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LTC ACO NEWS

LTC ACO
The Trusted ACO Partner for Long-Term Care

LTC ACO Team Message

2025 Partner Performance: Shared Savings Momentum

As we approach the midpoint of Performance Year 2026, LTC ACO is encouraged by the continued momentum we are seeing across our partner network. Based on current projections, all active 2025 participating partners are expected to receive shared savings in 2026 - a meaningful reflection of the work taking place across practices, facilities, clinical teams, and operational partners.

This projected performance reinforces a core strength of the LTC ACO model: success in long-term care value-based care is built through consistent engagement, aligned priorities, and a shared commitment to caring for medically complex residents. From attribution activities and clinical workflows to reporting review and proactive care management, each step contributes to the larger performance picture.

As we move through Q2 and into the second half of the year, our focus remains on helping partners build on that progress. LTC ACO will continue to support participating groups through transparent reporting, coordinated engagement, clinical education, and practical tools designed to help teams identify opportunities earlier and act with greater confidence.

We are grateful for the continued focus and responsiveness of our partners. The strength of our model depends on the strength of these partnerships, and we appreciate the work taking place every day to support residents, strengthen practice performance, and contribute to shared success across the ACO.

Together, carrying strong performance momentum into the second half of the year, with continued focus on the actions, insights, and partnerships that help drive long-term ACO success.

PERFORMANCE IN ACTION: BUILDING MOMENTUM EARLY

Strong performance starts with early engagement. As the 2026 Physician Visit Competition closes out, LTC ACO is encouraged to see the highest year-to-date physician visit completion over the past three years.

Physician visit completion is more than an early-year milestone. It supports attribution visibility, strengthens reporting readiness, and helps create a clearer picture of the patients and opportunities that matter throughout the performance year.

Thank you to all participating groups for helping build early momentum and reinforcing the shared activities that support long-term ACO success!

Clinical Spotlight

Transitions of Care: Making the First 72 Hours Count

Transitions of Care (TOC) are among the most important events in long-term care clinical management. For SNF and assisted living residents, the period immediately following a hospital discharge can be clinically fragile, operationally complex, and highly consequential. Many residents return with worsened chronic conditions, cognitive or functional deterioration, medication changes, new specialist recommendations, and care plan updates that must be quickly understood and acted upon.

Timely post-discharge follow-up is especially important during the first 72 hours, when residents are adjusting to medication changes, new orders, updated care plans, or changes in functional status. A focused TOC visit gives the care team an opportunity to verify discharge orders, reconcile medications, assess the resident's current condition, identify potential complications, and address patient and family questions. For SNF and assisted living residents, this early touchpoint helps to strengthen care continuity and reduce the risk of avoidable ED visits and readmissions.

It is important to distinguish between Transitions of Care and Transitional Care Management visits. TOC broadly refers to the coordination, handoff, and follow-up activities that occur when a patient moves between care settings. TCM is a specific CMS-defined billable service with specific billing requirements. For LTC ACO performance tracking, the 72-hour TOC KPI focuses on whether any E&M visit occurs within 72 hours of hospital discharge, helping identify whether residents are being seen during the period when they are generally most vulnerable.

An effective TOC visit should go beyond a basic check-in. Key components include medication reconciliation, review of the hospital course, assessment for post-discharge complications, confirmation of follow-up appointments, review of activity restrictions and care plan updates, discussion of warning signs, and development of contingency plans. Successful TOC management also depends on operational workflows, such as timely discharge notification, access to hospital records, same-day medication verification, and schedule flexibility to see returning patients promptly.

Every timely TOC visit represents a chance to close gaps before they become larger problems. By strengthening follow-up during the first 72 hours, care teams can support safer transitions, reduce readmission risk, improve continuity of care, and contribute to stronger ACO performance.

RESOURCE REMINDER

Watch the February 25 Clinical Roundtable replay, ***Going Beyond the Regulatory Visit: Optimizing Care Delivery***, for additional discussion on TOC visits, documentation, and proactive visit strategies.

Available on the Clinical Resource Portal.

Attribution Visibility

Protecting Momentum through the Performance Year

As we move into the midpoint of the performance year, partners begin to have more actionable data available - and with it, more opportunity to understand where focused attention can support performance.

