



In This Issue

- Welcome new Participants
- How many Beneficiaries?
- Meaningful Use - Reminder
- PECOS Names, Primary Taxonomy Codes
- GPRO
- Office Staff Meetings

Visit our Website

www.silverstateaco.com

Newsletters, who we are, who our members are, preferred providers, hospitalists, board of directors, management, results

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Silver State ACO - 2017 Application Approved – Welcome New Participants

Having completed our initial three year contract with CMS, Silver State ACO applied for an additional three year term as a Tier 1 (no risk) ACO. That is why our existing practices were asked to sign new Agreements. We filed necessary documents with CMS over the summer. On January 18th CMS notified us that we are now allowed to publicly announce that we have been approved. In addition, we can now name the practices which will make up Silver State ACO in 2017.

Effective January 1, 2017, Silver State ACO is comprised of *forty four* practices including seventeen new ones. Please help welcome our new groups:

Alpha Medical Group	Green Valley Primary Care
Seema Anjum, MD	Jurani Clinic
Badar Anwar, MD	Ben Kermani, MD
Box Canyon Primary Care	Kristensen Festenese Medical Group
Thomas T. Chen, MD	Medical Care Now
Christopher S. Choi, MD	Northern Nevada Medical Group
Decatur Family Practice	Sunset Clinics
Family Doctors of Green Valley	Betty H. Yao, MD
Desert Family Medicine of Green Valley	

Welcome. We're excited to start working with you!

How Many Patients does SSACO Represent in 2017? Who Decides?

CMS decides. CMS reviews Medicare Fee-for-Service beneficiaries and assigns ("attributes") a patient to the provider who provided the plurality of primary care services. If the provider is a Participant of an ACO, the patient is attributed to the ACO. This means that the ACO is responsible for the cost and quality of care (and the reporting of it) for that patient. There are now nearly 25,000 Medicare fee-for-service beneficiaries who are "attributed" to Silver State ACO. This means that CMS has identified nearly 25,000 patients as seeing one of our doctors more than they see any other (primary care) doctor. In fact, our doctors see over 50,000 Medicare patients. We want to engage all the patients, as some day they may be attributed to us!

Meaningful Use – February 28th Deadline!

The CMS Registration and Attestation System is open. Providers participating in the Medicare EHR Incentive Program must attest to the 2016 program requirements by February 28th. Remember that although Silver State ACO can, and does, do PQRS/GPRO quality reporting for you we cannot file Meaningful Use for you. This is your opportunity. Additional information, including links, is attached.

Be sure to Update PECOS Name and Taxonomy Code

CMS requires that your PECOS information be up to date. Having current data allows them to more accurately identify your patients as yours. CMS matches the TIN and NPI in identifying which provider a patient saw.

Also, be sure that your Primary Taxonomy code is correct. Some doctors have not updated their codes, making it more difficult, within Health Endeavors, to differentiate between PCPs and specialists.

Let Us Help You. PLEASE!

The clinical staff is busy gathering quality data for reporting GPRO, at the ACO level, for each of our groups. All reporting needs to be completed by the end of February. How well we score will determine how much CMS will share with us, if we achieve shared savings. We earned shared savings for 2015 and certainly hope to do so again in 2016. Help us to help you by welcoming the SSACO clinical team into your office. Answer their calls. Set up a time for them to review charts. They are here to help you - and all the other practices in SSACO – file quality measures correctly and as completely as possible

First Office Staff Meeting of 2017

Please join us at 11:30 for lunch on Wednesday, January 25th at Summerlin Hospital for our first Office Staff meeting of the year. The agenda includes a presentation by Experian, developer of our notification system when a patient of yours is in the hospital. Also, Rhonda Hamilton, SSACO Director of Quality Improvement and Education, will be doing an overview of MIPS for 2017. CMS is promoting MIPS as an “improved reporting program”. What we know is that it’s all new. And confusing. We also know that Rhonda will break it down so that practices can begin to prepare for quality reporting in 2017 and maximize efficiency and revenue opportunities. Join us! RSVP would be appreciated.

HAPPY NEW YEAR

Quote: “Be at war with your vices, at peace with your neighbors, and let every new year find you a better man.” Benjamin Franklin

Hold the Dates.

2017 Office Staff Meetings

January 25, 2017-
Summerlin Hospital
11:30 a.m.

April 5, 2017 –
Henderson Hospital –
7:30 a.m.

June 21, 2017 –
To be announced

October 25, 2017 –
Spring Valley Hospital –
7:30 a.m.

More Practice Managers Photos from December



Sheila Van Son
Jacobs Medical Group



Stephanie Kidd
Nevada Family Care



Diana Carrasco
Decatur Family Practice
New 2017 Group



Rena Kantor (Silver State ACO), Akilah
Andrades, Monique Vickrey and Maris
Saccavino (Nevada Heart and Vascular)



Katie Bowman
Sundance Medical Center



Michelle Lewis
CareMore Medical Group

Attest to 2016 Program Requirements by February 28

The Centers for Medicare & Medicaid Services [Registration and Attestation System](#) is now open. Providers participating in the Medicare EHR Incentive Program must attest to the [2016 program requirements](#) by **February 28, 2017 at 11:59 p.m. ET** in order to avoid a 2018 payment adjustment. The EHR reporting period was any continuous 90 days between January 1 and December 31, 2016.

If you are participating in the Medicaid EHR Incentive Program, please refer to your [state's deadlines](#) for attestation information.

If you are eligible to participate in both the Medicare and Medicaid EHR Incentive Programs, you **MUST** demonstrate meaningful use to avoid the Medicare payment adjustment. You may demonstrate meaningful use under either Medicare or Medicaid.

Reminder: Remember to visit the registration tab in the [Registration and Attestation](#) system to ensure your personal information is accurate. For more information on registration, visit the [Registration & Attestation](#) page of the [EHR Incentive Programs website](#).

Payment Adjustments and Hardship Exceptions

In January 2018, CMS will begin to apply payment adjustments for providers that did not successfully demonstrate meaningful use of EHR technology **or** apply for and receive a hardship exception for the 2016 program year. CMS will send a separate announcement with more information on the hardship exception application process, once available.

Attestation Resources

- [Eligible Professional \(EP\) and Eligible Hospital and Critical Access Hospital \(CAH\) Attestation Worksheets](#)
- [EP and Eligible Hospital and CAH Attestation User Guides](#)
- [EP and Eligible Hospital and CAH Registration User Guides](#)
- [Attestation Batch Upload Webpage](#)

For More Information

For questions about the Registration and Attestation System, contact the EHR Information Center at 1-888-734-6433 (press option 1). The EHR Information Center is open Monday through Friday from 6:30 a.m. to 5:30 p.m. ET, except federal holidays.

NOTE:

The [Meaningful Use 2016 Attestation Requirements](#) page, above, is also attached to this email to allow for accessing information through the hyperlinks.