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#VegasStrong

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Meet the CEO

Silver State ACO is one of the most successful ACOs in the history of the Medicare Shared Savings Program. Currently, there are 475 ACOs in the United States. Silver State ACO is one of only nineteen ACOs to have earned Shared Savings seven years in a row!

At the lead of Silver State ACO is Lawrence Preston, our CEO, who organized an awesome staff to work together to create an organization that helps benefit the participating practices. Larry is a Co-founder of Silver State ACO, and has served as CEO since its inception. Co-founding Silver State ACO, especially in the early stages, was a challenge. Larry and his staff rose to the challenge, working to benefit many practices, providers and patients.

Larry is also the CEO of Professional Medical Consultants Inc., and has served on the Nevada Boards of HFMA (Healthcare Financial Management Association) and ACHE (the American College of Healthcare Executives). Larry received his Bachelor's degree in Accounting from San Jose State University and his MBA from Golden Gate University. Larry is a problem solver, addressing problems head on, and finding workable innovative solutions. Larry is also proud to have celebrated 44 years of marriage last month and has three remarkable children and one daughter-in-law.

Next Practice Meetings:

*Southern Nevada
August 2, 2023*

*Northern Nevada:
August 17, 2023*

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On the weekends, you may find Larry in leather enjoying the open road riding one of his Harley Davidson motorcycles. He finds riding relaxing, and enjoys discovering country backroads and meeting people along the way. He is a member of the Southern Nevada Harley Owners Group, as well as the Iron Butt Association, which is a group of dedicated long distance riders who share a passion for riding. This group enjoys taking the weekend and riding 2,000 plus miles, sometimes ending up in Oklahoma for a taco. (And yet, he still shows up to his office early Monday morning in his suit and tie). A few weeks ago, Larry completed a 2,224 mile ride from Anchorage, Alaska to Deadhorse, Alaska (at the Arctic Ocean), crossing the Arctic Circle en route. He and fourteen others rode an average of 8-9 hours a day for eight days, often through rain, snow and sleet, with temperatures dipping to as low as 19 degrees.

Larry believes in "giving back" and encourages others to volunteer as well. He is involved in several charitable organizations, especially the Nevada Childhood Cancer Foundation (NCCF), and the Nation of Patriots (NOP). Larry is the driving force behind their annual Christmas



fundraiser. He, along with our generous medical community, collect hundreds of toys to give to diagnosed children and their siblings during the holiday season. With regards to the Nation of Patriots, in each of the past few years Larry has hosted a charity golf tournament to raise money for wounded veterans in our local

community. At this year's tournament, over \$57,000 was raised for these brave veterans who live, or are stationed in, Southern Nevada! Larry has traveled to Alaska and Hawaii carrying ONE American flag that has been to all 48 lower states, so that one flag flies in all 50 states, representing the Nation of Patriots.

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Larry is an avid sports fan ... and a die-hard Raider. He enjoys watching his Raiders, the Golden Knights, Aviators and UNLV basketball and football. If he is not riding, he may be at a sporting event. Larry also enjoys travel and adventure, and has had the privilege of experiencing all seven continents. Whether he is riding motorcycles to the Arctic Ocean, Ecuador, or somewhere in America, exploring Iceland, Antarctica, and places in between, or enjoying our local sports teams, Larry is a person with many interests. He is very grateful for the Las Vegas community and the State of Nevada. As he says, “Las Vegas has been good to me and my family.”

SILVER STATE ACO – What’s the history?

One might know a lot about the workings of Silver State ACO, or about requirements and guidelines for ACOs, in general. But why do ACOs exist? How did they come to be? Knowing the “back story” to the development of a new system may give one a better understanding of its aims, the reasons for its being, and why its particulars sometimes change.



In the 1970s, the escalating costs of delivering care to Medicare beneficiaries pushed CMS (Centers for Medicare and Medicaid Services) to explore options for improving quality of care while reducing overall costs. “Medicare Choice” plans were introduced. These plans were, and still are, administered by private insurance companies, typically include extra coverage (such as dental or hearing benefits), and generally require review and preauthorization for many provider visits and procedures.



