



STATEMENT FOR THE RECORD
WAYS AND MEANS HEALTH SUBCOMMITTEE

Medicare Advantage Hearing on Promoting Integrated and Coordinate Care for Medicare Beneficiaries
June 7, 2017

Coordination is crucial for the proper care and treatment of Medicare beneficiaries, as they frequently face simultaneous conditions, see various providers, and take multiple prescription drugs. Care coordination is at the heart of Accountable Care Organizations' (ACOs) ability to successfully provide population health management, resulting in healthier outcomes, higher quality, and lower costs. The National Association of ACOs (NAACOS) is grateful to Chairman Tiberi for examining this crucial issue and hopes other alternative delivery system models will have the opportunity to highlight the successes and challenges facing beneficiaries and providers in care coordination.

While ACOs use patient care managers and electronic health records as two tools for care coordination, the ability to be reimbursed by Medicare for telehealth services and remote patient monitoring for all ACO models would be an enormous step towards enhancing patient safety, improving health outcomes and quality of care, and reducing costs.

ACOs represent a refined approach to the delivery of health care and were created through a bipartisan effort to facilitate coordination and cooperation among providers to improve the quality of care and to reduce unnecessary costs. ACOs are the type of model that Congress intended to support through the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), and we have urged CMS to further support the ACO model so that it may achieve long-term success as a leading Medicare Alternative Payment Model (APM).

As a market-based solution, ACOs rely on groups of physicians, hospitals, and other providers voluntarily collaborating to achieve these important goals. As of 2017, there are 525 Medicare ACOs serving more than 10 million beneficiaries (approximately 20 percent of Medicare enrollees) with hundreds more commercial and Medicaid ACOs serving millions of additional patients.

The accountable care model has a long history of bipartisan support, starting with the Physician Group Practice Demonstration Program passed under President George W. Bush's Administration in 2000 and further expanded under President Obama's Administration. ACOs are proving to be one of the most promising solutions to bend the cost curve and provide high-quality patient care: they are a premier payment model in the shift to value-based care.

NAACOS is the largest association of ACOs, representing more than 3.5 million beneficiary lives through more than 230 Medicare Shared Savings Program (MSSP) ACOs, Next Generation, and commercial ACOs. NAACOS is an ACO member-led and member-owned non-profit organization that works on behalf of ACOs across the nation to improve the quality of Medicare delivery, population health and outcomes, and health care cost efficiency. Our members, more than many other healthcare organizations, want to see an effective, coordinated patient-centric care process. It is our desire to see ACOs achieve the long-term sustainability necessary to enhance care coordination and health outcomes for Medicare beneficiaries, reduce healthcare costs, and improve quality in the Medicare program.

Contact: Jill Dowell jdowell@naacos.com (202) 650-7084