
December 10, 2024

Welcome to the fourth 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.

IN THIS EDITION:

- Fraud Awareness
 - Beneficiary Notification Requirements
 - Annual Quality Reporting for ACO
 - HCC Scores for Beneficiaries
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FRAUD AWARENESS

Providers – We have noticed an increase in Medicare fraud, particularly involving DME supplies. Some examples we've seen involving our beneficiaries include urinary catheters, ostomy supplies, lumbar sacral orthosis braces, and continuous glucose monitoring devices and supplies. If a patient notices this type of fraud on their monthly Medicare summary and brings it to your attention, please report it to Dawn Smith, Compliance Officer, at dawn.smith@mclaren.org for further reporting to the appropriate government agencies.

BENEFICIARY NOTIFICATION REQUIREMENTS

Per CMS Compliance Requirements, letters will be sent after the first of the year to all Medicare beneficiaries attributed to providers in McLaren High Performance Network. Participating providers are also required to post signage that the practice participates in an ACO at all locations where primary care services are performed. If your sign is damaged, or if you paint or remodel, please let us know and we will provide a new sign. If you are in a specialty practice and would like a sign for your

office, please let us know. You may see our quality team in your practices with these signs or for audit purposes.

ANNUAL QUALITY REPORTING FOR THE ACO BEGINS IN JANUARY

The quality team will begin abstracting the needed information from your records to complete this requirement. They will reach out to your practice if they need time on-site.

As a reminder, the measures are:

- Diabetes: Hemoglobin A1c Poor Control (A1c > 9)
- Preventive Care and Screening: Screening for Depression and Follow-up Plan
- Controlling High Blood Pressure (BP *less than* 140/90)
- Falls: Screening for Future Fall Risk
- Preventive Care and Screening: Influenza Immunization (given, reported by patient, declined)
- Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- Colorectal Cancer Screening
- Breast Cancer Screening
- Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
- Depression Remission at Twelve Months

Please remember to include any relevant codes for the above measures during billing in addition to documentation in the medical record. This becomes critical for quality reporting beginning in 2025 as we move towards fully electronic reporting.

HCC SCORES FOR BENEFICIARIES RESET JANUARY 1, 2025

Please ensure you are recapturing all chronic conditions and coding to the highest specificity to capture the appropriate risk score. Recapture of the appropriate risk score for patients is crucial in ensuring healthcare providers are not financially penalized for taking care of patients with more complex and costlier health needs. V28 of the HCC risk adjustment model will be fully in effect for 2025. We are in the process of revising our website coding tools.

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

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