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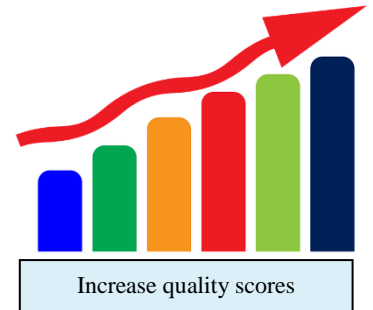
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As is the case with nearly all new programs, Medicare Choice plans went through numerous changes and growing pains. In 2003, CMS added an option for prescription drug coverage (as Medicare Part D) and renamed the program “Medicare Advantage” (Medicare Part C).

Thereafter, CMS realized and acknowledged that there were many Medicare beneficiaries who had not, and who were unwilling to, join a Medicare Advantage plan. CMS began to explore ways to achieve its ultimate goals – maintain or improve quality, delivery, and results of healthcare, while reducing costs. After various demonstration projects and iterations, the Medicare Shared Savings Program (MSSP) began in 2012. As part thereof, Accountable Care Organizations (ACOs) became the means by which the MSSP would be implemented.



ACOs were created based on CMS’s belief that, if providers were allowed to share information, redundancies could be avoided and efficiencies improved. CMS designed the ACO program specifically focused on primary care providers (PCPs), in the belief that having a provider whose focus was overall care for the patient would also return better outcomes. CMS incentivized practices to join ACOs by offering to “share” back a percentage of the savings an ACO might



generate (based on certain criteria, percentages, and quality scores). It’s interesting to note that, due to HIPAA restrictions, CMS was required to get waivers from Congress in order to allow practices to share information.

In 2019, CMS created a new program structure which it entitled “Pathways to Success”, and which is still the configuration under which ACOs operate today.

CMS continues to oversee and direct MSSP ACO programs and continually makes changes to requirements and protocols for ACOs to follow.

Silver State ACO (“SSACO”) was created to help providers in the state of Nevada, and began operations in 2014 as a Track 1 MSSP ACO. It is now in its third contract period with CMS. The year after it began operations, performance year 2015, SSACO earned shared savings, returning nearly \$1 Million to its participant practices. Every year since then, Silver State ACO has been successful, earned Shared Savings, and returned money to its Participant practices. In total, over the seven

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years (2015 - 2021), SSACO has saved CMS (and American taxpayers) over \$196 Million.

For 2023, Silver State ACO is comprised of 55 practices, with over 35,000 attributed beneficiaries. Results for 2022 should be announced by CMS at the end of August.

Above all else, Silver State ACO Participant practices are adamant about caring for their patients. Silver State ACO is *not* involved in the care of patients, nor do we get between the practice and CMS relating to any financial issues. The practice continues to treat its patients just as they always have, and continues to bill – and be paid by – CMS, without ACO intervention.



As Participants, practices benefit from the programs and systems that SSACO has put in place. SSACO staff analyze quality and cost, identifying opportunities for improvement and designing systems to help practices. In addition, Silver State ACO deals directly with CMS to clarify requirements and changes, and shares the information with its Participant practices, saving them time and headaches. This is how “sharing information” has evolved and has, in fact, allowed Silver State ACO to earn Shared Savings for its Participants.



July is the last month during which practices may join SSACO for the 2024 performance year. If you know of any quality practice that might benefit from joining us (and from which SSACO and its Participants would benefit by including the practice), please let your quality coordinator know as soon as possible.

QUALITY MEASURES SPOTLIGHT

The Centers for Medicare and Medicaid Services (CMS) requires the ACO to report several Quality Measures on behalf of its participant practices.

One of the main goals at Silver State ACO is to prevent disease and promote wellness. It is estimated that 42% of Americans have multiple chronic conditions.



SPOTLIGHT

In fact, 12% of that population has 5 or more chronic conditions but the impact of those patients contribute to almost 41% of the total healthcare spend. Controlling the overall effect that chronic conditions

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have on our expenditures should be of the utmost importance. In 2021 alone, the U.S. saw healthcare spend grow 2.7%, to \$4.3 Trillion.

