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#VegasStrong



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WE DID IT AGAIN!

Silver State ACO Earns Shared Savings for EIGHTH Consecutive Year

The Centers for Medicare and Medicaid Services (CMS) has released results for the 2022 performance year for the Medicare Shared Savings Program (MSSP).

Silver State ACO is privileged and delighted to announce that we have achieved shared savings for an incredible EIGHTH year in a row! For the 2022 performance year, Silver State ACO saved CMS over \$35,900,000 and, cumulatively, more than \$232,000,000 over the last eight years.

In 2022, Silver State ACO *earned* more than \$26,450,000, ranking it 20th out of the 482 ACOs that participated in the Medicare Shared Savings Program. Saving CMS nearly \$36,000,000 ranked it 24th in *generated* savings for the program.



Final 2023 Practice Meeting:
Southern Nevada
Wednesday, Nov. 1, 2023

Northern Nevada:
Thursday, Nov. 2, 2023

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There are only seventeen ACOs that earned shared savings for the last eight consecutive years. The \$232,000,000 that Silver State ACO saved CMS over the eight years, as well as the total \$137,000,000 it *earned* over that time, are the third highest totals. Of this elite group of ACOs that has earned shared savings for eight consecutive years, Silver State ACO is one of only five west of the Mississippi. (The other four are in Texas).

Silver State ACO ranked #1 in the State of Nevada in savings it generated for CMS, savings it earned, as well as savings per beneficiary. It also earned the top quality score in the state.



Silver State ACO's continued success proves that it is possible to deliver excellent quality care while also reducing costs. The results are proof that our efforts are effective. The processes, programs and policies we've implemented, as well as the ongoing innovations that we develop and put in place, help us rank as one of the most successful ACOs year after year.

Earning Shared Savings is a result of cooperation and effort between the Participating practices, Preferred Providers, and the Silver State ACO Board of Directors and management team. Each dedicated and skilled group contributes its expertise, working together to reach their shared goals. We would like to thank all the providers and staff for helping Silver State ACO achieve these outstanding results. Working together as a team, along with our corporate partners, the Valley Health System, Northern Nevada Health System and ScionHealth, we hope to continue to succeed and achieve great results for our practices, our providers and, most importantly, the patients.



QUALITY MEASURES SPOTLIGHT

2023 MIPS CQM/eCQMs

The Centers for Medicare and Medicaid Services (CMS) requires the ACO to report Quality Measures on behalf of its Participant practices. Each month, this newsletter highlights a particular measure or topic to discuss. We aim to help practices make their reporting more efficient and straightforward, as well as to improve overall scores.

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During our last quarterly Staff Meeting, the wonderful SSACO Quality Coordinators discussed the Depression Screening, both as a Web Interface quality measure (manual audits) and as a MIPS CQM (electronic version of the quality measure). Current scores for Participant practices were presented and, unfortunately, the scores are very low. Chances are that this is not a reflection of the quality of work done by the practices but, rather, a reflection of how the EMR is not being utilized as designed in order to capture the measure.



SPOTLIGHT

Since Medicare is moving away from the CMS Web Interface measures (manual audits) and is transitioning to the electronic version (MIPS CQMs), we would like to take this opportunity to suggest ways to improve these scores throughout the year.



While the specifications remain the same for the MIPS CQMs as for the manually audited measures, each EMR has its own way of documenting the MIPS CQMs in an appropriate area in order to capture the data required for each measure.

As a reminder, there are three MIPS CQMs that Medicare requires ACOs to report on behalf of its practices, utilizing the QRDA CAT 1 file. The details for each and suggestions for improving scores are below.

- **Diabetes: Hemoglobin A1c Poor Control:** Patients 18–75 years of age who have a diagnosis of diabetes must have an HbA1c completed during the 2023 year. Medicare considers HbA1c “controlled” if it is less than or equal to 9.0%. The last HbA1c completed in 2023 is the reading Medicare requires the ACO to report.
- **Improvement:** EMR integration with labs is the best way to meet this measure. However, not all labs and EMR’s have this ability. If this is the case, the HbA1c result must be entered into a designated field manually. The QRDA CAT 1 File used to report the measure cannot collect the data from a scanned PDF or a “free text note”. Because manually entering labs can be very time consuming, we recommend designating someone to enter all HbA1c results that are scanned in as a PDF/not captured in the designated field required by your EMR.
- **Screening for Depression and Follow-Up Plan:** A screening for depression should occur in all patients 12 years of age and older

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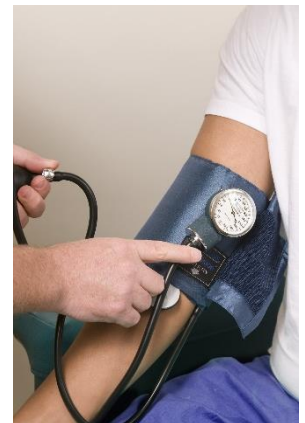
using an age-appropriate standardized depression-screening tool AND if positive, a follow-up plan is required to be documented within the patient’s chart on the date of the screening or up to two days following the date of the encounter. A follow-up plan must include one or more of the following:

- Referral to a provider for additional evaluation and assessment
- Pharmacological interventions
- Other interventions or follow-up for the diagnosis or treatment of depression



- **Improvement:** This measure can be a bit trickier to meet via the MIPS CQM version. Each EMR should have the ability to utilize a depression screening tool directly within the EMR without scanning a document or free texting. If there is no such tool, the required elements must be entered into a designated field manually. This measure also requires that the depression screen be interpreted and that a follow-up plan be documented for those positive for depression. Again, free text will not be captured. Codes will need to be dropped into the encounter in order for the QRDA file to pick up this data. If you are unsure how your specific EMR captures the data, we recommend reaching out to your EMR company liaison. Our Quality Coordinators are glad to be a part of this call if necessary.

