Newsletter

April 2021 Volume 70

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SURGICAL WEIGHT LOSS

The Valley Health System (VHS) is a preferred provider for Silver State ACO as well as a stakeholder, with representation on the Board of Managers. VHS is comprised of six hospitals in southern Nevada, including Desert Springs Hospital.

Desert Springs Hospital

The Surgical Weight Control Center at Desert Springs Hospital was awarded the **2020 Bronze Best Weight Loss Center** designation by Best-of- Las Vegas© in the Health and Beauty category and is a Center of Excellence through MBSAQIP (Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program, a joint accreditation program of the American College of Surgeons and the American Society for Metabolic and Bariatric Surgery). This center offers effective treatment options such as the gastric sleeve and gastric band. All procedures are performed at Desert Springs Hospital (DSH), which is a nationally accredited bariatric center.

DSH is the only hospital in the market that has three employed bariatric surgeons, with Dr. Atkinson being the longest tenured bariatrician in the community. Desert Springs Hospital also has a bariatric coordinator who meets with patients prior to surgery and is with them at the hospital throughout their stay, as a resource and for support.

Treatments offered

- *Gastric Sleeve - During a sleeve gastrectomy, the surgeon permanently removes 60% - 80% of the stomach. The part of the stomach that remains connects to the esophagus and small intestine, forming the shape of a sleeve. This procedure offers an alternative to those who are at a high risk for gastric bypass surgery or those who want to avoid having artificial items, such as the Gastric Band, in their body.*

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Northern Nevada:
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- *Gastric Bypass – Also known as the Roux-en-Y gastric bypass, a small pouch is created at the top of the stomach and then that pouch is attached to the lower part of the small intestine to avoid (or bypass) the large part of the stomach. Still attached to the large part of the stomach is the upper small intestine, which is reconnected with the small intestine to form a "Y" shape. This enables the larger part of the stomach to receive blood and remain in place.*
- *Gastric Banding – During this procedure, the surgeon uses an adjustable band to section off a small pocket in the upper part of the stomach. This will greatly reduce the amount of food the stomach can hold, and will make the patient feel full after eating smaller portions of food.*

Dr. James Atkinson

Dr. Marc Leduc

Dr. Darren Soong

The doctors are located at 3802 Meadows Lane, Las Vegas, NV 89107 and can be reached at (702) 313-8446.

LIVER HEALTH / FIBROSCAN at VALLEY HOSPITAL

Valley Hospital is the first and only hospital in the market that offers FibroScan, today's latest technology for quickly and painlessly evaluating liver health.

An examination with FibroScan is a painless way to understand liver health. When performed as part of an overall evaluation, FibroScan provides valuable information for healthcare providers that might otherwise only be available from a liver biopsy.

FibroScan non-invasively measures the stiffness of the liver by capturing and calculating the speed of a shear wave as it travels through the liver. This detection of stiffness may be used as an aid

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to clinical management of liver disease. During the scan, patients will only feel a slight vibration on the skin at the tip of the probe.

Why have a FibroScan exam?

If the liver sustains damage from any cause, normal liver tissue can become Fatty (steatosis), Fibrous (fibrosis), or Scarred (cirrhosis). There are several things that can harm the liver, including:

- Medications – Acetaminophen (Tylenol®) is usually well tolerated at prescribed doses, but overdose is the most common cause of drug induced liver disease and acute liver failure worldwide.
- Some herbal and alternative remedies – These include Blue-green algae, Borage, Bupleurum, Chapparal, Confrey, Dong Quai, Germander, Jun Bu hua, Kava Mistletoe, Pennyroyal, Sassafras, Shark Cartilage, Skullcap and Valerian.
- Infections that affect the liver – Inflammation of the liver (Hepatitis). Common causes are the viruses Hepatitis A, B, C.
- Non-Alcoholic Fatty Liver Disease – Fatty liver disease affects approximately 20 percent of the population worldwide and is commonly seen in people with diabetes and obesity. People with fatty liver disease may progressively damage their liver to an extent that requires a liver transplant.
- Abuse of alcohol – This is the most common cause of cirrhosis in the Western world and represents one of the ten most common causes of death.
- Liver damage – Symptoms of liver damage can include fatigue, loss of appetite, nausea and vomiting, fever, itchy skin, abdominal pain, jaundice (yellowing of the eyes and skin), dark urine and pale stools.

How is a FibroScan examination performed?

Patients lie on their back with the right arm raised behind the head. The operator applies a water-based gel to the skin and positions the probe adjacent to the liver. The operator then scans the liver to capture 10 meaningful measurements made at the same location. The result is delivered at the end of the examination as a number in "kilopascals" (kPa.) Dr. Sharma will interpret the result in conjunction with other information from the overall examination.

