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#VegasStrong

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## END OF THE COVID-19 PUBLIC HEALTH EMERGENCY

The Centers for Medicare and Medicaid Services (CMS) continues to update its roadmap for ending the Public Health Emergency (PHE) on May 11, 2023, after more than three years. We encourage our participant practices to keep apprised of updates and to begin the transition from any changes in protocols that were instituted in connection with the PHE.

Here is the link to the Medicare Learning Network factsheet, which includes numerous links to additional information:

[COVID-19 Public Health Emergency \(PHE\) New Overview Fact Sheet](#)



## PREVENTIVE SERVICES

More and more, over the years, CMS has begun to emphasize the importance of preventing disease, not just curing it. This is the underlying reason that they now stress – and pay generously for – services such as annual wellness visits, chronic care management, and transitional care visits.

MLN (Medicare Learning Network) has recently released an updated resource tool for preventive services for which Medicare pays. It includes HCPCS, CPT and ICD-10 codes. Each module contains specific, detailed information re: requirements and frequency for CMS to pay for the service, as well as what patient copays may be. It also highlights what has changed, if applicable, from the previous quarter and whether the service can be performed via telehealth.

This is a wonderful tool and excellent resource. Please review, save and use the MLN Medicare Preventive Services educational tool, found here: **[Medicare Preventive Services — Revised](#)**.

A “one stop shop” for detailed information from CMS!



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Southern Nevada  
May 3, 2023

Northern Nevada:  
May 4, 2023

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## QUALITY MEASURES SPOTLIGHT – PREVENTIVE CARE: BREAST CANCER SCREENING

The Centers for Medicare and Medicaid Services (CMS) requires the ACO to report several Quality Measures on behalf of our participant practices. This month we are focusing on the “Breast Cancer Screening” measure.

CMS requires female patients ages 50-74 to have a bilateral mammogram once every 24 months. A right or left unilateral mammogram will meet the measure if there is documented evidence of a right or left unilateral mastectomy within the patients chart.



- Medicare will accept the following procedures for screening: Diagnostic, film or 3D mammogram.
- Medicare will NOT accept: MRI’s, ultrasounds and biopsies.

### **This measure may be documented during a telehealth encounter.**

Regardless of whether the documentation is made during an in office visit or a telehealth encounter the documentation in the medical record must include the following:

1. Type of test
2. Date test was performed (Both month and year are required)
3. Results or findings. “Normal” and “Abnormal” are acceptable results

Below are some examples of documentation that Medicare will accept. As you will see these include all of the elements listed above:

- Mammogram 12/2022 Abnormal
- Normal Mammogram 01/2023

Below are examples of documentation Medicare will not accept because they do not contain all 3 of the required elements:

- Normal mammogram (**Missing month and year completed**)
- Mammogram April 2022 (**Missing result/finding**)
- Mammogram up to date (**Missing date and result**)

Please reach out to your Quality Coordinator if you have any questions or need help meeting this measure.



**SPOTLIGHT**

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## PREFERRED PROVIDERS: Who – and what – are they?

In 2012, CMS introduced the idea of Accountable Care Organizations (ACOs) in an attempt to allow practices to join together to deliver more coordinated care to Medicare Fee-for-Service (“traditional” Medicare) patients. CMS believed that doing so would both control costs and improve the quality of care for patients by allowing providers to share certain information.

CMS has been proven correct. ACOs have saved them substantial amounts of money while maintaining or improving quality of care. In addition to (or, more accurately, a result of) Silver State ACO saving CMS – and American taxpayers – nearly \$200 million dollars, we have earned Shared Savings and distributed tens of millions of dollars to our Participants over the past seven years!

In addition to carefully choosing our Participants, we assist them in any way we can. We analyze patient data shared with us by CMS and, in turn, share our findings with our Participant practices. This helps in improving quality and in how it is reported. We identify revenue opportunities as well as ways to improve workflows, reporting, and quality. Overall, we seek vendors and partners who can help us achieve our objective. The goal of coordinated care is to ensure that patients get the right care at the right time and in the right setting, while avoiding duplication of efforts and services, and minimizing errors or omissions in care or reporting.



As part of Silver State ACO’s mission, we do extensive research into, and analysis of, claims data that we receive from CMS. This results in



detailed information about the resources being used by our attributed beneficiaries, including payments for specific services and codes. Silver State ACO analysts compare costs for visits and/or procedures performed by various

providers, allowing us to understand both the costs and results delivered by particular vendors and providers.

With this information in hand, we have created a Preferred Provider Network. These are specialists and facilities with whom we contract, as permitted by CMS. Silver State ACO has identified these particular

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groups as providing excellent service, with above average results, who also minimize overcharging and duplication.

