Newsletter

Silver State ACO
Accountable Care Organization

June 2022 Volume 84

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Transitional Care Management

A number of years ago, the Centers for Medicare and Medicaid Services (CMS) confronted the problem of Medicare Beneficiaries being discharged from the hospital and then being readmitted soon thereafter. CMS initiated a number of programs to address the problem, including Transitional Care Management (TCM) visits.

In short, CMS identified the benefit of a discharged patient seeing his/her primary care physician (PCP) shortly after discharge as the best way to avoid a readmission. The PCP is able to review the overall patient history and medications and discuss any complications or adverse reactions as well as confirm that the patient has the support he/she needs from family, friends or outside agencies.

CMS will pay handsomely for a TCM visit. (Some practices earn as much as three times more than a "regular" visit).

The requirements are straightforward:

- Contact the patient within two business days of discharge from an acute facility. (In other words, if the patient is discharged on Friday, you can still call the following Tuesday)
- Provide certain non face-to-face services. (This may include, for example, reviewing discharge information or interacting with community services.)
- Perform a medicine reconciliation
- Provide a face-to-face visit within seven or fourteen days. TCM billing code is based on complexity of diagnosis as well as timeframe within which patient was seen. This face-to-face visit *may* be furnished via telehealth. Attached to this newsletter email is a TCM visit checklist which may help staff track and streamline the various components of the visit.

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Southern Nevada
August 3, 2022

Northern Nevada:
August 4, 2022

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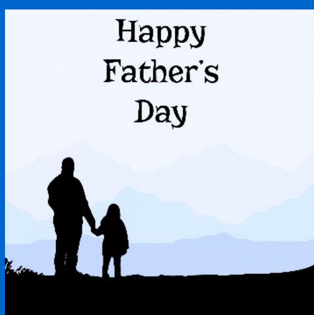

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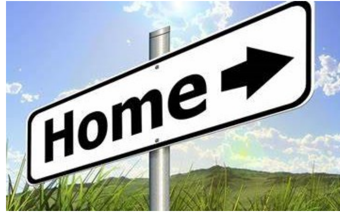
This is an excellent program that can benefit the patient and the practice as well as Silver State ACO. The problem with the program, however, is that most practices don't know that their patient was discharged from the hospital, so how can they reach out? Silver State ACO addressed this issue by partnering with Experian to create a notification system. As a benefit of being a Silver State ACO Participant, every practice has access to the Experian Community Partner Encounter system. The system will notify the practice when its patient has been discharged from the hospital, enabling the practice to initiate the outreach within the stated timeframe, as well as in time to provide maximum benefit to the patient.



Experian can only forward information from hospitals with which it contracts. Although not all, we do get discharge notifications from the vast majority of hospitals in Nevada. In the recent past, Carson Tahoe Medical Center in Northern Nevada, and Desert View Hospital in Pahrump have contracted with Experian. Now, if a SSACO patient is admitted to one of those facilities, the practice will get notification exactly as for the other facilities. Silver State ACO continues to work with Experian in order to expand their coverage.

Additional details about TCM visits may be found in the MLN (Medicare Learning Network) document, updated in July 2021, which is attached to this newsletter email.

TCM Visits – Did you know….?

OBSERVATION:

CMS will pay for a TCM visit after discharge from an acute care facility. But what if the patient wasn't actually admitted?

If a patient was seen in – and discharged from – the Emergency Room, CMS will *not* accept billing for a TCM visit. However, if the patient was placed in "Observation" status and then discharged, CMS *will* pay for the TCM visit.

