



## In This Issue

- Patient Self Reporting
- New measure for 2016 – Statin Therapy
- SSACO moves forward to 2017
- Recommendations?

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[www.silverstateaco.com](http://www.silverstateaco.com)

Who we are, who our members are, preferred providers, hospitalists, board of directors, management

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## Patient Self-reporting

CMS allows patients to self-report on certain quality measures and requires providers to document these items in the patient chart. The quality measures CMS allows patients to self-report, and some specifics of reporting are:

- *Influenza Vaccine*: Report date vaccination received. For 2016 CMS requires that you report for the prior influenza season (August 1, 2015 through March 31, 2016). i.e. “Patient reports receiving flu vaccine in October 2015”.
- *Pneumonia Vaccine*: Report date vaccination received (year alone is sufficient) and if the patient self-reported in 2015 or later CMS requires the **type** of vaccine received be documented. i.e. “Patient reports receiving PCV13 in 2015”.
- *Mammogram*: Report date patient had the mammogram done, along with result, i.e. “Patient reports Mammogram completed in October 2015, WNL”.
- *Colonoscopy*: Report date patient had the colonoscopy done, along with the result, i.e. “Patient reports colonoscopy completed in October 2015, WNL”.
- *Diabetic Retinal Eye Exam* (for patients with a *confirmed* diagnosis of diabetes only): Report date, type of screening, result and that the test was performed by/reviewed by an eye care professional during the measurement period. i.e. “Diabetic retinal eye exam was performed by ophthalmologist on 09/01/2016 and was negative for retinopathy.”

Did you know? The *Fall screening* measure is the only measure that CMS allows to be done by phone. The only requirement is that a qualified medical professional ask & document in the chart the patient’s response to the following question “*Have you fallen in the past 12 months?*”

## New 2016 CMS Quality Measure: Statin Therapy

This new measure looks at the percentage of the following patients –all considered at high risk of cardiovascular events –who were prescribed or were on statin therapy during the measurement period (2016):

- Adults aged  $\geq 21$  years who were previously diagnosed with, or currently have an active diagnosis of, clinical atherosclerotic cardiovascular disease (ASCVD)
  - CMS has defined ASCVD as: Acute Coronary Syndromes, History of Myocardial Infarction, Stable or Unstable Angina, Coronary or other Arterial Revascularization, Stroke or Trans Ischemic Attack (TIA), Peripheral Artery Disease (PAD) of atherosclerotic origin.

- Adults aged  $\geq 21$  years with a fasting or direct low-density lipoprotein cholesterol (LDL-C) level  $\geq 190$  mg/dL at any time.
- Adults aged 40 –75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70 –189 mg/dL during 2014, 2015 or 2016.

#### **Audit Criteria –Required Medical Record Documentation**

1. Confirm Patient is in one of the above risk categories
2. Confirm Patient is a statin therapy user or received a statin therapy prescription during measurement year and documentation is in chart
3. If medical exclusion applicable –indication of medical condition in chart
4. If patient refused –indication of patient refusal and reason in chart

Attached to this email is a full, updated QM codes and audit criteria document for all 18 quality measures reported via GPRO.

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## Silver State ACO – Forward to 2017

Silver State ACO originally contracted with CMS to operate as an MSSP (Medicare Shared Savings Program) Track 1 ACO for a three year term beginning January 1, 2014 and ending Dec. 31, 2016. Since then, CMS has added other tracks and has changed some of its regulations, based on experience, results and feedback from ACOs. Within the past few months CMS announced that it would allow 2014 Track 1 ACOs to either transition to a Track 3 (risk based) ACO, or continue as a Track 1 (no risk) ACO. Based on SSACO's experience in gaining traction, implementing systems, and seeing the positive results of our operations, The Board of Directors of SSACO voted to continue as a Track 1 ACO for an additional three year term.

## Recommendations?

CMS does consider this a new contract and, therefore, requires that our existing Participants sign new Participant Agreements. CMS allows new groups to join the ACO only once a year. Do you know of any practices that would benefit from all Silver State ACO has to offer? Do you know of providers or practice managers who would like the assistance – like you will get – to understand the new MACRA quality reporting system (that will be replacing PQRS and meaningful use)? If so, please let us know. We will reach out to them to introduce them to SSACO. Keep in mind that time is short. CMS has a very strict deadline. All Participant Agreements must be uploaded to CMS by the end of this month for a practice to join SSACO effective Jan. 1, 2017. After that a practice will not have the opportunity to join *any* ACO until next year, with an effective date of Jan. 1, **2018!**

Thanks for your recommendations.

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*Quotes: "A wise man should consider that health is the greatest of human blessings and learn how by his own thought to derive benefit from his illnesses" Hippocrates, (460 – 370 BC -Greek physician during the Golden Age of Athens).*