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EXPERIAN Transition to New Platform Now Complete

As reported in previous newsletters, Experian has transitioned to a new platform. The transition is now complete. Silver State ACO has been working with our Participants and partners to ensure that the right notifications are getting to the right people and that all those who should be able to access the data are able to do so.

That being said, we continue to hear from practices who notice a change in the data or are surprised by a significant increase or



decrease in notifications. These calls or emails are extremely helpful to the overall effectiveness of the system and we appreciate the staff members who share their comments.

It's far easier for Experian to identify the source of a problem when there's a concrete example to research. *"Something seems to be wrong"* is virtually impossible to investigate.

Please help us and all our practices by sharing your insights. We appreciate your impressions as well as your patience while we work to improve the system for all users.

EXPERIAN – Community Partner Encounters

The new portal, known as Community Partner Encounters or CPE, is now the only system being updated. If you still see the "Care Coordination Manager (CCM)" blue box when you log in, please let us know and we will have it removed. The data in CCM is *not* current.



We'd like to point out that there are a number of excellent improvements in CPE, including the ability to search encounters and to download the information to an Excel worksheet, giving a user flexibility to review and analyze the data.

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Southern Nevada
February 2, 2022

Northern Nevada:
February 3, 2022

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COMMUNITY PARTNER ENCOUNTERS

392 Encounters 1 / 14

Download CSV Search Encounters

Name	Date Of Birth	Admit Date & Time	Discharge Date	Discharge Disposition	PCP Name (Rooster)	Facility Name	Patient Class	Patient Type	Service Type	Flags
[REDACTED]	[REDACTED]	12/14/2021 9:56 AM			[REDACTED]	UHS-Spring Valley Hospital Med Ctr	I- Inpatient	E- Emergency	1- Medical Care	
[REDACTED]	[REDACTED]	12/03/2021 5:50 AM			[REDACTED]	UHS-Spring Valley Hospital Med Ctr	I- Inpatient	E- Emergency		
[REDACTED]	[REDACTED]	12/02/2021 1:49 PM			[REDACTED]	QHR- Carson-Tahoe Regional Healthcare	E-ED - Emergency			ED+
[REDACTED]	[REDACTED]	12/02/2021 1:36 PM			[REDACTED]	UHS-Spring Valley Hospital Med Ctr	O- Outpatient	Y- Observation	1- Medical Care	
[REDACTED]	[REDACTED]	12/02/2021 12:49 PM			[REDACTED]	QHR- Carson-Tahoe Regional Healthcare	E-ED - Emergency			
[REDACTED]	[REDACTED]	12/02/2021 12:43 PM			[REDACTED]	HCA Nashville West - MountainView Hospital	I- Inpatient	IN- Inpatient	1- Medical Care	
[REDACTED]	[REDACTED]	12/02/2021 12:37 PM			[REDACTED]	UHS-Summerlin Hospital Medical Center	I- Inpatient	E- Emergency	1- Medical Care	

Note the two purple buttons on the upper right of the screen: “Download CSV” and “Search Encounters”. (When downloading a spreadsheet in CSV, simply save the file – “Save As” – an Excel worksheet.)

Being able to analyze the data could, for example, give a practice insights into those patients who have recently been readmitted to the hospital.

We remind all users that by clicking into a patient encounter, one can access additional information and details about the admit / discharge, including the name of the attending physician should the patient’s PCP want further insight. In addition, the phone number listed is the one given to the facility upon admission and may be a more current or accurate number than the practice has.

The main objective of the Experian system is to notify practices in real time when a patient of theirs is discharged from the hospital.



This gives the practice more opportunity to reach out to the patient and schedule an appointment. In order to be paid by CMS (Centers for Medicare and Medicaid System) for a Transitional Care Management (TCM) visit, be sure to contact the discharged patient within two business days of discharge, bring the patient in within 7 or 14 days (depending on complexity of the case) and do a medicine reconciliation during the visit. Be sure to code the visit as CPT code 99495 (moderate or high complexity case with face-to-face visit within fourteen days) or CPT code 99496 (high complexity case with face-to-face visit within seven days).

