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## Upcoming Practice Meetings:

Southern Nevada:  
Wednesday, Sept. 11<sup>th</sup> at  
Desert Springs Hospital

Northern Nevada: Thursday,  
Sept. 12<sup>th</sup> at NNMCM Sparks  
Medical Building

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Jessica S., Larry, Martha,  
Rena, Rhonda, Sara, Scott,  
Sharon, Tommy

## 2018 GPRO Scores - Results

Silver State ACO (SSACO) successfully filed quality reporting on behalf of all its Participants. The overall score for the ACO was 89.29%. This is an improvement over 2017. Our aim for 2019 is to increase the score to 93%. We're proud to note that fourteen of our groups scored at or above 90%. Bravo to those groups and to the many groups who, while not yet at 90%, improved their scores significantly over the past year.

Working together as a team, we can achieve our goals and the goals of CMS – providing excellent, more coordinated care to our patients, and improving outcomes while controlling costs.



Rhonda Hamilton, COO of Silver State ACO, at the Northern Nevada Practice Meeting on May 2<sup>nd</sup>, announcing results of quality reporting and applauding those practices with the highest scores.

## May Practice Meetings

Turnout for the SSACO practice meetings continues to improve as more practice managers and staff appreciate the value of learning about CMS (Centers for Medicare and Medicaid) rules and regulations, as well as

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about opportunities and ideas for improving care and increasing revenue to the practice. There are generally presentations by preferred providers who are outstanding experts in their fields, giving attendees the opportunity to learn from, and connect with, the preferred provider.



*Tammy Malley, Kindred at Home,  
SSACO Preferred Provider for Home Health Care*

Gift baskets are always part of the fun. Each attendee is entered to win. In addition, all respondents to the (this) SSACO newsletter are entered to win a prize. To be entered, respond to the email to which this newsletter was attached, with the words "I'm a winner with SSACO". Then, join us at the next Meeting September 11<sup>th</sup> (S. Nevada) or September 12<sup>th</sup> (N. Nevada) for a chance to win!

### CMS Preventive Services

CMS has announced a new, interactive web tool which will give a practice the ability to know details of billing for preventive services: whether the service is covered under Medicare as well as how frequently you can bill a specific code.

CMS officially launched the new tool which was developed to assist physicians who provide preventive services to Medicare beneficiaries. Not only will it help clinicians properly furnish and bill for Medicare services but it also includes information regarding coding and patient cost. This resource is very easy to use. Just click the following link and chose which services you are interested in learning about:

<https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html>

### HealthInsight Merges and Changes its Name

HealthInsight, which has helped many of our practices with filing Promoting Interoperability (previously known as Advancing Care, and before that, Meaningful Use) has merged with Qualis Health to create a national, nonprofit health care consulting firm, now known as Comagine Health.

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Comagine Health collaboratively reimagines health care with stakeholders through quality improvement, care management, and data analytics, initiatives and services. Marc Bennett, president and CEO of Comagine Health, said “The combination of Qualis Health and HealthInsight has created a trusted powerhouse in the fields of quality improvement, data analytics and care management. Our commitment to a shared mission ensures our clients and stakeholders receive services that truly improve the state of health care and health in the communities we serve.”

Comagine Health works within communities to solve the most challenging problems in health care. Services include practice transformation consulting and working with government, private funders and cross-system stakeholders to improve care delivery and outcomes through a variety of programs and initiatives. Comagine Health is also a Medicare Quality Innovation Network – Quality Improvement Organization (QIN-QIO) in six states — Idaho, Nevada, New Mexico, Oregon, Utah and Washington — and works with state Medicaid agencies in numerous others.

Comagine is a not-for-profit organization and continues to offer services at no cost to the practice. For additional information, please contact Aaron Hubbard at (702)948-0303 or Office: (702) 948-0306 or (702) 948-9331.

Reminder: Compliance Line

When Silver State ACO upgraded to a new phone system, the Compliance line number was updated. Please be sure to post the new number

702-751-0834

Important Letter from CMS about the Opioid Epidemic

Dear Health Care Provider: Thank you for your participation in Medicare and the services you and your colleagues provide to more than 55 million people with Medicare. You are integral to our work at the Centers for Medicare & Medicaid Services (CMS) to combat the opioid epidemic. We recently published an opioids roadmap at <https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/Opioid-epidemic-roadmap.pdf> outlining our efforts to address this issue of national concern. In this roadmap, we detail our three-pronged approach, focusing in on preventing new cases of opioid use disorder, treating patients who have opioid use disorders, and using data from across the country to target prevention and treatment activities. CMS is working with the U.S. Department of Health

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and Human Services (HHS) to encourage health care providers to co-prescribe naloxone to certain at-risk patients who use opioids. We are also strengthening Medicare drug plan policies to promote care coordination and safe use of prescription opioids, and encouraging health care providers to promote a range of safe and effective pain treatments, including courses of action other than opioids.

