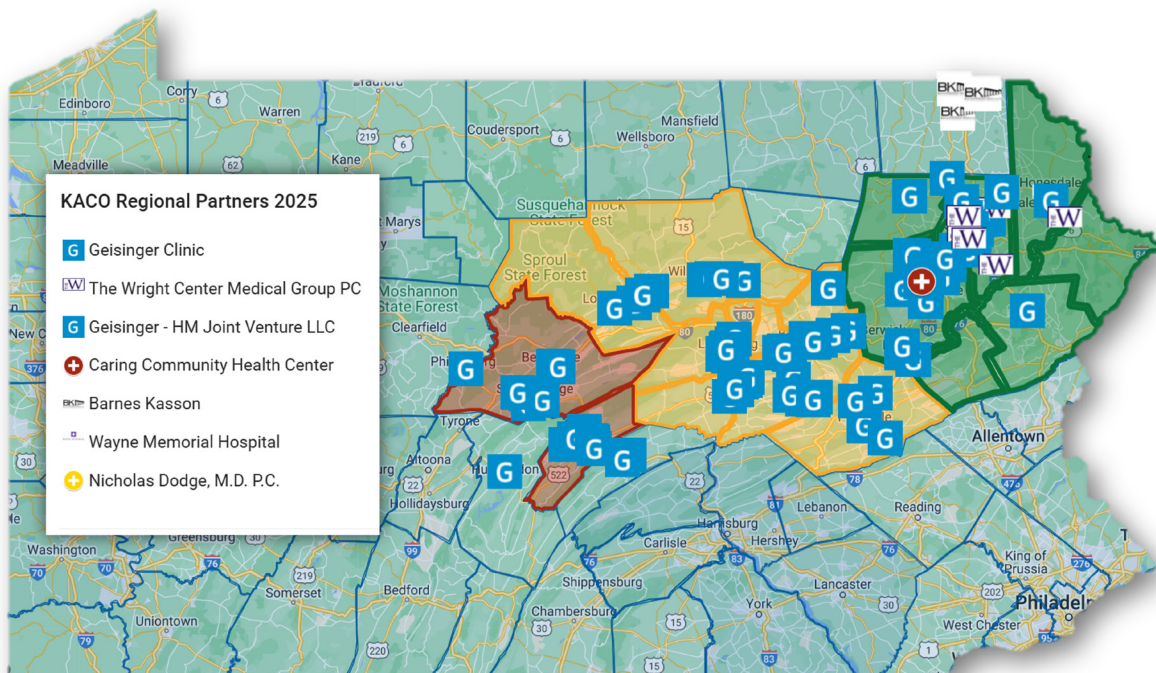
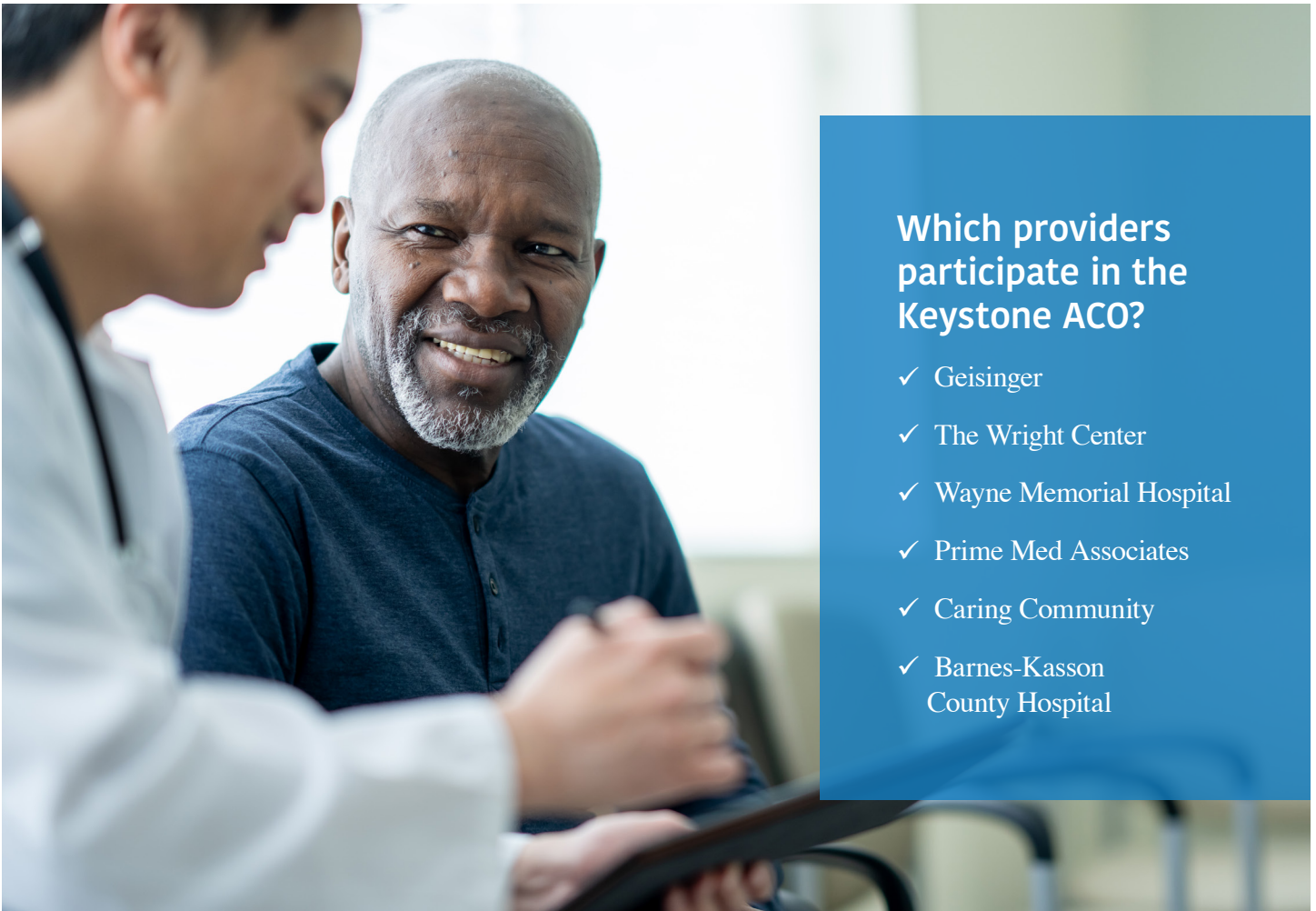

