Shared Savings Accountable Care Organization (ACO): What the office staff need to know to keep their patients informed

What is a Shared Savings Accountable Care Organization (ACO)?
An ACO is an organization of physicians and hospitals that is accountable for the care of a specific population of Medicare fee for service (FFS) patients. Catholic Medical Partners was recently selected to participate in the Medicare Shared Savings ACO program and your practice has agreed to be a participating provider in our Catholic Medical Partners ACO. The goal of the ACO is to provide seamless, high quality care for Medicare beneficiaries. The ACO is accountable for improving quality, reducing the cost trend and better engaging patients in their clinical care. If we accomplish these goals, referred to as the Triple Aim, we will be able to share in the savings achieved. This is very different from traditional Medicare in that there is currently no opportunity to share savings with Centers for Medicare and Medicaid Services (CMS).

How does an ACO achieve savings?
We will achieve savings by promoting evidence-based medicine and shared decision making with patients through better coordination of care and the use of care transitions. We will achieve savings and improved quality through improved follow up and by using clinical registries and team-based care. All of our interventions will benefit patient care and are designed to achieve improved quality and lower cost trends.

What does this mean for your practice?
• Your practice has agreed to participate in the Catholic Medical Partners ACO and, in doing so, all physicians in your practice are participating providers with the Catholic Medical Partners ACO.
• Participation in the ACO is by practice and not by individual physician.
• Practices can opt-in and opt-out of the ACO annually, however, Catholic Medical Partners’ agreement with CMS is for 3 years.
• PCPs are able to join only one ACO at a time, specialists are able to join more than one ACO.
• If you are a PCP, Medicare will attribute the Medicare FFS beneficiaries who have received the majority of primary care services from your practice, to the ACO.
• If you are a specialist, Medicare may attribute Medicare FFS beneficiaries to the ACO if you have provided the majority of primary care type services to beneficiaries who do not have a PCP.
• Medicare will release complete claims information on all assigned beneficiaries who have not chosen to opt-out of data sharing. This information will be used to produce utilization/quality of care reports to assist you in improving care for your practice population. It will be especially helpful in reviewing utilization for patients who receive care in other states, such as Florida.

What does this mean for your office?
• Nothing will change in billing or receiving claim payments from Medicare for services provided to the assigned patients.
• Catholic Medical Partners will assist physician practices in notifying their eligible Medicare FFS patients that their physician has chosen to participate in the Catholic Medical Partners ACO. We will be developing a notification to eligible patients that will be sent through the mail on your practice letterhead, as well as developing a process for your practice to notify the patients during their next office visit.
**What will the notification say?**
The notification will inform your patient that you are participating with the Catholic Medical Partners ACO and that you will be working with other Catholic Medical Partners doctors to improve their clinical care through improved coordination, active follow-up and by using evidence based medicine. The notification will also reiterate that patients are free to be treated by any physician they choose. Finally, the notification will inform the patients that CMS will be providing claims history to the ACO to better enable your physician to provide effective, efficient and safe medical care. If, however, the patient does not want to have their claims data shared with CMP, then the patient can sign an opt-out form and the data will not be shared, but the patient will still be served by your practice and the ACO BUT WITHOUT THE BENEFITS OF THE CLIAMS HISTORY.

**More on notification:**
The notification letter will be sent once only to the initial pool of attributed patients:
- Only ACO participating physicians, who have patients attributed to the ACO (explained earlier) on their behalf, will be involved in the mailing process.
- The patients will receive one notification letter, sent on the letterhead of the physician on whose behalf the patients were attributed to the ACO.

