

NEWS RELEASE
FOR IMMEDIATE RELEASE
September 7, 2018

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

The Centers for Medicare & Medicaid Services has issued 2017 quality and financial performance results showing that an increased number of Medicare Accountable Care Organizations (ACOs) are generating financial savings while improving the quality of care through greater collaboration between doctors, hospitals, and health care providers.

When an ACO demonstrates that it has achieved high-quality care and effectively reduces spending of health care dollars above certain thresholds, it is able to share in the savings generated for Medicare. In 2017, 472 Shared Savings Program ACOs generated more than \$1.6 billion 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.

Health Choice Care, LLC is one of the ACOs that generated shared savings in 2017.

“We are extremely pleased with the results from our fourth year of operations. Our continued focus around quality and preventive health, along with data driven decision making, has truly paid off” said Dr. Frank Mazzeo, Board Chair of Health Choice Care and CEO of Family Health Centers of Southwest Florida, one of the largest Federally Qualified Health Centers (FQHC) in Florida.

Margarita Ollet, CEO of Health Choice Care, was also excited by the CMS announcement. “Our FQHC-led ACO has adopted several initiatives surrounding the mission of the program in reducing health care spending and increasing access to high quality care. This further demonstrates our FQHCs commitment to providing the highest level of care within their communities.”

About Health Choice Care

Health Choice Care is a Medicare Shared Savings Program Accountable Care Organization comprised of 14 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 nearly 12,000 Medicare beneficiaries.

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 2017 results file, and to learn more about the program.

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