One area that remains especially important is attribution visibility. In a long-term care ACO, strong performance depends not only on the quality of care being delivered, but also on whether the right care activity is being accurately connected to the right providers, practices, and Tax Identification Numbers. That connection matters. It affects reporting visibility, plurality, beneficiary assignment, and ultimately the ability to protect shared savings opportunities.

This is where interference becomes an important performance topic.

Interference can occur when primary care services for an ACO-flagged beneficiary are billed outside the ACO-affiliated TIN. In some cases, this may reflect clinically appropriate care from outside providers or specialists. In other cases, it may point to preventable workflow, roster, billing, or operational issues that can be addressed once identified.

The goal is not to limit appropriate care. Rather, the goal is to help partners understand where billing patterns may be affecting plurality and where preventable issues may be creating avoidable attribution risk.

Attribution, plurality, and interference can feel technical, but the takeaway is straightforward: visibility creates opportunity. By reviewing interference trends regularly, practices can better understand where care activity is occurring, identify patterns by provider, facility, patient, or TIN, and determine whether action steps are needed.

This work also supports the broader performance strategy for the year. Early-year engagement, timely physician visits, consistent reporting review, and proactive follow-up all contribute to a clearer picture of the attributed population. As more data becomes available throughout the year, these insights can help partners stay aligned, respond earlier, and protect the activities that support long-term ACO success.

Your Partner Engagement Manager will continue to share monthly interference reporting and is available to review findings with your team. Together, these conversations can help translate reporting into action - strengthening attribution visibility, supporting plurality, and reinforcing the shared performance goals that drive success across LTC ACO.

Contact your Partner Engagement Manager for support reviewing monthly interference reporting and identifying potential next steps.

ADDITIONAL SUPPORT

Watch the recorded webinar on interference for an overview of key concepts and common reporting considerations. Then, join us on **Tuesday, July 14** for **Office Hours: Interference Report Review**, where partners can review how to interpret the report and use the information to support attribution visibility and performance readiness.

Promoting Interoperability: What Partners Need to Know for 2026

As we approach the close of Q2 in the 2026 performance year, I'd like to take a moment to thank all our participating partners for your continued commitment to quality care - and to provide a friendly reminder about MIPS Promoting Interoperability (PI) requirements.

At its core, PI is all about using technology to make care more connected, efficient, and patient-centered. By leveraging certified EHR technology (CEHRT), we can improve patient access to health information, enhance communication between providers, and support more informed, data-driven decisions.

PI FOCUS AREAS

- Electronic Prescribing
- Health Information Exchange
- Provider-to-Patient Exchange
- Public Health & Clinical Data Exchange
- Protecting Patient Health Information

WHAT THIS MEANS FOR YOU

For the 2026 performance year, all eligible clinicians within our MSSP ACO are required to report PI data.

While PI performance does not directly affect shared savings calculations, it is a contractual requirement. Simply put: **No PI reporting = no eligibility for shared savings**

SCORING SNAPSHOT

PI accounts for 30% of the ACO's MIPS score

Certain participants may qualify for automatic or measure-specific exemptions, with reweighting applied as needed

HOW WE'RE SUPPORTING YOU

- Ongoing readiness and reporting guidance meetings
- Customized reporting plans and group-specific reporting packages
- A dedicated reporting vendor to assist with submissions, completeness, and avoiding a zero score
- Reporting to LTC ACO due January 31, 2027

FINAL THOUGHT

While PI won't change our shared savings calculation, it does determine our eligibility to receive them. Staying proactive now helps ensure success later.

Thank you for your partnership and commitment to excellence.

Warm regards,
Teresa S. Molsbee
Chief Compliance Officer, LTC ACO

ACO QUICK FACTS

Did You Know?

Physician visit completion, plurality, and Promoting Interoperability reporting all support different parts of ACO performance readiness. Together, these activities help strengthen attribution visibility, support compliance requirements, and protect shared savings opportunity throughout the performance year.

Alz & Brain Awareness Month

This June, LTC ACO recognizes Alzheimer's & Brain Awareness Month and the important role long-term care providers play in supporting residents with cognitive concerns, Alzheimer's disease, and other forms of dementia.

Meaningful clinical visits can help identify changes in memory, judgment, function, or behavior - creating opportunities for timely assessment, care planning, and support.

SAVE *the* DATES

FOLLOW US ON LinkedIn

- **July 14** | Office Hours: Interference Report Review
- **July 28** | Office Hours: Transitions of Care