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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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Post-Acute Discharge Office Visits

CMS has noted that seeing a patient as soon as possible after discharge from a hospital is imperative. It benefits patient outcomes and greatly reduces the incidence of readmission. Notably, CMS believes this so strongly that they are willing to pay generously (by CMS standards) for it!

“Transitional Care Management Services”, CPT codes 99495 and 99496, have only a few requirements:

- * The patient must be contacted within two *business* days of discharge (this means that you don't necessarily lose the opportunity to bill for this service if a patient happens to be discharged on Friday afternoon).

- * Patient must then have a face-to-face visit.

- * Medication reconciliation and management must be done before or at the face to face visit.

Code 99496 is used only for a face-to-face visit within 7 days for medical decision-making of high complexity (as defined by the E/M Services Guidelines).

Code 99495 is used for a visit within 14 days for medical decision-making of moderate or high complexity.

The difference in payment is substantial. One of our groups (who shall remain nameless) is paid over \$250 for a code 99495 visit and about \$175 for a 99496 visit. If the patient comes in 15 days or more after discharge, it is paid as a regular office visit!

Let's face it: seeing a patient very soon after he/she is discharged from the hospital makes a lot of sense. It improves patient outcomes and makes you money. It should also reduce overall costs to the ACO, making Shared Savings distribution more likely. Sounds like a win-win-win to us.

Congratulations! GPRO Completed

Thanks to all the practice managers, billing supervisors and Rhonda Hamilton, our Clinical Provider Relations Representative!

We have set our goals high for GPRO 2015. Steps we can take to achieve this goal include starting on 2015 Quality Measures as early in the year as possible. We are now able to begin inputting data into the Health Endeavors website. There are a number of methods available for this:

- a) The individual practice can input data manually
- b) A representative from SSACO can input data manually for your practice. (Please remember that this requires allowing SSACO access to your Electronic Health Records).
- c) Claims Imports – For those patients who have been notified about the ACO and have been given the opportunity to “opt out” but have not done so, data can be directly imported from CMS claims
- d) EHR imports – We can work with your practice to set up direct importing of data from your EHR system to answer many, if not most, of the Quality Measures modules. Health Endeavors has put a lot of effort into making this process more straightforward.

More details on which of our practices did best on GPRO 2014 scoring (and possible reasons why, based on Rhonda’s observations) in an upcoming newsletter.

How did your practice do? (If you don’t know, you haven’t made an appointment for Rhonda to come by your office to review your scores!)

What each of us does, matters

How we behave matters to our patients, to our practices, and to our ACO as a whole.

As a team, we can achieve better care for our patients and better results for our practices.

Did you know....

Did you know that Medicare pays over 4.4 million claims each working day?

Yes, every working day, CMS pays over 4.4 million Medicare claims to 1.5 million providers, totaling \$1.1 Billion. That’s a lot of money and CMS is working harder than ever to make sure the money is going to the right place and being utilized to the greatest benefit for the patient.