Strategic Realignment to Affordable Care Organization Model â€“ providers perspective

by Jacob Thomas

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â€œWhile physicians embark on such transformational healthcare model, their quantum of Medicare reimbursement, and its amicable distribution among themselves is sure going to be complex issue. Given such complex calculation on Medicare reimbursements and qualifying incentives, an external medical billing services that is best acquainted with Medicare environment becomes more pronounced.â€•

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As time closes in on the Accountable Care Organization model of healthcare under Medicare, physicians across the US are busy realigning their practice models and alliances in congruence with the mandate of Section 3022 of the Patient Protection and Affordable Care Act (ACA). Commencing with January 2012, physician networks intending to participate in the program will be required to enter into an agreement with the Secretary to participate in the program for not less than a 3-year period, and be accountable for quality healthcare to at least 5,000 Medicare beneficiaries.

Coupled with the mandatory agreement with the Program Secretary, physicians also have an ominous task of setting up of mutually complimentary alliances among themselves that can efficiently enable division of diagnosis, treatment, and supervision of their target group of patients. Yet, incentives for keeping Medicare expenditure as minimum as possible will not be guaranteed until and unless the participation physicians:

Become accountable for the quality, cost, and overall care of the Medicare fee-for-service beneficiaries assigned to it.

Adhere to the formal legal structure that would allow the organization to receive and distribute payments for shared savings to participating providers of services and suppliers.

Abide by the ACOâ€™s policy of including primary care ACO professionals that are sufficient for the number of Medicare fee-for-service beneficiaries assigned to the ACO under subsection.

Agree to be supervised by a leadership and management structure that includes clinical and administrative systems

Work in sync with processes that promote evidence-based medicine and patient engagement, report on quality and cost measures, and coordinate care, such as through the use of telehealth, remote patient monitoring, and other such enabling technologies

Demonstrate to the Secretary that it meets patient-centeredness criteria specified by the Secretary, such as the use of patient and caregiver assessments or the use of individualized care plans

Do not cross over to other Medicare shared savings programs

Commit themselves for evaluation vis-Ã -vis their ACOâ€™s patientsâ€™ health needs Therefore, amidst s governing principles, the intending physicians need to realign their practices in a way that best meets the Accountable Care concept. While physicians embark on such transformational healthcare model, their quantum of Medicare reimbursement, and its amicable distribution among themselves is sure going to be complex issue. Given such complex calculation on Medicare reimbursements

and qualifying incentives, an external medical billing services that is best acquainted with Medicare environment becomes more pronounced.

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