**Why is the ACO beneficial for the patients?**
Catholic Medical Partners has implemented several initiatives to enable all member physicians who join the ACO to coordinate assigned beneficiaries’ care more easily. These initiatives include: disease management through care coordination, Care Transitions program for continuity of care for patients discharged from a hospital, health information technology to support physicians in getting started with electronic health records and building registries to track disease patterns. All of these components strengthen the quality and coordination of care that a Catholic Medical Partners ACO physician is able to offer to his/her patients. In addition, ACO-participating providers will now be able to see what type of care patients received out of state (such as patients who leave to Florida for the winter), which will help them monitor those patients’ health more effectively.

The patients DO NOT opt in or opt out of the ACO.
In this program the participation is for physicians, therefore the patients do not need to opt in or out of the program.

**How does this affect your patients?**
Patients do not need to do anything different. This program is not a Medicare Advantage plan or HMO. Patients’ benefits WILL NOT change. Patients can continue to see any physician or any other healthcare provider, including a hospital that accepts Medicare insurance.

**Important points about data-sharing:**
- Medicare will share claims information for all assigned beneficiaries who do not refuse data-sharing with Catholic Medical Partners (as the ACO). This data will include information on medical conditions (identified by diagnosis codes), prescriptions and visits to any doctors or a hospital (identified by procedure codes).
- Catholic Medical Partners will use this information to analyze how well the assigned patients’ health is managed and take proper steps to offer them the most effective medical care.
- **Assigned patients can tell Medicare to stop sharing their information at any time.** Refusing to share their information will not change the kind of care they receive at any ACO-participating practice. To opt-out of data sharing, they can fill out a form or call Medicare (phone number provided in the brochure). Medicare will start releasing claims data 30 days after beneficiaries receive the first notification letter.
- Even if an assigned patient doesn’t refuse to share his/her information with the ACO, Medicare will not disclose information about any treatment he/she may have received for alcohol or substance abuse. If any assigned patient would like Catholic Medical Partners to receive this type of information, he/she can request a special form by calling 716-862-2459 or Medicare at 1-800-MEDICARE.
Medicare FFS patients are attributed to Catholic Medical Partners Accountable Care by Medicare

1a. Medicare sends patient names to Catholic Medical Partners with attributed Physician listed

1b. Medicare sends ACO patient names to Catholic Medical Partners without attributed Physician listed

2a. Catholic Medical Partners will send patient list to physician office for verification

2b. Catholic Medical Partners will then request physician office send Medicare FFS patient list to Catholic Medical Partners.

3a. Office verifies patients on list and marks as either:

“Y” if a patient of your practice or
“N” if not a patient of your practice

3b. Catholic Medical Partners will then match up patients on Medicare’s list to list sent by office

4. Catholic Medical Partners will then notify practice of letterhead count needed to create by group mailing to attributed patients of the ACO

5. Group will then send letterhead needed to assigned vendor or:

Catholic Medical Partners Accountable Care
1083 Delaware Avenue, 2nd floor
Buffalo, NY 14209

6. Catholic Medical Partners Accountable Care sends informational letter to patients on office letterhead and provides informational materials to office for staff and patient education. Letter will include patient’s opportunity to opt out of data sharing with CMP.

7. Patient Education at Medicare FFS Patient’s first visit: MD informs patient of the group’s participation in the ACO and of the value of data sharing. Patient is provided the opportunity to opt out via form or phone # for patient to call CMS.

At Steps 6 and 7 Patient Must Be Provided the Opportunity To Opt Out Of Data Sharing With Catholic Medical Partners Accountable Care.
SCRIPT FOR PROVIDER/ACO PHONE INQUIRIES

What is an ACO?

An Accountable Care Organization (ACO) is a group of doctors and other healthcare providers who agree to work together with Medicare to give you the best possible care. ACOs may take different approaches to giving you coordinated care. Some ACOs may have special nurses that help you set up appointments or make sure your medications are in order when you enter or leave a hospital. Other ACOs may help your doctors get you equipment for monitoring your medical conditions better at home, if you need it. Most ACOs use advanced systems that let them more carefully track your care, and make sure your doctor has the most up-to-date information about your health.

