



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

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 reducing 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 ACOs 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.

Health Choice Care, LLC is one of the ACOs that generated shared savings.

“We are very pleased with the results from our first year of operations. Our focus on data driven solutions has led to improved health outcomes for our Medicare patients while lowering costs” said Dr. Frank Mazzeo, Board Chair of Health Choice Care and CEO of Family Health Centers of Southwest Florida.

Kevin Kearns, CEO of Health Choice Care, was also thrilled by the CMS announcement. “Our ACO partnership with Federally Qualified Health Centers and community providers has demonstrated that it is possible to substantially reduce total health care spending while, at the same, increasing access to high quality, evidenced-based medicine,” said Kearns.

### ***About Health Choice Care***

*Health Choice Care is a Medicare Shared Savings Program Accountable Care Organization comprised of 24 participating organizations serving beneficiaries throughout Florida, Missouri, North Carolina and Rhode Island. Health Choice Care is owned by 18 Community Health Centers and Health Choice Network of Florida and is currently accountable for more than 18,000 Medicare beneficiaries.*

For more detailed quality and financial results, click here:

<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-08-25.html>

### **Additional Resources**

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

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