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3D Mammography now offered at Northern Nevada Medical Center (NNMC)

The Diagnostic Breast Care Center at NNMC now offers 3D mammography to patients! Their new technology provides better, earlier breast cancer detection (compared to 2D alone), greater accuracy and a reduced chance of the need for additional screenings.

To schedule your annual screening, call 775-356-5800.

What should I expect during my Genius™ 3D Mammography™ exam?

The process of a Genius 3D™ exam is the same as a conventional 2D exam. The technologist will position the patient, compress the breast, and take images from different angles. There is no additional compression required with the Genius exam, and it only takes a few extra seconds.

Who can have a Genius™ 3D Mammography™ exam?

The Genius exam is more accurate for women of all ages, with both dense and non-dense breasts, and the Genius exam is the only mammogram FDA approved as superior for women with dense breasts.

What about radiation?

The Genius exams are comparable to a conventional 2D mammogram when using low dose software.

How does the Genius™ 3D MAMMOGRAPHY™ exam work?

The Genius exam allows doctors to examine breast tissue layer by layer. Therefore, instead of viewing all of the complexities of the breast tissue in a flat image, as with conventional 2D mammography, fine details are more visible and no longer hidden by the tissue above or below. A good analogy for the Genius exam is like thinking of the pages in a book. If you look down at the



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cover, you cannot see all of the pages. When you open it up, you can go through the entire book page by page to see everything between the covers.

QUALITY MEASURES SPOTLIGHT

Colorectal Cancer Screening

The Centers for Medicare and Medicaid Services (CMS) requires the ACO to report several Quality Measures on behalf of our Participant Practices. This month we are focusing on the “Colorectal Cancer Screening” measure.

CMS requires patients 50-75 years of age to have an appropriate screening for colorectal cancer. Patients with a diagnosis or documented history of colorectal cancer or a total colectomy will be excluded from this measure.



SPOTLIGHT

Appropriate screenings are:

- Fecal Occult Blood Test (FOBT) every 12 months
- Flexible Sigmoidoscopy or CT Colonography every 5 years
- Colonoscopy every 10 years
- Fecal Immunochemical DNA Test (FIT-DNA) every 3 years

This measure may be documented during a telehealth encounter.

Regardless of whether the documentation is made during an in office visit or a telehealth encounter the documentation in the medical record must include the following:

1. Type of test
2. Date test was performed (Year is **required**)
3. Results or findings. “Normal” and “Abnormal” are acceptable results

Below are some examples of documentation that Medicare will accept. As you will see these include all of the elements listed above:

- Colonoscopy 2018 Abnormal
- FOBT 2021 Normal

Below are examples of documentation Medicare will not accept because they do not contain all three of the required elements:

- Normal FOBT (**Missing year completed**)
- Colonoscopy 2019 (**Missing result/finding**)

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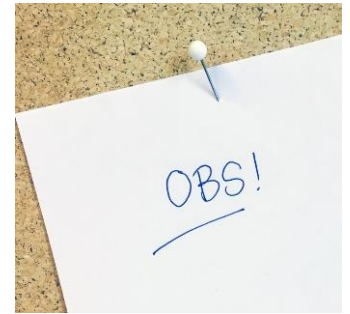


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Please reach out to your Quality Coordinator if you have any questions or need help meeting this measure.

DISCHARGE From "OBS"

As mentioned in last month's newsletter, CMS will pay for a TCM (Transitional Care Management) visit after a discharge from Observation ("OBS") at an acute facility, on the same basis as if discharge was from an inpatient stay. SSACO feels it's important for our Participants to know this because seeing a patient after an OBS stay may prevent a true admission. The patient was ill enough to go to the ER and, in fact, not well enough for the ER doctor to simply send the patient home, albeit not sick enough to be admitted.



We are pleased to report that discharges from OBS are now specified as such in Experian notification emails. It includes all the



same information as discharge from acute facility notifications do – facility, reason for admission to OBS, attending physician, PCP name.

Please remember that you can request assistance for these patients, as well as any others you identify as "high risk" for admission, by reaching out to **US Health Systems**, SSACO care coordinators. They can be reached at **833-208-0588**.

ADVANCE CARE PLANNING

Who will speak for your patients when they can no longer effectively speak for themselves – whether physically, mentally or emotionally? All patients, regardless of age, should have a written directive which expressly informs both their caretakers and their family of their wishes. When a person's feelings about palliative care, hospice or end of life issues is clearly stated, it's easier for all parties to fulfill the patient's wishes. This also avoids unnecessary hesitation, care or interference which might be completely at odds with what the patient wants, cares about, or believes in. It could also result in substantial costs for that care – albeit unwanted or unnecessary.



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CMS understands this and is willing to pay for a doctor or other qualified health care provider to spend time helping patients contemplate and settle their wishes, i.e. “advance care planning”. Medicare Part B pays a substantial amount to the provider. Although this can be done as part of any medical treatment visit, if done as part of the Annual Wellness Visit, the patient will pay *nothing – no copay or deductible*.

CPT Code 99497 is for the first 30 minutes, face-to-face with the patient, family member(s) and/or surrogate. CPT Code 99498 is for each additional 30 minutes. CMS notes that there are no limits on the number of times you can report ACP for a given



patient in a given time period (assuming, of course, that the time was spent effectively). Attached to the email of this newsletter is a Medicare Learning Network Fact Sheet, updated in October 2020, with additional detail.