A TCM visit after discharge from an "OBS" stay may, in fact, be even more important than after an inpatient stay. When patients are discharged from the hospital, there's generally a case management team working to ensure a smooth transition back to the home. Yet, a patient who was ill enough to be admitted to OBS, rather than be sent home, may not have an

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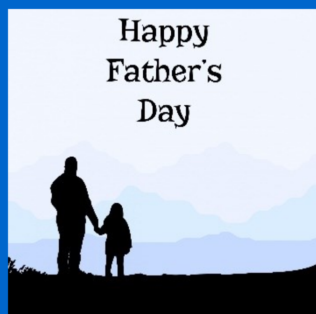

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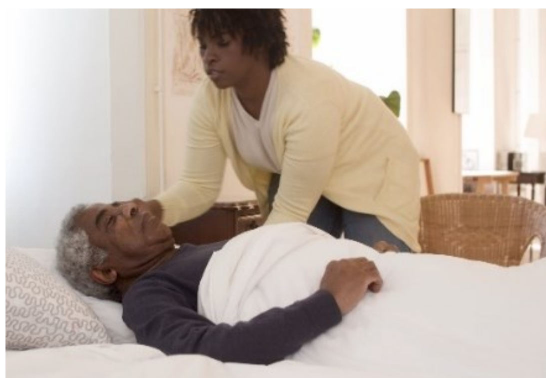
equivalent support system. Getting that patient in to see his/her PCP may be vital to avoiding a return visit to the ED and, perhaps, full admission to the hospital.

HOME vs. NOT Home

In order to be paid for a TCM visit, the patient needs to be discharged to a "community setting." This includes the patient's home (with or without Home Health Services), an assisted living facility or nursing home.

If a patient is discharged to a nursing home, the PCP can do a TCM visit up to 30 days after discharge, **provided that the nursing home did not already provide the service and bill for it**. CMS will only pay for one TCM visit. (And, the only way to ascertain whether the nursing home has billed CMS is to ask them.)

We should note that Experian discharge notifications include a discharge disposition. Unfortunately, the disposition is not always precise. Each facility has its own set of codes and rules. For example, one of the large hospital systems in Nevada has only two dispositions: "A" (Alive) or "D" (Deceased). In an effort to maximize follow-up for all patients who need it, Experian will note that the patient was discharged HOME unless it knows, for certain, that the patient was discharged elsewhere. For example, notifications for *all* those identified by the aforementioned hospital system as having been discharged "Alive" will read as having been discharged HOME. In fact, when the practice calls, a family member may report that the patient had gone directly to a nursing home. Please do not presume that, therefore, all notifications are wrong. Rather, know that we'd prefer that *all* patients be called (although some may not be in the correct pool) rather than miss some patients who could use the help. Keep in mind that sometimes we have to spread a broad net to catch as much as we can.



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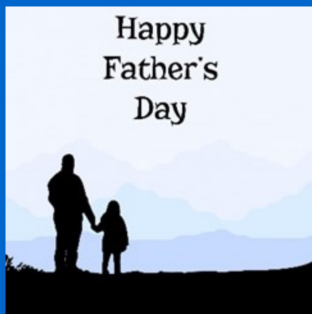

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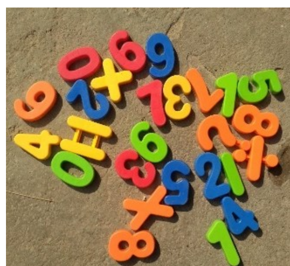
Patient Attribution

The CMS Medicare Shared Savings Program ("MSSP") Accountable Care Organization (ACO) program covers, by definition, only Medicare Fee-for-Service ("Traditional Medicare") patients.

How many Medicare fee-for-service patients do you have? And, you ask, why is that number drastically different from the number of "attributed" patients whose records the SSACO Quality Coordinators review?

Allow us to explain.

CMS reviews every Medicare Fee-for-Service patient and identifies which primary care physician / Nurse Practitioner / Physician Assistant



that patient saw most often. (Without getting into specific details, this is referred to as the "plurality of visits".) If that provider is associated with a Silver State ACO Participant, the patient is "attributed" to Silver State ACO. In other words, the cost, quality and results of the patient's care become the responsibility of Silver State ACO and are the factors that determine whether Silver State ACO will be successful and/or earn Shared Savings.