The goal of the ACO is to support your doctor in caring for you. ACOs help your doctor and healthcare providers work together more closely, by making sure they have the most up-to-date information about your health and your care. For you, this means your doctors communicate better with each other, and you avoid having duplicate tests or answering the same questions over and over. Working together, your doctors can do more to follow your health, make sure you get the best possible care, and may hire additional staff to help meet your unique care needs, depending on what works best for you.

Doctors and other healthcare providers choose to participate in an ACO because they’re committed to providing you with a better care experience. They may also be rewarded for offering you better, more coordinated care. If your doctor chooses to participate in an ACO, you will be notified, either in person or by letter.

An ACO isn’t the same as a Medicare Advantage Plan or Health Maintenance Organization (HMO). You’re still in Original Medicare, and your Medicare benefits, services, rights and protections won’t change. And you still have the right to use any doctor or hospital that accepts Medicare at any time, the same way you do now.

How do I know if Doctor XX is in an ACO?

Dr. XX is participating in an ACO. You will receive more information [choose one or both phrases: either in the mail or the next time you are in the office]. I can also send you information if you like.

If I have not been notified that Doctor XX is in an ACO, what do I need to do?
You don’t need to do anything right now. Doctor XX decided to participate in an Accountable Care Organization (ACO). Even though Doctor XX is participating in an ACO, your Medicare benefits won’t change. You’ll still be in Original Medicare, and you’ll still have the right to use any doctor or hospital that accepts Medicare, at any time.

Do I have to participate in an ACO since Dr. XX is?

Only your doctor, in this case Dr. XX, participates in an Accountable Care Organization (ACO). You, [his/her] patient, do not participate in the ACO.

You still have the right to see any doctor or hospital that accepts Medicare, at any time.

You can continue getting care from Doctor XX. Or, you can choose to see a doctor who doesn’t participate in an ACO.

Can I still see all of my regular Medicare doctors and healthcare providers even though Doctor XX participates in an ACO?

It’s important to know that:

- You are still in Original Medicare.
- You are still entitled to all the same Medicare services, benefits, and protections.
- You can still go to any doctor, hospital, or other provider that accepts Medicare. Nobody can restrict which providers you see.

Can I still choose to receive services from any new doctor, hospital or healthcare provider that I want to even though Dr. XX is participating in an ACO?

You can still choose to go to any doctor, hospital, or other healthcare provider that accepts Medicare. Nobody – not even Doctor XX – can prevent you from seeing the doctors, hospitals or providers you want.

What information about me will the ACO have access to?

To help doctors who participate in an ACO give patients like you the best possible care, Medicare wants to share some additional information about your care with them. This information includes things like doctor, hospital, and pharmacy visits in the past and moving forward. This information helps Doctor XX and the other ACO providers track the services you’ve already gotten, understand where you may need more care, and find ways to smooth the path for you if you have to transfer in or out of a hospital, or from the care of one doctor to
another. If you decide you do not want to have the information about your care shared with the ACO, you can do so.

**How can I decline to have my personal health information shared?**

We value your privacy, so it’s important to know that you can prevent Medicare from sharing this information at any time.

There are four ways that you can prevent your information from being shared:

- You can call 1-800 MEDICARE (1-800-663-4227). TTY users should call 1-877-486-2048 and tell the operator you are calling about ACOs.
- You can complete and sign the “Declining to Share Personal Health Information” form in our office.
- If applicable, you can complete and sign the “Declining to Share Personal Health Information” form and return it to [insert address].
- We can send you a form to sign and return it.

Also, Medicare will not share any information about alcohol and drug treatment history, if you have received such treatment, unless you choose in writing to share it.

After your form or phone call is received, Medicare will update its records to show that you do not want to have your data shared. If you call 1-800 Medicare, you will receive a letter confirming this change. It will take about 45 days for this change to take effect.

