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#VegasStrong



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## Silver State ACO Participants Paid over \$3 Million By CMS

In July's newsletter, we reported that CMS had begun making the 5% lump sum APM Incentive Payment to qualified participants who had earned it. We are thrilled to share that – to the extent that providers have disclosed the information – practices who participated in Silver State ACO for the 2020 Performance year have received more than **\$3,000,000** from CMS. This is *unrelated to (and above and beyond) what they received as their share of the \$13,600,000 Shared Savings for 2020 distributed by Silver State ACO.*

Under CMS guidelines, Silver State ACO is considered an Advanced APM entity because it has financial risk (although its participant practices do not!). Participating in an Advanced APM entity entitles providers to become Qualifying Participants which, in turn, makes them eligible for this incentive.



The Advanced APM Incentive payment was calculated by CMS as 5% of the Qualified Participant's (QP) estimated aggregate payments for Medicare Part B covered professional services furnished by the eligible clinician during 2021. Being a part of Silver State ACO allows providers to become QPs and, therefore, eligible for this incentive payment.

### REMINDER – Practice Meeting

Just a quick reminder that the next Silver State ACO practice meeting will take place next week:

**Southern Nevada:**

Wednesday, August 3 at 11:30 a.m.  
at Desert Springs Hospital

**Northern Nevada:**

Thursday, August 4<sup>th</sup> at 5 p.m.  
at NNMC Sparks Medical Building, Suite 201

Next Practice Meetings:  
*Southern Nevada*  
*August 3, 2022*

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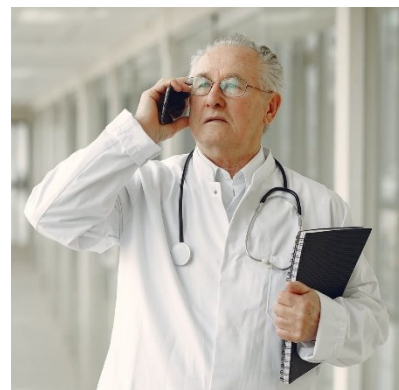
Enjoy the last days of  
summer...

Please join us and other Participant practices. Learn something new, ask questions, meet others and enjoy a lunch/dinner on us. Perhaps you'll even win the prize just for attending! We look forward to seeing you.

## CMS Proposes Elimination of Audio-only Telehealth Coverage

During the pandemic, CMS (Centers for Medicare and Medicaid Services), along with most states, issued waivers to certain conditions previously required for a patient visit to be eligible for reimbursement. The aim was to expand adoption and coverage of telehealth services, especially for those hardest hit by the pandemic.

Advocates of telehealth services have been singing its praises and highlighting its benefits for years. In particular, they point out that it's a vital link to healthcare resources in remote and / or underserved areas. At the beginning of the pandemic, it became clear that everyone suddenly found him/herself in a "remote" location, albeit in their own home. In many remote areas, access to audio-visual resources were extremely rare or non-existent. Until such time as the internet and broadband providers could catch up with the immediate and overwhelming increase in demand when the pandemic first began, audio-visual telemedicine became unreliable for even those who had previously had access.



In its proposed 2023 Physician Fee Schedule, CMS announces its plan to eliminate coverage for audio-only telehealth visits, claiming that the platform doesn't meet the requirements of the Social Security Act (established in August, 1935) for a service that is "analogous to in-person care". Although they have made exceptions for some behavioral health services, the waivers are set to expire 151 days after the end of the PHE (Public Health Emergency).



Some opponents of audio-only telehealth visits say that the telephone is not a good channel for establishing a doctor-patient relationship or for diagnosing many issues. Yet, there are proponents who claim that, although these visits are an extremely small percentage of telehealth visits, they are essential for certain populations.



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Although there are different views as to the efficacy and appropriateness of audio-only telehealth visits, it should be noted that the AMA (American Medical Association) has come out in support of establishing permanent coverage for them.

Be advised that, if you've been providing care via telephone, this may come to an end. Also, know that CMS will accept comments on the proposal through September 6<sup>th</sup>. So, if you feel strongly about the issue, now is the time to speak up.

## QUALITY MEASURES SPOTLIGHT

### **Tobacco Use Screening and Cessation intervention**

The Centers for Medicare and Medicaid Services (CMS) requires Silver State ACO to report several Quality Measures on behalf of its participant practices. This month we are focusing on the "Tobacco Use Screening and Cessation Intervention" measure.

CMS requires all patients over the age of 18 to be screened for tobacco use (both smoked and smokeless tobacco) at least once during 2022. CMS does **NOT** consider Marijuana and e-cigarettes to be a form of tobacco use.

The second portion of this measure focuses on patients who are positive for tobacco use. If the patient uses any type of tobacco, CMS requires that the patient receive tobacco cessation intervention. This intervention needs to be completed **within calendar year 2022**. This intervention can either be brief counseling (3 minutes or less) and/or prescriptions to assist in tobacco cessation. CMS does not consider E-cigarettes to be a type of smoking cessation. Brochures and



pamphlets may be supplied to the patient if they are accompanied by verbal counseling and are documented within the patient's chart.

When auditing charts for measure compliance, the practice's assigned Quality Coordinator will first confirm if the patient has had a tobacco screening. If the patient has had multiple screenings during 2022, only the most recent screening will be used.

If it is confirmed that the patient is a tobacco user, the Quality Coordinator will then review the patient's encounters (starting with the most recent date of service) for a documented cessation intervention during 2022.



# SPOTLIGHT

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Screening for tobacco use and cessation intervention may be completed during a telehealth encounter.