Welcome to the spring 2025 edition of the Keystone Accountable Care Organization (ACO) newsletter!

This year, the Keystone is set to partner with a network of medical groups and participating hospitals that provide care for about 42,000 Medicare beneficiaries across central and northeast Pennsylvania. This newsletter defines the ACO and benefits with an added recipe. Happy spring everyone!



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.



Which providers participate in the Keystone ACO?

- ✓ Geisinger
- ✓ The Wright Center
- ✓ Wayne Memorial Hospital
- ✓ Prime Med Associates
- ✓ Caring Community
- ✓ Barnes-Kasson County Hospital

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

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-visit 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

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.

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

Selecting a primary care provider

Medicare beneficiaries may select their primary care provider (PCP) on the [medicare.gov](https://www.medicare.gov) website. The how-to video is located on YouTube at <https://youtu.be/AZ7h-rqshG4>. View the Spanish-language version at <https://youtu.be/baCO37UqJHU>.



Schedule preventive screenings:

- ☐ Mammograms
- ☐ Eye exam
- ☐ Annual wellness visit
- ☐ Colonoscopies
- ☐ Dental visits
- ☐ Flu and COVID vaccines

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)

Geisinger Wellness Events

Event	Start	End	Location	Day	Time
A Matter of Balance	April 17	June 5	65 Forward Coal Twp.	Thursday	1 – 3 p.m.
A Matter of Balance	May 14	July 2	65 Forward Shamokin Dam	Wednesday	1 – 3 p.m.

Register for these free programs at events.geisinger.org or by calling 866-415-7138 (PA relay 711). You must be 65 or older to attend.



Breakfast apple crisp

Ingredients

- 4 red apples, cored and diced
- 1 teaspoon cornstarch
- 2 teaspoons cinnamon
- 3 tablespoons sugar
- 1 cup quick oats
- 3 tablespoons maple syrup

Directions

1. Preheat the oven to 350°. Lightly spray a 9-inch pie plate with cooking spray.
2. Mix apples with cornstarch, 1 teaspoon cinnamon and sugar.
3. Transfer mixture to pie plate.
4. Combine quick oats, remaining cinnamon and maple syrup.
5. Evenly spread topping over apples and bake for 1 hour.
6. Serve warm, room temperature or chilled.

Nutrition facts

Per serving (1/4 of recipe)

Calories: 253 kcal, Fat: 2 g, Saturated fat: <0.5 g, Cholesterol: 0 mg, Protein: 3 g, Carbohydrates: 53 g, Sugar: 37 g, Fiber: 7 g, Sodium: 5 mg, Calcium: 50 mg, Iron: 1.2 mg, Vitamin C: 8 mg, Beta-carotene: 61 mcg, Vitamin E: 0.5 mg

Reference: [pcrm.org/good-nutrition/plant-based-diets/recipes/breakfast-apple-crisp](https://www.pcrm.org/good-nutrition/plant-based-diets/recipes/breakfast-apple-crisp)

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To reach us: Call 570-271-6403 or email keystoneaco@keystoneaco.org



Need help affording your medications?

Programs are available for those who meet financial requirements, and some pharmaceutical companies offer reduced pricing on certain drugs based on financial need. Call 570-808-4704 for help.



Neighborly

Neighborly is an easy-to-use online network that helps you connect to free and reduced-cost programs and services, including food, housing, childcare, transportation, utility assistance, education, healthcare, legal services and financial assistance. Also available as an app. neighborlypa.com.

Don't want to receive this newsletter? Email keystoneaco@keystoneaco.org and ask to be removed from our distribution list. Include the name and address of the person to be removed.



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Medicare resources

For more information on accountable care organizations, contact Medicare at 800-633-4227 and ask for the Medicare ACO Department. TTY users should call 877-486-2048. Or visit medicare.gov/acos.html

To contact Keystone ACO, call 570-271-6403 or email keystoneaco@keystoneaco.org.