

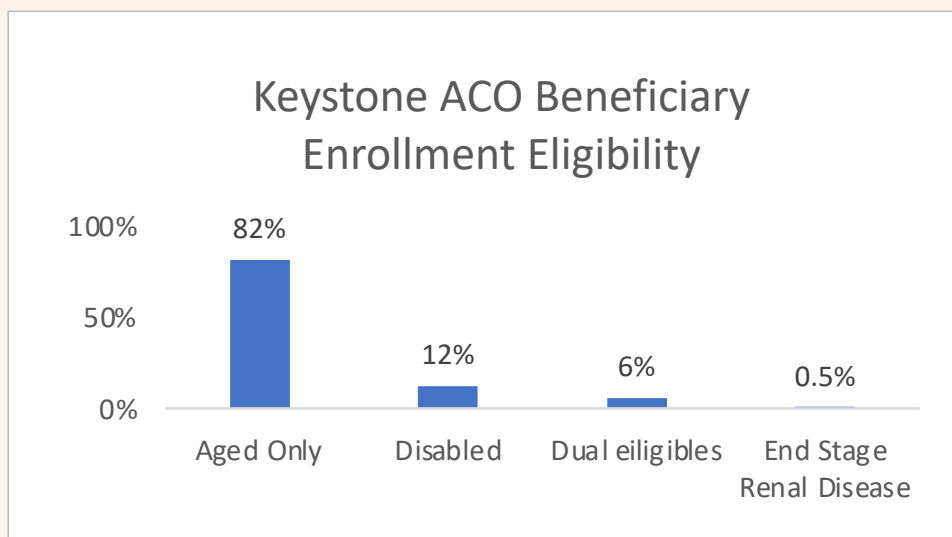
Welcome to the spring 2024 edition of the Keystone Accountable Care Organization (ACO) newsletter, which we publish for our Medicare beneficiaries.

This issue explains our organization for our new beneficiaries. If you've been with us for more than a year, some of the information may be familiar to you. We hope you'll use this as a refresher!

This year, we're celebrating our 11th anniversary. We remain a top-ranked ACO in the Medicare Shared Savings Program. Rankings are based on savings to Medicare by ACO providers who take ownership for the total cost and quality of care for their patients.

About Medicare eligibility

Medicare is health insurance for people ages 65 or older. You may be eligible earlier if you have a disability, end-stage renal disease or ALS (Lou Gehrig's disease). Dual-eligible beneficiaries are people who receive both Medicare and Medicaid benefits. The two programs cover many of the same services, but Medicare pays first for services also covered by Medicaid.



There are 480 ACOs participating in the Medicare Shared Savings Program, the largest ACO program in the country.

Which providers participate in the Keystone ACO?

- Evangelical
- Family Practice Center
- Wayne Memorial Hospital
- The Wright Center
- Lycoming Internal Medicine
- Prime Med Associates
- Caring Community
- Dr. Nicholas Dodge
- Geisinger

What is an ACO?

An ACO is a network of doctors, hospitals and other healthcare providers **who work together** to deliver value-based, high-quality care to their Medicare patients. The goal is to improve communications among providers and provide team-based approaches to make sure patients receive needed screenings, checkups and counseling to prevent health problems.

