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CMS –COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers

As the current pandemic unfolded, The Centers for Medicare and Medicaid Services (CMS) responded quickly with changes to some rules that had been in place for years. Among the changes were certain blanket waivers. These waivers are temporary and we beseech you to periodically check and confirm validity of any waivers you may be relying upon.

The current Public Health Emergency (PHE) is set to expire July 25th. The Department of Health and Human Services (HHS) has confirmed that they are considering delaying the expiration but nothing definite has yet been announced.

For additional current details on the waivers, see:

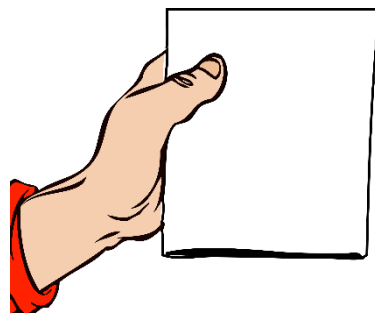
<https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>

Additional information relative to COVID-19 and reopening can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html> and <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>.

CMS Requirements for Distribution of Beneficiary Notifications

CMS requires that each ACO participant practice display a poster identifying the practice as a Participant in an ACO. The poster has specific verbiage, delivered by CMS, which describes what an ACO is and clarifies that the Medicare Fee for Service patient maintains all his/her rights, exactly as before. These rights include seeking other providers and opinions.

Silver State ACO (SSACO) has delivered these posters to all its Participants. SSACO quality coordinators regularly confirm that the posters are displayed in every clinic.



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www.silverstateaco.com

Contact Us:
(702) 800-7084
(775) 391-6484
Compliance Line:
(702) 751-0834

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SilverStateACO.com

Next Practice Meetings:

Southern Nevada:

Wednesday, Sept. 2nd

7:30 and 11:30 a.m.

Desert Springs Hospital

Northern Nevada:

Thursday, Sept. 3rd

5:00 p.m.

Northern Nevada Medical
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Only one poster per clinic is required, and no posters are required if no patients are seen at the facility, for example, the location has only offices or labs.

In 2019, CMS notified all ACOs that, effective January 1, 2020, practices would also be required to deliver a standard written Beneficiary Notification to every ACO beneficiary at the patient's first in-person visit. Again, with specific verbiage is dictated by CMS.

In response to many requests for clarification regarding this requirement, and in light of the substantial reduction in office visits due to the COVID-19 Public Health Emergency (PHE), CMS has provided some insights:

- Standardized written notifications may be provided through electronic transmission such as email or a secure portal
- Standardized written notifications may be mailed
- Either method can be used in conjunction with e-Visits or Telehealth technology.

CMS has recently added that they are "sensitive to the challenges caused by the pandemic" and the need to prioritize caring for patients. Therefore, "CMS is exercising its enforcement discretion to adopt a temporary policy of relaxed enforcement in connection with the deadline for furnishing the standardized written beneficiary notifications required ... *as long as it is completed by the end of the current performance year*".

QUALITY MEASURES SPOTLIGHT: Cancer Screenings

Breast Cancer Screening

The Centers for Medicare and Medicaid Services (CMS) requires female patients ages 50-74 to have a bilateral mammogram once every 24 months. A right or left unilateral mammogram will meet the measure if there is documentation of a right or left unilateral mastectomy.



SPOTLIGHT

Medicare will accept the following for screening: Diagnostic, film or 3D mammogram.

Medicare will NOT accept: MRI's, ultrasounds and biopsies.

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This measure can be documented during a telehealth encounter. Regardless of whether the documentation is made during an in office visit or a telehealth encounter the documentation in the medical record must include the following:

1. Type of test.
2. Date test was performed (month and year).
3. Results or findings. “Normal” and “Abnormal” is an acceptable result when a patient is self-reporting.

Below are some examples of documentation that Medicare will accept. As you will see these include all of the elements listed above:

Mammogram 12/2018 Abnormal
Normal Mammogram 01/2020

Below are examples of documentation Medicare will not accept because they do not contain all 3 of the required elements:

Normal mammogram
Mammogram April 2019

Colorectal Cancer Screening



Medicare requires patients age 50-75 to have an appropriate screening for colorectal cancer. Patients with a diagnosis or documented history of colorectal cancer or a total colectomy will be excluded from this measure.

