Accountable Care Organizations (ACOs): What you need to know

Accountable Care Organizations (ACOs) are groups of doctors, hospitals, and other health care professionals that work together with the aim of giving you better care. They do this by coordinating their efforts and sharing information with one another, rather than working separately.

In addition to improving your health care coordination, ACOs aim to lower the costs of providing health care. By coordinating efforts and sharing clear health information among providers, ACOs believe they can reduce the amount of money spent each year while giving you better care and a better patient experience.

It is important to know that though ACOs are networks of health care professionals, they are not Medicare Advantage Plans, HMOs, or Medigaps. An ACO is not your insurance plan. Also, if you have a Medicare Advantage Plan, you cannot join an ACO. You can still see providers who are part of an ACO if they are also part of your plan’s network, but the providers will not be able to count your care for the bonus payments or shared savings described below.

Why are providers joining ACOs?

Providers who join ACOs and are able to save money for Medicare by reducing unneeded or duplicate services are able to share in those savings with Medicare. This means that providers in an ACO are paid more if the ACO improves outcomes and lowers costs for the patients assigned to or aligned with them each year.

To be eligible for shared savings, an ACO must meet quality standards. Every ACO is graded based on the quality of care you receive. Part of the grading relies on your input: ACOs distribute patient experience surveys where you’ll be able to comment on a number of factors, including provider communication, access to information and specialists, and whether you received timely care.

If you have a negative experience at an ACO, be sure to use these surveys as an opportunity to share that message with Medicare.
What does it mean to “align” with an ACO?

When your provider joins an ACO, you will receive some kind of notification. It may be a letter, a notice posted in the provider’s office, or an in-person communication from your provider. If you continue to see that provider for a majority of your health care needs, you may receive notification asking you to align with or be assigned to the provider’s ACO.

Know that assignment is voluntary, used mainly to calculate shared savings. You can still see your provider, even if you do not want to voluntarily align with their ACO. Also, even after aligning or being assigned, you are still free to go to any provider, even those outside of the ACO. You are not required to receive care from your ACO. However, you can only be assigned to one ACO.

What if I don’t want Medicare to share my information with an ACO?

You always have the right to request that Medicare not share your health and coverage information with an ACO. To do so, call 1-800-MEDICARE.

Also note that if you ever received or are receiving treatment for drug or alcohol abuse, Medicare will not share your information related to this care with an ACO unless you give them written consent.

What other rights do I have at an ACO?

Getting care at an ACO does not change your rights, including:

- Freedom to choose your Medicare provider
- Ability to seek a second opinion
- Right to file a complaint
- Appeal rights