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Will patients be comfortable?

The FibroScan examination usually takes 5 to 10 minutes and is painless, quick and easy. The results are immediate for Dr. Sharma to interpret the results according to the patient's history and underlying disease.

Vishvinder Sharma, MD
Digestive Associates
5440 W. Sahara Avenue, Suite 302
Las Vegas, NV 89146
(702) 633-0207

Digestive Associates is a Preferred Provider for Silver State ACO.

QUALITY MEASURES 2021 SPOTLIGHT

Breast Cancer Screening

SPOTLIGHT

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 documentation of a right or left unilateral mastectomy within the patient's 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.

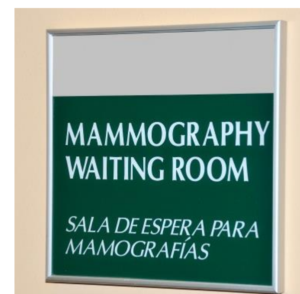
Regardless of whether the documentation is made during an in-office visit or a telehealth encounter, the documentation in the medical record must include the following:

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 12/2018 Abnormal
- Normal Mammogram 01/2020

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



- Normal mammogram **(Missing month and year completed)**
- Mammogram April 2019 **(Missing result/finding)**

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

PATIENT ATTRIBUTION

In an attempt to lower costs while improving care and overall patient wellbeing, CMS implemented new laws and protocols and created Accountable Care Organizations (ACOs), the first of which was approved in 2012. Since inception, ACOs have reported quality on behalf of its Participants. And, although the exact mechanisms and

focus of the reporting changes from time to time, the success of an ACO is based on CMS's review of quality for its *attributed* beneficiaries. In each of the five consecutive years that Silver State ACO has been successful, Shared Savings has been distributed based on a number of factors (quality, cost reduction) including the number of patients (Medicare "beneficiaries") *attributed* to the Participant practice. So, it's important to understand who decides the attribution, how it's affected by various factors, and what a practice can do to increase its allocation of attributed patients.

One of the first things to understand is that CMS does the attribution. It reviews which primary care physician (PCP) each Medicare patient has seen most in the previous twelve months. If that PCP is an ACO participant, the patient will be attributed *to the ACO.* It should be noted that CMS understands that patients don't always see

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a PCP and does consider certain specialists (for example, cardiologists) as PCPs for this purpose.

Once Silver State ACO ("SSACO") receives the beneficiary attribution list from CMS we, in turn, attribute patients on the basis of "PCP first" regardless of how many times the patient may have seen a specialist. This highlight's SSACO's focus on primary and preventative care. We encourage our practices to do Annual Wellness Visits and Chronic Care Management, most appropriately done by PCPs, not specialists.

Keep in mind that CMS *does* consider AWVs in its attribution review. So, doing AWVs may increase the ACO's attributed beneficiary count which, in turn, would increase a practice's patient attribution and that practice's portion of Shared Savings, if earned.

A few things to note:

CMS does the attribution and will *not* accept appeals for change. ("But we only saw this patient for a hangnail ten months ago and he has since gone on dialysis. Why should we be responsible for that?" will go nowhere.)

Based on SSACO's current model, CMS reviews utilization and creates a new attributed population database, retrospectively, every quarter. In other words, and for example, we will probably not know who our attributed patients are for Q2 (April, May and June) until mid-September. Although this method can be frustrating, it allows the broadest and most stable review of patient utilization. It is also the reason that SSACO asks practices to engage all Medicare patients in the same manner, with the assumption that even if the patient is not "currently" attributed to us, he/she might be in the future. This is particularly true for Silver State ACO which operates only in Nevada where many "snowbirds" might be attributed out of the ACO if they see their doctor "back home" numerous times, but may be attributed back to the ACO when they return next season.

Remember – the greater number of Medicare Beneficiaries attributed to a practice, the higher the percentage of Shared Savings

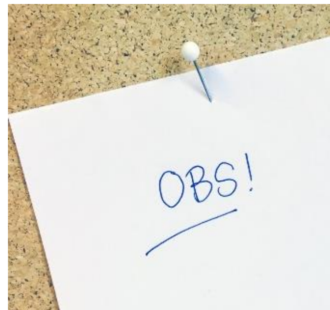
that practice will be entitled to (as amended by costs and quality scores). All visits – AWV, Transitional Care Management post-discharge, and, now, telehealth – will count towards the number of attributed patients.

EXPERIAN NOTIFICATION SYSTEM

As noted above, Transitional Care Management (TCM) visits are considered when CMS reviews utilization to identify a PCP for each Medicare beneficiary. This advantage is in addition to the benefit to the patient seeing his/her doctor shortly after being discharged from the hospital. We should also note that CMS pays a substantially higher amount for a TCM visit.

