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HHS published **the anxiously-awaited accountable care organization final rules** today at 11:15 a.m. est – and, in so doing, made this one of the more exhilarating days for those of covering the government health IT realm. Or perhaps that's just me.

In an afternoon of interviews via phone and e-mail, I heard almost everyone start with an explanation along the lines of "I haven't read the whole thing yet, but I'll answer you based on what I have read." Fair enough. It's a 696-pager, after all.

[Editor's Desk: This Week in Government Health IT.]

And so the reporting began with a simple enough question: What in the final rule surprised you the most?

"The biggest surprise at first blush is the fact that CMS seems to have listened more than it typically does to the commenters and it appears to have made changes of some consequence," said George Roman, senior director of health policy at the American Medical Group Association. "That's a pleasant surprise."

Roman is by no means alone in that feeling. Echoing the sentiment, in fact, is Bill Bernstein, chairman of the healthcare division at law firm Manatt, Phelps & Phillips, which works with states and providers on health IT and related public policy issues.

"CMS was incredibly responsive and it indicted a real desire on their part to see this work and have the market develop," Bernstein explained, continuing he was also surprised by **the lifting of the EHR requirement** that 50 percent of the primary care physicians must to be meaningful users in the second year, removing the provision that shared savings begin after CMS collected the first 2 percent, and the addition of a no-risk track for three years. "That's a game-changer in my view because a lot of the country is early-on in terms of what it really takes to be an ACO," Bernstein said. "In the NPRM the idea of taking risk even in the third-year just felt really scary."

Another game-changer arrived in the updated quality measures, said Sharon Canner, senior director of advocacy programs at the College of Healthcare Informatics Executives, otherwise known as CHIME.

"The way the quality measures have been realigned, and the fact that quality measures will be relied upon more heavily in later agreement years was a welcome surprise," Canner

added. "Hopefully, we'll have a chance to dialogue further with CMS as they roll out quality measures for other programs and finesse quality measures for existing programs over time."

Among the industry organizations that recommended changes to quality reporting is the Care Continuum Alliance (CCA). "We're encouraged CMS chose to streamline its quality reporting requirements - a change we recommended - to focus on priority areas and those of high prevalence and cost," explained Tracey Moorhead, CCA's president and CEO. "We're also pleased to see a revised approach to beneficiary assignment, with more data provided prospectively."

Those surprises came from just the first day of reporting. A few of the people I spoke with mentioned plans for the weekend that involve a deep dive into **the final rule document** (PDF), so I'd expect more to surface in the coming days.

Some will be welcome, others perhaps not so.

Previous ACO coverage:

Q&A: The deep, wide gulf between ACO regs and reality.

Q&A: On ACOs and the 'cartelization' of healthcare

ACO regs expected to soften a bit

ACO regs – a curious divide

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