Newsletter

Silver State ACO
Accountable Care Organization

April, 2015 Volume 4

In This Issue

Visit our Website

www.silverstateaco.com
Who we are, who our members are, preferred providers, hospitalists, board of directors, management

Contact Us:

(702) 608-0417

SilverStateACO@
SilverStateACO.com

PQRS – Is it costing you $$$?

PQRS (Physician Quality Reporting System) was initiated as a voluntary program, and CMS was using incentive payments to get groups to comply. Beginning in 2015, CMS will subject practices to a *negative payment adjustment* if they did not satisfactorily report data on PQRS quality measures during 2013. CMS is beginning to use these adjustments to encourage eligible health care professionals to report on specific quality measures. PQRS is designed to give practices, as well as CMS, the opportunity to assess the quality of care they are providing, and to help ensure that patients get the right care at the right time.

A number of our practices are reporting that their payments from CMS, beginning January 2015, now reflect a 1-1/2% reduction. This is because PQRS was not filed (or not properly filed) in 2013. In fact, eligible professionals who did not satisfactorily report data on quality measures for the 2014 PQRS program year will be subject to a 2% negative payment adjustment to their Medicare physician fee schedule for (all!) services provided in 2016.

Participants in Silver State ACO were unable to file PQRS. Instead, GPRO (Group Practice Reporting Option) had to be filed by the ACO as a whole. This required both reporting on clinical quality measures, as well as a survey of patients as to their experience with providers. We are thrilled to report that Silver State ACO has received confirmation from CMS that GPRO was successfully filed. *What this means is that participants in SSACO needn't worry about negative payment adjustments in 2016!*

What is this worth to your practice? Time. Money. (Perhaps quite a bit of it– 2% of all payments you will receive from Medicare in 2016!)

Who / What are we?

CMS requires that there be a poster in each office's waiting area, identifying the practice as a member of Silver State ACO and explaining what that means. This is in addition to notifying the patient directly by mail and / or in person at the office. CMS is very specific as to the verbiage of the poster. We are sure (!) that each of our member practices has this posted. We are glad to report that new, framed posters have been created to enhance the presentation of the required information. These will be hand delivered to each practice within the next few weeks. Please let us know how else we can help you identify your practice as a member of the ACO and /or how to help make your patients more comfortable with the concept of being beneficiaries of the ACO.

Part of the team….

Just a reminder that referring within the Silver State ACO network of PCPs and Preferred Provider Specialists will help us achieve our goals: better patient care, and cost savings.

As a team, we can achieve better care for our patients and better results for our practices.

Remember that Kindred is our partner, providing care management services and helping guide your patients through the continuum of care. Also, as reported in last week's email, Kindred Healthcare has acquired Gentiva Health Services, the largest provider of home health, hospice and related services in the United States. Kindred will be inviting all to an open-house, in June, to see their facilities and meet their staff. Please continue to keep Kindred in mind. Their phone number for admissions for post-acute transitional care hospitals, short term care facility, and Home Health, Hospice and Personal (non-medical) Home Care Assistance, is (702) 262-2233. In addition, the 24/7 dedicated ACO coordination line (true emergencies only, after hours, please) is 702-787-6239.

A 24/7 number to call - another way that being part of the SSACO team helps you!

Did you know….

> Did you know that Medicare pays over $430 billion for more than 45 million beneficiaries each year (2013)?

That's an average of over $9,500 per Medicare beneficiary. Silver State ACO's beneficiaries average cost is higher than that. YOU can be part of the effort to control costs by helping your patients understand why they should not opt out of allowing CMS to share their claims data. YOU can utilize the data, helping to minimize unnecessary and duplicative services that add nothing to the actual care or well-being of the patient, but, perhaps, a lot to the cost.

CMS is working harder than ever to make sure the money is going to the right place and being utilized to the greatest benefit for the patient. We should be, too.