

What is an Accountable Care Organization?

Accountable Care Organizations are networks of physicians and other health-care providers who share financial and medical responsibility for patients. Together, ACOs focus on quality of care, population health management, the patient experience and cost.

In 2010, Methodist Health System and Nebraska Medicine created the Nebraska Health Network Accountable Care Organization. The NHN is owned by Methodist Health Partners and Nebraska Health Partners. Our Board is comprised of representatives from each group as well as a Medicare beneficiary, which is a CMS requirement based on our Medicare Shared Savings Program participation.

As an MHP or NHP provider, you are a member of our ACO. There is no additional charge to be in the Nebraska Health Network.



WHAT IS THE DIFFERENCE BETWEEN THE ACO AND A PHYSICIAN HOSPITAL ORGANIZATION?

A Physician-Hospital Organization is a legal organization that connects hospitals and their medical staff. This contracted agreement among physicians and hospitals enables one entity, the PHO, to obtain payer contracts and serve as a collective negotiating and contracting unit.

- PHO services include, but are not limited to:
- Serving as the liaison between the provider office and insurance companies
 - Managing the credentialing process
 - Payer contracting

The PHO focuses on a day-to-day operations so that providers can focus on providing exceptional care.



HOW DOES THE ACO BENEFIT PROVIDERS?

NHN is focused on helping you care for a growing population of patients who are part of value-based agreements. Our work centers around five key areas:

- 1 Entering into value-based agreements
- 2 Using data to assess opportunities to improve quality and cost
- 3 Communicating those opportunities system wide
- 4 Collaborating with providers to drive performance
- 5 Earning and distributing shared savings that can be reinvested back in the organization

NHN is focused on gathering and interpreting data that will help everyone strengthen patient care, improve quality and lower costs. NHN has a growing library of patient and provider resources to help you address population health trends. In addition, the NHN team is available for one-on-one support or group training.



Depending on your role, you may partner with the ACO to:



Receive and work patient gap lists to ensure patients receive timely care and fulfill quality metrics



Review and discuss available data to identify areas of opportunity within the clinic population



Provide care coordination for high-need or high-risk patients



Discuss cost and quality performance, contract requirements and payer audits



Receive education on quality and cost enhancing methods



Provide patient-facing and provider-facing resources surrounding best practices for a variety of health conditions and care management opportunities

How You Benefit from Being a Part of the ACO

STEERAGE

As part of the ACO, providers and health systems will steer patients to utilize an in-network provider or clinic. This leads to better coordination of care and increased revenue opportunities for in-network providers.

SHARED SAVINGS

In value-based care, shared savings is a financial incentive that rewards the ACO for delivering high-quality care while reducing unnecessary costs. If NHN successfully lowers health-care spending below a set benchmark while meeting quality and patient care standards, we share a portion of the savings with Medicare or other payers. This model encourages efficient, coordinated care that improves patient outcomes while controlling costs.

PER MEMBER PER MONTH PAYMENTS

Some of our value-based contracts include upfront Per Member Per Month (PMPM) payments to help fund care management and value-based care initiatives. These funds are based on the number of contracted patients under a clinic's care, which is known as attribution.

PMPMs are distributed at the clinic level quarterly. Please note that clinics with a relatively low attribution and corresponding PMPM payments may receive an annual payment in lieu of quarterly payments.

To receive these funds, clinics must agree to meet regularly with their NHN Population Health Coordinator to review contract performance and participate in the corresponding contract that provides the PMPMs.