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Visit our Website

www.silverstateaco.com

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

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ACO Groups Avoid the 2016 Value-Based Modifier...

Moving away from Fee – For – Service... The Department of Health and Human Services has announced its payment for quality goal: Tie 85% of “traditional” Medicare payments to quality or value by 2016, and 90% by 2017. One of the tools they will use is the Value-Based Modifier program. This modifier will allow CMS to reduce payments by up to 4% in 2016 – *in addition to* a possible 4% reduction from Medicare Quality programs such as PQRS and Meaningful Use. If a practice were to ignore all such programs they could potentially see every dollar received from CMS during 2016 reduced by 8%. That really adds up. CMS has specifically stated that it will NOT apply the 2016 Modifier to any group of physicians who participated in a Medicare Shared Savings Program ACO during 2014.

In 2016 this modifier will apply to groups with at least ten eligible professionals, and in 2017 will apply to groups of any size as well as to solo practitioners who are physicians.

At the beginning of 2015, Silver State ACO successfully filed GPRO (Group Practice Reporting Option), which replaces PQRS, on behalf of all our participating groups for 2014. So, there will be no penalty for not filing, or not properly filing, PQRS. Quite the contrary, our participating groups have received tens of thousands of dollars from CMS for filing timely and correctly.

Another way Silver State ACO is helping protect your interests...

Who (and What) are our Preferred Providers?

All SSACO beneficiaries are, by definition, enrolled in “traditional” Medicare, meaning, among other things, that they have the right to see any doctor they choose. Being a beneficiary of an ACO does not change that. Unlike an HMO, Silver State ACO does not have a closed network of providers. We do, however, have a group of “Preferred Providers”. These providers have each signed an agreement with SSACO wherein SSACO agrees to include them on our Preferred Provider list on two conditions : 1) If a patient whom they see does not have a PCP they will refer the patient to a PCP who is a participant in SSACO, and 2) They will help us control costs by not duplicating tests or requesting tests that are unnecessary.

As an ACO we are charged with providing excellent care to our beneficiaries, which is our main objective. But more tests do not

necessarily equate to better care.

A listing of our Preferred Providers is attached. Please use to it when making referrals. We all know that a PCP recommendation is generally followed.

In particular we'd like to draw your attention to our Preferred Provider list for long term transitional and/ or short term (skilled nursing) care , and for Home Health and Hospice. Our preferred provider for these services is Kindred, a partner in the ACO. SSACO beneficiaries benefit from Kindred's reputation for excellent care, while the SSACO member groups benefit by their partnership in the ACO and SSACO's vision for controlling costs while obtaining better patient results through sharing of data and care coordination.

Please note that there is even a 24/7 phone line for the SSACO: 702-787-6239 (for emergencies only after hours, please).

CAHPS SURVEY....

CMS has set forth 33 Quality Measures that must be reported as part of PQRS / GPRO. Of these, 8 measures relate to a patient's experience with such things as time to wait for an appointment, physicians attentiveness, and receptionist courtesy. CMS has approved numerous companies to conduct the surveys. Silver State ACO has contracted with Healthstream Inc. to conduct the surveys on our behalf. . The surveys are conducted by mail and / or phone.

We are making you aware of this as we believe that some beneficiaries may call their doctor – you – to comment / complain / question the survey. You can let them know that we have absolutely no input as to which beneficiaries will be surveyed, nor what questions they will be asked. Please be sure to let them know that the survey is legitimate and, in fact, important to your practice and the ACO.

Protecting Patient Health Information

Benjamin Franklin had it right: "An ounce of prevention is worth a pound of cure". Be sure to remind all providers to log out of any applications that contain PHI immediately after using them. As a backup, be sure to have a system in place that automatically turns off access.

Save the Date: Practice Managers Meeting

WEDNESDAY, JANUARY 20, 2016 – Time and Location to be announced.
Why not let us know what works for you – Breakfast? Lunch?