

# AMERICAN ACADEMY OF NURSE PRACTITIONERS

Incorporated 1985

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## ACCOUNTABLE CARE ORGANIZATIONS

### ISSUE

Section 3022 of the Patient Protection Affordable Care Act (PPACA) calls for the development of Shared Savings for Medicare recipients based on the concepts of already developed accountable care organizations (ACOs). According to HHS, ACOs create incentives for health care providers to work together to treat an individual patient across care settings. Participants agree to lower the cost of health care while meeting identified performance standards by sharing resources and care in a coordinated manner. According to the PPACA, nurse practitioners (NP) are authorized to be ACO professionals. Indeed their practices can meet the requirements laid out for ACO participants. Unfortunately a last minute change in the statute limits the assignment of patients for this program to those who are being cared for by primary care physicians. Hence patients who are assigned to this program cannot be counted as beneficiaries if they choose a nurse practitioner for their primary care provider. While this does not prevent nurse practitioners from joining an ACO, it does prevent their patients from being assigned to a Medicare ACO, and the gleaning of any subsequent benefits that result from such participation.

### NEEDED

Statutory change to reinstate assignment of patients of all ACO professionals i.e. nurse practitioners by adding (h) (1)(B) to Section 1899 (c).

### RATIONALE

Nurse practitioners are important providers of primary care services to Medicare beneficiaries. There are over 148,000 practicing nurse practitioners in the United States at this time. Seventy one percent of them provide services to Medicare Patients. Their Medicare visits total in excess of 170,000,000 per year. The quality and cost effectiveness of their care is well documented. They are able to meet the quality standards proposed for this program. Their reimbursement rates alone, document their cost effectiveness. In the interest of access, quality care and cost effectiveness, nurse practitioners should be able to join ACOs and their patients should be able to be assigned to a Medicare ACO. By not acknowledging other statutorily permissible choices, the proposed rule discriminates against billing by otherwise authorized primary care professionals, By excluding these patients from assignment to Medicare ACOs, whether it be the nurse practitioner's practice, a group practice including nurse practitioners or a physician practice employing nurse practitioners, a significant portion of the Medicare population is being overlooked. Since it is well known that nurse practitioners provide high quality cost effective care, the exclusion of their patients from ACO assignment jeopardizes the success of the ACO from the outset. ACO programs are to be developed that make a significant contribution to access, quality and cost effectiveness, the exclusion of nurse practitioner's patients from the mix is counterproductive and will serve no constructive purpose for the care of Medicare patients. or the development of ACOs.

*The largest full service Nurse Practitioner organization representing the 148,000 Nurse Practitioners in all Specialties*