

**Mailed Letter: Designated Medical Director to rendering / billing provider of wound care services**

<Organization\_Name>

<Address1>

<Address2>

<City>, <State> <Zip\_Code>

<<Date>>

<Organization\_Name>,

Dear <Billing Provider Org Name>,

We hope this message finds you well. We are writing to you in our roles as a [insert appropriate reference]. As an accountable care organization (ACO), our shared mission is to ensure the best outcomes for our patients while managing the total cost of care of our patient population.

Our ACO identified very concerning cost trends in the use of skin substitutes in wound care for our patient population. In order to guard against inappropriate usage, we are actively monitoring utilization across our network. According to patient medical claims, we have identified you as a biller for skin substitutes for one or more of the patients attributed to our ACO. We are working closely with our ACO primary care partners to review patient diagnoses, clinical context, and any potential adverse effects on patient out-of-pocket costs.

Due to excessive and potentially inappropriate use of these treatments, a new Medicare coverage policy will go into effect next year, to narrow coverage guidelines around appropriate utilization and billing.\*

With this new policy, providers are required to:

1. Follow alternative standards of care for several ulcer types for at least 4 weeks, including conducting and documenting a comprehensive assessment
2. Apply skin substitutes only if the wound is non-responsive to this care plan
3. Limit utilization of the number of applications of skin substitutes to 8 (or 4 if lacking medical necessity attestation) within a 16-week care episode

As a participant in the Medicare Shared Savings Program, our ACO has a legal obligation to report probable violations of the law, such as improper billing practices, to law enforcement.

Our goal is to ensure that treatments align with clinical best practices and cost-effective care. If you have questions, we would be happy to coordinate a meeting with myself and/or our primary care practice partner to discuss their patient's clinical condition, appropriate alternative treatments, and prognosis.

Thank you for your quick attention to this matter. We look forward to collaborating with you to ensure our patients are receiving the best possible care.

\*Local Coverage Determination can be found at: <MAC LCD Link>