**What if I change my mind and decide that I do want my personal health information shared in the future?**

If you change your mind in the future, you may call our office and we will send you a form, called a “consent to Change Personal health Information Preference” form that you can complete and mail back to [insert address]. Or you can call 1-800 Medicare (1-800-663-4227) and tell them that you have changed your mind and that you do want your data shared. You will receive a letter confirming this change.

**What if I have received alcohol and drug treatment, will that information be shared with the ACO?**

To help you get the best possible care, Medicare shares general health information with the ACO Dr. XX is participating in. However, to protect your privacy, Medicare doesn’t share any information about treatment a patient received for alcohol and drug treatment (also known as substance abuse) with an ACO unless the patient chooses in writing to share it.
If you want Medicare to share information about any medical history relating to alcohol or drug treatment, we can send you the “Consent for the Release of Confidential Alcohol or Drug Treatment form. Complete the form and return it to [insert address].

**What if I change my mind later and decide that I do not want information shared about drug and alcohol treatment?**

You can change your mind at any time. All you need to do is call 1-800 Medicare and tell them that you no longer wish to have your drug and alcohol treatment information shared. You will receive a letter confirming the change and it will take about 45 days to take effect.

**How long do I have to respond to say that I do not want my personal health information shared with the ACO?**

Medicare values your privacy. For that reason, you can prevent Medicare from sharing your personal health information, or otherwise change any of your preferences, at any time. Just call 1-800 MEDICARE, and they can help you set your preferences the way you want them. You can also return the Declining to Share Personal Health Information Form to our office.

**I recently enrolled in an MA Plan but I also received a notice that Dr. XX was part of an ACO, does that change anything?**

Because you chose to enroll in a Medicare Advantage Plan, the notice you received about Accountable Care Organizations (ACOs) is no longer accurate. Please disregard it.

**What if I am already happy with my care the way it is?**

We’re glad you’re having a positive experience already. Dr. XX is participating in an ACO, you can continue to see him or her the way you have been. Doctor XX’s participation in an ACO won’t change your benefits in any way, and decisions about your care stay with you and Doctor XX.

**How will being in an ACO help my doctor/Dr. XX?**

Doctors in ACOs may have better access to the expertise, staff, and technology they need to make sure your care is coordinated across all the places you get services. For you, this coordination could mean less paperwork to fill out at the doctor’s office, avoiding unnecessary tests, or more help for you in dealing with any health conditions.
Physician is sending letters:

Dr. XX/ Your Office sent me a letter, what do I need to do?

You do not need to take any additional steps to continue to receive care from your usual providers. You’ll still be in Original Medicare, and you’ll still have the right to use any doctor or hospital that accepts Medicare, at any time.

I received a letter that Doctor XX participating in an ACO. What are the forms included in this letter? Do I have to fill them out?

It’s important to know that Dr. XX, not you, is participating in an Accountable Care Organization (ACO). You don’t have to fill out any forms or take any action to keep seeing him or her.

The letter you got should include a form “Declining to Share Personal Health Information,” To help give you better care, Medicare would like to share information about visits you made to doctors, hospitals, or pharmacies. This information can help Dr. XX and other healthcare providers give you the best possible care.

You can choose to prevent Medicare from sharing this information by either by calling 1-800 Medicare; or completing the form you got and returning it to this office [insert address]. You should fill this form out ONLY if you don’t want Medicare to share information.

You may have also gotten a second form called “Consent for the Release of Confidential Alcohol or Drug Treatment Information”. You should fill out this form ONLY if you want Medicare to share information about any alcohol or drug treatment you might have received. Medicare won’t share any alcohol or drug treatment information without your written consent in this form. If you do complete the form, you can always reverse your decision later by calling 1-800 Medicare.

How can I have the letter I received about Doctor XX’s ACO participation translated into another language?

Medicare recognizes that some beneficiaries may need to get the information in the notification letters in a language other than English. For that reason, 1-800 Medicare staff can have someone read information about ACOs to you over the phone in your preferred language. Is that something that would be helpful to you? If so, please call 1-800 Medicare.

