



## A Message from Jason Feuerman

As we head into the second half of 2021, I'd like to share some of my thoughts and observations regarding long term care trends in 2021. Please keep in mind, these simply represent my insights based on years of experience in value-based payment, managed care and population health.

In early 2021, we continued to see the direct impacts of COVID as manifested through extraordinarily high Part A skilled utilization; more recently, we observe a dramatic decrease, as our population has been vaccinated. After experiencing utilization rates of approximately 36,000 days per thousand in January we have seen a stabilization closer to 9,000 days per thousand, which is consistent with pre-pandemic levels. In addition, as long term care residents began to emerge from confinement during the pandemic in February and March, we saw an

unprecedented increase in Part B physical, occupational and speech therapies being delivered to long term care residents in an effort to maintain or ameliorate mobility and functional levels. As our beneficiaries became increasingly more mobile in their respective environments, we are seeing a gradual decrease in these expenditures.

Further, as the pandemic has begun to recede, we have seen a gradual increase in hospital utilization which was fully anticipated. Furthermore, the return of hospice services to a broader group of beneficiaries is now being observed and is also not unanticipated.

Through these observations, and with the hopes that the pandemic will fully subside, we are beginning to see our costs fall in line with expectations. That said, the possible exposure to new COVID variants could have an adverse impact to our results if beneficiaries begin testing positive, though asymptomatic, for COVID and thus, require at least 14 days of isolation which is then covered as a Medicare benefit. Needless to say, we will be keeping our eye on this trend and will keep you apprised of our observations during the coming months.

From a benchmark perspective, keep in mind that 2020 saw a decline in Medicare trend (deflation) for the first time in the program's history. In 2021, we do anticipate, however, and we are beginning to hear public companies in both the insurance and hospital industries, have been observing an uptick in medical consumption, which in turn should produce an incline in Medicare trend (inflation) as compared with 2020. Assuming beneficiaries continue to return to see their physicians, receive required and medically necessary testing and elective procedures, we should see this trend continue through the course of the year and thus, impact our projected benchmark in a favorable way.

Another important factor that impacts our benchmark is our risk scores. These risk scores are intended to reflect the acuity of our population and are driven based off the ICD-10s coded by physicians, hospitals and other healthcare providers throughout the continuum. To that end, it is imperative to remember to properly code for both current and chronic conditions during each patient visit to ensure the acuity of your patient population is properly calculated.

All this said, and notwithstanding the potential impact of the most recent COVID variant, I remain optimistic regarding 2021 performance. Rest assured, we are diligent in our review and analysis of the data we receive, as well as our focus and attention on industry trends that end up having a direct impact on us - most of which we have no control over.

I am happy to report that in the 2019 performance year, CMS awarded nearly \$2.2m in MACRA bonus dollars to LTC ACO providers, as a result of their participation with LTC ACO. Our vision continues to evolve and becomes increasingly demonstrated through our results. 2020 was definitely the most challenging year our healthcare economy has ever experienced and we are hopeful, both on a humanitarian basis as well as for our ACO, that its extreme impact will be limited. I am thrilled to be working with a wonderfully committed and smart team and hope that you recognize the value they are creating for you and your patients.

Thank you again for your participation and the awesome trust you have bestowed upon LTC ACO. We will continue to keep you apprised of our observations and analysis throughout the year.

Best regards,  
Jason Feuerman - *President LTC ACO, LLC*

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### MACRA BONUS: Genesis Physician Services

In late June, GPS received a substantial APM Incentive Payment from CMS, thanks to our participation in LTC ACO. We opted to pass these payments through to our contracted physicians in recognition of their role in our medical group's and the ACO's success. Where in the past the 5% APM Incentive may have seemed abstract, today our physicians know that it is a significant benefit of ACO participation.

- Al Shaine | Chief Operating Officer of GPS

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### A New Valued Partnership for LTC ACO Providers: PatientPing

LTC ACO is committed to continually adding value to our affiliated practices by finding new and innovative ways to help you reduce costs and enhance care for our beneficiaries. We know from listening to you that it can be a struggle to get timely information regarding facility admissions, discharges and transfers for your patients.

We have been searching for tools to help and are proud to announce a new collaboration with PatientPing, a technology solution designed to address continuity of care challenges. Through PatientPing's growing network of 1,000 hospitals and 5,000 post-acute care facilities, you can be notified in real time when your patient experiences a care event at a networked facility, along with salient details related to their stay.

This solution is designed to make it easier for you to provide optimal continuity of care, monitor length of stay, provide the opportunity for interventions that could reduce avoidable admissions/readmissions, and potentially reduce the total cost of care.

LTC ACO will offer this technology solution, where available, to our providers as part of our array of services designed to assist you in effectively managing the care of your patients. We encourage you to visit [PatientPing.com](http://PatientPing.com) for a comprehensive overview of this service that we will be rolling out to you soon.



### Quality Measure Update

As we approach the mid-point of the third quarter, we wanted to take this opportunity to reiterate the importance of completing ACO quality measures on your eligible patients. Not only does completion of these measures ensure quality care for your patients, it also directly impacts the ACO's ability to share in savings with CMS, and subsequently you, as an ACO provider.

As you know, there are three provider-facing quality measures that need to be documented within your EMR during the 2021 performance year (1/1/2021 - 12/31/2021):

- Controlling High Blood Pressure\*
- Diabetes Management: HbA1c Control (<9%)\*
- Screening for Depression and Follow-up Plan (for positive screenings)

*\*Note, patients can come in and out of compliance with the BP and A1C measures.*

### What action do you need to take?

1. Review your monthly quality reporting and understand which patients require the aforementioned screenings.
2. Where clinically appropriate, complete outstanding screenings and document screening results within your EMR.

### Questions?

Please feel free to reach out to Jan Hughes ([JanMichael.Hughes@LTCACO.com](mailto:JanMichael.Hughes@LTCACO.com)) and/or Rachel Landgrebe ([Rachel.Landgrebe@LTCACO.com](mailto:Rachel.Landgrebe@LTCACO.com)).

### Questions, Concerns? Just ask!

We hope you enjoyed the LTC ACO Newsletter and would love to hear your feedback. Just click below to get started.

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