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STATUS IS EVERYTHING

Do you know your QP (Qualifying APM Participant) status? For 2020 your requirement to file MIPS – or not - is dependent on it, so it's very important. It also determines eligibility for the APM incentive payment.

The Centers for Medicare and Medicaid Services (CMS) is reminding all practices to review *each and every NPI provider* who bills under its TIN by using the QPP Participation Tool (QPP.CMS.GOV/participation-lookup). Each provider who **DOES have** QP status does not have to file any MIPS category, including Promoting Interoperability. Any provider who does *not* have QP status is required to file MIPS.

Being a Silver State ACO Participant gives practices many benefits, including in connection with filing MIPS. However, the responsibility to ascertain each individual's QP status remains with the practice. Be sure to review yours before year end.

For further details, please contact your quality coordinator.

SILVER STATE ACO DISTRIBUTES SHARED SAVINGS

In October, we announced that Silver State ACO had earned shared savings for 2019, capping five straight years of success.



That success is earned by great team work. During November, our Participant practices received their share of earned savings.

Congratulations and thanks to all our Participants, their staff and Silver State ACO staff, for working together to make Silver State ACO one of the top performing ACOs in the entire country!

Larry Preston, CEO, (standing, left); Karla Perez, Regional VP of UHS (seated, left); Linn Billingsley, VP Operations, Kindred Healthcare (seated, right) presenting shared savings check to Shelley Berkley, CEO Touro University Western Division (standing). Touro University has been a participant in Silver State ACO since 2018.

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(702) 800-7084

(775) 391-6484

Compliance Line:

(702) 751-0834

[SilverStateACO@](mailto:SilverStateACO@SilverStateACO.com)

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Stay safe and enjoy!

GAPS IN CARE

Silver State ACO quality coordinators are busy as elves during December. As the end of year approaches, so does the end of the opportunity for clinics to close gaps in care and document them for 2020. Quality scores are a way for CMS to judge how well providers are caring for their patients. The higher the quality score achieved, the more CMS will share with us should we succeed in saving them money.

Many clinics are already doing much of what CMS requires. Unfortunately, however, some are not documenting it correctly and may not get credit for it. Please work with your quality coordinator for recommendations on how to focus on closing those gaps and achieve your best results before year end.

NOVEMBER CONTEST WINNERS

We've had much success in prior years holding contests to provide some friendly competition among



our participating practices. Our hope was to incentivize and inspire practices to close gaps in care before the end of the measurement year. Not only do these contests improve your practice's individual quality score but it also improves the ACO's overall score. Quality scores are one of the main components CMS uses when calculating whether an ACO is successful in achieving Shared Savings.

This month, we are proud and excited to announce our winners of the 2020 November Gap in Care Contest. Every practice below will receive \$1,000 for each category that they won.

Most Completed:

Category

Practice

Fall Risk Assessment

Carson Medical Group

Depression Screening

Carson Medical Group

Controlling Hypertension

Carson Medical Group

Hemoglobin A1C

Tied: Carson Medical Group and
Nevada Health Centers

Highest Percentage:

Category

Practice

Fall Risk Assessment

Calderon Medical Group

Depression Screening

Betty H. Yao

Controlling Hypertension

Sagebrush Medical Center

Hemoglobin A1C

Calderon Medical Group

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ANOTHER CHANCE – December Contest

If you were not able to participate in the November contest, do not worry, we are currently holding another contest. All practices (including those who won during last month's contest) are welcome to participate as we are giving away another \$8,000!!

There are four NEW categories this month. Just like the previous contest, winners are based on who completes the most and who completes the highest percentage.

Please review the contest rules included in the flier below. If you have any questions or need recommendations on how to efficiently close gaps in care, please reach out to your Quality Coordinator.



The flier features the Silver State ACO logo at the top, which includes a circular icon with a document and the text "Silver State ACO Accountable Care Organization". Below the logo, the text "2020 CONTEST" is written in red, followed by "November 16TH through December 15TH" in a larger red font. The main headline "WIN UP TO \$8,000" is in a large, bold, blue font. Below this, it states "We are handing out \$2,000 for each of the following **FOUR** categories..." and lists four categories: Breast Cancer Screening, Colorectal Cancer Screening, Tobacco Screening and Cessation, and Influenza Immunization. It then specifies "\$1,000 for the practice that completes the most per category **AND** \$1,000 for the practice that completes the highest percentage of attributed patients per category!". A red underlined line follows with the text "Your practice can win in one category or all four!!!". At the bottom, under the heading "Rules:", there is a list of five bullet points detailing the contest rules.

Silver State ACO
Accountable Care Organization

2020 CONTEST
November 16TH through December 15TH

WIN UP TO \$8,000

We are handing out \$2,000 for each of the following **FOUR** categories...

- **Breast Cancer Screening**
- **Colorectal Cancer Screening**
- **Tobacco Screening and Cessation**
- **Influenza Immunization**

\$1,000 for the practice that completes the most per category **AND** \$1,000 for the practice that completes the highest percentage of attributed patients per category!

Your practice can win in one category or all four!!!

Rules:

- Only ACO attributed patients may qualify
- Must submit your completed list to your Quality Coordinator no later than Tuesday December 15th
- Assessments must be scanned in the chart no later than Friday December 18th
- All submission must be documented in an excel spreadsheet
- Colorectal and Breast Cancer Screening reports **MUST** be scanned into the chart in order to qualify

QUALITY MEASURES SPOTLIGHT

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Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

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 “*Statin Therapy for the Prevention and Treatment of Cardiovascular Disease*” measure.

