, and evaluate your organization's infrastructure, network and readiness for managing patient populations.</p>	

Aledade can help you make an informed decision about which model is the right fit for your organization. Visit [info.aledade.com/request\\_a\\_consultation](https://info.aledade.com/request_a_consultation) to get started.