Did you notice that we said that the patient is attributed to Silver State ACO – not to a particular practice? It is then Silver State ACO that takes the next step – attributing the patient to the appropriate Participant practice.

Silver State ACO tasks its quality reporting and analytics vendor, Clinigence, to apply a carefully designed algorithm to attribute the patients. The algorithm considers how often the patient saw a provider or, if the patient saw multiple providers, which one he/she saw most recently.

Because Silver State ACO is focused on preventive and ongoing care of the patient, the patient will always be attributed to a PCP he/she may have seen, regardless of how many times he/she saw a specialist. We believe that the PCP is more appropriate for conducting annual wellness visits as well as managing and following chronic care conditions.

The MSSP program focuses on primary care. In fact, CMS does not allow most specialists to join an ACO as a Participant. Acknowledging that there are some Medicare beneficiaries who only see a specialist

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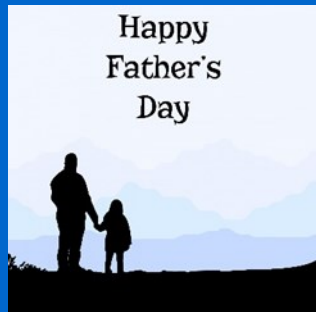

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("I see my cardiologist every month. Why do I need to see another doctor?"), CMS does allow exceptions. Among the accepted specialty providers who can participate in an ACO are cardiologists and orthopedists. Silver State ACO currently includes three cardiology and one orthopedic group amongst its Participants.

QUALITY MEASURES SPOTLIGHT

Falls: Screening for Future Fall Risk

SPOTLIGHT

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 "*Falls: Screening for Future Fall Risk*" measure.

CMS requires patients who are 65 years and older to be screened for future fall risk at least once during 2022. While a specific tool is not required, potential tools include the Morse Fall Scale and the timed Get-Up-And-Go test. A gait and balance assessment will also meet this measure.

CMS defines falls as a "sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground."

Screening for future fall risk includes an assessment of whether an individual has experienced a fall or has problems with gait or balance. Any history of falls documented during 2022 is acceptable as well as simply documenting "No Falls."

A clinician with appropriate skills and experience may perform the screening, however the screening is not restricted to an office setting. This measure may be completed and documented during a **telehealth encounter** such as a Chronic Care Management call.

Below are some examples of documentation that Medicare **WILL NOT** accept:

- Discussed Fall Prevention
- Discussed Fall Risk
- No Fall Risk
- Low/High Fall Risk

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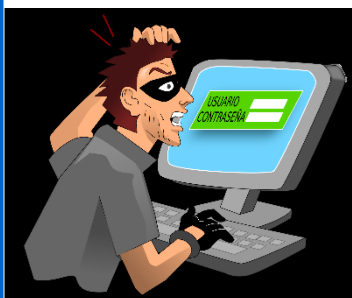
Below are some examples of documentation that Medicare **WILL** accept:

- No Falls
- Documenting the question, "Have you fallen in the past 12 months?" with the patients response
- Gait Normal/Abnormal
- Documenting that the patient had a fall on a certain date (Patient fell at home on 01/06/2022)

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

Security – Passwords DO Matter

As security continues to become more of a concern, we are inundated with the need to create new, longer, more complex passwords. And, the more passwords people have to manage, the more likely they are to become a bit sloppy, reuse passwords and make them easier to guess. Here's a warning – DON'T DO IT! Easily guessed passwords are the easiest way for the "bad guys" to gain access to information – PHI as well as business data – that they should not have.



The average person has about 20 passwords but about a third of all people don't make them strong enough. The average employee or business user has nearly ten times that – 200 passwords. And, unfortunately, those passwords can get stolen or, all too often, guessed.

Here are some recommendations from the experts:

- Always use MultiFactor Authentication, if available.
- Use unique passwords (i.e. don't come up with a "good one" and use it for multiple sites).
- Although many sites require at least eight characters, use at least 12 characters which greatly decreases the risk of password guessing / cracking attacks.
- Completely random passwords with at least 12 characters are nearly invulnerable to attacks.