Keep in mind that this can benefit your practice in three ways –

- First, and foremost, you see your patient sooner, thereby connecting the patient and caregiver, reinforcing the patient/provider bond, and intervening on his/her behalf if there are issues.
- Increasing the revenue you earn for the visit by using the TCM codes which pay dramatically higher rates (up to \$200 for the same amount of time as a regular visit, in some cases)

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- Possible preventing a readmission. Again, much better for the patient, but also reduces overall cost to Silver State ACO, thereby increasing the likelihood to earn Shared Savings.

Attached to this email is a CMS Medicare Learning Network



Transitional Care Management Services



CPT codes, descriptions and other data only are copyright 2020 American Medical Association. All Rights Reserved. Applicable FARS/HHSR apply. CPT is a registered trademark of the American Medical Association. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

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document, updated in July 2021, which includes additional detail about requirements for billing TCM. This update also addresses past confusion about which other codes can be billed at the same time as TCM. It's worth your time to review!

As always, please reach out to your quality coordinator or call Rena Kantor, Director of Operations, at 702-751-0945 with questions, ideas or comments. We will try to address them as quickly as possible.

CMS Quality Measures update

Earlier in the year, CMS announced that it would require all ACOs to report quality measures via ECQM/MIPS, including data on *all* patients seen by a practice, not just its ACO attributed patient population. Many practices were, understandably, concerned about sharing Protected Health Information (PHI) of non-Medicare patients and how that could be allowed, considering HIPAA Privacy Rules.



There are three pieces of good news to report:

- CMS has postponed the implementation of this requirement. It will now be effective beginning in 2024. This will give us more time to prepare for the transition.
- In the 2022 Final Rule, CMS clearly states that disclosure of data on all patients, regardless of payer, is permitted under the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule by the provision that permits disclosure of PHI "as required by law". Therefore, practices need not worry that they are disclosing anything beyond what's clearly allowed.
- Silver State ACO Participants will continue to be kept up to date and apprised on additional guidance from CMS, as it becomes available.

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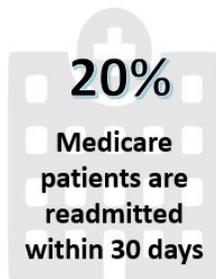
QUALITY MEASURES SPOTLIGHT

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 “*Transitional Care Management*” which was also discussed, above, in connection with the Experian update.



SPOTLIGHT

During the last two Quarterly Practice Staff Meetings, we have discussed ways to improve patient care and potentially increase revenue at your practice. One of the options we discussed in detail was the Transitional Care Management (TCM) program.



TCM is intended to reduce preventable readmissions during the 30 days following discharge and improve the patient’s outcome. It exists to ensure continuity of care during this transition period. After a hospitalization or other inpatient facility stay – patients may be dealing with a new diagnosis or change in medication therapy. This may leave the patient feeling overwhelmed and confused. TCM assists with management of all aspects relating to that stay including coordination of services needed in order to properly transition back into a Primary Care setting.

In addition to potentially preventing readmissions, TCM visits have also been proven to not only improve patient experience but also decrease expenditures. This is why we continue to put such an emphasis on the importance of completing these visits and why Medicare is willing to provide significant reimbursement back to your practice.



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TCM: COMPLEX

- CPT: 99496
- Face-to-face visit within 7 days
- Up to \$285

TCM: MODERATE

- CPT: 99495
- Face-to-face visit within 14 days
- Up to \$210

The visit itself is fairly easy and is broken down into 3 components; Interactive Contact, Non Face-to-Face Services and finally the billable encounter (documented in the picture above).

Medicare has updated and released their TCM Fact Sheet which provides practices with the details needed to bill. Within this document, they have made some notable changes to what HCPCS codes can be billed in the same 30 day transition period as a TCM. In the past, Medicare has not allowed certain codes to be billed during this time period, however, you are now able to concurrently bill the following; ESRD related services, chronic care management services and prolonged services. For a more in depth and inclusive look at what codes qualify, please refer to the TCM Fact Sheet. If you have any questions, please do not hesitate to reach out to your designated Quality Coordinator.

