**Capstone Demonstration on Policies and Regulation**

**Agency:** Centers for Medicare and Medicaid Services (CMS)

**Title:** Medicare Fee-for-Service Payment Regulations for Shared Savings Program

**Comment:** In my opinion, I find it essential for healthcare centers to utilize affordable care program the will transform fee-for-service to value-based health care. The alternative payment model will accommodate various healthcare disorders and a huge patient population scenario. The legislation offers cost-effective, quality care-coordination, outcome and delivery of clinical services. The Centers for Medicare and Medicaid Services (CMS) an agency that is within Health & Human Services (HHS) department implemented regulations under Affordable Care Act to ensure healthcare stakeholders link better and coordinate care provided to Medicare patients.

Medicare Shared Savings Program (MSSP) rewards Accountable Care Organizations (ACOs) which lowers health care costs and at the same time meet standard quality to serve patients (Langenbrunner et al., 2009). ACOs will offer healthcare stakeholders incentives that promote them to work together to provide treatment for individual patients. Coordinated care enables patients to access high-quality services at the appropriate time which helps to avoid duplication of services that are unnecessary. Also, it assists physicians to prevent medical errors. The long-term strategy of CMS implementing the plan is to offer Medicare patients with value-based care. Success of the Medicare Shared Saving Program (MSSP) will depend on the achievements of the Quality Payment Program (QPP).

 The legislation implemented by CMS will allow ACO to offer the opportunity to Medicare beneficiaries patients to get evidence-based, high-quality healthcare to eliminate waste. Also, the legislation will lower excess costs by offering improved health care delivery. Based on the regulation, healthcare participants are required to notify the beneficiaries of the involvement in the program. The beneficiaries are eligible for additional Medicare payments aimed to improve coordination of care provided. As a result, it will reduce the overall cost-effective care. The regulation requires healthcare providers in ACO to notify beneficiary that their data is shared (Langenbrunner et al., 2009). Data sharing aims to make it easy to coordinate beneficiary care provided. Also, the regulation requires the provider to give the beneficial opportunity to decline their data being shared. Limiting data sharing is encouraged to compile with applicable rules and regulations such as the provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

 Regulations by CMS of the Shared Savings Program approach will deliver health care services through reducing fragmentation to improve the health of individuals and lower the overall growth in expenditures (Aaron et al., 2010). Thus, it will promote accountability for the care of Medicare to the beneficiaries of fee-for-service. Subsequently, this will enhance coordination of care for services offered under CMS. Also, the approach will encourage investment in infrastructure and redesign the processes of care to beneficiaries. MSSP will put the beneficiary and their family at the center of the care.

Beneficiary resources will be managed carefully and respectfully which improves care and patient outcomes. Also, the legislation will provide individualized care plans to promote improved outcome to patients with multiple chronic and high-risk conditions. The MSSP will put in place a mechanism to coordinate care throughout the episode of care to the patient.

**References**

Aaron, H. J., Lambrew, J. M., Healy, P. F., Century Foundation., & Brookings Institution. (2010). *Reforming Medicare: Options, tradeoffs, and opportunities*. Washington, D.C: Brookings Institution Press.

Langenbrunner, J., Cashin, C., O'Dougherty, S., & World Bank. (2009). *Designing and implementing health care provider payment systems: How-to manuals*. Washington, D.C: World Bank.