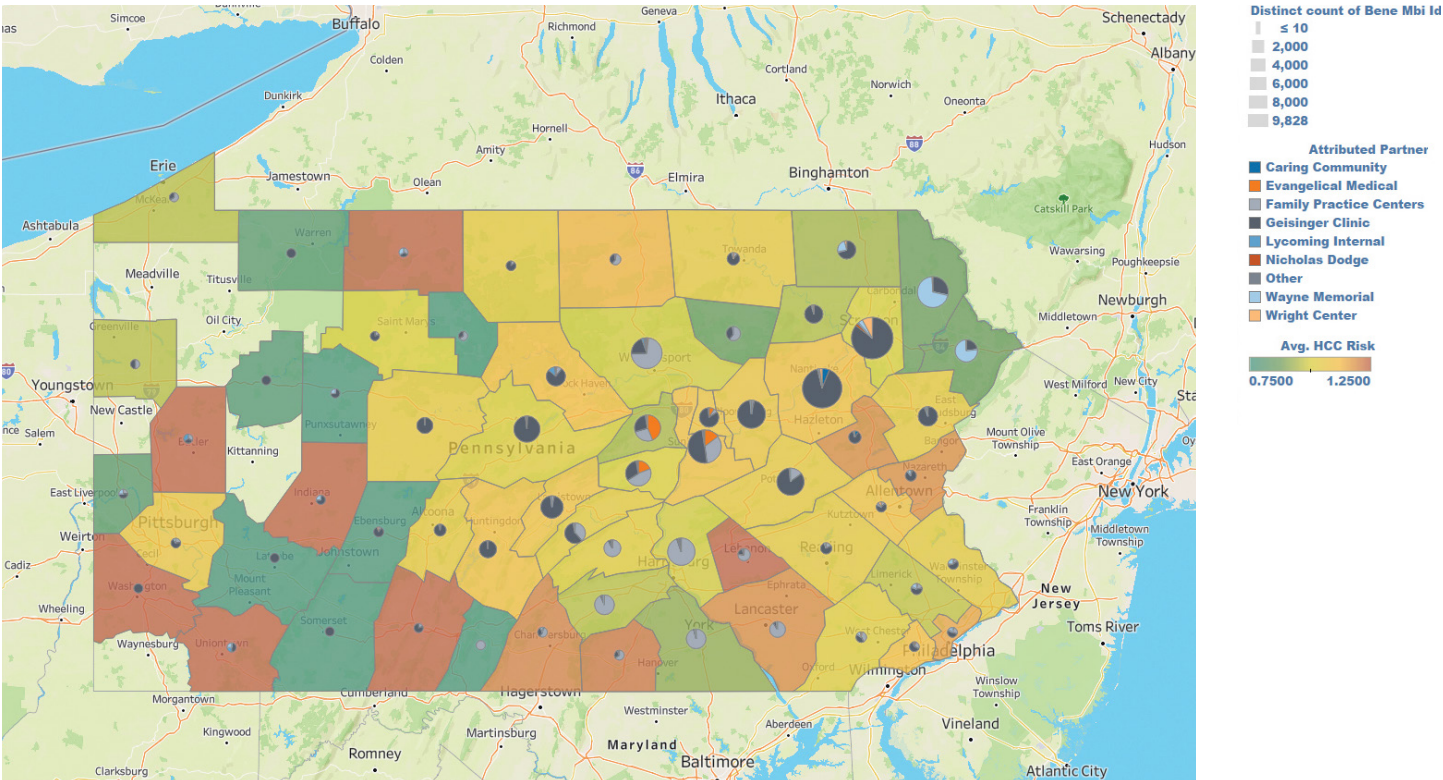
When different healthcare experts work together, they’re more likely to give better care. Together they can keep patients from having costly tests or treatments that aren’t needed, and the teamwork can prevent mistakes.

When an ACO succeeds in giving high-quality care and lowering healthcare costs, the ACO shares in the savings it achieves for the Medicare program. These shared savings are used to further improve care with **added resources, staff and services**. For example, patients whose healthcare provider participates in an ACO may get:

- Extra help managing chronic diseases
- Coordination between different doctors or members of their care team
- More preventive health services
- Added recovery support when they come home from the hospital
- Added support to receive discounts on costly medications
- Telehealth waivers that allow a healthcare visit from your home
- Skilled nursing services at a facility without a qualifying hospital stay
- Expanded services for mental health care by a licensed social worker



