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

Contact Us:

(702) 608-0417
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New Medicare Cards with New Numbers: Three Changes You May Need to Make

The Medicare Access and CHIP Reauthorization Act of 2015 requires CMS to remove Social Security Numbers (SSNs) from all Medicare cards by April 2019. CMS will begin mailing new Medicare cards with a new Medicare number (currently called the Medicare Claim Number on cards) to your patients in April 2018. You may need to change your systems to:

- Accept the new Medicare number (Medicare Beneficiary Identifier or MBI). Use the MBI format specifications if you currently have edits on the current Health Insurance Claim Number (HICN).
- Identify your patients who qualify for Medicare under the Railroad Retirement Board (RRB). You will no longer be able to distinguish RRB patients by the number on the new Medicare card. You will be able to identify them by the RRB logo on their card, and CMS will return a message on the eligibility transaction response for a RRB patient. The message will say, "Railroad Retirement Medicare Beneficiary" in 271 Loop 2110C, Segment MSG. If you use the number only to identify your RRB patients beginning in April 2018, you must identify them differently to send Medicare claims to the RRB Specialty Medicare Administrative Contractor, Palmetto GBA.
- Update your practice management system's patient numbers to automatically accept the new Medicare number or MBI from the remittance advice (835) transaction. Beginning in October 2018, through the transition period, CMS will return your patient's MBI on every electronic remittance advice for claims you submit with a valid and active HICN. It will be in the same place you currently get the "changed HICN": 835 Loop 2100, Segment NM1 (Corrected Patient/Insured Name), Field NM109 (Identification Code).

If you use vendors to bill Medicare, contact them if they haven't already shared their new Medicare card system changes with you; they can also tell you how they will pass the new Medicare number to you. Visit the New Medicare Card Provider webpage for the latest information.



Hold the Date:

Final 2017 Office Staff Meeting

**October 25, 2017 –
Spring Valley Hospital –
7:30 a.m. and/or at 11:30
a.m.**

- *Meet other participants and SSACO staff*
- *Learn about the benefits you already have as a Participant in SSACO*
- **WIN PRIZES**

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Annual Wellness Visits

CMS has created a great opportunity for you to see your Medicare fee-for-service patients on an annual basis. As an incentive to get your patients into the office, the visits are not subject to the annual deductible or to a copay. CMS pays very well for the visit. Here is some important information to help you get started:

- The Initial Preventive Physical Examination (IPPE), also known as the “Welcome to Medicare Preventive Visit”. Medicare will pay for one IPPE per beneficiary per lifetime – within the first 12 months of the effective date of the beneficiary’s first Medicare Part B coverage period. So, as your patients approach their 65th birthday, be sure to make an appointment for them to come in for the IPPE once their Medicare coverage begins. Good for them. Good for your bottom line.
- Annual Wellness visits are covered once every 12 months (beginning 12 months after the beneficiary was covered by Medicare Part B). In other words, you cannot bill both these visits within the same 12 month period.

For more information about Annual Wellness Visits, including coding, see the information attached.

Health Endeavors – Why do we have access to claims?

CMS created ACOs because they realized that allowing providers to share information should result in more coordinated care for the patients, resulting in better outcomes and reduced costs.

One of the benefits available to you as a Participant in Silver State ACO is access to CMS claims data on your Medicare patients. This information is not available to any provider who is not an ACO participant. SSACO contracts with Health Endeavors to receive these records and make them accessible and useable.

We use the information to identify opportunities, as well as challenges, for our practices and the ACO overall. We give YOU access so that you can see the information about particular patients, as well as your practice in general. We cannot stress enough how much this can mean to you – in caring for your patients, as well as increasing revenue. *And it’s available to you whenever you want – and at no cost!* Please take advantage of this valuable clinical data.

We know that becoming comfortable with a new system is intimidating at first. If you’d like additional training on accessing Health Endeavors please ask your clinical specialist or call the SSACO office (702-608-0417) to set up an appointment. We’ll be happy to come to your office and train your staff. Or send us an email. Speaking of emails, send one to SSACO – for a chance to win a prize - reply “SSACO really helps” to the email to which this newsletter was attached.

FOR YOUR INFORMATION ONLY –

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This does not affect Silver State ACO.

The announcement concerns only
Medicaid – NOT Medicare.

Nevada Medicaid and Nevada Check Up Managed Care Program

The Division of Health Care Financing and Policy (DHCFP) recently announced that Aetna Better Health Managed Care Organization (MCO) has decided to terminate its contract to provide health coverage to Medicaid recipients. DHCFP is in discussions with the Centers for Medicare & Medicaid Services (CMS) to ensure an efficient transition for all Aetna Better Health members.

Effective July 17, 2017, Aetna Better Health is no longer a choice for Nevada Medicaid and Check Up recipients. Individuals currently enrolled in Aetna Better Health will receive notification of their transition to SilverSummit Healthplan effective September 1, 2017.

All Medicaid and Nevada Check Up enrollees can continue to select a new MCO plan during the change period of July 2017 through September 2017. During the change period, recipients will be able to choose from one of the three MCOs:

- Amerigroup Community Care , 1-800-600-4441
- Health Plan of Nevada , 1-800-962-8074
- SilverSummit Healthplan, 1-844-366-2880

Additional information and MCO change forms can also be found at:

http://dhcfp.nv.gov/Members/BLU/Open_Enrollment_2017

Thought for the Day:

I don't have to go to the gym. I already spend a lot of energy lifting people's spirits, bending over backwards to make peace, pushing the envelope, kicking the can down the road, carrying around the weight of the world, sweating the "little stuff", stretching the truth, and running in circles. Exhausting!

To cancel receiving the monthly Silver State ACO Newsletter please click Unsubscribe and type "Unsubscribe" in the subject box.