
September 6, 2024

Welcome to the third edition of the McLaren High Performance Network Accountable Care Organization (ACO) Newsletter. You are receiving this communication as an ACO provider. Please click on the links below to review the keys to be successful in our ACO.

Over the course of the last six years our ACO providers have earned exceptional Quality scores designation from CMS while generating \$84 million in savings.

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POST-ACUTE CARE - HOME WITH SUPPORT

Many patients with acute illness, injury or following a procedure require comprehensive care including frequent assessments, treatments, and procedures to manage their condition.

Personally, and professionally, we have all been faced with the decision of what is the next venue of care for my family and loved ones after a hospitalization. We often discount home with support as the ideal site for recovery and rehabilitation due to lack of information and structure. A 2022 study among US veterans found patients considered home as the preferred place for postoperative recovery. (1) Some benefits of recovering at home include – mental wellbeing, more rest, less infections and increase in freedom/independence.

Under population health management creating and participating in a treatment plan is important since many patients and families considering post-acute care options are ill-prepared and in need of guidance. As the family physician, you are in a unique position to assist in this process – home care with support versus subacute nursing facility – you have a better situational picture of the patient. The discussion about the care after an acute illness or procedure is not yet the norm. One of our duties as a physician is creating a treatment plan and providing advice on what is best for our patients.

A couple of suggestions to incorporate in the office workflow:

- Prior to a specialist consultant visit or possible procedure, start the conversation with the patient and/or the family about post-acute care, and document the discussion in the medical record.
- Contact the specialist and/or the hospitalists to convey your thoughts about home care with support or subacute nursing facility.

Physicians should be advocates and facilitators in the post-acute care setting process. (2) Consider the advantages of home care with support (physical therapy, occupational therapy, visiting nurse).

References:

- (1) Shipra Arya MD, JAMA Network Open. 2022 Jan 5(1): e2140196; Perspectives on Home Time and Its Association with Quality of Life After Inpatient Surgery Among US Veterans.
- (2) Robert L. Kane, JAMA. 2011;305(3):284-293; Finding the Right Level of Posthospital Care, "We Didn't Realize There Was Any Other Option for Him".

MANDATORY ANNUAL COMPLIANCE EDUCATION

Mandatory Annual Compliance Education for Performance Year 2024 will be coming to your inbox soon! The education will be sent to Independent providers participating in McLaren High Performance Network, and any McLaren employed providers who did not already complete Compliance Education through McLaren University. The education consists of the review of a PowerPoint presentation and an attestation of completion through Microsoft Forms. The deadline for completion will be October 31, 2024.

HCC RECAPTURE - WHY IT'S IMPORTANT

BACKGROUND:

Recapture Rate is the rate at which providers capture (code) recurring (or Chronic) HCC diagnoses on an annual basis. A standard goal is 85% recapture rate.¹ The number (and severity) of chronic conditions is a predictor of costs, which are somewhat persistent from year to year. A drop in the risk score, possibly because of failures in capturing recurring diagnoses, could lead to lower financial benchmarks. This, in turn, could result in reduced financial allocations and reimbursements. This recapture rate is crucial in ensuring that healthcare providers are not financially penalized for taking care of patients with more complex and costlier health needs.

WHY IS IT IMPORTANT:

The better your recapture rate of previous Chronic Conditions, the more money received by healthcare organizations for distribution to eligible providers. As the number of Chronic Conditions increases, so do the costs of care and the percentage of spending, as shown in the table below.

Chronic Conditions	0-1	2-3	4-5	6+
% Population	31%	29%	22%	18%
% Spending	6%	16%	24%	54%

Per Capita Spending in Medicare FFS Beneficiaries

WHAT CAN YOU DO:

- Avoid using a diagnosis with the adjunct “*unspecified*”, be specific.
- Address Chronic Conditions during the Adult Wellness Visit (AWV).
- You can ensure that Chronic Conditions are addressed even during acute or sick visits.
- Use combination codes, where two codes can be combined into a single code for a higher HCC.
 - As an example, diabetes (E11.9 - HCC 19) and neuropathy (G58.9 – no HCC value) can be combined into a single code (E11.40 - HCC 18) which has a higher RAF value.
- Utilize your Persivia / Stanson Alerts (if applicable) to signal potential uncaptured diagnoses.
- Document stable conditions appropriately, even if there is no change.
 - Example: MDD, recurrent, mild (F33.0) should be recaptured as MDD, recurrent, in remission (F33.42) next calendar year if stable on current regimen.
- **Remember that all Chronic Conditions reset on January 1 each year and need to be recaptured each calendar year.**

REFERENCE:

Kris Gates. What is HCC Recapture Rate? August 27, 2019 <https://www.linkedin.com/pulse/what-hcc-recapture-rate-kris-gates-j-d/>

2024 ACO QUALITY METRICS - WITH CHANGES FOR 2024

All ACO providers are evaluated for quality performance at the end of the year. Your Quality team will be collecting this information from your office medical records and will report to CMS on your behalf.

A complete list of measure details can be found here:

[2024 Quality Metrics Changes from 2023](#)

If you have any questions, please contact your Quality Performance Specialist.

*Thank you for reading the third edition
of the MHPN ACO Newsletter.*

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