

Accountable Care Organizations (ACOs)

What are ACOs?

Accountable Care Organizations (ACOs) are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high quality care to their Medicare patients.

The goal of coordinated care is to ensure that patients, especially the chronically ill, get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors.

When an ACO succeeds both in delivering high-quality care and spending health care dollars more wisely, it will **share in the savings** it achieves for the Medicare program.

Medicare offers several ACO programs:

- [Medicare Shared Savings Program](#)—a program that helps a Medicare fee-for-service program provider become an ACO.
- [Advance Payment ACO Model](#)—a supplementary incentive program for selected participants in the Shared Savings Program.
- [Pioneer ACO Model](#)—a program designed for early adopters of coordinated care. No longer accepting applications.

Organizations across the country have already transformed the way they deliver care, in ways similar to the ACOs that Medicare supports.

As a healthcare provider, must I participate in an ACO?

Participating in an ACO is purely voluntary for providers. We realize different organizations are at different stages in their ability to move toward an ACO model. We want to try to meet you where you are. Our hope is to show you models of participation that will encourage you to participate in and begin this work, no matter your organization's stage.

What are the rights of my Medicare patients if they see providers who participate in a Medicare ACO?

Fee-for-service Medicare patients who see providers that are participating in a Medicare ACO maintain all their Medicare rights, including the right to choose any doctors and providers that accept Medicare. Whether a provider chooses to participate in an ACO or not, their patients with Medicare may continue to see them.

Where can I learn more about ACOs?

CMS offers different learning opportunities for organizations interested in learning more about ACOs. Visit this page periodically to learn about the latest opportunities.

Included in those opportunities are [ACO Accelerated Development Learning Sessions](#) (ADLS). CMS hosted two ADLS this year (June in Minneapolis; September in San Francisco), and will host an additional session in Baltimore on November 17-18. The ADLS help executive leadership teams from existing or emerging ACO entities:

- Understand their current readiness to become an ACO.
- Identify organization-specific goals for achieving the three-part aim of improving care delivery, improving health, and reducing growth in costs through improvement.
- Begin to develop an action plan for establishing essential ACO functions.

For more information about the ADLS and to view resources from previous sessions, visit the [ADLS website](#).

How else is Medicare encouraging coordinated care?

[The CMS Innovation Center](#) offers a menu of alternative options, including:

- [Comprehensive Primary Care initiative](#)
- [Bundled Payments for Care Improvement initiative](#)
- [Community Based care Transition Program](#)

Medicare wants to meet you where you are. They hope to show you models of participation that will encourage you to join in and begin this work, no matter your organization's stage.

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ACO/index.html?redirect=/aco/>