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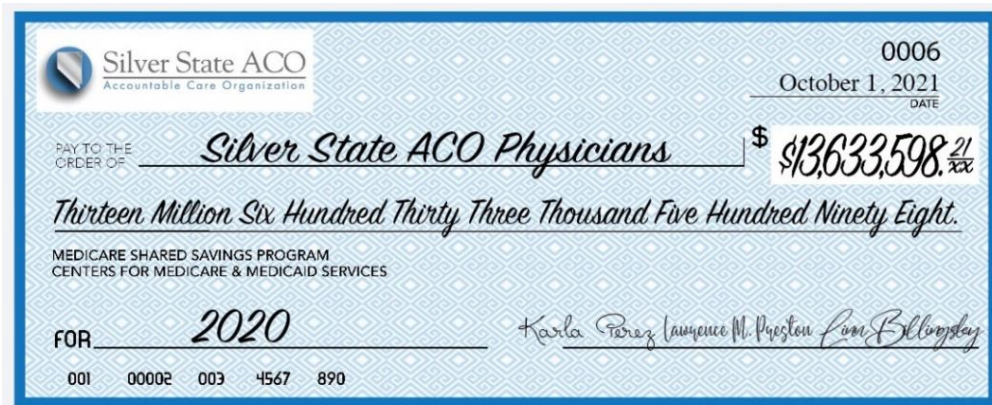
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SILVER STATE ACO SUCCESSFUL For SIXTH Consecutive Year

The Centers for Medicare and Medicaid Services (CMS) has released results for the Medicare Shared Savings Program for the 2020 performance year. **Silver State ACO has achieved shared savings for an astounding sixth year in a row!**

In 2020, Silver State ACO saved CMS over \$44,100,000, and earned substantial Shared Savings for its participants, working with them to deliver excellent quality care. Over the six years, Silver State ACO has saved CMS and taxpayers a staggering total of over \$162,817,000.

The results confirm that our systems and efforts are effective, making us the top ranked ACO in the state of Nevada, and in the *top ten* Shared Savings earners in the country.

These remarkable numbers are perhaps exceeded by the fact that, of a total of 531 ACOs in the country in 2020, Silver State ACO is *second* in savings *per beneficiary* among the top ten ACOs.

Silver State ACO is a physician led Medicare Shared Savings Program Accountable Care Organization. This program was developed by CMS in an effort to improve quality of care while reducing costs. The program rewards providers by giving them the

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opportunity to earn back a percentage of the savings that they generate for CMS if they hit pre-set savings benchmarks.

In addition to knowing that Silver State ACO assists in improving efficiency and reducing redundancy in an effort to advance better outcomes, 2020 Silver State ACO Participant providers will share substantial allocations of the savings.

Earning shared savings is a result of determination and cooperation between Participants, Preferred Providers and Silver State ACO management and staff. In 2020, all ACOs were suddenly faced with challenges presented by the COVID-19 pandemic. Silver State ACO proved its ability to adapt to circumstances and accommodate changes while remaining dedicated to its principals and goals.

Our sincere thanks to all the providers and staff for their hard work. Together with our corporate partners, Valley Health System, Northern Nevada Health System and Kindred Healthcare, we look forward to continuing to provide great results for our providers, partners and, most importantly, the patients.

In 2021, Silver State ACO is comprised of fifty five medical practices who care for the more than 43,500 attributed beneficiaries. As we approach the end of the year, we redouble our efforts... We're aiming for seven years in a row.



Valley Health System Announces New Facility and Services

Valley Health Specialty Hospital, an extension of Spring Valley Hospital dedicated to orthopedic surgery, is now open for orthopedic surgical patients. The hospital features five surgical suites and a ten bed inpatient nursing unit for post-operative orthopedic patients. A 56 bed acute rehabilitation center providing specialized rehab services for patients recovering from stroke, surgery, illness or injury is scheduled to open in the future. In addition, outpatient physical, occupational and speech therapy services will be offered.

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The joint replacement program at this new facility follows a protocol which allows patients to ambulate and participate in physical therapy sooner, reducing the length of stay in the hospital. The program also uses an approach to control pain with very little, if any, opioid medication.

The Valley Health Specialty Hospital is located at 8656 West Patrick Lane at Durango. The facility's main phone number is 702-777-7100. Additional information can be found on the website: www.valleyhealthspecialty.com.



The Valley Health System

Centennial Hills Hospital • Desert Springs Hospital • Henderson Hospital (2016)
Spring Valley Hospital • Summerlin Hospital • Valley Hospital

PROMINENCE Health Plan Offers Education Series

Prominence Health Plan has announced a series of educational webinars focusing on risk adjustment and HCC coding and documentation. All healthcare providers are invited, including physicians, coding and billing staff, office managers and care coordinators. There are multiple topics and sessions, all being offered free. Each session will conclude with a live Q&A with a certified HCC coding expert.

The series will offer comprehensive information on risk adjustment, specialty specific education, coding accuracy and documentation.

