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### Upcoming Practice Meetings:

Southern Nevada:  
Wednesday, Sept. 11<sup>th</sup> at  
Desert Springs Hospital

Northern Nevada: Thursday,  
Sept. 12<sup>th</sup> at NMMC Sparks  
Medical Building

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(775) 391-6484

Compliance Line:  
(702) 751-0834

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

Alyssa, Bruce, Estela,  
Heather, Jackie, Jamie,  
Jessica G., Jessica S., Larry,  
Martha, Rena, Rhonda,  
Sara, Scott, Sharon,  
Tommy

## Experian Notification System –Improvements and Updates



### Post-Acute Update to Experian System

As you may know, SSACO's Preferred Provider Network includes post-acute providers as well as specialists. Because of our relationship with these post-acute providers, we have developed a system to identify, within the Experian system, when an SSACO patient has been admitted to one of these preferred facilities. Our Participant practices will now begin receiving these messages. This gives the practice numerous opportunities: continue the relationship with the patient; follow up with the family / caregiver while the patient is in the post-acute setting; and bring the patient in for follow up care subsequent to discharge. This should result in better outcomes for the patient. More coordinated care and follow up – CMS targets and our aim!

Please note that many post-acute facilities will perform, and bill for, the TCM (Transitional Care Management) visit for the patient. However, if the post-acute facility did not bill for it, CMS allows a provider to bill the TCM code as long as it is within 30 days of discharge from the acute setting.

### New Data Sets Added to Discharge Notifications

Many practices focus on the discharge notifications that they receive through the Experian System. Others also follow admit notifications and ER registrations. We understand that the first priority is to review discharges because that's where the providers can have the most obvious and straightforward impact.

There are two types of discharge notices – one where the practice is informed that the patient has been “Discharged HOME” and the other that the patient has been discharged “Disposition is NOT home”. If the patient is discharged home, the message contains a reminder to call and

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schedule an appointment for a Transitional Care Management (TCM) visit.

We'd like to, once again, remind you that there is substantial additional information contained within the notification, including initial complaint and diagnosis, as well as which provider saw the patient in the hospital. Also, often overlooked but perhaps most important, it contains the phone number given to the hospital upon registration. This is likely to be the most current number, making it easier for you to reach the patient.

Sample Experian email notification:

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**From:** Experian Health <noreply@experianhealth.com>

**Subject:** Care Coordination Manager Notification - ACO member in ER at X HOSPITAL

**Date:** June 20, 2019 at 4:37:08 PM PDT

**To:**



Based on an eligibility verification transaction, Silver State ACO has learned their member, whose initials are below, was registered in the ER at \_\_\_\_\_ HOSPITAL on 06/20/2019 at 3:27 PM.

If the patient requires admission, Team X will serve as the hospitalist.

The member's initials are **WAT/XY** and the patient's PCP/Group is **Best Case Medical**.

Follow this link to view the Care Coordination Manager Message.

*You are receiving this message as part of the First Notification feature of Care Coordination Manager. To opt out, please contact your site administrator*

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In addition, if the patient is discharged from a Valley Health System facility, there are CCDs (Continuity of Care Documents) attached to the discharge message. This will give a provider the ability to understand what was done in the hospital, along with the patient's vital statistics while an inpatient.

We are pleased to announce that there are now two additional data sets in the message; "Encounter History" and "Flag".

"Encounter History" will list all of the patient's discharges from a Part A facility in the past year (or portion of the year since the patient was added to the Silver State ACO roster). In other words, it will tell you if, and where, the patient had previously been hospitalized. It will also show discharges from post-acute facilities as well as certain testing (diagnostic) facilities.

The "flag" will identify those patients considered high risk. For this purpose, there will be two "high risk" flags: "RA" which will indicate that the member had a discharge from the hospital in the prior 30 days and is now being readmitted to the hospital, and "ED+" which indicates that the member has had two or more ED visits in a 60 day period.

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## Experian Notifications from the St. Rose/Dignity Facilities

Experian contracts with both UHS and HCA to receive admit, discharge and ER registration data. The data is then parsed for information on Silver State ACO patients, which is then communicated to our providers via the Experian CareCertainty system. (This is why a practice may receive notification about a patient being admitted to a facility out of state. If the patient happened to be traveling and went to an HCA or UHS facility out of state, the data is still transmitted.)

The Dignity / St. Rose facilities, however, do not contract with Experian. At Silver State ACO, we care about all our practices – including those whose patients are generally seen at the St. Rose facilities because of their location. Therefore, we have worked with Experian and Sound Physicians, the SSACO designated hospitalists at the St. Roses, to create an alternative system. This arrangement allows us to include admissions to the St. Rose facilities as part of the Experian notification system. Please note that because this arrangement is slightly different from the completely automated UHS and HCA systems, practices may get only admit – and not discharge – notifications. Therefore, please note that, in all cases of St. Rose admissions, your practice should activate the follow up system (and not wait for the discharge notification, which might never come).