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

Security, Security, Security

Ah, the end of summer. Time to get the kids ready to go back to school. Time to reassess.

Isn't it also time to also re-energize ourselves and our practices? Re-inspire? Remind? Redouble efforts?



And, perhaps, to reframe challenges as opportunities.

Albert Einstein, a theoretical physicist and widely acknowledged to be one of the greatest minds of the twentieth century and most influential physicists of all time, said: "Whoever is careless with the truth in small matters cannot be trusted with important matters."

Can't we incorporate that thought into our everyday activities? Small details count. Remembering to *always* protect PHI (Protected Health Information) and PII (Personal Identifiable Information) will help us protect our practices and build trust with our patients.

- *Always* encrypt patient data
- *Always* lower voice when discussing patients
- *Always* shred documents
- *Always* err on the side of "Better safe than sorry"
- *Always* log out of a computer when done
- *Always* educate and reinforce good behavior, and
- *Never* share passwords

We understand that this is easier said than done but, perhaps, if we all try just a bit harder we can actually "make it happen".

PREFERRED PROVIDERS – REMINDER

Preferred Providers are *not* Participants or "members" of an ACO. They are facilities and providers who the ACO has identified as expert in their fields and whose goals and services align with the ACO's mission.



Please check the Silver State ACO Preferred Provider Network listing. The most up-to-date version is always available on our website [www.silverstateaco.com](http://www.silverstateaco.com), including an easily printed version.

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As Medicare fee-for-service patients, the ACO's beneficiaries can go to any provider they want for healthcare services. However, we know that if the provider with whom a patient has a long-standing, respectful and trusting relationship, makes a recommendation, the patient is likely to follow it. Please help us maintain a continuum of care by referring in-network.

Valley Health at Home by BAYADA

The Valley Health System is the Silver State ACO Preferred Provider



The Valley Health System

Centennial Hills Hospital • Desert Springs Hospital • Henderson Hospital (2016)  
Spring Valley Hospital • Summerlin Hospital • Valley Hospital

for various services, including acute care hospitals, behavioral health facilities, freestanding Emergency Care, and home health (in conjunction with BAYADA Home Health). This relationship contributes to and strengthens the continuum of care

discussed above.

Valley Health at Home by BAYADA leverages the combined resources and expertise of The Valley Health System and BAYADA 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 others, to manage chronic conditions or recover from recent surgery, illness, or injury in the comfort and safety of their own homes.

Valley Health at Home by BAYADA is accepting new patients. They offer a portal for providers to sign orders and review how their (mutual) patients are progressing. In addition, Valley Health at Home by Bayada has the ability to provide outcome reporting on re-hospitalizations and diagnosis trends. This should help all involved to learn from previous experience and, most importantly, improve overall care and outcomes for the patient.

To make a referral, please call/fax the following information:

- Demographics
- Medication List
- Recent Office Visit Note
- Provider Order (with which disciplines ordered: Home Health RN, PT, OT, ST, HHA)



Send all information to:

Valley Health at Home By BAYADA

5888 W. Sunset Rd, Suite 103, Las Vegas, NV 89118

**Phone 702-382-3030 Fax 702-382-9394**

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DispatchHealth

DispatchHealth provides same day, in home medical care. The practice – or the patient him/herself – can make a referral when in-home care is preferable or when medical care is warranted but an ED visit can be avoided.



**dispatch**  
HEALTH

Please use - and post - the dedicated SSACO phone number: **725-246-1973** which will identify the patient as a Silver State ACO beneficiary, possibly reducing the amount of time needed to schedule an

appointment and to allow easier sharing of clinical results with the patient’s PCP after the visit.

IT’S GETTING TO BE THAT TIME... CAHPS SURVEY

The Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS) is a patient experience survey that CMS requires for each performance year. Every ACO (Accountable Care Organization), as well as many other CMS ventures and beneficiaries, is required to conduct the survey. The CAHPS survey focuses on how patients experienced or perceive key aspects of their care.

CAHPS scores are considered by CMS in ascertaining whether an ACO receives Shared Savings. Unfortunately, neither the ACO nor the practices have much ability to control the survey other than for practices to try their utmost to be sure that they are attending to their patients’ needs and addressing any issues patients may have – whether actual medical problems or the perception of how they are being treated and whether they are getting the proper attention and respect they deserve!

The CAHPS survey falls under the Quality category that Silver State ACO is required to report to CMS Medicaid Services (CMS) on behalf of its participating practices. There is no cost to the practice.

It is beneficial to the practice and the ACO to take steps to ensure that patients have the best experience possible when interacting with any member of the practice staff. Patient satisfaction affects clinical outcomes – ultimately the main objective - and patient retention. A loyal and satisfied patient is more likely to adhere to provider recommendations, improving clinical outcomes.



Now is the time to address any staff or procedural issues (if any) about which patients complain.

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# SILVER STATE ACO Compliance Line:

## 702-751-0834

Available for secure reporting of any suspected compliance issues, without fear of retribution.

### Practice Meeting Schedule for the remainder of 2022:

Watch emails for changes to schedule or venue (in person/ virtual)

#### SOUTHERN NEVADA

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

Wednesday, August 3, 2022 - at Desert Springs Hospital

Wednesday, November 2, 2022 - at Summerlin Hospital

#### NORTHERN NEVADA

Meet and greet begins at 5 p.m., program begins at 5:30.

at NNMCC Sparks Medical Building, Suite 201:

Thursday, August 4, 2022

Thursday, November 3, 2022



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