Modernize Accountable Care

Investing in Medicare's transition to accountable care has been one of the most effective strategies for improving care coordination, enhancing quality, and generating long-term savings for the Medicare program. Achieving the shared goal of 100% all traditional Medicare beneficiaries in accountable care relationship will deliver an even stronger return on investment.

Policymakers could add $9 billion in potential total savings , including $3.4 billion more back to Medicare, by accelerating progress in accountable care and enrolling remaining FFS beneficiaries into an ACO.

53.4%
of traditional Fee-for-Service Medicare benficiaries are in an ACO.

$710
are saved each year for each beneficiary in an ACO.

2x
Medicare double its savings by enrolling remaining FFS beneficiaries into ACOs.

Continued momentum will require increasing sustainability, reducing administrative burden, and embracing innovative approaches to modernizing programs and models.

Increase Sustainability

ACOs need predictable financial targets and reliable benchmarking structures.

- Address the “ratchet effect,” where ACOs are penalized for their longstanding success.
- Develop benchmark methodologies that account for prior success, investment needed to innovate care, the cost and complexity of serving complex patients, and resource challenges for rural and underserved populations
- Continue long-term physician payment incentives that support participation in advanced alternative payment models.
- Offer voluntary full-risk arrangements across all ACOs, similar to the approach outlined in H.R. 8129, rewarding clinicians willing to take on greater financial accountability for patient costs and outcomes.
- Hold ACOs harmless for fraud, waste, and abuse outside of their control and leverage ACOs position on the front lines to help mitigate fraud.

Reduce Burden

Quality measurement should be streamlined to emphasize measures that are meaningful, actionable, and aligned across programs, while minimizing administrative complexity.

- Congress should support a more streamlined transition to digital quality measurement. The Health Care Efficiency Through Flexibility Act (H.R. 5347), passed in the Hours of Representatives and would test new digital reporting methods while maintaining existing reporting options during the transition to digital quality.
- Clinicians in APMs should not be required to adopt burdensome MIPS requirements.

Embrace Innovation

Opportunities to adopt proven payment and care delivery innovations should be expanded.

- Expand access to prospective payments, including primary care capitation and other advanced payment mechanisms reduces reliance on fee-for-service and enables ACOs to invest in care transformation ahead of receiving shared savings.
- Strengthen beneficiary engagement tools, including expanded voluntary alignment to recognize patient choice and testing geographic alignment

Contact Aisha Pittman or Robert Daley at advocacy@naacos.com for more information.