SSACO beneficiaries are, by definition, Medicare fee-for-service and, as such, maintain their right to see any specialist or provider who accepts Medicare. However, these beneficiaries look to their primary care providers - you - for guidance. Please be sure to refer to the SSACO Preferred Provider Network whenever possible. This should benefit everyone; patients get excellent care and providers feel good about sending their patients to specialists and facilities that have proven their efficacy and worth. Silver State ACO and its Participants benefit from improved coordination which, in turn, should result in better outcomes and overall lower cost which takes SSACO one step closer to earning Shared Savings, yet again.

Access to care - often based on physical location - is an important consideration to many patients, particularly elderly ones. Therefore, Silver State ACO has created two unique Preferred Provider Networks – one for Southern Nevada and one for Northern Nevada. Each is attached to this email. Please be sure to save and/or to print the list for easy access when referring patients.

One last thought – From time to time, the network changes as new information and results come to light. SSACO staff monitors and analyzes data as it is released by CMS. Practices are sold, merged and closed. We update the listings periodically. So, please be sure to check the Silver State ACO website ([www.silverstateaco.com](http://www.silverstateaco.com) – click on “Affiliates”). In addition, we will email an updated list if the preferred provider network list is changed.

We’d also like to mention that these listings have come to be referred to as the “blue sheets”. Nine years ago, when Silver State ACO began its journey, staff was not utilizing electronic devices and records quite as consistently as they do now. In an attempt to make the network listing stand out from the multitude of papers on everyone’s desk, the list was printed on blue paper. We still see stacks of paper on every desk at the practices we visit. And, we understand

Preferred Provider Network Southern Nevada		Silver State ACO	
Silver State ACO Care Coordination Line (24/7) - 800-208-0588		Silver State ACO Compliance Line - 702-751-0834	
<b>Acute Hospital Services:</b>			
Valley Health System	702-835-0700		
Centennial Hill Hospital	702-723-8800		
Desert Springs Hospital (JCAH On-IT)	702-963-7000		
Henderson Hospital	702-853-3000		
Spring Valley Hospital	702-833-7000		
Valley Hospital	702-385-4000		
Desert View Hospital (Parkland)	775-751-7500		
<b>Acute Rehab Services:</b>			
Valley Health Specialty Hospital	702-777-7297		
<b>Behavioral Health Services:</b>			
Valley Health System	702-873-2400		
Spring Valley Hospital	702-873-2400		
Valley Hospital Behavioral Health	702-471-8100		
<b>Outpatient:</b>			
Nathan Adelson Hospice	702-333-8228		
<b>Hospitals:</b>			
Desert Hospitalists Group	702-887-1187		
HMS	702-586-7373		
Nevada Hospitalists Group	702-859-4717		
Protonic HealthCare	702-821-8823		
Platinum Hospitalists	702-889-5283		
Sound Hospitalists	702-287-8263		
<b>Home Care:</b>			
Research Health	715-866-0873		
<b>Home Health Services:</b>			
Valley Health at Home by Bayada	702-882-9038		
<b>Independent Services Post-Acute:</b>			
Kindred - Transitional Care Hospital			
Kindred Sahara: 3313 W. Sahara Ave.	702-871-8428		
Kindred Hastings: 2250 E. Hastings Rd.	702-796-4388		
<b>Private Duty Nursing:</b>			
Compassionate Assistance	800-868-2688		
<b>Skilled Nursing Facilities:</b>			
Advanced Healthcare of Henderson	702-790-8300		
1285 Cactus Ave., Henderson			
Advanced Healthcare of Las Vegas	702-987-6100		
5840 W. Sunset Rd.			
Advanced Healthcare of Summerlin	702-930-8800		
2800 S. Virginia Way			
Canyon Vista Post-Acute	702-941-4200		
6352 Medical Center Dr.			
Chaparral Park Rehabilitation Center	702-644-3888		
2816 E. Chrysanthe Ave., Las Vegas			
Highland Manor of Mesquite	775-346-7508		
172 Pioneer Blvd., Mesquite, NV			
Horizon Ridge Nursing & Rehab Ctr.	702-885-9058		
2855 W. Horizon Ridge Pkwy			
Margolis Care at Centennial Hills	702-525-2428		
8831 N. Fort Apache Rd.			
Sage Creek Post-Acute	702-790-3000		
2350 Lone Road			
Silver Ridge Health Care Center	702-898-8333		
1231 S. Torrey Pines			
St. Joseph Transitional Rehabil.	702-886-7890		
3535 W. Charleston Blvd.			
<b>Urgent Care:</b>			
Urgent Care	702-883-3000		
Visit: <a href="http://www.silverstateaco.com/Quick-Care/Quick-Care-Info.aspx">www.silverstateaco.com/Quick-Care/Quick-Care-Info.aspx</a> for locations.			
<b>Ambulatory Care Services:</b>			
<b>Bariatrics</b>			
Surgical Weight Control Center	702-313-8448		
<b>Behavioral Health</b>			
Kaiser Mental Health Solutions	702-758-2762		
Health Link Now (Tele-Psychiatry)	888-888-6643		
<b>Cardiology</b>			
Heart Center of Nevada	702-388-8022		
Las Vegas Medical Group CVT	726-818-8888		
Nevada Cardiology Associates	702-313-3000		
Nevada Heart & Vascular Center	702-273-3422		
UNCV Medicine	702-473-9666		
Chronic Care Management	800-708-8888		
Cardiologists			