*Watch for more upgrades to the  
Experian Notification system.  
Announcements in future  
newsletters!*

## MACRA and ACOs

When the government passed and implemented MACRA, they understood that it would take time for practices to acclimate to the new rules and regulations, as well as to adapt to the new fee-for-performance environment. Therefore, they set the rules to phase in over time. Many analytic organizations predict that practices will find it harder to achieve their benchmarks this year as some substantial changes have now phased in. All the more reason to pay close attention to operations, work flow and reporting, and in particular, Promoting Interoperability (originally known as Meaningful Use, and the only reporting that an ACO participating practice must do on its own).

Various publications, in connection with describing why 2019 will be more difficult, include data about practices who are challenged because

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their ACO left the market. In doing so, they highlight the major benefits of being part of an ACO:

- ACOs have taken care of most compliance reporting. If not part of an ACO, each practice is responsible for their own reporting
- ACOs performance scores are aggregated across all members, sometimes masking individual performance
- By 2021, cost will become a full 30% of the MIPS score, but ACO members are exempt from this measurement
- Simply, “going it alone” raises the stakes for practices

Obviously, we agree.

### Preventative Services- Annual Wellness Visits



Benjamin Franklin, multi-talented writer, inventor, diplomat, and one of the Founding Fathers of the United States, who initiated the phrase “An ounce of prevention is worth a pound of cure.”

In 2010, CMS began paying doctors for Annual Wellness Visits [AWV]. Medicare acknowledged the value of preventative care as a means to provide better health for their population, as well as, a way to reduce episodes of hospital admissions and readmissions. AWV are designed to encourage the monitoring of physical and cognitive

abilities and is a way for providers to identify high risk patients with chronic conditions. Since many patients only make an appointment with their providers when something is wrong, an AWV is a way to consider issues that may be overlooked during a typical exam.

A main goal within Silver State ACO is to provide high quality care and we achieve this goal by asking our participating providers to complete AWV on their Medicare patients. Not only is it great for the patients, but it helps the ACO by closing gaps in care and provides a sustainable revenue stream for the practice.

Please visit our website <http://www.silverstateaco.com/annual-wellness-visit.html> where we have compiled information regarding AWV into a brief packet that is easy to follow and implement. You may also download it for distribution and to help with in office trainings. If you have any questions regarding any of the information contained within this document, please do not hesitate to reach out to your Quality Coordinator.

### Compliance Reminder

Silver State does not limit the number of employees at a particular practice who may request access to either the Health Endeavors or Experian platforms. However, each of these sites has an enormous

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amount of protected health information (PHI) about SSACO Medicare beneficiaries. That is why we require both the employee and a supervisor to sign the Request for Access. It's also why we continually remind you that if an employee either leaves the practice, or is transferred to another position within the practice where he/she no longer needs that access, you must notify us immediately. There is no way for us to know unless you tell us. As soon as possible after learning about a need to stop access, call either your Quality Coordinator or the Silver State ACO main line: (702) 800-7084 or (775) 391-6484.

*From CMS: Best Practices for Protecting Beneficiary-Level Data*

CMS takes protecting data for millions of Medicare beneficiaries seriously and has policies in place to safeguard it. By implementing the best practices listed below, ACOs help CMS in its effort to protect beneficiaries' personally identifiable information (PII), protected health information (PHI), and other sensitive data via email.

- Avoid sharing PII, PHI, or sensitive data by email. If you must email it, encrypt the file and share the password with the recipient by phone, or fax it directly to the recipient.
- Do not email passwords. CMS policy prohibits emailing passwords for encrypted files sent via email.
- Do not open a link or attachment until you have talked to the sender or you are expecting the attachment.
- Do not share passwords to encrypted files with anyone who does not require access.
- Do not send work information to or from your personal email account

Please do not include personally identifiable information, or sensitive personal information (SPI), in email (including screenshots).

In addition to Medicare Shared Savings Program requirements, ACOs must comply with other state and federal laws including, but not limited to, the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules. ACOs should work with their legal counsel to ensure that they are also meeting requirements in accordance with those laws. CMS appreciates your attention to this matter.

If you believe that Medicare beneficiary (or provider) data has been compromised, report the incident to the CMS IT Service Desk at 1-800-562-1963 or via email at [CMS\\_IT\\_SERVICE\\_DESK@cms.hhs.gov](mailto:CMS_IT_SERVICE_DESK@cms.hhs.gov).

We at Silver State ACO take this responsibility seriously and are sharing the information provided to us by CMS as a reminder to each practice that they are the first step to protecting data.

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*Have a pleasant and safe summer!*

Reminder - Next practice meetings:

Southern Nevada: Summerlin Hospital - Wednesday, September 11<sup>th</sup>

Northern Nevada: NNMC Sparks MOB - Thursday, September 12<sup>th</sup>.

Quote:

*"Confidence and doubt are at two ends of the scale, and you need both. They balance each other out."* Barbara Streisand, one of the best-selling recording artists of all time. She is one of only two entertainers who have been honored with an Emmy, Grammy, Oscar, and Tony award, as well as a Peabody. She is also the only woman (to date) to have won the Golden Globe Award for Best Director. (I guess the scale worked for her!)



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