Regional Map



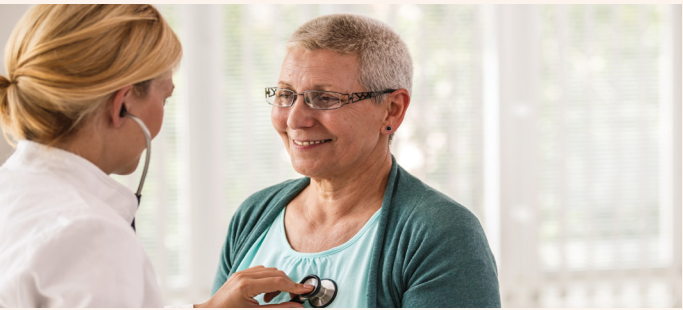
ACO benefits

ACOs provide many potential benefits.

- **Accessibility –**
ACOs are focused on increasing healthcare access for patients. Providers are extending hours to evenings and weekends or offering same- or next-day appointments if possible. Medical records can easily be accessed by providers for better diagnosis, treatment and care coordination.
- **Care coordination and communication –**
The ACO provides a care team that coordinates efforts to provide better patient care.
- **Better quality care at a lower cost –**
ACOs are focused on providing quality outcomes and reducing unnecessary costs. Providers can easily check to see what tests/services have been performed and run only necessary tests. Or they can make referrals to higher-quality specialists.
- **Three Day Skilled Nursing Facility (SNF) waiver –**

Medicare allows ACOs to use a 3-day SNF waiver for ACO beneficiaries who need skilled nursing but don’t have a qualified in-patient hospital stay within the last 30 days. The list of waiver-approved nursing facilities changes each year based on quality ratings.

- **Primary care physician –**
Under our model, the primary care provider coordinates patient care.
- **Preventive care visit –**
The *Welcome to Medicare* preventive visit is a one-time appointment you can choose to receive when you’re new to Medicare. The goal is to promote general health and help prevent diseases and is covered under your Part B benefit. Your provider may discover and need to investigate or treat a new or existing problem. This additional care is considered diagnostic. Medicare may bill you for any diagnostic care you receive during the preventive care visit.



- **Annual Wellness Visits –**
An Annual Wellness Visit with your primary care provider is also covered under your Part B benefit. This service is similar but separate from the one-time *Welcome to Medicare* preventive visit. During your Annual Wellness Visit, your provider may discover and need to investigate or treat a new or existing problem. Medicare may bill you for this diagnostic care.

What to expect at your preventive or Annual Wellness Visit:

Your doctor should:

- Check your weight and blood pressure
- Update your health risk assessment
- Update your medical and family history
- Update your list of medical providers and suppliers
- Update your screening schedule
- Screen for cognitive issues
- Provide health advice and referrals to health education and/or preventive counseling services
- Do additional testing, which may involve a co-pay

Farewell to Wayne Community Health Center and to Karen Fetterolf, former Keystone ACO beneficiary liaison

This year, the Keystone ACO bids farewell to a provider, the Wayne Memorial Community Health Centers, and to Karen Fetterolf, our former beneficiary liaison who was often the first contact with our beneficiaries. She organized community events and served critical roles with our ACO compliance requirements. Karen will join the National Association of ACOs education department. We wish them both continued success!

How do ACOs provide better care?

ACOs are designed to put their Medicare patients at the center of their care and are focused on providing coordinated and high quality care to patients, especially those who have a chronic illness, are disabled or are elderly. Since patients may receive healthcare at more than one doctor’s office or at different laboratories and pharmacies, doctors don’t always have access to the patient data they need. Providers participating in an ACO receive data from Medicare that can help to identify opportunities to improve their patient’s care. Since frequent emergency room visits and/or hospital stays may signal poor management of a chronic condition, the provider and care team can work with the other providers and the patient to start a better care plan. This includes referrals to programs that address both clinical and social needs of patients under a medical home concept. Medical homes are key to providing coordinated health services because they provide person-centered care management services.