Medicare will accept the following for screening:

- Fecal Occult Blood Test (FOBT) during 2020
- Flexible Sigmoidoscopy or CT Colongraphy during 2020 or the four years prior
- Colonoscopy during 2020 or nine years prior
- Fecal Immunochemical DNA Test (FIT-DNA) during 2020 or two years prior

Just like the breast cancer screening, the colorectal cancer screening can be self-reported by the patient or notated during a telehealth encounter. Documentation in the medical record must include the following:

1. Type of test
2. Date test was performed (year)

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3. Results or findings. “Normal” and “Abnormal” is an acceptable result when a patient is self-reporting.

Below are some examples of documentation that Medicare will accept. As you will see these include all of the elements listed above:

Colonoscopy 2018 Abnormal
FOBT 2020 Normal

Below are examples of documentation Medicare will not accept because they do not contain all 3 of the required elements:

Colonoscopy 2018
Normal FOBT

Please reach out to your Quality Coordinators if you have any other questions or need help meeting either of these measures.

REMINDERS:

When reconfiguring your work spaces, redefining your workflows, or documenting new office protocols, please keep in mind that Nevada Governor Steve Sisolak released new guidance, effective June 26th. In addition to any screenings you may already be doing, “Guidance on Directive 024” makes face masks mandatory in certain situations. “While at work” masks are mandatory “when walking through common areas, such as hallways,” or if you “are located in any room or enclosed area where other people (except for members of the person’s own household or residence) are present when unable to physically distance”.



The full document, “Guidance on Directive 024: Face Coverings” can be found at this link: <https://nvhealthresponse.nv.gov/wp-content/uploads/2020/06/6.22-Guidance-on-Improvised-Facial-Coverings-JH-V1.pdf>

Practice Meetings

Silver State ACO’s June practice meeting was held virtually but was one of the most outstanding meetings we’ve had. A number of our long standing Participant groups made presentations. Included were descriptions of, among other things, how the practices work with their Silver State ACO Quality Coordinators (“QCs”), as well as how they have made changes to workflows and systems in order to raise their quality scores. They shared ideas and positive attitudes. “If we can do it, you can do it.” Remember

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that increasing your quality score helps Silver State ACO, improving the likelihood of us being successful and, in turn, your practice's share of our overall success.

Whether you missed the meeting, or enjoyed it but would like to review some of the slides, please ask your quality coordinator to share a pdf of the presentation.

We'd like to take time to thank Nevada Health Centers, Reno Family Physicians and Healthcare Partners for agreeing to share their stories and insights. Quality scores for one of the groups increased by over 40 percentage points! Special thanks and appreciation for the hard work creating *and* presenting the slides to J.C. Flowers of Nevada Health Centers, and Steven Ceragiolo of Healthcare Partners (who confirmed that the practice name will be changing to Intermountain Healthcare over the next few months). Bravo to Savannah Rittenhouse, SSACO Quality Coordinator for Reno Family Physicians and Jessica Shepard, SSACO Quality Supervisor, for the presentation on behalf of Reno Family Physicians.

Congratulations to Yudira Gonzalez (Premium Family Care) and Peter Adlish (Sierra Nevada Family Medicine) on winning gift cards. If you'd like to be entered into a drawing at the next practice meeting, please respond to the email to which this newsletter was attached, with the words "Social interaction from a physical distance of at least six feet."

The next practice meetings are currently scheduled for Wednesday, September 2nd (Southern Nevada) at Desert Springs Hospital, and Thursday, September 3rd (Northern Nevada) at Northern Nevada Medical Center – Sparks MOB. Current plans are being made for an in-person meeting, though that could change. Stay alert for updates in the August newsletter and to your emails for details.

*Silver State ACO Participants Helping Each Other
and their Communities*

Many healthcare workers, facilities and practices have stepped up to the plate during the COVID-19 emergency, going beyond the call of duty to assist their patients and neighbors. We're proud of the Silver State ACO practices who have always contributed to their communities. One good example is UNR School of Medicine who will be hosting an interactive webinar about prescribing addictive drugs. This is always an important subject but all the more so during the stressful situations brought on by the current coronavirus pandemic. See flyer, on the next page, for details.