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that sometimes it is easier and faster to grab a reference paper off the desk or look at a paper hung on the wall. So, go ahead and be “old fashioned” - print the Preferred Provider Network list.

VALLEY HOME HEALTH by BAYADA

There are many patients who benefit from Home Health. It gives the patient added “hands on” oversight, without requiring him/her to travel to a clinic. Indeed, often the patient is unable to do so, especially after being discharged from the hospital.

In Southern Nevada, the Preferred Provider for home health services is Valley Health at Home by Bayada. Their service and results are excellent and we are proud to have them as part of our network. Whenever possible, please be sure to refer your patients to them.

Valley Health at Home has many patients who do not currently have a PCP. They are looking for practices with which to establish some of their patients. Are you seeking new patients? Can you help? Please read the below:



5888 W Sunset Rd  
Suite 103 Las  
Vegas, NV 89118  
702-382-3030

Are You Accepting New Patients?

**Valley Health at Home by BAYADA is searching for practices that have appointments available within 24-48 hours for new patients**, as we are experiencing an increase in demand with patients that need to establish care with a new provider.

We love the quality focus of Silver State ACO providers and would like to establish new patients with your practices. Please reach out directly to **Allie Ramsey [aramsey@bayada.com](mailto:aramsey@bayada.com) or my mobile at 717-571-6015 if you are accepting new patients**. For continuity of care, our Transitional Care Managers are looking to get patients scheduled at bedside prior to discharge from the hospital and an establishing appointment with 24-48 hours.

In Search of a New Home Health Partner that provides outcome reporting?

Please reach out to Allie to get an in-service established [aramsey@bayada.com](mailto:aramsey@bayada.com).

Valley Health at Home by BAYADA

Valley Health at Home by BAYADA leverages the combined resources and expertise of The Valley Health System and BAYADA to strengthen the post-acute continuum of care to meet the increasing demand for in-home services, particularly among the aging population. The joint venture has helped patients of The Valley Health System and other providers to manage chronic conditions or recover from recent surgery, illness, or injury in the comfort and safety of their own homes.

**We are accepting new patients** and have a patient portal for signing orders and reviewing how our mutual patients are progressing. Additionally, we can provide outcome reporting on re-hospitalizations and diagnosis trends.

When making a referral, **please call (702) 382-3030 and fax (702) 382-9394** the following information:

- Demographics
- Medication List
- Recent Office Visit Note
- Provider Order (with which disciplines you would like: RN, PT, OT, ST, MSW, HHA & primary DX)

Contracted Insurances:

Medicare  
Anthem BCBS Medicare Advantage  
TriCare  
TriWest  
UHC Commercial  
Aetna Commercial & Medicare (no GEHA or P3/PHCN)

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## ARTIFICIAL INTELLIGENCE. WHAT’S IT ALL ABOUT?

Artificial Intelligence – AI – seems to be the buzzword of the day. Numerous tech companies have implemented AI in various capacities as a way to allow computers to do the work of people. Future economic and moral issues aside, how does this affect security of data?



We wish we could give a definitive answer to that question. (Perhaps ChatGPT, a current “star” of AI could answer?) Unfortunately, the true power, fallout and benefit remains to be seen. A major financial company recently reported that AI has been used to quickly and accurately identify phishing emails around the clock. Some tests achieved a perfect detection rate. The question remains whether AI will, in turn, be able to create phishing emails that cannot be detected by AI. Seems a bit of circuitous logic but the answer remains elusive.

At this point, and particularly for small businesses such as medical



practices that are not at the cutting edge of technology, the focus should be to redouble efforts to secure data. As always, staff education and reinforcement of policies are the most straightforward way to develop a culture of caring

and oversight. Yes, CMS and other authorities demand careful handling of the data. But staff should also be reminded that the patients are the ones who suffer most if their data is compromised.

Make the effort to review current protocols and procedures. Take the time to educate, educate, educate. Spend the money to have your systems upgraded or updated to ensure maximum security.