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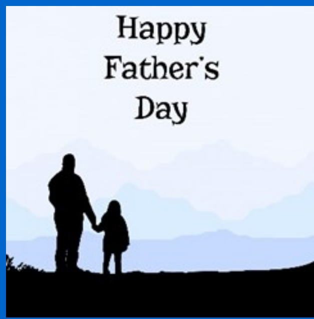

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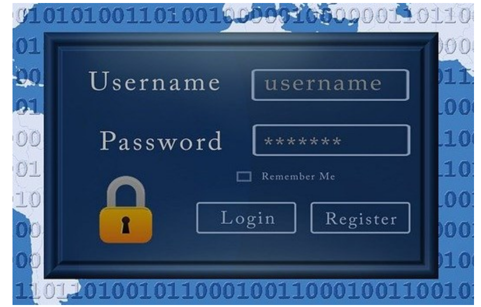

- The longer the better. Consider using passphrases which are longer but can sometimes be easier to remember.
- Use a password manager, if possible.
- Never write down the exact site, username and password together (regardless how carefully you think you protect your "password bible". "I'd be lost without it.")
- Change your password even if you think it *might* have been stolen or compromised. In any case, change whenever prompted to do so and at least every 90 days (in most cases).

PREFERRED PROVIDERS – REMINDERS

Valley Health System

The Valley Health System is the Silver State ACO Preferred Provider for various services, including acute care hospitals, behavioral health facilities, freestanding Emergency Care, and home health (in conjunction with Bayada Home Health).

CMS allows Medicare Fee-for-Service beneficiaries to seek care at any institution that accepts Medicare. As we all know, patients will often ask their medical provider for recommendations. Please do your best to utilize SSACO Preferred Providers and stay within the network. Referring to these in-network facilities and services will help with patient continuity of care and follow up. The hope is that it will also contribute to the probability of Silver State ACO being successful and earning Shared Savings, again.

A map and listing of Valley Health System locations and services in the Las Vegas Valley is attached to this email. Also note that Northern Nevada Medical Center in Sparks and the new Northern Nevada Sierra Medical Center in Reno, as well as Desert View Hospital in Pahrump, are part of the Valley Health system and the preferred facilities in their respective communities.

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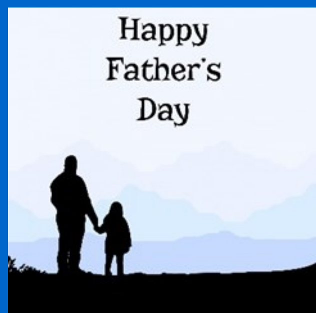

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DispatchHealth

DispatchHealth is a Preferred Provider for the Las Vegas Valley only. They are available to provide same day, in home medical care. The practice – or the patient him/herself – can make a referral when in-home care is preferable or when medical care is warranted but an ED visit can be avoided. When calling, please use the dedicated phone number which will identify the patient as a Silver State ACO beneficiary, possibly reducing the amount of time needed to schedule an appointment and to allow easier sharing of clinical results with the patients PCP after the visit.

The dedicated phone number Silver State ACO practices and patients is: **725-246-1973**.

Experian Community Partner Encounters

We continue to work with Experian to correct any residual issues for our practices using the Community Partner Encounters system. Please let us know if you encounter issues with logging in or with the data you see (or don't see) once in the system. If you have requested additional logins or correction of access, or haven't received a response from us regarding a new – or past – issue, please reach out again. You can contact your quality coordinator or call Rena Kantor, Director of Operations, directly at 702-751-0945. Our thanks for your input and patience.

Public Health Emergency

On April 12th, the Department of Health and Human Services extended the Public Health Emergency (PHE) for COVID 19 for an additional 90 days. All PHE rules will continue through at least mid-July. Silver State ACO continues to urge our Participants to remain flexible and plan for the future when the PHE will no longer be in place, requiring a return to previous workflows and procedures or implementation of new ones.