Can I receive a written translation of the letter I received from my doctor?
1-800 Medicare cannot provide you with a written version of the letter in [insert language] at this time. [Insert information here if your office has translated letters available]. Please know that you can always call 1-800 Medicare to get the information verbally, over the phone.

**My relative received a letter from the ACO, but they passed away recently, what do I need to do?**

We are sorry to hear about your loss. These letters were sent because of [insert name/relation – e.g. ‘your mother’]’s history of receiving care from Doctor XX who is participating in the ACO, but using the official information that we had at the time. You don’t need to do anything further – over time, [insert name] will be removed from the list of patients affiliated with Doctor XX.
<table>
<thead>
<tr>
<th>MEASURE TITLE</th>
<th>NQF MEASURE #/MEASURE STEWARD</th>
<th>METHOD OF DATA SUBMISSION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AIM: Better Care for Individuals</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Patient/Caregiver Experience</td>
<td><strong>CAHPS:</strong> Getting Timely Care, Appointments, and Information</td>
</tr>
<tr>
<td>2.</td>
<td>Patient/Caregiver Experience</td>
<td><strong>CAHPS:</strong> How Well Your Doctors Communicate</td>
</tr>
<tr>
<td>3.</td>
<td>Patient/Caregiver Experience</td>
<td><strong>CAHPS:</strong> Patients’ Rating of Doctor</td>
</tr>
<tr>
<td>4.</td>
<td>Patient/Caregiver Experience</td>
<td><strong>CAHPS:</strong> Access to Specialists</td>
</tr>
<tr>
<td>5.</td>
<td>Patient/Caregiver Experience</td>
<td><strong>CAHPS:</strong> Health Promotion and Education</td>
</tr>
<tr>
<td>6.</td>
<td>Patient/Caregiver Experience</td>
<td><strong>CAHPS:</strong> Shared Decision Making</td>
</tr>
<tr>
<td>7.</td>
<td>Patient/Caregiver Experience</td>
<td><strong>CAHPS:</strong> Health Status/Functional Status</td>
</tr>
<tr>
<td>8.</td>
<td>Care Coordination/ Patient Safety</td>
<td><strong>Risk-Standardized, All Condition Readmission</strong></td>
</tr>
<tr>
<td>9.</td>
<td>Care Coordination/ Patient Safety</td>
<td><strong>Ambulatory Sensitive Conditions Admissions:</strong> Chronic Obstructive Pulmonary Disease (AHRQ Prevention Quality Indicator (PQI) #5)</td>
</tr>
<tr>
<td>10.</td>
<td>Care Coordination/ Patient Safety</td>
<td><strong>Ambulatory Sensitive Conditions Admissions:</strong> Congestive Heart Failure (AHRQ Prevention Quality Indicator (PQI) #8)</td>
</tr>
<tr>
<td>11.</td>
<td>Care Coordination/ Patient Safety</td>
<td>Percent of PCPs who Successfully Qualify for an EHR Incentive Program Payment</td>
</tr>
<tr>
<td>12.</td>
<td>Care Coordination/ Patient Safety</td>
<td><strong>Medication Reconciliation:</strong> Reconciliation After Discharge from an Inpatient Facility</td>
</tr>
<tr>
<td>13.</td>
<td>Care Coordination/ Patient Safety</td>
<td>Falls: Screening for Fall Risk</td>
</tr>
<tr>
<td><strong>AIM: Better Health for Populations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Preventive Health</td>
<td><strong>Influenza Immunization</strong></td>
</tr>
<tr>
<td>MEASURE TITLE</td>
<td>NQF MEASURE #/MEASURE STEWARD</td>
<td>METHOD OF DATA SUBMISSION</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>-----------------------------------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>15. Preventive Health</td>
