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HEALTH INSURANCE for MEDICAL PRACTICES

As medical practices, we are engaged with many different insurance companies. But how are *our* employees getting their health insurance? It's a tough (and expensive) issue. Silver State ACO has learned of an excellent option for health care practices, particularly very small practices who have found themselves with limited options, to consider:

Could you be getting more from your health insurance?

Consider an Association Health Plan for broad, national network access with affordable rates

Washoe County Medical Society (WCMS) has partnered with [Prominence Health Plan](#) to bring high-quality, affordable health insurance to medical practices across the state. As a small employer, you need a minimum of 2 (unrelated) employees to be eligible with up to 50 full-time employees to enroll into the Washoe County Medical Society Association Health Plan.

Association Health Plan Highlights:

- Six plan options available including HMO, HMO Freedom & PPO; groups can select up to three for employee choice
- All plans are open access, which means no referrals required to see a specialist
- Comprehensive local provider network with some plans that include national network coverage for those members who live, work or travel outside of Nevada
- This is not an ACO-specific health plan, coverage options are offered to all WCMS membership
- Practices interested in the options can enroll at any time, they do NOT have to wait for their existing carrier renewal date



Next Practice Meetings:

Southern Nevada:

September 29, 2021

Northern Nevada:

September 30, 2021

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Happy 4th of July

Not a WCMS Member?

No problem. Visit www.wcmsnv.org for more information, including membership details. Enroll today so your practice can get the type of health insurance benefits that will help retain and recruit practice employees.

Is your practice located outside of Washoe County?

That’s not an issue either! The Clark County Medical Society has created an affiliation program that extends the health insurance program to providers that practice in Clark County.

Ready to enroll or need more information?

Contact your broker and ask for an Association Health Plan from Prominence. You can also email PHP-GroupQuotes@uhsinc.com and a friendly member of our sales team can assist.

Prominence Health Plan is a subsidiary of Universal Health Services, Inc. (UHS), one of the nation’s largest and most respected providers of hospital and healthcare services. UHS also maintains an active partnership in the Silver State ACO.

QUALITY MEASURES SPOTLIGHT

Diabetes: Hemoglobin A1c Poor Control

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 Diabetes Hemoglobin A1c measure.



SPOTLIGHT

For this measure CMS requires patients with an active diagnosis (or documented history of Type I or Type II diabetes) and who are between the ages of ages 18-75 to have an HbA1c completed during 2021. Patients with a diagnosis of secondary diabetes due to another condition will **not** be included.

This measure focuses on “poor control” and is “reverse weighted”, meaning the lower your score – the better. Throughout the year, Quality Coordinators will review lab results periodically to update the measure, as CMS requires we report the most recent result.

CMS considers HbA1c to be “controlled” if it is 8.9% or lower.

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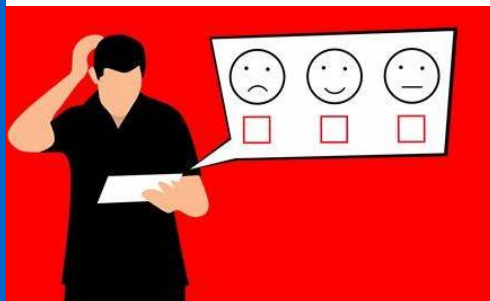
When auditing your charts for measure compliance your assigned Quality Coordinator will first confirm that the patient has a diagnosis of diabetes using the patient’s active problem list/diagnosis list or the diagnosis listed in an office visit encounter. Once the diagnosis and age parameter are confirmed, the Quality Coordinator will then verify that the patient has had an HbA1c completed during 2021.

Having the official lab result in the patient’s chart will usually meet the CMS documentation requirements. The documentation **must** include the date the test was performed (or the date the lab result was received) and the HbA1c result in order to meet the CMS requirements. CMS will also accept HbA1c finger stick tests administered by a healthcare provider at the point of care and will accept “patient reported” results. Documentation of the test may be completed during a telehealth encounter or an in office visit.

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

CAHPS SURVEY

Over the past few years, each time that CMS has changed ACO quality measures and reporting requirements, the one thing that seems not to change is CMS’s focus on patient experience. Although specifics and standards have changed, the importance of how the



patient perceives his/her provider’s care and concern continues to be calculated as part of the overall quality score. CMS is interested in the patient’s view of the care, as well as the results. Questions are asked

about whether the patient feels that he/she is listened to, how engaged and polite office staff is, and even if the wait time was too long. Patient opinions and consideration are given more importance and are weighted more heavily than in the past.

CMS gauges the patient experience using a survey known as The Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS). The CAHPS survey focuses on how patients experienced or perceived key aspects of their care. The CAHPS survey falls under the Quality category that Silver State ACO (SSACO) is required to report to

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The Centers of Medicare and Medicaid Services (CMS) on behalf of its participating practices.

It is beneficial to your practice, your patients and 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.