An advance directive is an important legal document that records a person’s wishes about medical treatment at a future time, if the person is not able to make decisions about his/her care. The provider should explain this to the patient, reminding him/her to carefully consider who he/she would want to speak on his/her behalf and what directions or views/beliefs should be considered. An advance directive can be updated at any time.



Clarification re: CMS Claims Data

CMS shares claims data on all SSACO attributed beneficiaries.



This includes claims paid to *all* providers, not just those associated with SSACO or part of our Preferred Provider Network. CMS shares this information in the belief that better results may be possible if a PCP has all the information about his patient’s past medical visits, procedures, or record. A patient may, purposely or inadvertently, omit details of his/her medical history.

We have clarified with CMS that, in order to provide better or more comprehensive quality care, a PCP may reach out to any other healthcare provider who has delivered services to the patient. Basically, that’s the point!

CAHPS Education – Improving the Patient Experience

It is beneficial to your practice, your patients and to the ACO to take steps to ensure that your patients have the best experience possible when interacting with you. Patient satisfaction affects clinical outcomes and patient retention. A loyal and satisfied patient is more likely to adhere to provider recommendations, improving clinical outcomes and controlling expenditures.

Below are categories that are key to the patient experience along with suggestions for improving the experience for your patients.

Timely Care, Appointment and Information

Schedule your patients as soon as possible for an illness, injury or condition that needs care right away. Whenever possible, return patient calls/answer patient medical questions the same day that they call.



Provider Communication

Providers should explain things in a way that is easy for the patient to understand.

Rating of Provider

Ask your patients how they would rate their provider on a scale of 0-10, asking for feedback will let you know what areas may need improvement.

Courteous and Helpful Office Staff

Be sure all of your office staff treat every patient with courtesy and respect.

Access to Specialists

Assist your patients in obtaining appointments with any specialists you refer them to.

Health Promotion and Education

Be sure a member of the patient's health care team discusses exercise/physical activity and healthy diet with the patient.

Shared Decision Making

Encourage the patient to be involved in their medical care. I.e. ask the patient how they feel about starting/stopping medications, etc.

Be sure your providers talk about how much personal health information the patient wants shared with family or friends.



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Stewardship of Patient Resources

Be certain someone on the health care team discusses how much the patient's prescription medicines cost and if possible/appropriate offer a lower cost alternative. Hand out Nevada Drug cards (discounts for prescriptions) and discuss with patients.



Care Coordination

Whenever one of your providers order tests (labs, x-ray, etc.) be certain that someone on the health care team contacts the patient to provide the results.



Public Health Emergency

On April 15th, Congress extended the Public Health Emergency, established because of the COVID-19 epidemic, for an additional 90 days. Current waivers and billing changes will remain in place at least until then. That being said, we encourage our practices to remain vigilant in establishing good workflows and a system of checks and balances that will allow an easy transition back to "normal" systems when the PHE expires.

Security Reminder

In 1736, Benjamin Franklin said, "An ounce of prevention is better than a pound of cure." That mostly still holds true. However, when it comes to protecting data – electronic and otherwise – the axiom may fall short of its intended meaning as there may be no real cure. Once data is "out of the bag" it can take a life of its own, with unintended and, possibly, damaging consequences.



We remind our practices time and again to be mindful of security issues and weaknesses. Educate your staff. Pay attention to your IT team and vendors. Spend the time and assets that security and compliance demand.

Perhaps a better saying to keep in mind is "Better safe than sorry!"

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Speaking of “Better Safe than Sorry”...

To ensure you and others stay safe, authorities recommend that you continue to abide by COVID restrictions.



It's May. June is Around the Corner....

All Participant Agreements for practices wanting to join Silver State ACO for 2022 must be uploaded to CMS by June. If you know of a quality practice that could benefit from participating with us, please let us know. We'll be happy to reach out to them. Keep in mind that we are looking for well run and coordinated, quality PCP practices, as the right “match” that can benefit SSACO and our Participants as much as we can help them

CMS is changing quality reporting and requirements. Helping our participant practices navigate CMS requirements, identify gaps in care (and ways to correct them) and develop systems for improvement have been a major help to our practices. Earning Shared Savings is a “bonus”.

All those who make a recommendation will receive two additional entries into the prize drawing at the September practice meeting. For a single entry, please respond to the email to which this newsletter was attached with the phrase “Yes, we care!” in the subject line.

2021 Practice Meeting Dates

Join us to meet other Participants, learn about ACO and CMS requirements, find out about new opportunities and pick up good information about coding and what works for other practices (and, maybe even win a prize!).



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Currently scheduled: Two sessions (7:30 and 11:30 a.m.) each of the following dates:

Wednesday, September 29th at Desert Springs Hospital

Wednesday, November 3rd at Summerlin Hospital

Northern Nevada:

Currently scheduled: at 5 p.m. at Sparks Medical Building each of the following dates:

Thursdays, September 30th, November 4th

Additional Resources

US Department of Health and Human Services Guidance re: Telehealth

<https://telehealth.hhs.gov/>

Comprehensive information about Medicare billing/ COVID-19:

<https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>

CMS:

<https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf> . Additional information about COVID-19 and reopening can be found at:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html> and at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>.

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Covered influenza, clinical diagnostic / COVID-19 lab tests:

<https://www.cms.gov/files/document/covid-ifc-2-flu-rsv-codes.pdf>

OIG Exclusions Program and searchable database:

<https://oig.hhs.gov/exclusions/index.asp>



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