Medicare Annual Wellness Visits can assist with early detection, prevention and improvement of symptom management which, in turn, can reduce healthcare costs. Medicare Annual Wellness Visits (AWV) are not *physical* exams as many believe, but instead are more of a



conversation which allows providers to gain insight into the overall health of their patients and, hopefully, catch something prior to it becoming a bigger issue. An Annual Wellness Visit focuses on a review

of the beneficiary’s current health status. This is based on personal medical history, including social and familial risk factors, medications, and completion of a Health Risk Assessment which involves screenings for depression, fall risk, hearing impairment, home safety and the ability to perform Activities of Daily Living (ADL’s). Providers are then able to provide a personalized prevention plan, along with a list of recommended **preventative services** appropriate for the individual. This plan, along with the list of recommended services, is subsequently updated every year during each AWV.

There are three different visits practices are able to bill for: Initial Preventative Physical Exam (“IPPE”), Initial Annual Wellness Visit and Subsequent Annual Wellness Visit. Federally qualified health centers (FQHC) can bill for any of the three visits utilizing code **G0468**.

Annual Wellness Visit Spotlight

G0402

Initial Preventative Physical Exam (IPPE)

- Covered once in a lifetime
- Must be performed within the first 12 months of Medicare Part B enrollment

G0438

Annual Wellness Visit (Initial)

- Covered once in a lifetime
- Must be performed outside of the first 12 months of Part B enrollment
- Cannot be completed until 12 months after IPPE

G0439

Annual Wellness Visit (Subsequent)

- Covered once every 12 months
- Focuses on reviewing and updating previous AWV components and preventative plan

As with all programs, there are specific components required to be completed in order to bill for these services. While a majority of these components are the same across the board, there are a few slight

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differences, especially between the IPPE and AWW (Initial/Subsequent). Please refer to The Centers for Medicare and Medicaid Services (CMS) [Annual Wellness Visit Fact Sheet](#) for detailed information regarding these guidelines.

Lastly, how does this help your practice and patients? There are many benefits that come with performing AWWs. Not only can they help boost revenue for the practice but they allow patients to become more proactive and engaged with their own care.

Other benefits include:

- Builds a complete health history of the patient
- Strengthens provider and patient relationship
- Early disease detection
- Addresses gaps in care and improves Quality scores
- Reduces admissions
- Lowers healthcare spend
- Overall higher patient satisfaction



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Each month, our dedicated Silver State ACO Quality Coordinators provide each Participant practice with an [AWV Incomplete Report](#). This report uses claims data to identify patients currently due for a wellness visit. This helps ensure that these visits are captured annually. Please reach out to your Coordinator if you have any questions.

Cyber Security: An Ounce of Prevention ...

Nearly 300 years ago, Benjamin Franklin said, “An ounce of prevention is worth a pound of cure.” When written, he was referring to the threat of fires, and actions that could be taken to prevent them, in Philadelphia. This maxim can certainly be applied to many situations, including healthcare and disease prevention. Today, it is equally appropriate in connection with computing, the “cloud”, and securing data.

The Merriam Webster dictionary defines cyber security as “measures taken to protect a computer or computer system (as on the internet) against unauthorized access or attack.” As we’ve learned over the years, recovering from a computer “glitch” – be it due to a cyberattack from outside the system or a mistake from within – can be very time consuming, expensive, disruptive and, after all that, ungratifying. Point in fact – an ounce of prevention is likely be time saving, money saving, and far more efficient than recovering from an incident.



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Provider Network. In fact, use of the preferred provider network is considered in overall scores for SSACO Participants.

- The full list can be easily downloaded from our website, www.silverstateaco.com. Click on the blue box marked “Affiliates” on the right hand side of the landing page. We recommend that the list be printed for ease of reference. (In fact, the list has come to be known as the “blue sheet”. Historically, it was printed on blue paper so that it would stand out from the piles of paper on staff’s desks.)
- DispatchHealth is a Silver State ACO preferred provider for in-home care where many issues can be dealt with at least as well as they would be in an 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.



dispatch
HEALTH

PRACTICE MEETINGS

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.

Practice Meeting Schedule for 2023:

SOUTHERN NEVADA

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

*Wednesday, August 2, 2023 – Summerlin Hospital (*Note venue change)*

Wednesday, November 1, 2023 – Summerlin Hospital

NORTHERN NEVADA

Meet and Greet is at 5 pm, Meeting starts at 5:30

*Thursday, **August 17, 2023** – 5:00 pm NNMC Sparks Medical Building – Ste 201*

(Note change of date above, please)

Thursday, November 2, 2023 - 5:00 pm NNMC Sparks Medical Building – Ste 201

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