CMS RELEASES FINAL ACO REGULATIONS

CMS has just released the highly anticipated final regulations for accountable care organizations (ACOs) under Section 3022 of the Affordable Care Act (ACA). The ACA requires accountable-care agreements to be offered under Medicare, starting in 2012.

ACOs are intended to help improve quality of care and simultaneously reduce the cost of care. The initial draft of ACO regulations was widely critizised as too risky and burdensome for providers. CMS has stated the final regualtions have reduced the administrative burden on providers and eliminated potentially redundant measures, after considering over 1,2oo comments.

The new rules establish a new voluntary Medicare Shared Savings Program that will help providers improve their ability to coordinate care across all health care settings. Also introduced is the Advance Payment model, which will test whether advancing a portion of an ACO's future shared savings will increase participation from physician-owned and rural providers in the Medicare Shared Savings Program.

The first ACO agreements will go into effect April 1, 2012, and July 1, 2012 with an initial 18-month or 21-month performance period.

Check Hall Render's Health Care Reform site for a more complete summary and analysis of the final regulations.

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