Data helps the ACO provider and the care team determine:

- Which doctors, hospitals, rehabilitation or nursing centers provide better care
- Which patients need preventive services such as annual mammograms, fall-risk and depression screenings
- Which patients need stronger case management due to frequent emergency room visits and hospital readmissions
- Which patients may need a referral to a trained pharmacist who help them get the best medications at affordable prices
- Which patients may need a home-vist to make sure they have the services and equipment to best manage self-care
- Which patient may need care managers to support their care needs



Crustless spinach quiche

Recipe adapted from extension.illinois.edu.

Ingredients

- 5 large eggs, beaten
- 6 ounces low-fat (1%) cottage cheese
- 4 ounces feta cheese
- ½ cup shredded Swiss cheese
- 2 tablespoons margarine
- ½ teaspoon nutmeg
- 2 oz. fresh spinach, chopped into small pieces (or more to your liking)
- Cooking spray



Directions

1. Preheat oven to 350°.
2. Spray a quiche or 10-inch pie pan with cooking spray.
3. In a large bowl, combine all ingredients except spinach.
4. Stir in spinach.
5. Pour into pan. Bake for 35 to 45 minutes until slightly browned.

Nutrition Facts

Servings per Recipe: 8	Carbohydrate: 3 g
Calories: 146	Dietary Fiber: 1 g
Calories from Fat: 90	Protein: 1 g
Total Fat: 10	Exchange: 1 medium fat meat, 1 vegetable, 1 fat
Cholesterol: 149 mg	Carbohydrate Units: 0
Sodium: 382 mg	

Does my doctor participate in Keystone ACO?

Each year, Keystone ACO receives a new list of Medicare patients based on the doctor who provided the majority of care. ACOs must send letters to new patients notifying them that their doctor is part of an ACO.

This year, the Keystone ACO anticipates about 8,000 newly enrolled original Medicare beneficiaries through participating doctors. If the majority of healthcare you receive under original Medicare (with both parts A and B but not part C) is provided by a doctor or group of doctors who have decided to be part of Keystone ACO, you will receive this quarterly newsletter and other communications.

The Keystone ACO sends quarterly newsletters with tips for Medicare patients on self-management. We share healthy recipes, local health-related events, contact numbers, and information on certain health conditions and prevention.

We want to improve the mailing process. Future newsletters and mailings to patients who subscribe to an electronic patient medical record may receive their Keystone ACO letters that way. For example, Geisinger’s MyChart can tell Geisinger patients they have new messages and send communications.

How are patients assigned to an ACO?

Patients with original Medicare (Part A and B) don’t enroll in an ACO. ACOs are not health insurance. It is something your doctor decides to participate in and follows Medicare guidelines. If a doctor provides most of your care and belongs to an ACO, you’ll be assigned to that doctor’s ACO. You have the right to opt out of sharing your healthcare information with the ACO.

Are Medicare benefits affected?

An ACO will not limit your choice of healthcare providers or seek pre-approvals. It isn’t a Medicare Advantage Plan, HMO plan, or an insurance plan of any kind. Only people with Original Medicare can be assigned to an ACO through their doctor. If your doctor or other provider is part of an ACO, you still have the right to visit any doctor, hospital, or other provider that accepts Medicare at any time, and your Original Medicare benefits will not change.

Can patients opt out of the ACO?

Original Medicare patients are assigned to an ACO through a participating ACO provider. Those patients who do not want Medicare to share their information don’t need to change their coverage to see a doctor who is not participating in an ACO. They **can opt out of data sharing at any time**, and their care remains the same under traditional Medicare. However, opting out of the data-sharing could affect the doctor’s ability to understand their total healthcare needs and allocate the necessary resources.

If you do not want Medicare to share your data with your ACO participating provider, you may call 1-800-MEDICARE (1-800-633-4227)

To learn more about the Keystone ACO, visit our website at keystoneaco.org.

Need help affording medications?

Programs are available for those who meet certain financial requirements. To learn more if you might qualify for assistance, call 570-808-4704.



