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Centers for Medicare and Medicaid Services Releases Proposed ACO Rule

Today, the Centers for Medicare and Medicaid issued a proposed rule for implementing section 3022 of the Affordable Care Act, the Medicare Shared Savings Program, which allows health care providers to form Accountable Care Organizations (ACOs) in which they agree to be accountable for the quality, cost and overall care of at least 5,000 Medicare beneficiaries. The goal of the Shared Savings Program is threefold: to improve care for individuals, to improve health for the population, and to reduce growth in expenditures.

Under the program, an ACO is allowed to share in the savings it achieves for Medicare if it meets specified quality measures and cost reduction targets. CMS estimates that up to 5 million Medicare beneficiaries will receive care from providers participating in ACOs, and the program could save Medicare up to \$960 million over three years.

Specifically, the rule establishes: eligibility requirements for ACOs to participate in the program; requirements for ACOs to commit to a 3-year participating agreement; a methodology for assigning beneficiaries to an ACO; proposed payment methodology for sharing savings (one-sided and two-sided models); and a methodology for measuring ACO performance. In the rule, CMS proposes 65 quality measures, in the following five key areas: patient/care giver experience of care; care coordination; patient safety; preventative health; and at-risk population/frail elderly health.

The proposed rule will appear in the Federal Register on April 7th and will be open for public comment until June 6, 2011. To view the proposed rule, please click [here](#).

This Special Alert is an update from The Roundtable on Critical Care Policy. For further information on the Roundtable, please visit our website at www.CriticalCareRoundtable.org.