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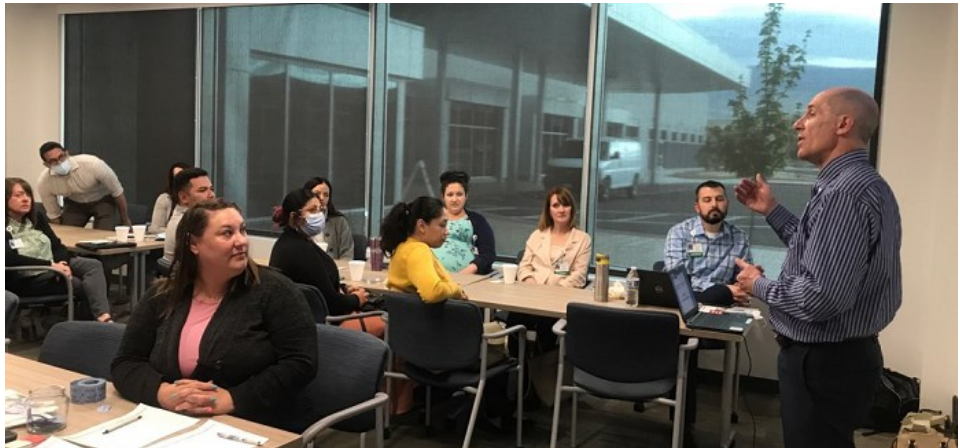
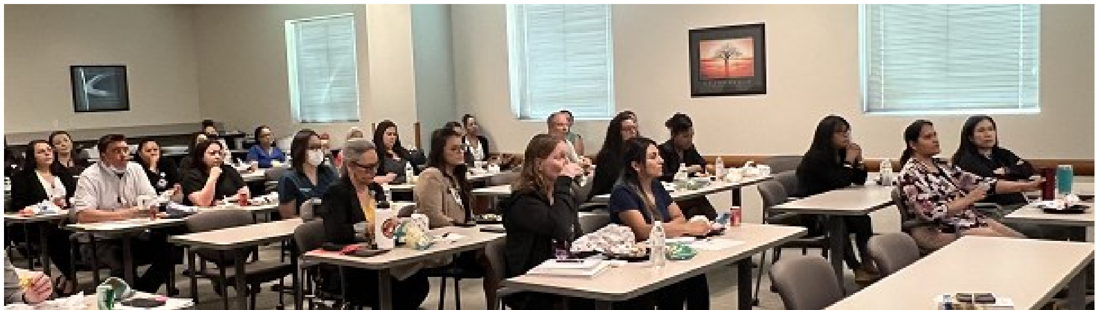
May Practice Meetings – Informative and Enjoyable

Practice meetings were held at Summerlin Hospital in Las Vegas on May 3rd and at the new Northern Nevada Sierra Medical Center in Reno on May 4th.

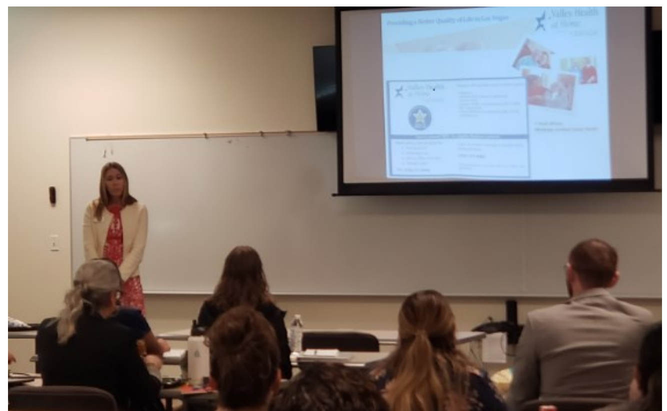


Alan Olive, CEO of Northern Nevada Sierra Medical Center, addressing the practice meeting on May 4th.

Practice managers and staff appreciated the learning experience as well as the opportunity to meet – and share ideas with – other Silver State ACO Participants and staff.