Remember – better safe than sorry!

## 2024 – AROUND THE CORNER

As mentioned above, Silver State ACO selects its Participant practices very carefully. Each practice’s quality scores and cost of care contribute to the total cost and overall scores associated with Silver State ACO. These overall scores are used by CMS, among other factors, in calculating whether SSACO earns Shared Savings.

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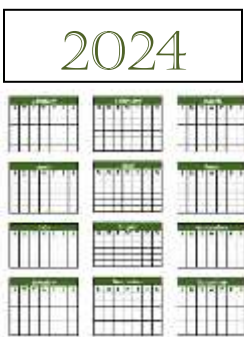
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CMS has announced the timeline for adding practices for 2024 and Silver State ACO has begun reviewing and recruiting. Do you know of any quality practice which would benefit from participating in Silver State ACO? Do you find the assistance you receive from SSACO helpful and would like to recommend us to another practice with whom you work? Please call or email with suggestions and you will be entered into a raffle to win a prize at the next practice meeting. There will be no work on your part. We will research the practice to be sure that it aligns with the SSACO mission and standards.

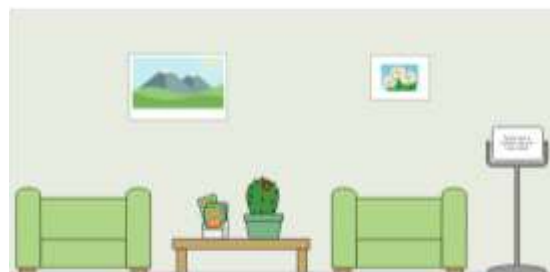


REMINDERS:

POSTERS and BENEFICIARY NOTICES

All practices should now have an updated poster, with verbiage changed for 2023, displayed in the office. In addition, practices must deliver beneficiary notices, also with new 2023 verbiage, to all newly assigned beneficiaries. The beneficiary notice may be delivered in person, by mail or email.

Although CMS does not require that practices maintain a log of delivery of the beneficiary notices, we highly recommend that practices keep a list or maintain other means to identify which patients received the beneficiary notice, and when. This is particularly important because of the additional condition implemented for 2023. CMS now requires that there be *follow up communication* at the patient's next primary care service visit *but no later than 180 days* from the patient receiving the initial beneficiary notice. The follow up *may be verbal*.



CMS now requires that notices be delivered to the beneficiary only once per ACO Agreement period (versus the previous rule that it be delivered annually). Therefore, any patient who received a notice last year (during 2022) does not need to be given another one this year, nor is the practice required to provide the 180 day follow up communication. To be clear – during 2023, a Beneficiary Notice must be delivered only to newly attributed patients, the notice must use the new 2023 verbiage, and there must be follow up within 180 days of the original Beneficiary being delivered.

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CARE COORDINATION

DispatchHealth is a Silver State ACO preferred provider for *in-home care*. DispatchHealth delivers quality care in the comfort of a patient’s home, and is available in the evenings and over the weekend when many practices are closed. Wouldn’t you prefer that your patient be seen – at home and in a timely manner – than go to the emergency room? DispatchHealth has the ability to do lab work on site. There is never a concern that they will become a new provider for the patient as that’s not what they do. In fact, they will send the practice a detailed report of the visit, including results of any tests they may have done.



Please note and post the dedicated Silver State ACO number for DispatchHealth: **725-246-1973**

DispatchHealth has printed postcards that can be distributed or left in your clinic waiting room. Please ask your quality coordinator if you’d like some delivered to your practice.

PRACTICE MEETINGS

The meetings on May 3<sup>rd</sup> and 17<sup>th</sup> are the last ones before the summer. Please join us. Have lunch (in southern Nevada) or dinner (in Northern Nevada), listen, learn, meet and greet, and perhaps even win a prize.

**Practice Meeting Schedule for 2023:**

*Please note your calendar and watch for emails re: changes to schedule or venue*

**SOUTHERN NEVADA**

*Meetings are scheduled to be held at 11:30 a.m.*

*Wednesday, May 3, 2023 – Summerlin Hospital*

*Wednesday, August 2, 2023 – Summerlin Hospital (\*Note venue change)*

*Wednesday, November 1, 2023 – Summerlin Hospital*

**NORTHERN NEVADA**

*Thursday, May 4, 2023 - 5:00 pm*

*NNMC Sparks Medical Building – Ste 201*

*Thursday, **August 17, 2023** – 4pm*

*NNMC Sparks Medical Building – Ste 201*

*(Please note change in date and time)*

*Thursday, November 2, 2023 - 5:00 pm*

*NNMC Sparks Medical Building – Ste 201*

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