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LTC ACO NEWS



A MESSAGE FROM OUR PRESIDENT

As we welcome the spring season, our focus shifts from flagging potentially attributable beneficiaries in your respective medical records systems to tracking progress towards key ACO attribution activities such as physician visits, which signal CMS to share total cost of care data with LTC ACO and monitoring plurality of primary care services billed via an LTC ACO affiliated TIN.

This issue highlights these important concepts and offers practical strategies to mitigate risks related to plurality. As always, we are your partners in providing insights to assist your practice in realizing optimal attribution yield and continued positive quality, utilization, and financial performance.

If you have any questions, please feel free to reach out to your LTC ACO representative or me directly at jason.feuerman@ltcaco.com.

Stay safe and be well.

Best,

Jason Feuerman
Jason Feuerman
President



THE LATEST

DISCOVER KEY RESOURCES

LTC ACO is pleased to launch our Clinical Resources portal, exclusively for LTC ACO Participants.

Access the portal by visiting ltcaco.com/clinical-resources, using the password LTCACO.

Attribution:

The Necessity of Physician Visits + PART A vs. PART B Stays

Physician visits are required to “anchor” beneficiary attribution to LTC ACO and prompt CMS to release total cost of care data to LTC ACO.

- ♦ Only a physician visit rendered in a Part B setting will contribute to attribution
- ♦ Physician visits during a Part A stay does NOT contribute to attribution
- ♦ A practice may not know whether the beneficiary is accessing Part A benefits until the EOP is received, as the facility activates a Part A stay

This means that some beneficiaries may require a second physician visit in the Part B or long term care setting (when clinically appropriate) to create attribution if the first visit was rendered during a Part A stay.

LTC ACO monitors physician billing to track overall physician visit completion for flagged beneficiaries. We also compare cumulative physician visits to what is received in the CCLF and share beneficiaries without attribution generating Part B physician visits on a monthly basis.



Plurality and Plurality Interference

Plurality is defined as the greater proportion of primary care services as measured by allowed charges within the ACO compared to primary care services outside the ACO.

Plurality Interference Interference is defined as any billing of MSSP defined primary care procedure codes, by Nurse Practitioners or Physicians with MSSP appropriate primary care taxonomy, *via non-ACO affiliated Tax ID Numbers (TINs)*.

There are two types of Plurality Interference:

- ♦ Non-ACO TIN Interference
- ♦ ACO TIN Leakage

Non-ACO TIN Interference: What it is ...

- ♦ Primary Care Services rendered to potentially attributable beneficiaries billed by **non-ACO affiliated** practitioners that align with MSSP attribution logic.
- ♦ Nurse Practitioners (all areas of practice) and Physicians with Primary Care Taxonomy (General Practice, Family Practice, Internal Medicine, Geriatric Medicine).



Possible Causes ...

- ◆ ANY Nurse Practitioners seeing a patient in a Part B setting (including but not limited to wound care, behavioral health, psychiatry, primary care, etc.) or other specialties seeing patients and billing through their non-ACO affiliated TINs.
- ◆ Other non-ACO affiliated physicians/APPs/groups in the facility seeing patients.

We identify non-ACO TIN interference and its impact on plurality by reconciling the CLLF file monthly, at the beneficiary level, and share our findings:

- ◆ At the practice level, by facility and patient to isolate and identify competing practices via their TINs and share for further investigation.
- ◆ At the ACO level, to identify specialty/other practices for potential contracts with LTC ACO

Non-ACO Interference is responsible for more than 75 percent of all patient visits not contributing toward attribution:

ACO Leakage: What it is ...

- ◆ **LTC ACO affiliated** practitioners billing through non-ACO TINs

Possible Causes ...

- ◆ New practitioner with an LTC ACO affiliated practice who hasn't yet been added to an ACO TIN roster and the ACO's Provider Supplier List and is therefore unknown to LTC ACO as leakage.
- ◆ ACO Affiliated Practices that have NPs practicing in specialties/areas other than primary care who are not billing through an ACO TIN
- ◆ Other administrative or billing errors/omissions

How to Avoid It ...

- ◆ Assure timely updates to LTC ACO regarding new hires/roster changes.
- ◆ Hold practitioner billing for ACO beneficiaries until LTC ACO practitioner enrollment in an ACO linked TIN is confirmed.
- ◆ Assure that ALL Nurse Practitioners associated with a practice are enrolled in an ACO TIN and added to the CMS Provider Supplier List, regardless of their specialty.