- **Controlling High Blood Pressure:** This measure includes patients 18–85 years of age who have a diagnosis of hypertension and whose blood pressure was “adequately controlled”. Medicare defines “adequately controlled” as less than or equal to 139/89 mmHg. The last blood pressure reading taken in 2023 is the reading Medicare requires the ACO to report.



- **Improvement:** This is, possibly, the easiest MIPS CQM to meet as a majority of EMR’s use the vitals section to capture the blood pressure reading. Re-checks on out-of-range blood pressure readings are the most efficient way to improve this score. The re-checks do need to be documented in the vitals section of the EMR as no free text can be captured.

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Quality Coordinators ask for this QRDA CAT 1 file to be uploaded to Clinigence monthly. However, having your staff review the dashboard weekly to stay on target can alert you to any potential issues with your scores.

Finally, the most significant recommendation we can give is for each practice to reach out to its EMR company liaison for a complete understanding of what workflows need to be implemented in order to capture the required data for these three specific MIPS CQM measures.

Please do not hesitate to reach out to your Quality Coordinators if you require any assistance or have any questions on any of these measures.

SECURITY: PASSWORDS

Passwords have become a way of life. Many websites we visit, many apps we use, are useless – or of very limited use – if one cannot log in. Much of our most important data is available to us only by successfully passing security checks by entering a correct password.



That being said, how many of us protect our passwords with the dedication that we have to the data the passwords are protecting?

Experts advise us to make passwords long and complicated, using a mixture of numbers, upper and lowercase letters, and special characters. Although nearly any password can be “cracked” by professional hackers, especially those using AI type tools, creating secure passwords may, at a minimum, deter criminals or slow them down enough that they prefer to pick their next victim elsewhere.

The golden rule of security is to *never* write down your password. Consider a system for encoding passwords that only you would understand, or use a secure, professional program to save passwords. Most importantly, change the password from time to time. This might minimize the damage that a hacked or compromised password could do.

To see how seriously our newsletter is read, would those who would like to be entered to win a prize at our next practice meeting, please update at least one password, and reply to the email to which this newsletter was attached, with the words, “I’ve protected my data”.

REMINDERS

- The annual, CMS required, CAHPS (Consumer Assessment of Healthcare Providers and Systems) Survey reporting will be done by an independent, CMS approved vendor, and paid for by Silver State ACO. Although the survey is designed to consider patients

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who were seen at any point during the year, patients who were seen by a provider recently are more likely to respond. So, now is an opportune time to focus on educating staff. The CAHPS survey aims to understand how patients are being cared for or, more accurately, how they perceive the care they're getting, as well as their overall experience. The CAHPS score is part of an ACO's overall quality score, making it very important to the ultimate results of the ACO.



- Preferred Providers are specialists and facilities whose mission – and results – align with Silver State ACO's. Using these providers helps maintain quality of care, reduces redundancies and duplications, and assists in a smooth continuum of care. When possible, please refer patients to practices and facilities who are part of SSACO's Preferred Provider Network. The full list can be easily downloaded from our website, www.silverstateaco.com.
- If you've done any work in the office over the summer, or have opened additional clinics, be sure that the current CMS / Silver State ACO poster is displayed in each one.
- DispatchHealth is a Silver State ACO preferred provider for in-home care which could avoid a patient trip to the emergency room. Please advise your patients to reach out to Dispatch if they need care when your practice is closed. There is a dedicated phone number for SSACO beneficiaries: **725-246-1973**.
- Please keep login credentials up to date for all Silver State ACO portals and programs. If you are in a supervisory position, please be sure to notify us immediately if a staff member, with log-in rights to any of the portals, leaves the practice.
- Silver State ACO has been successful over the years because we work as a team. Every practice and provider counts. Quality Coordinators and other SSACO staff are here to help. Please don't hesitate to reach out if you have questions or concerns.



PRACTICE MEETINGS



Attentive staff at the Northern Nevada practice meeting on August 17th

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Attendance at practice meetings is highly encouraged. Attendees benefit from reviewing guidelines and protocols, learning new systems, hearing from specialists, and sharing ideas with others.

LAST Practice Meetings for 2023:

SOUTHERN NEVADA

Wednesday, November 1, 2023, 11:30 a.m. at Summerlin Hospital

NORTHERN NEVADA

Thursday, November 2, 2023 – Meet & Greet at 5:00 pm, Meeting begins at 5:30
NNMC Sparks Medical Building – Ste 201



Paul Anderson of Dispatch Health, making a presentation at the Southern Nevada practice meeting on August 2nd.

We have a winner....



Gift card winners at the Northern Nevada practice meeting. SSACO Quality Coordinators Savannah Rittenhouse and Dineen Caseday are at either end.

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Quality Coordinator Brett Slizeski delivering a gift card to the attendee who answered the quiz correctly at the August 2nd Southern Nevada practice meeting.

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