



What It Means to Patients: Medicare Shared Savings Program

ACOS ARE THE DRIVING FORCE IN THE MOVE TO VALUE-BASED CARE

The Medicare Shared Savings Program is the largest value-based payment model in the country and an essential tool in moving the health system toward better value by incentivizing more efficient, higher quality, lower cost care. Nearly 480 ACOs participate in the [Shared Savings Program](#), collectively caring for more than 11 million seniors, making ACOs the fastest growing Medicare program in its more than 50-year history.

ACOS OFFER BETTER QUALITY AND OUTCOMES

Several independent evaluations and CMS data show ACOs are helping improve the quality of care patients receive. All ACO Total Quality Scores in 2019 and 2020 were at least 92 out of 100 total points, showing overall quality performance in the program is very high. ACOs **produced lower hospital readmission** rates 90 percent of the time compared to fee-for-service providers outside of ACOs, according to the Department of Health and Human Services [Inspector General](#). ACOs continue to make improvements across several individual quality measures as well, such as screenings for fall risk, depression, and colorectal cancer, equating to better care for the patients they serve. Even in ACOs with older, sicker patients, quality [was still improved](#).

ACOS FOCUS ON 'PATIENT-CENTEREDNESS'

ACOs must meet criteria for "patient-centeredness" including developing patient care plans, identifying high-risk patients, and establishing care coordination activities. As a result, patient-experience surveys, which ACOs are mandated to administer annually, have shown that ACOs [meaningfully improve care](#). Further, CMS requires ACOs to engage beneficiaries in their leadership to ensure a patient voice is included in each ACO's leadership. The Medicare Shared Savings Program is the only formal Medicare program outside of Medicare Advantage (MA), where the providers are organized to **coordinate across the whole care continuum**.

ACOS MAINTAIN PATIENT CHOICE

ACOs allow seniors to maintain their **choice of provider**. Since Medicare ACOs operate within traditional Medicare, there are no network restrictions that typically come with MA. Importantly, there is also **no use of prior authorization**, which is also seen in MA. ACOs place a premium on improved access to care to better manage chronic conditions and avoid unnecessary trips to the costly emergency department.

ACOS BENEFITS OF RECEIVING CARE THROUGH AN ACO

ACO patients can receive more benefits by being in an ACO compared to patients in traditional Medicare. For example, risk-bearing ACOs can offer telemedicine visits to their patients and waive a three-day inpatient hospital stay before being moved to a skilled nursing facility. ACOs operating in the CMS Innovation Center have additional benefit enhancements such as chronic disease management rewards, cost sharing support, and better access to home visits.