



## In this Issue:

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#VegasStrong

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## GETTING TO KNOW YOU...

Silver State ACO holds quarterly practice meetings – one in Southern Nevada and one in Northern Nevada. They are always interesting and educational for the attendees. It's particularly important to attend the first one of the year. New rules, protocols and workflows are clarified and discussed. The first meetings for 2024 are scheduled for Wednesday, Feb 7<sup>th</sup> at 11:30 am in Southern Nevada and Thursday, Feb 8<sup>th</sup> at 5:30pm in Northern Nevada. Additional details can be found at the end of this newsletter. Please be sure to register and join us. And, to be entered to win a prize at the meeting, respond to the email to which this newsletter was attached with the words "Reminders and new ideas for 2024" in the subject line.

## NEW BILLING CODE

Hot off the presses. On January 18<sup>th</sup>, CMS released details on the use of the Office & Outpatient Evaluation and Management Visit Complexity Add-on Code G2211. The code may be used immediately as it became effective on January 1<sup>st</sup>. Any medical professional who can bill office and outpatient E&M (evaluation and management) visits may use the code.

G2211 can be billed if:

- The provider is the continuing focal point for all needed services for the patient, such as a PCP.
- The provider is giving ongoing care for a single, serious condition or a complex condition.

It should be noted that CMS will not pay for code G2211 if billed for services on the same day as an office or outpatient E/M visit with modifier 25.

Important additional details, set out by the CMS Medicare Learning Network, are attached to this newsletter's email.



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**IN MEMORIAM**

When CMS outlined rules for creating an ACO, they included guidelines for composition of the Board of Managers. Unlike nearly all other facets of an ACO, the rules have not changed since inception. The Board is ultimately responsible for the direction of an ACO, and CMS has not changed its view on that. CMS requires that the Board be composed of at least 75% participating providers. In addition, CMS requires that there be at least one beneficiary representative as a regular, voting member of the board. This ensures that the opinions and concerns of the beneficiaries are always considered.

Henry Soloway, M.D. was the beneficiary representative on the Silver State ACO board since inception. Sadly, in January, Dr. Soloway passed away.

Upon leaving the military he and his family moved to Las Vegas where Henry became a partner in the practice of laboratory medicine with Associated Pathologists Laboratories (APL). After APL, Henry became the laboratory director of Clinical Pathology Laboratories and other labs from 2009 until shortly before his passing. He will be remembered for his intelligence, wit, and strong dedication to improving the world and making a positive impact on the lives of others.

The entire Board and staff of Silver State ACO expresses condolences to his family. He was a good friend, and his presence will be missed.



**QUALITY MEASURES SPOTLIGHT**  
**2024 Web Interface Quality Measures**

Silver State ACO is responsible for both the quality and cost of Medicare attributed lives. Before we can share in any savings, we must demonstrate that we have met certain performance standards outlined by Medicare. We do this through quality reporting.



**SPOTLIGHT**

Throughout the year, your Quality Coordinators manually audit your patient charts for specific documentation on what are called the **CMS Web Interface Measures**. *(These are not to be confused with the electronic EMR based measures called Medicare CQMs – which we will cover in next month’s newsletter.)* This is the very **last** year we are able

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**NOTE:**

to submit quality via the CMS Web Interface Measures. Starting in 2025, we will only be submitting quality data via Medicare CQMs. As we head into the New Year, we would like to take the opportunity to review the requirements and prepare our practices for the documentation changes taking effect in 2024.

The **Screening for Future Fall Risk** measure is applicable for all



patients 65 years and older. Patients are required to be screened for falls at least once during 2024 using either a screening tool (Get up and Go or Morse Fall Scale) or noting any history of falls. Gait and balance assessments can also be used to meet this measure.

The **Diabetes: Hemoglobin A1c Poor Control** measure requires patients 18–75 years of age with diabetes to complete an HbA1c during the 2024 calendar year. Medicare considers HbA1c “controlled” if it is less than 9.0%. Silver State ACO is required to report the last HbA1c reading of the year.

**Controlling High Blood Pressure** measure includes patients 18-85 years of age that have a diagnosis of essential hypertension and whose blood pressure is adequately controlling at the last visit of 2024. Medicare considers “controlled” as a reading of 139/89 or lower.



The **Colorectal Cancer Screening** measure includes patients 45-75 years of age and requires them to be screened for colorectal cancer using an appropriate screening. A patient may still “Self-Report.” The provider must notate within the patient chart the name of the test, year completed and the result. Abnormal and Normal will suffice as a documented result. Only certain tests will meet the screening component of this measure:

- Fecal Occult Blood Test (FOBT) during calendar year 2024 ONLY.
- Flexible Sigmoidoscopy or CT Colongraphy during calendar year 2024 or the four years prior.
- Colonoscopy during calendar year 2024 or nine years prior.
- Stool DNA (sDNA) with FIT test during calendar year 2024 or two years prior.

**Notable change:** Instead of the wording “*Fecal immunochemical DNA test (FIT-DNA)*” in previous years, Medicare changed the wording to reflect “*Stool DNA (sDNA) with FIT test*”.