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LIVE, INTERACTIVE, ONLINE LEARNING OPPORTUNITY

CAUTION!

PRESCRIBING ADDICTIVE DRUGS SAFELY
& ALTERNATIVE SOLUTIONS

EARN 2 CREDITS
PRESCRIBING CONTROLLED SUBSTANCES

JOIN US ON JULY 21ST
5:30 PM- 7:30 PM

MED.UNR.EDU/CME/PRESCRIBING2020

Presented by the University of Nevada, Reno School of Medicine, Reno
Police Department, and Join Together Northern Nevada (JTNN)



University of Nevada, Reno
School of Medicine



JTNN Join Together Northern Nevada
Building Partnerships for a Healthy Community

This course is designed to provide healthcare professionals with strategies and tools to overcome challenges in treating patients with chronic pain and other acute conditions.

LEARNING OBJECTIVES

Upon completion of this activity, participants should be able to:

- Explain the risks of prescribing potentially addictive drugs such as benzodiazepines, sleep aids, and opioids.
- Recognize when, why, and how to co-prescribe Naloxone.
- Identify alternatives to opioid prescribing for pain patients.

AGENDA

5:30 - 6:30 pm Addictive Prescription Drugs: Opioids, Benzodiazepines, Sleep Aids, and Safely Prescribing with Naloxone
Reka Danko, MD, Board Certified Internal Medicine,
Board Certified Addiction Medicine

6:30 - 7:30 pm Alternatives to Prescribing Pain Killers
Denis Patterson, DO, Board Certified Pain Medicine,
Board Certified Physical Medicine and Rehabilitation

FEATURED PRESENTERS



Reka Danko, MD Denis G. Patterson, DO

Please contact Paul Snyder, Course Director, with any questions at
(775) 622-2240 or rpsnyder@med.unr.edu

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The Valley Health System

Universal Health Services (UHS, known in Las Vegas as the Valley Health System,) is the Silver State ACO preferred provider for acute services. They have instituted additional measures to ensure a safe environment for their patients during the COVID-19 pandemic.

24/7 Emergency Care Helping to Keep Our Community Safe

Key Questions & Answers

At The Valley Health System, patient safety is always our top priority. Below are answers to frequently asked questions intended to increase understanding of the extraordinary measures we are taking during the COVID-19 pandemic. They also demonstrate our commitment to keeping everyone safe and to providing exceptional patient care.



Q1: What steps has the hospital taken to help ensure the ongoing health and safety of patients, physicians, staff and our community?

A1: In light of COVID-19, we are following the guidelines of the State Department of Health, the Centers for Disease Control and Prevention (CDC), and our local Infection Control and Prevention Team. We have implemented extra precautionary measures and additional protocols to help ensure a safe and clean environment for our patients, physicians, staff and community, including, but not limited to:

- Masking of all persons entering the hospital
- Isolation of patients with COVID-19
- COVID-19 testing of patients prior to elective surgery
- Appropriate personal protective equipment (PPE) for staff
- Temperature checks
- Screening questions upon entrance
- Limited visitation in inpatient areas, in the ER and Outpatient Surgery
- Rigorous cleaning and disinfection
- UV light disinfection



Q2: Is it safe to go to the Emergency Department when experiencing a medical emergency?

A2: Yes, as mentioned above, the hospital has taken extra measures to help keep everyone safe. During this time, physicians, nurses and staff are delivering trusted, quality emergent care every hour, every day. Seeking critical emergency care can be life-saving. If a person experiences symptoms such as chest pain, numbness, difficulty breathing or mental confusion or has serious medical injuries, they (or someone else if present) must call 911 or go to the nearest ER – it could save one's life.

The Valley  Health System®

Centennial Hills Hospital • Desert Springs Hospital • Henderson Hospital
Spring Valley Hospital • Summerlin Hospital • Valley Hospital

Safe. Trusted. Ready.

OVER >>

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Q3: Can a person seeking emergency care in the ER be accompanied by a family member or friend?

A3: At this time, one visitor may accompany a person seeking care in the ER. Both parties—wearing masks—must enter the ER together at the time of arrival. A visitor must stay in the specific room/bay assigned to the person until discharge. If the person is admitted to the hospital, the visitor will be permitted to accompany the patient.