CMS requires patients that are considered high risk for a cardiovascular event (under ACC/AHA guidelines) to be prescribed a statin medication.

When auditing your charts for measure compliance, your assigned Quality Coordinator will first confirm if the patient falls into one or more of the following three categories:

1. Patients age 21 and older with an active (or a history of) clinical Atherosclerotic Cardiovascular Disease (ASCVD) diagnosis. This includes acute coronary syndromes, history of myocardial infarctions, angina and stroke or transient ischemic attack.
2. Patients age 21 and older who have ever had a fasting or direct LDL-C of 190 mg/dL or higher, or were previously diagnosed with/currently have an active diagnosis of familial or pure hypercholesterolemia.
3. Patients ages 40 to 75 with Type 1 or Type 2 diabetes and with an LDL-C result of 70 mg/dL or higher during the current calendar year or during the two years prior.

If it is confirmed that the patient falls into one or more of the categories above, the Quality Coordinator will then review the patient’s encounters (starting with the most recent date of service) for documentation of a prescribed statin or notation that the patient is currently on statin therapy.

ONLY statin therapy meets the measure criteria, other cholesterol lowering medications such as Zetia, will not meet the measure per CMS.

CMS will make exceptions for this measure, but these must be documented in a dated encounter during the current calendar year.



SPOTLIGHT

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The most common exceptions are:

- Patient allergy or intolerance to statin medication
- Patient with active liver disease or hepatic disease
- Patient with end-stage renal disease (ESRD)

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

Updated STARK Laws

On November 20th, CMS and the Department of Health and Human Services Office of the Inspector General (OIG) issued new rules to update and clarify Physician Self-Referral regulations (“Stark Laws”), which will (in most cases) become effective on January 19, 2021.



The Stark Law was enacted in 1989, with no major updates since. The goal of the law was to protect patients from unnecessary, lower quality or more expensive services because of a physician’s financial self-interest. The law prohibits a physician from referring a patient to any entity with which he or she has a financial relationship.

As CMS continues to develop new alternatives in the interest of moving to more value-based care, the focus and interpretation of the Stark Law has not kept pace with these new systems. Value based care focuses on quality of patient care rather than volume of services provided. So, in today’s value based care scenarios, the Stark Law could prohibit arrangements that are specifically designed to enhance care coordination, improve quality and reduce costs. We agree that it was time for an update.

Silver State ACO is not able to give legal interpretation of the new revisions but we strongly recommend that each practice consult its resources for guidance.

POSITIVE EXPERIENCE – IT MAKES A DIFFERENCE

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.

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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.

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.

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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.



COMPLIANCE – Securing Data

Over the past few years, there has been a continuous increase in data being shared and stored online. This has presented its share of issues. The current pandemic has exacerbated the situation by creating the need for additional remote access. This makes it even more essential that staff be vigilant about protecting data. Experts recommend that there always be three copies of important data, on two different types of media, with one being stored offsite.

In order to protect sensitive information and PHI (Protected Health Information), CMS recommends additional security steps



such as using different mediums for login instructions and passwords. For example, if you email login instructions, deliver the password by phone. Two step authentication systems (having a user enter a

password, prompting the system to send a one-time code via text or email) are highly recommended.

Remember to reinforce to your staff the importance of remaining vigilant. They are the key to keeping your data secure as well as the weakest link for bad actors to prey on in order to gain access to your systems.

COMPLIANCE -

Developing an Emergency Action Plan

Experts recommend that every company develop a “cybersecurity emergency action plan.” The plan



should clearly set forth a system and workflow to be followed if “the worst” were ever to happen, be it a cyberattack or data breach – purposeful or accidental. Having an effective plan in place can mean the



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difference between an event which has minimal impact and one that brings the company to a standstill.

The first item on every plan is a “call to action” checklist, with “what to do and who to call first” at the top of the list. A security monitoring company or top IT executive should be able to respond immediately to any incident. Often, moments can make a difference.

Almost simultaneously, a system-wide notification should go out – by any means available – to alert others of the incident. By letting staff know that there could be a problem and directing them not to access the system, further damage may be avoided.



Silver State ACO Practice Meetings

A great opportunity to learn, meet other Silver State ACO Participants and staff, ask questions.... and win prizes.



Attendees at the November 4th Southern Nevada Practice Meeting at Summerlin Hospital. Social distancing and masks did not stop staff from participating.

2021 Practice Meeting Dates

Southern Nevada: Two sessions each date: 7:30 and 11:30 a.m.

Wednesday, January 6th at Summerlin Hospital
Wednesday, May 5th at Summerlin Hospital
Wednesday, September 29th at Desert Springs Hospital
Wednesday, November 3rd at Summerlin Hospital

Northern Nevada: 5 p.m. at Sparks Medical Building

Thursdays, January 7th, May 6th, September 30th, November 4th

Be sure to check future newsletters for any updates regarding changes due to COVID-19 or any other reasons.

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Prize winners at the November practice meeting in Southern Nevada.

At left: Gene Talley (Jateko Family Medical Group) and at right: Rachael MacCarl (P3 Medical Group).



Left: Michael Pendleton with Desert Orthopedic Center, SSACO Preferred Provider, discussing the benefits of their services at the November 4th meeting

At right: Dineen Caseday, SSACO Quality Coordinator at the November 5th Northern Nevada practice meeting.



Additional Resources

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

State of Nevada Response:

<https://nvhealthresponse.nv.gov/wp-content/uploads/2020/06/6.22-Guidance-on-Improvised-Facial-Coverings-JH-V1.pdf>

Covered influenza, clinical diagnostic / COVID-19 lab tests

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

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