

Medicare Shared Savings Program Accountable Care Organizations

_____ participating in _____, an Accountable Care Organization (ACO). An ACO is a group of doctors, hospitals, and/or other health care providers that work together to improve the quality and experience of care you receive. ACOs receive a portion of any savings that result from reducing costs and meeting quality requirements.

- ▶ Medicare evaluates how well each ACO meets these goals every year. Those ACOs that do a good job can earn a financial bonus. ACOs that earn a bonus may use the payment to invest more in your care or share a portion directly with your providers. ACOs may owe a penalty if their care increases costs.
- ▶ _____ participation in _____ doesn't limit your choice of health care providers. Your Medicare benefits are not changing. You still have the right to visit any doctor, hospital, or other provider that accepts Medicare at any time, just like you do now.
- ▶ To help us coordinate your health care better, Medicare shares information about your care with your providers. If you don't want Medicare to share your health care information, call 1-800-MEDICARE (1-800-633-4227).



How do ACOs work?

- ▶ An ACO **isn't** a Medicare Advantage plan which is an "all in one" alternative to Original Medicare, offered by private companies approved by Medicare. An ACO **isn't** an HMO plan, or an insurance plan of any kind. Important!
- ▶ ACOs have agreements with Medicare to be financially accountable for the quality, cost, and experience of care you receive.
- ▶ Coordinated care can avoid wasted time and costs for repeated tests and unneeded appointments. It may make it easier to spot potential problems before they become more serious – like drug interactions that can happen if one doctor isn't aware of what another has prescribed.
- ▶ ACOs may use electronic health records, case managers, and electronic prescriptions to help you stay healthy. Some ACOs have special programs to encourage you to have a primary care visit or use their care management team. Participation in these programs is optional.
- ▶ Our ACO is approved to send our patients for skilled nursing facility (SNF) or rehabilitation care even if they haven't stayed in a hospital for 3 days first, which is usually a requirement in Medicare. For you to qualify for this benefit, we'd have to decide that you need SNF care and meet certain other eligibility requirements. _____ glad to talk with you about this benefit and how it could work for you if you need skilled nursing and/or rehabilitation care. If you'd like to know more, ask _____ at your next visit.



What information will be shared about me?

- ▶ Medicare shares information about your care with your health care providers; like dates and times you visited a health care provider, your medical conditions, and a list of past and current prescriptions. This information helps _____ track the care and tests that you've already had.
- ▶ Sharing your data helps make sure all the providers involved in your care have access to your health information when and where they need it.



- ▶ **We value your privacy.** ACOs must put important safeguards in place to make sure all your health care information is safe. We respect your choice on how your health care information is used for care coordination and quality improvement. If you want Medicare to share your health care information with _____ or other ACOs in which your health care providers participate, there's nothing more you need to do.
- ▶ If you **don't** want Medicare to share your health care information, **call 1-800-MEDICARE** (1-800-633-4227). Tell the representative that your health care provider is part of an ACO and you don't want Medicare to share your health care information. TTY users should call 1-877-486-2048.
- ▶ If you change your mind and want to let Medicare share your health information again, call 1-800-MEDICARE to let Medicare know. We aren't allowed to tell Medicare for you.
- ▶ Even if you decline to share your health care information, Medicare will still use your information for some purposes, like assessing the financial and quality of care performance of the health care providers participating in ACOs. Also, Medicare may share some of your health care information with ACOs when measuring the quality of care given by health care providers participating in those ACOs.

How can I make the most of getting care from an ACO?

- ▶ Ask your clinician if they have a secure online portal that gives you 24-hour access to your personal health information, including lab results and provider recommendations. This will help you make informed decisions about your health care, track your treatment, and monitor your health outcomes.
- ▶ As a Medicare beneficiary, you can choose or change your primary clinician or “main doctor” at any time. Your primary clinician is the health care provider that you believe is responsible for coordinating your overall care. If you choose a primary clinician, that clinician may have more tools or services to help with your care. For step-by-step instructions on how to select or change a primary clinician, or to learn more, see the [Voluntary Alignment Beneficiary Fact Sheet](#).

What if I have concerns about being part of an ACO?

- ▶ If you have concerns about the quality of care or other services you receive from your ACO or provider, you can contact your Medicare Beneficiary Ombudsman who can assist you with Medicare-related questions, concerns, and challenges. The Medicare Beneficiary Ombudsman works closely with the Medicare program, including [Medicare.gov](#), 1-800-MEDICARE, and State Health Insurance Assistance Programs (SHIPs), to help make sure information and assistance are available for you. Visit [Medicare.gov](#) for information on how the [Medicare Beneficiary Ombudsman](#) can help you.
- ▶ If you suspect Medicare fraud or abuse from your ACO or any Medicare provider, we encourage you to make a report by contacting the HHS Office of Inspector General (1-800-HHS-TIPS) or your local [Senior Medicare Patrol \(SMP\)](#).