Tis the Season... to Reinforce Security

Silver State ACO reminds all practices that, although we may be busy planning holiday festivities and time off, the “bad guys” do not celebrate holidays by slowing down. Quite the contrary, they understand that many staff members are distracted during the holiday season and try to take advantage of that.



We strongly recommend that NOW is the time to review all access and require that staff reset passwords for any and all systems, programs or websites which contain patient information. An ounce of prevention far outweighs a pound of cure. Let's start 2022 without the headache of compromised data. TAKE ACTION NOW!

Visit the [CMS Information Security and Privacy Overview webpage](#) for additional information

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GAP CLOSURE CONTEST – Deadline Approaching

The deadline to submit your worksheets, proving the number of gaps in care that you have closed, is December 10th. This contest will reward practices for their efforts to keep our quality scores high, thereby increasing the probability for Silver State ACO to earn Shared Savings – again – for 2021. No limit to the amount you can win. Indeed, in past years, many practices who put in the effort won in numerous categories.

Silver State ACO
Accountable Care Organization

2021 GAP CLOSURE CONTEST
October 25th - December 10th

WIN UP TO \$21,000

We are handing out prizes for each of the following **SEVEN** categories...

- Breast Cancer Screening
- Colorectal Cancer Screening
- Tobacco Screening and Cessation
- Influenza Immunization
- Fall Screening
- Controlling Hypertension
- Diabetes A1c Poor Control

\$1,500 for the practice that completes the most per category **AND**
\$1,500 for the practice that completes the highest percentage
of attributed patients per category!

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

Rules:

- Quality Coordinators will provide a Gap in Care Report that includes eligible patients
- Must submit your completed list to your Quality Coordinator no later than Friday, December 10th
- Assessments must be scanned in the chart no later than Friday, December 10th
- All submissions must be documented in an excel spreadsheet
- Gaps **MUST** be documented during the contest dates

Public Health Emergency (“PHE”)

Just a reminder that the policies implemented last year to address the PHE, described in the [Specifications of Policies to Address the Public Health Emergency for COVID-19](#), have been extended through the end of Performance Year 2021.

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As we have seen throughout this pandemic, there is no way to foresee what the future holds. Case in point – how will the new COVID variants affect overall case load, hospitalization rates, and such? We continue to encourage our practices to maintain flexibility so as to be able to adapt to situations as they arise.

Be sure to react to actual fact, and not to rumors or presumptions. To monitor updates, visit the official Public Health Emergency Declaration Website:
<https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx>

2021 Practice Meetings

Practice meetings are an opportunity to learn new insights and procedures, as well as review existing systems, with the added benefit of being able to ask direct questions and (we hope) receive immediate, accurate answers. It also affords staff the chance to meet additional members of the Silver State ACO team and staff from other practices.

Practice Meeting Schedule for 2022:

Please note your calendar and watch for emails re: changes to schedule or venue (in person or virtual)

Southern Nevada:

At 7:30 (breakfast) and 11:30 (lunch) on each of the following days:
Wednesday, February 2, 2022 - at Desert Springs Hospital
Wednesday, May 4, 2022 - at Summerlin Hospital
Wednesday, August 3, 2022 - at Desert Springs Hospital
Wednesday, November 2, 2022 - at Summerlin Hospital

Northern Nevada:

At 5 p.m. at the NNMC Sparks Medical Building, Suite 201, on each of the following days:
Thursday, February 3, 2022
Thursday, May 5, 2022
Thursday, August 4, 2022
Thursday, November 3, 2022

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November Practice Meetings

Thanks to all who attended the November meetings and to our presenters. We hope you enjoyed the experience as much as we appreciated seeing you there. As an added incentive to join us at our next meetings, be sure to reply to the email to which this newsletter was attached with the phrase “See you at the February meetings” for a chance to win prizes.

And Thanks...

As the year comes to a close, we stop to examine the past year; the accomplishments, mistakes, steps forward and back. We, at Silver State ACO, are acutely aware of the spirit of teamwork which is needed to achieve any positive outcome. We are grateful to each staff member – here and at each of our Participant and Preferred Provider practices – for their contribution to providing excellent healthcare to patients while eliminating duplication and reducing overall cost.

Thank you and best wishes for Safe and Happy Holidays from all of us at Silver State ACO!

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