<td>Pneumococcal Vaccination</td>
<td>NQF #43, NCQA</td>
</tr>
<tr>
<td>16. Preventive Health</td>
<td>Adult Weight Screening and Follow-up</td>
<td>NQF #421, CMS</td>
</tr>
<tr>
<td>17. Preventive Health</td>
<td>Tobacco Use Assessment and Tobacco Cessation Intervention</td>
<td>NQF #28, AMA-PCPI</td>
</tr>
<tr>
<td>18. Preventive Health</td>
<td>Depression Screening</td>
<td>NQF #418, CMS</td>
</tr>
<tr>
<td>19. Preventive Health</td>
<td>Colorectal Cancer Screening</td>
<td>NQF #34, NCQA</td>
</tr>
<tr>
<td>20. Preventive Health</td>
<td>Mammography Screening</td>
<td>NQF #31, NCQA</td>
</tr>
<tr>
<td>21. Preventive Health</td>
<td>Proportion of Adults 18+ who had their Blood Pressure Measured within the preceding years</td>
<td>CMS</td>
</tr>
<tr>
<td>22. At Risk Population – Diabetes</td>
<td>Diabetes Composite (All or Nothing Scoring): Hemoglobin A1c Control (&lt;8 percent)</td>
<td>NQF #0729, MN Community Measurement</td>
</tr>
<tr>
<td>23. At Risk Population – Diabetes</td>
<td>Diabetes Composite (All or Nothing Scoring): Low Density Lipoprotein (&lt;100)</td>
<td>NQF #0729, MN Community Measurement</td>
</tr>
<tr>
<td>25. At Risk Population – Diabetes</td>
<td>Diabetes Composite (All or Nothing Scoring): Tobacco Non Use</td>
<td>NQF #0729, MN Community Measurement</td>
</tr>
<tr>
<td>26. At Risk Population – Diabetes</td>
<td>Diabetes Composite (All or Nothing Scoring): Aspirin Use</td>
<td>NQF #0729, MN Community Measurement</td>
</tr>
<tr>
<td>27. At Risk Population – Diabetes</td>
<td>Diabetes Mellitus: Hemoglobin A1c Poor Control (&gt;9 percent)</td>
<td>NQF #59, NCQA</td>
</tr>
<tr>
<td>28. At Risk Population – Hypertension</td>
<td>Hypertension (HTN): Blood Pressure Control</td>
<td>NQF #18, NCQA</td>
</tr>
<tr>
<td>29. At Risk Population – Ischemic Vascular Disease</td>
<td>Ischemic Vascular Disease (IVD): Complete Lipid Profile and LDL Control &lt;100 mg/dl</td>
<td>NQF #75, NCQA</td>
</tr>
<tr>
<td>30. At Risk Population – Ischemic Vascular Disease</td>
<td>Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic</td>
<td>NQF #68, NCQA</td>
</tr>
<tr>
<td>MEASURE TITLE</td>
<td>NQF MEASURE #/MEASURE STEWARD</td>
<td>METHOD OF DATA SUBMISSION</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>31. At Risk Population – Heart Failure</td>
<td>Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)</td>
<td>NQF #83</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AMA-PCPI</td>
</tr>
<tr>
<td>32. At Risk Population – Coronary Artery Disease</td>
<td>Coronary Artery Disease (CAD) Composite: All or Nothing Scoring: Drug Therapy for Lowering LDL-Cholesterol</td>
<td>NQF #74</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CMS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(composite) / AMA-PCPI (individual component)</td>
</tr>
<tr>
<td>33. At Risk Population – Coronary Artery Disease</td>
<td>Coronary Artery Disease (CAD) Composite: All or Nothing Scoring: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Patients with CAD and Diabetes and/or Left Ventricular Systolic Dysfunction (LVSD)</td>
<td>NQF # 66</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CMS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(composite) / AMA-PCPI (individual component)</td>
</tr>
</tbody>
</table>