Medicare Resources

To contact Medicare for additional information on accountable care organizations, contact Medicare at 1-800-Medicare (1-800-633-4227) and ask for the Medicare ACO Department.

TTY users should call 1-877-486-2048

You may also visit medicare.gov/acos.html

Reminders

Schedule appropriate preventive screenings.

- Mammograms
- Dental visit
- Colonoscopies
- Annual wellness visit
- Eye exam



Renew!® Retreat

Lewisburg, PA

SAVE THE DATE!

In partnership with **The Lewisburg YMCA**, PMD Alliance presents Renew! Retreat!® Lewisburg, PA

Two tracks, one empowering day for people with movement disorders & their care partners

WHEN

Sunday, April 14, 2024

Registration: 9:00am-9:50am

Program: 9:50am-2:00pm

WHERE

Lewisburg YMCA
120 Hardwood Drive
Lewisburg, PA 17837

WHAT TO EXPECT

At this **FREE**, in-person event, experts will share what you need to know about the latest research & clinical trials and how they can impact your care and your life.

Explore what's available for you today, what it takes to develop new drugs, and new medications in the pipeline. This program is interactive: our expert researchers and speakers are ready to answer your burning questions.



Learn more at bit.ly/LewisburgRR



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To reach us:

Ph. 570-271-6403. You will then be offered a few options to help you get connected to the appropriate person. Select option 1 for newsletter/website related question or issues, 2 to talk with our operations director, or remain on the line to speak with our administrative assistant.

Email: KeystoneACO@KeystoneACO.org

SILVER SNEAKERS



Age is just a number. It's never too late to get fit, build strength and balance, and feel better every day. SilverSneakers™ is a community that will help you not just become more active, but more confident and social as well. Many of our SilverSneakers™ participants pay reduced or no membership fees so make plans to join us today!



Lewisburg YMCA | 120 Hardwood Drive | Lewisburg, PA
570.556.4191 | GSVYMCA.org

Hands Only CPR

When seconds matter, you can help save a life!

Heart disease is the number one killer in the United States. You can be part of the solution. Knowing how to do Hands Only CPR can help save lives.

Evangelical Community Health and Wellness offers a **FREE** presentation to assist community members in learning the importance of CPR – cardiopulmonary resuscitation.

For small groups or organizations, the Community Health and Wellness Team can work to give you the tools you need to be confident in providing Hands Only CPR.

Participants will learn:

- Signs of a cardiac arrest
- What to do in an emergency
- Skills to perform Hands Only CPR

To schedule a presentation for your group or organization, call Evangelical Community Health and Wellness at 570-768-3200



WELLNESS 360

Evangelical's New Active Aging Network

Wellness 360 is Evangelical's active aging network that helps people 55+ to connect, learn, and live their healthiest lives. Membership is free and includes many perks, such as early notification of upcoming events, free health screenings, educational opportunities, and discounts at local businesses.

Sign up for FREE today:

www.EvanHospital.com/wellness360





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Did you receive multiple copies of the newsletter in your household and prefer just to receive one? If so, email KeystoneACO@KeystoneACO.org and request to be removed from our distribution list. Be sure to include the name and address of the person to be removed.

High blood pressure, usually considered $\geq 130/80$, has many possible causes, including genetics, environmental risk factors, being overweight, sodium intake, potassium intake, physical activity and alcohol use.



About high blood pressure

HBP increases your risk for heart disease and stroke. Controlling HBP significantly reduces your risk for cardiovascular disease death and leads to better health outcomes.

Non-medication treatment options include lifestyle changes such as weight loss, dietary changes (reducing sodium intake and increasing potassium intake), increasing physical activity, reducing alcohol consumption and quitting smoking. When non-medication options alone don't work, doctors may prescribe medications, too. These can vary depending upon blood pressure level, age, cardiovascular risk factors and other factors such as chronic kidney disease.

So, be sure to see your primary care doctor to understand your BP readings and possible treatment.