Attached to this newsletter's email is detailed information. Toward the top of the page, there's an RSVP button. Clicking on that will link you to a site where you can register. You will receive a separate invite for each of the sessions.

Carson Tahoe Regional Medical Center Added to Experian Notifications

Experian is only able to share information it gets from hospitals with which it contracts. And, until now, there was only one facility in Northern Nevada with which Experian contracted.



Over the past several months, Silver State ACO has worked with Experian and Carson Tahoe Regional Medical Center and was instrumental in them ultimately entering a contract. The feed is now "live". SSACO practices in Northern Nevada will benefit even

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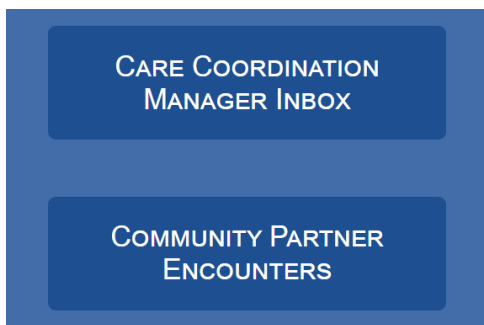


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more from the system as they see more notifications regarding their patients in the hospital.

Experian Update

In last month's newsletter, we shared Experian's announcement that they would be transitioning their notification system to a new



platform. Silver State ACO utilizes the system to inform practices that their patient has been discharged from the hospital, and to notify SSACO designated hospitalists at various acute facilities across Las Vegas when an SSACO attributed beneficiary has

been registered at the ER or admitted. In addition, it serves as a means for SSACO care coordinators to reach out to discharged patients to offer assistance and follow their progress.

Silver State ACO continues to work extensively with Experian to ensure that our users can easily access the data they need through the new platform. We have requested that Experian not turn off the "old" platform until that happens. Please continue to use Care Coordination Manager (instead of "Community Partners Encounters" which should now appear as a second option when you first log in).

CMS Expands Payment for Administering At-Home COVID-19 Vaccination

In an effort to boost vaccination rates, CMS has announced expanded opportunities for people to receive the COVID-19 vaccination in their home. To ensure that patients who have difficulty leaving their home, or who are otherwise hard to reach, get the chance to receive the vaccination, CMS will make additional payments for providers to administer vaccines to multiple residents in one home setting or the communal setting of a home.



The additional payment accounts for the clinical time needed to monitor the patients after the vaccine is administered as well as the costs associated with administering the vaccine safely in a home. The additional in-home payment is geographically adjusted based on where the service is furnished.

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More information – including billing codes, who may bill, payment allowances and effective dates – is available on the Medicare COVID-19 Vaccine Shot Payment webpage:

Medicare COVID-19 Vaccine Shot Payment. Additional information from the CDC can be found at: [Vaccinating Homebound Persons with COVID-19 Vaccine | CDC](#)

In addition, attached to this newsletter’s email, is a listing of frequently asked general questions (and their answers) regarding the vaccine.

QUALITY MEASURES SPOTLIGHT

Falls: Screening for Future Fall Risks

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 per calendar year.

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 2021 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



SPOTLIGHT

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• Low/High Fall Risk

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 01/06/2021)



NEW EMPLOYEES?

The COVID-19 pandemic changed many aspects of life – both at work and at home. Many offices continue to see a higher than normal turnover rate of staff.



A friendly reminder to *always* follow your practice's protocols for onboarding new staff, regardless how busy you are or how often you've trained new hires in the recent past.

In addition to any other training and introduction, remember to:

- Check the OIG's List of Excluded Individuals / Entities before hiring a new employee.
- Once hired, employee should review Medicare's Fraud and Abuse Guidelines.
- Be sure to share *written* office policies, including security and compliance requirements, and the consequences of failing to follow guidelines.
- Contact your IT provider to set up new passwords for employee's access to your computer systems. Never have employees share usernames or passwords.

This is one example where an ounce of prevention is absolutely preferable to a pound of cure.

PHE Extended

On July 20th, the federal government extended the Public Health Emergency for COVID-19. That means that changes put in place in connection with the pandemic will continue to be valid until at least mid-October.

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Although there has been a recent increase in the number of COVID cases, there is no way to know whether the PHE will be extended again. We strongly recommend that all practices maintain flexibility and continue to plan for future contingencies.

To monitor factual updates, see the official Public Health Emergency Declaration website:

<https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx>

2021 Practice Meeting Dates

Keep an eye on your email for updates as to whether these meetings will be held in person or virtually.

Southern Nevada:

Wednesday, September 29th at Desert Springs Hospital

NOTE: *This meeting has been changed. There will be only one session – at 11:30 a.m. - and it will be conducted via ZOOM*

Wednesday, November 3rd (At 7:30 and 11:30 a.m.)
at Summerlin Hospital

Northern Nevada:

Sparks Medical Building at 5 pm on each of the following dates:

Thursdays, September 30th and November 4th

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



**Twenty years since the tragedy of September 11, 2001.
We will NOT forget the heroes.**

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