

FOR IMMEDIATE RELEASE  
August 26, 2015

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### **Medicare ACOs Continue to Improve Quality of Care, Generate Shared Savings**

MONTPELIER, VERMONT – August 26, 2015 -- The Centers for Medicare & Medicaid Services today issued 2014 quality and financial performance results showing that more Medicare Accountable Care Organizations (ACOs) continue to generate financial savings while improving the quality of care for Medicare beneficiaries by fostering greater collaboration between doctors, hospitals, and health care providers.

When an ACO demonstrates that it has achieved high quality care and effectively reduced spending of health care dollars above certain thresholds, it is able to share in the savings generated for Medicare. In 2014, 20 Pioneer and 333 Shared Savings Program ACOs generated more than \$411 million in savings, which includes all ACO savings and losses. The results also show that ACOs with more experience in the program tend to perform better over time.

Medicare ACOs are groups of doctors, hospitals, and other health care providers, who come together voluntarily to provide 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 exceeds quality and financial thresholds – demonstrating achievement of high quality care and wiser spending of health care dollars – it is able to share in the savings generated for Medicare.

An ACO must meet two thresholds to achieve or "generate" shared savings under the Medicare Shared Savings Program: Quality and Financial. In addition to those ACOs that generated savings, some ACOs had assigned-beneficiary expenditures that were either greater than or less than their updated benchmark, but that fell within their minimum savings rate corridor. This means that they did not earn a performance payment.

[Community Health Accountable Care LLC](#) (CHAC) met the quality performance requirements for the Medicare Shared Savings Program with an ACO Quality Score of 100%. This is a significant accomplishment. CHAC is providing the quality performance data collected to CHAC's participating providers to use in quality improvement initiatives. CHAC achieved the 100% Quality Score by reporting on 100 percent of all required measures covering patient and caregiver experience, care coordination and patient safety, preventive care and at-risk population domains.

CHAC also achieved savings for the Medicare program for performance year 2014. The savings means that CHAC providers reduced health care costs compared with their benchmark for the population served. The savings CHAC achieved for the Medicare population in 2014 totaled \$1,112,073. Since this savings amount fell below the CMS required minimum savings rate for the size of the CHAC ACO population, CHAC did not earn shared savings in program year 2014. With the anticipated growth in CHAC Medicare attributed lives in calendar year 2016, the minimum savings rate will decline for that program, and CHAC will have a greater opportunity for future shared savings to reinvest in primary care services on behalf of their patients.

Joyce Gallimore, Director of CHAC, stated, "On behalf of the CHAC Board, we are proud of our ability and commitment to provide high quality care to our Vermont Medicare beneficiaries. Our network of Federally Qualified Health Care Centers and community-based providers work together to provide integrated care for all communities we serve. CHAC is participating in the shared savings program with the goals to achieve improved health status, improve the experience of care for our patients, and to keep the care affordable."

For more detailed quality and financial results, click on the following link:

[Medicare Shared Savings Program News and Updates](#) webpage to access the CMS press release and fact sheet, the link to the [Performance Year 2014](#) results file, and to learn more about the program.