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NOTE:

For the **Breast Cancer Screening** measure, female patients 40-74 years of age are required to be screened for breast cancer between the dates of 10/01/2022-12/31/2024. Screening, Diagnostic and 3-D Mammograms are acceptable tests to meet this measure however, MRI's, Biopsies and Ultrasounds are not acceptable. A patient may still "Self-Report." The provider must notate within the patient chart the name of the test, month/year completed and the result. Abnormal and Normal will suffice as a documented result.

**Notable change:** Age range adjusted to 40-74 years of age.

With regards to the **Influenza Immunization** measure, patients aged 6 months and older are required to have a flu vaccine during the **two** flu seasons outlined by Medicare. Refusals, allergies, and any adverse reactions need to be documented within the patient chart during each specific flu season time frame in order to exclude the patient from the measure.



Flu Season Time Frame for Vaccine
08/01/2023 – 03/31/2024
08/01/2024 – 12/31/2024

**Notable change:** CMS added an additional exclusion for the patient: Documented anaphylaxis due to the vaccine during or before the measurement period.

For **Tobacco Use: Screening and Cessation Intervention** which requires patients ages 18 and older to be screened for **ALL** forms of tobacco use (smoke *and* smokeless) at least once during the 2024 calendar year **AND** if identified as a tobacco user, cessation counseling must be performed and documented within the patient chart either during the 2024 calendar year or 6 months prior to the start of the year. The US Food and Drug Administration defines tobacco as "any product made or derived from tobacco intended for human consumption." This may include, but is not limited to: Cigarettes, cigars, chewing tobacco, hookah tobacco, nicotine gels, pipes tobacco, vapes, electronic cigarettes, hookah pens and other electronic nicotine delivery systems. (*This measure is not intended for marijuana delivery systems*).

The **Screening for Depression and Follow-Up Plan** still requires a screening for depression to occur in all patients ages 12 and older

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NOTE:

using an age-appropriate standardized depression-screening tool **AND** if positive, a follow-up plan is documented within the patient chart. A follow-up plan must include one or more of the following:

- Referral to a provider for additional evaluation and assessment.
- Pharmacological interventions.
- Other interventions or follow-up for the diagnosis or treatment of depression.

A follow-up plan for a positive depression screening can be documented on the day of the positive screening or 2 days after the encounter. It is now recommended that **both** a score and the clinician interpretation of the score be documented. However, at a **minimum**, chart documentation **MUST** include the name of the tool and the results of the screening with a score **OR** clinician interpretation. Each standardized screening tool provides guidance on whether a particular score is considered positive for depression.

**Notable change:** No longer able to exclude patients from this measure with a diagnosis of depression.

Lastly, for **Statin Therapy for the Prevention and Treatment of Cardiovascular Disease** measure, patients who are considered at high risk of cardiovascular events by falling into one of the four categories outlined below are required to be prescribed statin therapy during calendar year 2024:



- Population 1: All patients who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), including an ASCVD procedure.
- Population 2: Patients ages 20-75 years who have ever had a low-density lipoprotein cholesterol (LDL-C) level  $\geq 190$  mg/dL; OR were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia.
- Population 3: Patients aged 40-75 years with a diagnosis of diabetes.
- Population 4: Patients aged 40-75 with a 10-year ASCVD risk score greater than or equal to 20%.

Statin therapy can be documented or prescribed during a telehealth encounter. As with the previous year, patients can still be excluded if they are not being prescribed statin therapy due to a documented medical reason. This may assist with patients that decline a statin due

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NOTE:

to adverse reactions. If appropriate, please confirm that the patient chart can support this exclusion.

**Notable change:** Age range of 20-75 years was added to population 2 and Medicare added a new risk category, population 4.

Your Quality Coordinators will provide more in-depth education during your next monthly meetings. In the meantime, please do not hesitate to reach out to them if you require any assistance or have any questions.

## PASSWORDS

Cyberattacks are becoming more common, especially in the fields of finance and healthcare services. With more of our lives online – from banking to streaming services to cloud services – it is more important than ever that we protect our accounts from access by others.

Here are some tips to secure passwords:

1- Do not reuse passwords

- Last month, 23andMe had 14,000 accounts breached because of reused passwords.

2- Add two-factor authentication

- If companies haven't already required you to, start adding two factor authentication it to accounts, if available

3- Secure all devices

- Computers, TVs, and phones are updated continually. Be sure to check for the availability of new security features to enable.

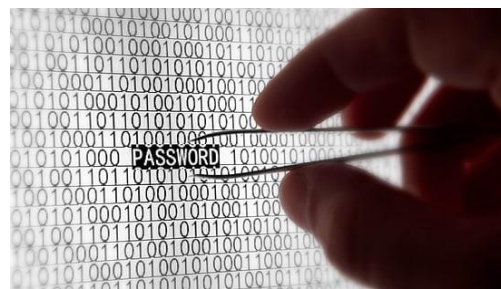
4- Consider investing in a password manager

- A password manager is one place where you can store all

your passwords safely. This technology tool will create hard to guess passwords for you. Using it, you only need to remember one password.