Below are categories that are key to the patient experience. Suggestions for improving the patient experience related to each category are in the table below.

CATEGORY	Suggestions for improving the patient experience in your practice
Timely Care, Appointment and Information	Schedule your patients as soon as possible for an illness, injury or condition that needs care right away
Provider Communication	Providers should explain things in a way that is easy for the patient to understand Whenever possible, return patient calls/answer patient medical questions the same day that they call
Rating of Provider	Ask your patients how they would rate their provider on a scale of 0-10
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. For example, when discussing starting or stopping a prescription medicine, ask the patient how they feel about this. Be sure your providers talk about how much personal health information the patient wants shared with family or friends
Stewardship of Patient Resources	Be sure someone on the health care team discusses how much the patients prescription medicines cost and if possible/appropriate offer a lower cost alternative
Courteous and Helpful Office Staff	Be sure your front office staff treat all patients with courtesy and respect
Care Coordination	Whenever one of your providers orders tests, x-rays, etc., be certain that someone on the health care team contacts the patient to provide the results

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CMS does not share results of the CAHPS survey by practice. Rather, they score the ACO as a whole. In short, that means that we can't reward any particular practice for outstanding "customer service." The reward comes in the form of good results, satisfied patients... and Shared Savings, should we earn it. The only way for Silver State ACO to be successful is for every practice to do its best to get good results for its patients, and for every provider and employee to do his/her best to be sure that patients are engaged, educated, and feel cared for.

We've said it before and we'll say it again. How well your providers and clinic score affects the entire ACO, not just your practice. So, do onto others as you'd like done onto you.

EXPERIAN NOTIFICATION SYSTEM – CHANGES COMING!

Silver State ACO Participant practices who use the Experian notification system have come to appreciate its value. Knowing that a patient has been discharged from the hospital gives the practice the ability to reach out and have the patient seen for a post-acute follow-up. Studies have shown that if a patient sees his/her doctor soon after discharge, the likelihood of readmission is dramatically reduced, and ultimate outcome improves. In addition, the practice can bill for a Transitional Care Management (TCM) visit, for which CMS pays substantially more than for a "regular" visit.

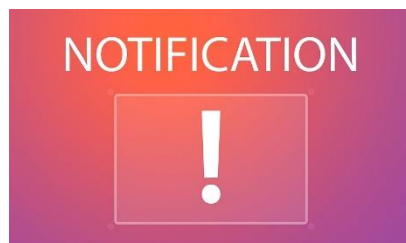


If you are not already using the system, please reach out to your quality coordinator for more details.

We are currently working with additional acute facilities, particularly in Northern Nevada, to foster cooperation with Experian. Once these facilities contract with Experian, our practices should receive more even more complete data.

Experian has recently informed us that they will be transitioning to a new platform. The upgrade has been designed to give practices the same – or more – data, but in a more efficient way.

Practices will still receive an email notifying them that a patient has been discharged. Once the upgrade is implemented, more data will be displayed on the initial screen, without the need for additional clicks. In addition, users will now be able to download the information into an Excel spreadsheet. We're especially excited about this upgrade.



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That being said, change is never easy. Practice staff with access to Experian will be notified before the change goes into effect and will have a training session available to them. But, do be aware that the first week or two after the changeover there may be duplications or quirks in the data. Silver State ACO is working closely with Experian to ensure as smooth a transition as possible. If, at any point, you have issues or questions, feel free to reach out to your quality coordinator or directly to Rena Kantor, Director of Operations, at 702-751-0945.

Cyber Security and HIPAA

Summer is here and many people are thrilled to “get out and go”, especially this year after months of “distancing” from everyone and everything. Remember that cybercriminals do not go on vacation. They sit in their little air-conditioned cubicle looking for ways to steal information. And their “theft” could make your life



miserable. The U.S. Department of Health and Human Service’s Office for Civil Rights in Action (OCR) issued a warning about vulnerabilities, especially in network management systems.

Cybercriminals use devious forms of email and phishing campaigns to infect computers allowing them to steal data or to lock the data from its rightful owner, and then demanding ransom to release it. Medical practices are particularly vulnerable as the data has a high resale value as well as being so important to the rightful owner that a practice may be willing to pay dearly to have access restored.

And, that doesn’t even speak to the tremendous risk posed to the patients if their medical records become unavailable or are compromised in any way. The best defense to any computer generated threat remains engaged, educated and attentive staff. Repetition – particularly when done creatively – does work!

On the topic of paying attention...here’s the clue for those



wanting to be entered to win a prize at the next practice meeting: Respond to the email to which this newsletter was attached, with the words, “Cybercriminals don’t go on vacation. Neither does Silver State ACO.”

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2021 Practice Meeting Dates

Southern Nevada:

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 and November 4th

Additional Resources

US Department of Health and Human Services Guidance re: Telehealth

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

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

OIG Exclusions Program and searchable database:

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

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