

ACCOUNTABLE CARE ORGANIZATIONS

Accountable Care Organizations ("ACOs") are clinically and financially integrated health care entities composed of a group of providers who are jointly responsible for the quality, cost and overall care of a patient population. There are both Medicare ACOs (defined under the Affordable Care Act) and commercial payer ACOs (also called [Clinically Integrated Networks](#), or CINs). ACOs may take a variety of forms such as a single integrated delivery system or a large multi-specialty physician group that contracts with other provider entities, including an acute care hospital and a home health provider.

Medicare ACOs must have a formal legal structure with established mechanisms for shared governance and the receipt and distribution of shared savings, which are earned by meeting Medicare-adopted quality metrics and Medicare-established cost saving targets. Keep in mind that the rules and regulations surrounding ACOs, including Medicare Shared Savings Program rules and the established waivers related to federal fraud and abuse laws, are complex and nuanced. Since the passage of the Affordable Care Act and throughout the intervening years, Hall Render attorneys have been studying, analyzing and advising on all aspects of ACOs.

Specifically, Hall Render attorneys have provided advice and guidance to hospitals, physician groups and national and regional health systems on matters relating to the formation, organization and operation of ACOs. We have formed rural ACOs, which consist of hospitals, federally qualified health centers, rural health clinics and independent physician groups. We have created the ACO legal entity, drafted its governance documents and prepared its participation and provider agreements. We have prepared and submitted ACO applications to the Medicare Shared Savings Program and assisted other ACOs to correct application deficiencies raised by the Centers for Medicare and Medicaid Services. We regularly assist ACO clients with ongoing operational issues and questions concerning governance, participant relations and commercial contracting. We continue to work with new and emerging ACOs, assisting them with the regulatory and practical complexities that confront each developing ACO.

In addition to our experience with ACOs and the Medicare Shared Savings Program, we have extensive experience in developing and forming complex and innovative provider entities and arrangements. This experience provides us with a thorough understanding of physician and provider alignment, clinical and operational integration and the development of performance metrics.

AREAS OF FOCUS

- Accountable Care Organizations (ACOs)
- ACO Quality Measures
- ACO Regulations
- Affordable Care Act
- Antitrust Compliance (FTC/DOJ ACO Policy Statement)
- IRS Notice 2014-67 and Rev. Proc. 2017-13
- Medicare Fraud and Abuse Waivers
- Medicare Shared Savings Program
- Population Health Management
- Quality Metrics
- Risk Bearing Model
- Shared Losses/Financial Risk