Practices have reported their eagerness to provide TCM visits, but were limited by their ability to know that a patient has been in the hospital. However, as a benefit of participating in Silver State ACO, all participants have access to the Experian Notification System. This system emails a patient's provider when the patient is admitted to / discharged from an acute setting. A staff member(s) at the practice can log in to the platform to access additional information about the patient's stay, learn about previous admissions and/or repeated ER visits. The system will also notify stakeholders, such as SSACO designated hospitalists, when a patient is registered at the ER.

We should note that we are working with Experian to notify SSACO Participants when a patient has been discharged from an Observation (OBS) stay. CMS *will* pay for a TCM visit after a discharge from OBS, on the same basis as a discharge from an acute setting. The SSACO care management team feels it's important for our Participants to know this because seeing a patient after an OBS stay may prevent a true admission. The patient was ill enough to go to the ER and, in fact, not well enough for the ER doctor to simply send the patient home, albeit not sick enough to be admitted to an acute setting. These patients can almost definitely use an "extra set of eyes".



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We'd like to remind our practices that they can reach out to **US Health Systems** - SSACO care coordinators – for help in accessing additional resources for those - or any - patients. They can be reached at **833-208-0588**.

Please be sure to reach out to your quality coordinator or to the SSACO office if you haven't been briefed on the Experian system, if you have any questions, or would like to request access for additional staff.

SECURITY REMINDER

"Remember how slow that old computer was? Why is it still under that counter in the break room? Someone should throw it out."

Someone could be in big trouble.

That old tower could not, in fact, keep up with the storage needs of current programs. It should probably have been discarded. Today, it could, perhaps, be sold for $25 for parts. OOPS! That old tower may have been put there for "someone" to "clean it up when he/she has a chance". And, then, it was forgotten.

Unfortunately, that tower could have lots of PHI on it worth $$$ thousands and thousands of dollars to scammers and other bad actors. In 2020, the health care industry reported ransomware attacks that cost a total of over $*20.8 billion* in downtime. No doubt the attacks were very sophisticated. How sad if an old computer tower were to enable additional losses.

Please carefully consider this reminder:

Wipe it clean or destroy,
It is definitely not a toy.
Ask your CTO or tech guru,
To make sure it's safe… Or have him do it for you!

IT'S APRIL. And counting….

Please remember to call the Silver State ACO office if you know of a practice that could benefit from participating with us. Keep in mind that we are looking for well run and coordinated, quality

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PCP practices, as the right "match" that can benefit SSACO and our Participants as much as we can help them

CMS is changing quality reporting and requirements. Helping our participant practices navigate CMS requirements, identify gaps in care (and ways to correct them) and develop systems for improvement have been a major help to our practices. Earning Shared Savings is a "bonus".

The clock is ticking. Please share your recommendations as soon as possible.

To be entered to win a prize at next month's practice meeting, please respond to the email to which this newsletter was attached with the phrase "SSACO - On to 2022" in the subject line.

DON'T FORGET

Yes, more and more people are being vaccinated. Even so, better safe than sorry. To ensure you and others stay safe, authorities recommend that you continue to abide by COVID restrictions.

2021 Practice Meeting Dates

The next regularly scheduled practice meeting is set to take place on May 5th. We are hoping that it will be an in-person meeting. All safety measures will be enforced, meaning that there will be limited capacity. Be sure to rsvp, as soon as you can after receiving the invite, to reserve your spot.

Join us to meet other Participants, learn about ACO and CMS requirements, find out about new opportunities and pick up good information about coding and what works for other practices (and, maybe even win a prize!).

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Southern Nevada:

Currently scheduled: Two sessions (7:30 and 11:30 a.m.) each of the following dates:

Wednesday, May 5th at Summerlin Hospital
Wednesday, September 29th at Desert Springs Hospital
Wednesday, November 3rd at Summerlin Hospital

Northern Nevada:

Currently scheduled: at 5 p.m. at Sparks Medical Building each of the following dates:

Thursdays, May 6th, September 30th, November 4th

Additional Resources

US Department of Health and Human Services Guidance re: Telehealth
https://telehealth.hhs.gov/

Comprehensive information about Medicare billing/ COVID-19:
https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf

CMS:
https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf . Additional information about COVID-19 and reopening can be found at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html and at https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html.

Covered influenza, clinical diagnostic / COVID-19 lab tests:
https://www.cms.gov/files/document/covid-ifc-2-flu-rsv-codes.pdf

OIG Exclusions Program and searchable database:
https://oig.hhs.gov/exclusions/index.asp

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