Above and right, Attentive attendees at the May 4th practice meeting at Summerlin Hospital



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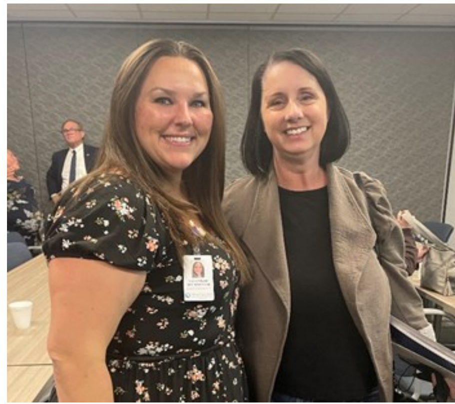
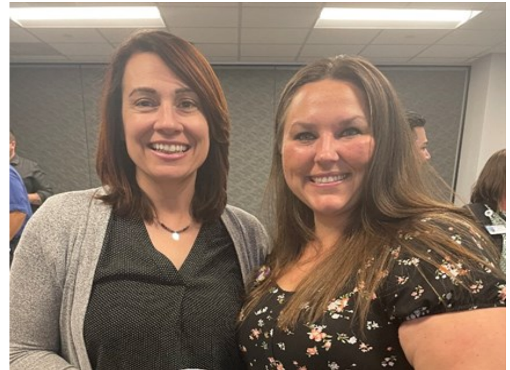


Left, Northern Nevada Raffle Winner Gwen Moore with the office of Dr. Diane M. Thomas and Savannah Rittenhouse, SSACO's Quality Coordinator.

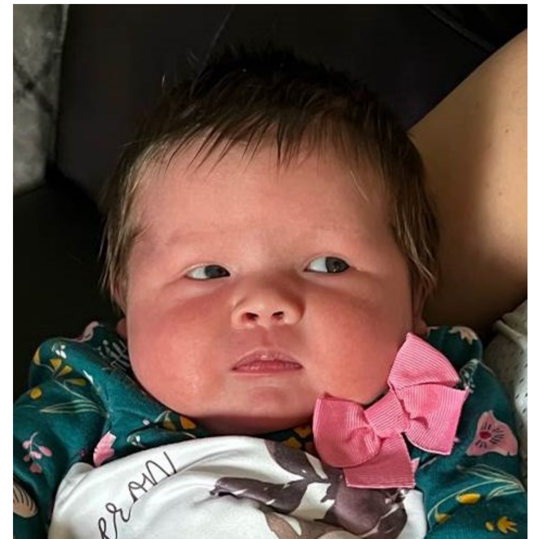
Left, Northern Nevada Raffle Winner Marie Sanders with Carson Medical Group and Savannah Rittenhouse, SSACO's Quality Coordinator.



Please be sure to join us at the next practice meetings – on August 3rd in Southern Nevada and August 4th in Northern Nevada.

WELCOME to the Newest SSACO Team Member

Jacquie Cheun Jensen, PhD., Director of Analytics, has introduced the newest member of the "team". Born at 9:06 a.m. on May 15th, Cameron "Camie" Kyle Jensen refuses to be ignored. She made a grand entrance at 20.5 inches and 10 lbs, 5 ounces. Congratulations to Jacquie, her husband Tyler, and the entire family.



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Available for secure reporting of any suspected compliance issues, without fear of retribution.

Practice Meeting Schedule for 2022:

Watch emails for changes to schedule or venue (in person/ virtual)

SOUTHERN NEVADA

Meetings are scheduled to be held at 11:30 a.m.

Wednesday, August 3, 2022 - at Desert Springs Hospital
Wednesday, November 2, 2022 - at Summerlin Hospital

NORTHERN NEVADA

Meet and greet begins at 5 p.m., program begins at 5:30.

The following meetings are scheduled to be held at NNMC Sparks Medical Building, Suite 201:

Thursday, August 4, 2022
Thursday, November 3, 2022

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Stay Safe and Healthy