

**Partners HealthCare Medicare Accountable Care Organization (ACO)  
Participation in Medicare Shared Savings Program (MSSP)  
Frequently Asked Questions for Partners Call Center**

**What is an ACO?**

Any patient who has multiple doctors probably understands the frustration of fragmented and disconnected care: lost or unavailable medical charts, duplicated medical procedures, or having to share the same information over and over with different doctors. A failure to coordinate care can often lead to patients not getting the care they need, receiving duplicative care, and being at an increased risk of suffering medical errors.

Accountable Care Organizations (ACOs) are designed to lift this burden from patients, while improving the partnership between patients and doctors in making health care decisions. Medicare beneficiaries will have better control over their health care, and their doctors can provide better care because they will have improved information about a patient's medical history and can communicate more readily with a patient's other doctors.

ACOs are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated, high quality care to the Medicare patients they serve. Coordinated care helps ensure that patients, especially the chronically ill, get the right care at the right time, with the goal of avoiding unnecessary duplication of services and preventing medical errors.

**How do ACOs work?**

ACOs enter into an agreement with the Centers for Medicare & Medicaid Services (CMS) to be accountable for the quality, cost, and overall care of traditional fee-for-service Medicare beneficiaries who may be aligned with it. When an ACO succeeds in both delivering high-quality care and spending health care dollars more efficiently, it will share in the savings it achieves for the Medicare program. 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.

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. Medicare beneficiaries whose doctors participate in an ACO will still have full choice of providers and can still choose to see doctors outside of the ACO, but beneficiaries choosing to receive care from providers outside of the participating ACO reduce the potential for coordinated, high quality care.

**What is the Medicare Shared Savings Program (MSSP)?**

The Medicare Shared Savings Program is a national program that ACO's can participate in, run by the Centers for Medicare and Medicaid Services (CMS). It is a care coordination program, designed specifically for Medicare patients and sponsored by Medicare. The program is committed to achieving better health outcomes for individuals, better population health, and lowering growth in expenditures. Partners HealthCare Medicare ACO began participating in MSSP July 1, 2019.

**Why are these posters and notification letters being distributed?**

CMS has various requirements for ACOs that are participating in MSSP. These requirements include that every practice participating in our MSSP program displays the poster, which is provided by CMS. They also require that every practice displaying this poster has the notification letter available for

beneficiaries, should they ask for it. Both the letter and the poster provide additional information for beneficiaries, regarding ACOs, the MSSP program, and details related to their participation in the program. It also contains information regarding additional resources for beneficiaries who have further questions.

**As a beneficiary, how will I be affected by the Medicare Shared Savings Program (MSSP)?**

Medicare beneficiaries will continue to receive care from their care team as they normally do. There are no incentives within MSSP to provide any less care than is already being given. Beneficiary benefits are not changing, and beneficiaries can continue to see the same doctors.

**What is beneficiary medical claims data sharing?**

To effectively coordinate and improve care, ACOs need complete patient medical information. Medicare will share claims data with ACOs, about patients' medical conditions, prescriptions, and visits to the doctor or hospital. This information will help the ACO keep up with patients medical needs and track how well the ACO is doing to keep them healthy and getting the right care.

**What if a beneficiary does not want to participate in medical claims data sharing?**

At any time, beneficiaries may opt out of having their identifiable claims data shared with the ACO. Beneficiaries should call 1-800-MEDICARE (1-800-633-4227) and tell the representative that their health care provider is part of an ACO and that they do not want Medicare to share their health care information. TTY users should call 1-877-486-2048.

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.

**Are beneficiaries required to participate in the Medicare Shared Savings Program?**

ACOs will notify their aligned beneficiaries that their provider is part of an ACO when the initiative first begins. Beneficiaries have the option of opting out of having their medical claims data from CMS shared with the ACO. They also have the option to seek care from providers outside the ACO at any time, and ACOs are forbidden from restricting which providers a beneficiary may seek care from. However, beneficiaries choosing to receive care from providers outside of the participating ACO reduce the potential for more coordinated care.

**What is the SNF 3-Day Waiver?**

Medicare patients typically need to stay in a hospital for 3 days before approval to be sent to a skilled nursing facility (SNF) or rehabilitation care. The SNF 3-Day waiver waives that requirement, and allows our providers to send patients directly to skilled nursing facilities from an emergency room, a primary care physician's office, or other setting, therefore avoiding unnecessary and preventable hospitalizations. The program is only for Medicare patients in our ACO who meet certain clinical guidelines.

**Who can beneficiaries contact with questions or concerns?**

Beneficiaries participating in the initiative may contact our Partners HealthCare Medicare ACO Hotline at 1-800-229-0384, or the Partners Compliance Helpline at 1-800-856-1983. You can also call 1-800-MEDICARE or visit [Medicare.gov/acos.html](https://www.Medicare.gov/acos.html).