Co-prescribing Naloxone: HHS issued guidance (at <https://www.hhs.gov/opioids/sites/default/files/2018-12/naloxone-coprescribing-guidance.pdf>) and recommended a set of indications for naloxone prescriptions. As a provider, you can have important conversations with your patients about pain management, and opioid safety. You can help expand naloxone access and awareness by co-prescribing naloxone for certain patients who get opioids for pain management and who may be at-risk for an opioid overdose. In concert with standing pharmacy orders, pharmacist prescriptive authority, and other naloxone laws, regulations and policies, your action can help ensure your high-risk patients have naloxone more readily available to them, and, when needed, to their families and caregivers.

New Medicare Part D Opioid Policies CMS recently finalized new policies for Medicare drug plans, effective January 1, 2019. The policies broaden our partnership with providers to address the opioid crisis while maintaining access to needed medications. It's very important you understand the new policies to minimize additional burden on you and your patients. It is also critical in avoiding adverse and unintended impacts on your patients' access to prescribed opioids. Our approach centers on increasing communication tools to improve safety, especially as we process opioid prescriptions. The new policies include improved safety alerts (pharmacy claim edits) when a patient fills an opioid prescription at a pharmacy, and drug management programs to help coordinate care for patients with high-risk opioid use, such as those receiving high levels of opioids from multiple prescribers and/or pharmacies. Detailed training materials about these new policies are available:

- A Prescriber's Guide to the New Medicare Part D Opioid Overutilization Policies for 2019: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/se18016.pdf>

Maintaining PECOS Enrollment: Medicare Revalidation Requirements for All Medicare-Enrolled Providers and Suppliers

Medicare providers/suppliers must revalidate their enrollment record information every 3 to 5 years. In accordance with Shared



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Savings Program guidelines, ACO participants and SNF affiliates must be enrolled in Medicare. In order to minimize jeopardizing their ACO participant status, the following tools are available to ACOs and ACO participants to remind ACO providers/suppliers and SNF affiliates to revalidate in a timely manner to maintain active Medicare enrollment. Note that ACO participants and ACO provider/suppliers must revalidate their enrollment information; ACOs may not revalidate their ACO participants and ACO provider/suppliers Medicare enrollment.

There are several ways that entities can determine revalidation information:

- The most efficient way for an entity to submit revalidation information is by using the internet-based Provider Enrollment, Chain, and Ownership System (PECOS) on the CMS website. PECOS allows you to review information currently on file, electronically update and submit your revalidation, and electronically sign after uploading supporting documentation. It is important for entities to keep all of their contact information in PECOS up to date, so the Medicare Administrative Contractor (MAC) can contact them as needed. Revalidation cannot be completed through ACO-MS. Providers and suppliers must contact their respective MACs or use PECOS to revalidate their information.
- A listing of all currently enrolled entities is available by using the Medicare Revalidation List. You can search for an entity by last name, first name, organization name, or by National Provider Identifier; or download a list of all revalidation due dates. Those on the list due for revalidation will display a revalidation due date. All other entities with more than 6 months until their revalidation due date will display "TBD" (to be determined) in the due date field.

The revalidation due date will be posted up to 6 months in advance of the revalidation due date to provide sufficient notice and time for the entity to comply. All due dates will continue to be displayed on the website even after an entity has revalidated successfully. If an entity does not submit a complete revalidation application by its due date, it faces a possible hold on its Medicare payment, deactivation of its Medicare billing privileges, and will be ineligible to participate in the Shared Savings Program.

Reminder - Next practice meetings:

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Northern Nevada: NNMC Sparks MOB - Thursday, September 12<sup>th</sup>.

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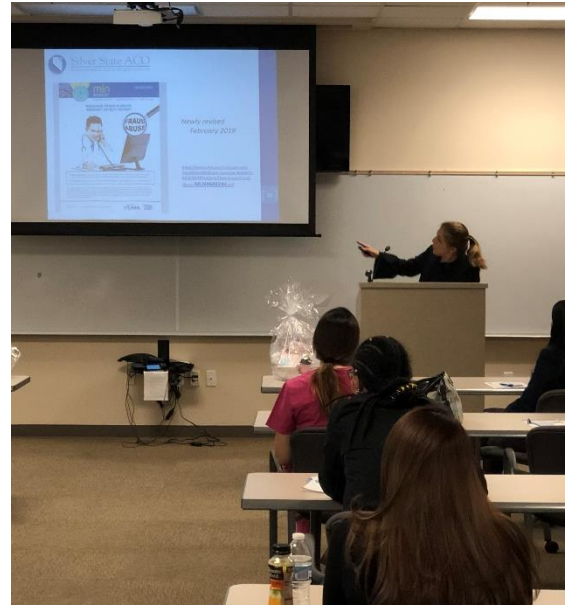
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## Southern Nevada Practice Meeting - May 1, 2019



Pictured Left: Raffle Winner Sheila Van Son,  
Las Vegas Medical Group with  
Sharon Watson, SSACO



Pictured Above: Rena Kantor,  
SSACO Compliance Officer



Raffle Winner Alysha Revelle, Nevada Cardiology,  
with Rena Kantor, SSACO Director of Operations



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# Northern Nevada Practice Meeting - May 2, 2019



Pictured Left: Robin Krueger  
Director of Physician Relations  
Northern Nevada Medical Center



Pictured Right: Jamie Campbell, SSACO  
Quality Coordinator



Pictured Left: Dr. Purohit, CEO, CMO  
US Health Systems  
Speaking on Care Management and  
Coordination of Care