March 2023 - Issue 13

LTC ACO NEWS

LTC ACO
The ACO for Long-Term Care Residents

A Message from Our President

Dear Valued Provider Partner:

We recently learned that certain waivers instituted by CMS during the pandemic will expire as a result of the public health emergency (PHE) ending on May 11, 2023. The one waiver that had a material and unrelenting impact on LTC ACO was the three-day hospital stay requirement. This waiver, while well-intended to free up hospital capacity and services for those ill with COVID and its complications, has cost LTC ACO tens of millions of dollars in potential shared savings since 2020; in 2022, the estimated impact was more than $40 million of increased cost for our population due to the use of Medicare Part A skilled benefit without the requirement of a three-day hospital stay.

While we project shared savings in 2022, they will be significantly less than 2021 given the excessive utilization of Part A skilled stay observed during the year. Sequestration (the automatic 2% pay decreased authorized in 2011 to help pay for the Affordable Care Act) also came back into effect in July 2022, after ceasing for most of the PHE, effectively lowering the expected trend for the second half of the year.

While we are working with our outside actuaries to calibrate the magnitude of our shared savings for 2022, please note that our results will NOT be final until we receive our settlement reports from CMS in August 2023.

As the PHE ends on May 11, we expect to see a dramatic decrease in our cost expenditures driven by this one healthcare cost category. This means an increase of our projected shared savings for most in Performance Year 2023. I feel confident in saying that the end is in sight.

We thank you for your hard work and dedication to this most needy population and for fighting to provide the highest quality of care possible. As always, 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

PLURALITY + PLURALITY INTERFERENCE

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.

Our last LTC ACO News edition focused on physician visits; this month, we address plurality and plurality interference.

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

PLURALITY 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 practicing see a patient in a Part B setting (including but not limited to wound care, behavioral health, physiatry, 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.
- Facility Medical Directors who are not ACO affiliated seeing patients with some regularity.

We identify non-ACO TIN interference and its impact on plurality by reconciling the CCLF 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%
OF ALL PATIENT VISITS

not contributing toward attribution

ACO TIN 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.

LTC ACO IN THE NEWS

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TODAY'S GERIATRIC MEDICINE: THE LAST WORD

"Accountable Care Organizations: Three Considerations for Selecting an ACO Dedicated to Long-term Care Residents," authored by Jason Feuerman

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REVCYCLE INTELLIGENCE

Long-Term Care ACOs Present an Opportunity for the Most Complex Populations, featuring Kristen Krzyzewski, SVP LTC ACO

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RACE TO VALUE PODCAST

"Waking Up an Ecosystem: The Thesis for a Long-Term Care ACO," with Jason Feuerman

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