

A Message from Our President

With 2021 coming to an end, I wanted to thank each of you and your dedicated providers for serving the needs of your patients in the LTC ACO and beyond. A few highlights regarding performance year 2021 are presented below.

- ◆ The year began with continued high skilled nursing facility utilization through the first quarter, and as the COVID vaccines began to take hold and residents were able to transition from their rooms to more congregant settings, we saw an increase in physical, occupational, and speech therapies at rates never before seen.
- ◆ Beginning in June, our utilization patterns return to somewhat normal levels; as we approach year-end 2021, our average spend per Medicare beneficiary appears to be back on track.
- ◆ While CMS will not adjudicate final ACO results for 2021 until August of 2022, our actuaries are projecting an increase in Medicare trend of at least four percent (4%) over 2020. This will increase our benchmark - and importantly - will provide an opportunity for savings for many participants.
- ◆ Our analytics indicate that LTC ACO quality metrics continue to improve, though much work remains. We are confident, however, that our final quality numbers will be in line to allow us to participate in savings for performance year 2021.




Finally, as we approach the end of the year, we would like to remind LTC ACO practitioners to see their patients, when medically appropriate, in a timely and efficient manner. *In order for a patient to be attributed to LTC ACO and your practice, your practitioners must be the highest billing primary care provider AND the beneficiary must receive at least ONE physician visit during the year.* Unfortunately, we currently estimate that approximately 3,000 ACO eligible patients will not attribute to LTC ACO in 2021 due to a lack of appropriate visits and/or physician visits.

With your continued support, coupled with the addition of new practices in 2022, LTC ACO expects attributed lives to increase to more than 20,000 in 2022, making LTC ACO one of the largest and efficient MSSP participants in the country. Thank you!

Please feel free to reach out to your LTC ACO representative or me directly at jason.feuerman@ltcac.com.

Stay safe and be well,


Jason Feuerman
President

Reminder: All quality measures must be addressed and documented within the medical record by **December 31st, 2021**.

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What Action Do You Need to Take?

1. Review your monthly quality reporting and understand which patients have open quality gaps that need to be addressed.
2. Where clinically appropriate, complete outstanding screenings and document screening results within your EMR.

Quality Measure Requirements & Exclusions

Controlling High Blood Pressure

Compliance Requirements: Date and test result of <140/90 must be documented within the patient's medical record. Note: the last documented screening and result of the performance year will be used to determine a patient's compliance. Patients must also have an Annual Wellness Visit (AWV) completed during the performance year (1/1/2021 - 12/31/2021) in order for the result to be included in the measure.

Denominator Exclusions: Patients who receive hospice services at any point in the performance year (1/1/2021 - 12/31/2021) can be excluded from the measure.

Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)

Compliance Requirements: Date and test result of $\leq 9\%$ must be documented within the patient's medical record. Note, the last documented screening and result of the performance year will be used to determine a patient's compliance. Patients must also have an Annual Wellness Visit (AWV) completed during the performance year (1/1/2021 - 12/31/2021) in order for the result to be included in the measure.

Denominator Exclusions: Patients who receive hospice services at any point in the performance year (1/1/2021 - 12/31/2021) can be excluded from the measure.

Depression Screening & Follow-Up Plan

Compliance Requirements: Patients must be seen and have corresponding documentation on the screening date or within 14 days of depression screening. The depression screening tool, date of screening, and the result must be documented in the patient's medical record. In the event the depression screening result was positive, a follow-up plan must also be documented.

Denominator Exclusions: Patients with a diagnosis of depression or a diagnosis of bipolar disorder documented prior to 1/1/2021 can be excluded from the measure. Note: documentation supporting a prior diagnosis of depression or bipolar disorder must be present in the medical record.

2022 Quality Measures

Looking Ahead

The 2021 ACO quality measure set will remain unchanged for 2022, with the three provider-facing measures being:

- ♦ Controlling High Blood Pressure
- ♦ Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)
- ♦ Depression Screening & Follow-Up Plan

We expect quality measure prompts to appear within your EHR shortly after CMS releases the updated measure specifications, which typically occurs in January. LTC ACO will provide an update regarding the activation of quality measures in 2022 as more information becomes available.