Q4: What should a visitor expect upon arrival to The Valley Health System?

A4: Upon arrival at the hospital, visitors are subject to a temperature check and CDC COVID-19 screening questions. Visitors will be asked to perform hand hygiene and wear a mask. If anyone has been in contact with a person suspected or confirmed to have COVID-19 within the last 14 days or who has had a cough or flu-like symptoms, including sore throat, headache, muscle aches, nausea, diarrhea, or abdominal pain; loss of taste or smell in the last 24 hours; felt feverish or experienced chills in the last 48 hours; or had a fever of 100°F or higher in the last 48 hours, will be prohibited from entering the hospital.

Travel history will also be questioned: those who have had travel outside the country within the last 14 days will not be permitted to proceed within the hospital.

The above steps will help prohibit people with symptoms or risk factors from entering the building.



Q5: What does limited visitation mean?

A5: Consistent with city and county efforts around social distancing to limit the exposure to individuals who may have contracted COVID-19, but are at that time asymptomatic, we have revised our Visitation Policies to help protect our patients and our community. Limited visitation is permitted on inpatient units except for patients with confirmed or suspected/rule-out cases of COVID-19, in the Emergency Room (ER), for outpatient surgery, in compassionate care/end-of-life situations, maternity/neonatal/pediatric patients and patients with physical, intellectual and/or developmental disabilities and patients with cognitive impairments. Visitation will be limited to one visitor at a time. All visitors must bring and wear a mask or face covering; undergo a health and travel screening; be at least 18 years of age or older; and provide the room number of the person they plan to visit. Again, this temporary policy is in force to help keep everyone safe.



Q6: What steps is the hospital taking to help ensure appropriate social distancing?

A6: The hospital has marked 6-foot distances within the common areas and separated furniture. Patients are asked to adhere to social distancing etiquette.



Q7: When should an individual suspected with or confirmed positive for COVID-19 go to the Emergency Department?

A7: Individuals with mild or moderate symptoms are advised to call their healthcare provider or to visit an urgent care center. If symptoms intensify and cannot be managed at home, individuals should call 911 or go to the nearest ER.

**For more information you can visit our website at:
www.valleyhealthsystemlv.com**

Thank you for entrusting your care to us.

Physicians are independent practitioners who are not employees or agents of The Valley Health System. The hospital shall not be liable for actions or treatments provided by physicians. For language assistance, disability accommodations and the non-discrimination notice, visit our website. 202672-3497 6/20

Things change very rapidly, particularly in connection with the current pandemic. Therefore, if you have any specific questions, it's a good idea to call ahead to clarify any concerns or special requests.

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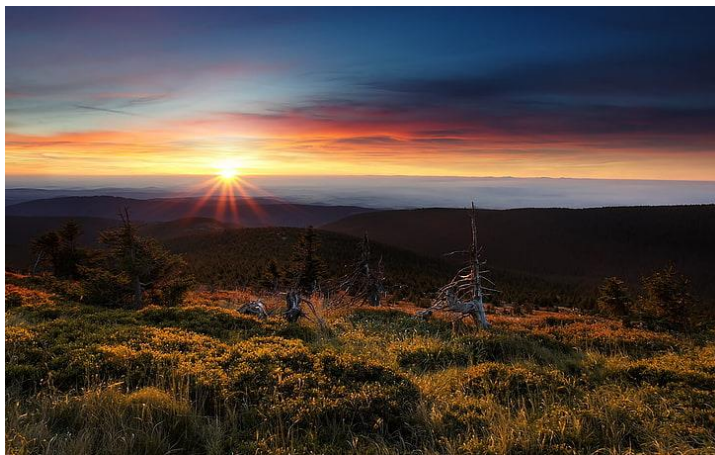


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Quote of the Month:

“May we think of Freedom not as the right to do as we please, but as the opportunity to do what is right”

Reverend Peter Marshall, Pastor, Chaplain of the United States Senate 1947 – 1949.



Rev. Marshall is also quoted as saying,

“Give to us clear vision that we may know where to stand and what to stand for – because unless we stand for something, we shall fall for anything”.



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