According to the CISA  
(Cybersecurity & Infrastructure

Security Agency) passwords should be 10-64 characters long, using upper- and lower-case letters, numbers, and special characters. Remember to never use personal information as part of passwords.



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**PRACTICE MEETINGS REMINDER:**

**SOUTHERN NEVADA**

Wednesday, February 7, 2024

Wednesday, May 1, 2024

Wednesday, July 31, 2024

Wednesday, November 6, 2024



All Southern Nevada Practice meetings will be held at Summerlin Hospital and begin at 11:30 a.m. Lunch will be served.

**NORTHERN NEVADA**

Thursday, February 8, 2023

Thursday, May 2, 2024

Thursday, August 1, 2024

Thursday, November 7, 2024

All Northern Nevada Practice Meetings will be held at Northern Nevada Sparks Medical Building, Suite 201. Meet & Greet begins at 5 pm; Meeting begins at 5:30.

**REMINDERS:**

- CMS requires that every ACO participant practice display a notification poster in any office or clinic where patients are seen. Silver State ACO delivers these posters to new practices when they join. The poster must contain the exact language set forth in templates created by CMS. For 2024, CMS has not changed the verbiage nor the requirement to display the poster. Please be sure that your poster is readable and prominently displayed.
- Participants are encouraged to consult the **Silver State ACO Preferred Provider Network** list when referring patients to specialists. There are separate networks for Northern and Southern Nevada. Periodically, new providers are added to the network, so practices are encouraged to check the website for the most current list.
- [www.SilverStateACO.com](http://www.SilverStateACO.com) is the official website of Silver State ACO. There is a wealth of knowledge, including detailed information about many of the programs and protocols implemented by SSACO. We encourage our Participants to use it as a resource.

Preferred Provider Network		Southern Nevada	
Silver State ACO Compliance Line (24/7): 833-838-6838			
Silver State ACO Compliance Line - 702-751-0834			
<b>Acute Hospital Services:</b>		<b>Skilled Nursing Facilities:</b>	
Valley Health System	702-625-0100	Advanced Healthcare of Henderson	702-790-0200
Comprehensive Health	702-725-0000	2375 East Ave. Henderson	
Desert Springs Hospital (PHU)	702-963-3000	Advanced Healthcare of Las Vegas	702-887-8000
Horizon Hospital	702-875-3000	6440 W. Sunset Rd.	
Spring Valley Hospital	702-225-3000	Advanced Healthcare of Summerlin	702-888-0000
Summit Hospital	702-588-0000	5080 N. Tropic Way	
Summit View Hospital (Pharmacy)	775-793-7000	Desert Vista Post-Acute	702-561-0000
		8555 Medical Center Dr.	
<b>Acute Rehab Services:</b>		College Park Rehabilitation Center	702-661-1000
Valley Health Specialty Hospital	702-773-7000	2054 E. Chevreton Ave., N. Las Vegas	
		Highland House of Memphis	775-366-7000
<b>Behavioral Health Services:</b>		772 Pioneer Blvd., Mesquite, NV	
Valley Health System	702-673-3000	Midway Ridge Nursing & Rehab Ctr.	702-605-0000
Spring Mountain Treatment Center	702-474-0500	1635 W. Paradise Ridge Pkwy.	
Valley Health Behavioral Health	702-674-0500	Behavior Care at Centennial Hills	702-634-1424
		1441 S. Sun Avenue Blvd.	
<b>Reception:</b>		High Creek Post-Acute	702-790-3000
Behavior Attention Response	702-739-0000	1700 Stone Road	
		Silver Ridge Health Care Center	702-699-0000
<b>Rehabilitation:</b>		1251 S. Tropic Ave.	702-369-7000
Desert Rehabilitation Group	702-689-0300	St. Joseph Transitional Rehab.	
PHS	702-388-7070	3023 W. Charleston Blvd.	
Rebecca Rehabilitation Group	702-450-1212	<b>Urgent Care:</b>	
Flowers HealthCare	702-822-8020	UAC Quick Care	702-303-2000
Phoenix Hospitalists	702-889-0100	For: <a href="http://www.silverstateaco.com/our-services">www.silverstateaco.com/our-services</a>	
Summit Physicians	702-389-0000	UAC Urgent Care	
		UAC Urgent Care	
<b>Home Care:</b>		<b>Residential Care Services:</b>	
Summit Health	702-246-0070	Summit	702-233-0000
		Summit Health Senior Center	702-790-0700
<b>Specialty Health Services:</b>		Reference Health	888-888-0000
Valley Health at Home by Regula	702-583-3000	Summit Health (24/7 Psychiatry)	888-888-0000
		<b>Urgent Services Post-Acute:</b>	
<b>Specialty Services Post-Acute:</b>		Midwest - Transitional Care Hospital	702-875-1400
Midwest - Transitional Care Hospital	702-875-1400	Summit Health at Home by Regula	702-784-0000
Summit Health at Home by Regula	702-784-0000		
<b>Specialty Services Post-Acute:</b>		<b>Specialty Duty Nursing:</b>	
Midwest - Transitional Care Hospital	702-875-1400	Comprehensive Assistance	888-468-1000
Summit Health at Home by Regula	702-784-0000		

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