

ACO REACH Model Data Dictionary

Variable Name	Term Name	Definition
Entity_ID	Entity ID	ACO Number. Number is unique for each ACO.
Performance_Year	Performance Year	Which participation period is this ACO currently participating?
Agreement_Start_Date(Cohort)	Agreement Start Date(Cohort)	When did the ACO begin participation in the Model (initial participation period)?
Entity_Legal_Business_Name	Entity Legal Business Name	ACO Legal Business Name
Entity_Type	Entity Type	ACO entity type: High Needs, New Entrant, or Standard.
Agreement_Option	Agreement Option	ACO voluntary risk-sharing arrangement: Global or Professional.
Service_Areas	Service Areas	States with at least 1 county listed on the ACO's Core Service Area.
Street_Address	Street Address	ACO address street address.
Apt/Suite	Apt/Suite	ACO address apartment or suite number.
City	City	ACO address city.
State/Territory	State/Territory	ACO address state.
Zip_Code	Zip Code	ACO address 4 or 5 digit zip code.
Zip_Code+4	Zip Code+4	ACO address 4 digit zip code delivery route.
Website	Website	ACO public website.
Phone	Phone	ACO general phone number.
Alignment_Frequency	Alignment Frequency	ACO alignment frequency: Prospective Alignment or Prospective Plus Alignment
Payment_Mechanism	Payment Mechanism	ACO payment option: Primary Care Capitation, Total Care Capitation, Advanced Payment
Stop-loss_Selected	Stop-loss Selected	ACO has selected stop-loss: Yes or No
Enhanced_PCC%	Enhanced PCC%	ACO Enhanced PCC payment percentage: N/A for TCC, percentage 0-7 for ACO-elected enhanced PCC percentage.
Care_Management_Home_Visit	Care Management Home Visit	ACO has elected Care Management Home Visit BE: Yes or No
Chronic_Disease_Management_Reward(BE)	Chronic Disease Management Reward(BE)	ACO has elected Chronic Disease Management Reward BE: Yes or No
Concurrent_Care_for_Hospice_Beneficiaries	Concurrent Care for Hospice Beneficiaries	ACO has elected Concurrent Care for Hospice Beneficiaries BE: Yes or No
Cost_Sharing_for_Part_B_Services(BEI)	Cost Sharing for Part B Services(BEI)	ACO has elected Cost Sharing for Part B Services BEI: Yes or No
Home_Health_Homebound_Waiver	Home Health Homebound Waiver	ACO has elected Home Health Homebound Waiver BE: Yes or No
Nurse_Practitioner_Services	Nurse Practitioner Services	ACO has elected Nurse Practitioner Services BE: Yes or No
Post_Discharge_Home_Visit	Post Discharge Home Visit	ACO has elected Post Discharge Home Visit BE: Yes or No
Skilled_Nursing_Facility(SNF)_3-Day_Stay_Waiver	Skilled Nursing Facility(SNF) 3-Day Stay Waiver	ACO has elected Skilled Nursing Facility(SNF) 3-Day Stay Waiver BE: Yes or No
Telehealth	Telehealth	ACO has elected Telehealth BE: Yes or No
Provisional_Reconciliation	Provisional Reconciliation	ACO has selected provisional reconciliation: Yes or No
ACO_Compliance_Contact_Name	ACO Compliance Contact Name	ACO Compliance Contact Name
ACO_Medical_Director_Name	ACO Medical Director Name	ACO Medical Director Name
ACO_Executive_Name_1	ACO Executive Name 1	ACO Executive Name 1
ACO_Executive_Phone_1	ACO Executive Phone 1	ACO Executive Phone 1
ACO_Executive_Email_1	ACO Executive Email 1	ACO Executive Email 1
ACO_Executive_Name_2	ACO Executive Name 2	ACO Executive Name 2

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Variable Name	Term Name	Definition
ACO_Executive_Phone_2	ACO Executive Phone 2	ACO Executive Phone 2
ACO_Executive_Email_2	ACO Executive Email 2	ACO Executive Email 2
ACO_Executive_Name_3	ACO Executive Name 3	ACO Executive Name 3
ACO_Executive_Phone_3	ACO Executive Phone 3	ACO Executive Phone 3
ACO_Executive_Email_3	ACO Executive Email 3	ACO Executive Email 3