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LTC ACO NEWS

LTC ACO
The ACO for Long-Term Care Residents

A Message from Our President

As we step into the fourth quarter of 2023, it's remarkable how swiftly this year has passed. With the gradual easing of the COVID-related public health emergency since May 2023, we have witnessed a significant reduction in the costs associated with skilled nursing facility utilization. This positive trend has bolstered our confidence in the prospects for our performance in the remaining months of 2023.

As we began communicating in 2022 with regards to our 2021 outcomes, our ACO along with many others nationwide that depend on retrospective attribution became acutely aware of the impact of those ACO's who utilize prospective attribution as part of their strategy as well as other shared savings initiatives or OSSIs, whose attribution process and algorithms "trump" used by standard ACOs. This "trumping" occurs without full transparency to us or any ACO during the course of the year. This means that over the past two years, there were a number of times where your group's attribution was overstated.

While we recognize that CMS could be more transparent, technical constraints have limited their ability to do so. Thus, we are now beginning to impute an estimated discount factor in the attribution numbers presented each month so as to not inadvertently overstate our projections. This is far from a perfect process but we believe we have enough historical information and data patterns to estimate a) projected death rates, b) those beneficiaries who will chose a Medicare Advantage or ISNP program, c) those beneficiaries who will lose their Medicare Part A and or B coverage during the course of the year and d) those beneficiaries who will eventually not attribute due to assignment to other shared savings initiatives.

In the years ahead, we remain hopeful that CMS will enhance their transparency in this area. In the meantime, please know that we are dedicated to working closely with you to provide clear explanations of the data we encounter in effort to establish and manage expectations effectively. We trust and hope you will find this helpful.

As always, if you have any further questions or comments, please feel free to contact your Partner Engagement Manager or myself at Jason.feuerman@ltcaco.com.

Best Regards,

Jason Feuerman

Jason Feuerman
President

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Understanding Beneficiary Exclusion from Attribution

In recent years, there have been notable shifts in the landscape of ACOs and the ways in which beneficiaries are attributed. One notable trend is the year-over-year increase in beneficiaries excluded from attribution despite achieving a plurality of care. Simultaneously, expansion has resulted in an increase of the assignable population by an average of 35% year over year.

While the exact reasons for exclusion can vary, it's clear that path to attribution is not always straightforward, and can be influenced by a variety of factors. Below are some of the factors that can lead to beneficiary exclusion:

OTHER SHARED SAVINGS INITIATIVES (OSSI)

A significant portion of beneficiary exclusion comes from participation in other healthcare initiatives. Changes in the MSSP and the composition of ACOs seem to correlate with the growing prevalence of certain categories, such as:

- Medicare Advantage plans
- Cost plans under Section 1876 of the Social Security Act
- PACE
- Financial Alignment Initiative
- Independence at Home Demonstration
- Vermont All-Payer ACO Model
- ACO Realizing Equity, Access, and Community Health (REACH) Model
- Comprehensive Kidney Care Contracting Options

ALIGNMENT WITH PROSPECTIVE ACOS

A category prioritized by the CMS: when a beneficiary aligns with a prospective ACO, it takes precedence over retrospective ACOs for attribution.

VOLUNTARY ALIGNMENT WITH OTHER ACOS

Beneficiaries exercising their choice and selecting a primary care provider aligned with a specific ACO can override attribution by any other ACO. Here, CMS' priority is to honor the beneficiaries' preferences and choices.

OTHER INTERFERENCE

A notable form of interference stems from Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC). These centers operate under different assignment rules compared to standard practitioners. This unique approach can result in beneficiaries falling outside the typical attribution process.

In conclusion, the process from beneficiary plurality to attribution within ACOs can be complex and influenced by a variety of factors. Understanding these complexities is crucial for ACOs aiming to provide the quality care while navigating complex exclusion criteria.

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Please contact your organization Partner Engagement Manger (PEM) for more information:

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