

# **DRAFT MESSAGE FOR POSTING ON MEDICARE.GOV**

## **What Patients Need to Know:**

### **Accountable Care Organizations**

On **XX**, the Centers for Medicare & Medicaid Services (CMS) proposed new rules to help hospitals and doctors better coordinate care for people with Medicare through Accountable Care Organizations (ACOs). ACOs are designed to improve quality of care by encouraging health care providers to work together to treat an individual patient whether the patient is at home, in the hospital, or in another care setting. The program will reward providers when patients get high-quality and patient-centered care.

Under the proposal, ACOs, which could include teams of doctors, hospitals and other health care providers working together, would coordinate and improve your care. ACOs would have to meet high quality standards to make sure you are satisfied with your care and have better health outcomes. And if ACOs help save money by getting you the right care at the right time, they can share in those savings with Medicare. As proposed, ACOs may also have to pay Medicare if they don't provide efficient and cost-effective care. The new program will begin on January 1, 2012.

The proposed rule would put into effect part of the Affordable Care Act, which creates the Medicare Shared Savings Program (Shared Savings Program). The Shared Savings Program is one of the delivery system reforms to be implemented under the new health care reform law. It is designed to promote better care, better health for populations, and lower costs.

### **How would an ACO work under the proposal?**

The physicians, hospitals, and other providers participating in an ACO work together to coordinate your care and keep track of your conditions and treatments, regardless of where you get care. This would help prevent you from having to repeat your medical history to each provider you see – but in no way would limit your choice of providers.

ACO providers also would carefully coordinate your care as you seek care from physicians' offices, hospitals, and lab and other facilities in an effort to eliminate duplicate tests, medication errors, and mismanagement. This would save you time and money because improved care coordination can reduce duplication and waste.

ACOs would be required to promote treatments and procedures based on your preferences and the best medical evidence available in order to promote your health. You would be able to get

your regular Medicare benefits, such as the yearly wellness visit and relevant screening tests, from ACO providers. Or you can get such services from other providers: it is your choice.

### **How would I know if my provider is part of an ACO?**

CMS is proposing to require ACO providers to do the following:

- Tell you that they participate in an ACO and what that would mean for your care.
- Post signs in their facilities that say they participate in an ACO.
- Provide written information about the ACO to you.

### **How will an ACO affect my health care choices?**

Patient participation in an ACO is entirely voluntary. Under the proposal, if you get care from a doctor, hospital, or other facility that's a member of an ACO, you would still be able to choose any provider for your care. An ACO would be prohibited from limiting which providers you see, or requiring prior authorization for services.

### **Would I be able to see quality information about an ACO?**

The proposal would require an ACO to provide information about the quality of care the ACO providers deliver each year. ACOs also would track and report patient outcomes and experiences on over 60 different quality measures. If your doctors were in an ACO, you would have a chance to fill out a survey each year about your experience with the ACO's providers. ACOs would then share these results so you can better manage your health care.

### **Would I have to share my personal health information with ACO providers?**

No, but the proposed rule assumes that ACOs could better coordinate your care if they had this information. The proposal would require your provider to ask you in writing during an office visit if they can get your personal information from Medicare. You would be able to opt out of sharing your personal information under the proposal.

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