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#VegasStrong



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The Importance and Impact of PECOS

The Medicare Provider Enrollment, Chain and Ownership System (PECOS) is the system of record for Medicare enrollment. PECOS data is used by Medicare in connection with billing and payments, as well as for the Quality Payment Program (QPP) and Shared Savings Program (SSP) of which Silver State ACO is part. It is compiled based on input from providers and suppliers and is the foundation upon which everything else is built.

PECOS is how Medicare identifies that a provider or practice is registered with CMS (Centers for Medicare and Medicaid Services). Note that we said that the PECOS database is based on *input from providers and suppliers*. Much like it would with any other insurance company with which it contracts, a practice must register with CMS. This includes letting them know what providers are affiliated with the practice and billing under the practice TIN. All practices enroll in PECOS when they begin seeing Medicare patients. Unfortunately, many forget to update PECOS as changes occur in the practice.

The implications of not updating the information on a regular basis may not be immediately clear but it is, in fact, extremely important. This is particularly true for practices that are part of an ACO. Providers

assign their NPI to a practice for purposes of billing and payment and CMS must be able to reconcile billing to a TIN/NPI match. Not having current data impacts the QPP Advanced APM Incentive payment.

Silver State ACO *cannot* update PECOS on behalf of its Participants or their providers, even if we have the information. As part of their signed Participant Agreement, practices are required to notify SSACO and to update PECOS on



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Southern Nevada
November 2, 2022

Northern Nevada:
November 3, 2022

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a timely basis whenever changes are made. We implore our practices to let us know whenever a provider joins or leaves the group and to update PECOS at that same time. This will benefit the practice as well as the ACO as a whole.

Attached to this newsletter email are a number of documents on regulations, requirements and the importance of PECOS, as well as a tutorial on how to update practice and/or provider information.

GAPS in CARE CONTEST – Two weeks remaining

How wonderful to provide excellent patient care and improve quality scores while working toward winning extra \$\$\$ - and just in time for the holiday season!

 **Silver State ACO**
Accountable Care Organization

2022 GAP CLOSURE CONTEST

October 17th - November 18th

WIN UP TO \$21,000

We are handing out prizes for each of the following **SEVEN** categories...

- Breast Cancer Screening
- Colorectal Cancer Screening
- Tobacco Screening and Cessation
- Influenza Immunization
- Fall Screening
- Controlling Hypertension
- Depression Screening & Follow-Up Plan

\$1,500 for the practice that completes the most per category **AND**
\$1,500 for the practice that completes the highest percentage
of attributed patients per category!

Your practice can win in one category or all seven!!!

Rules:

- Quality Coordinators will provide a Gap in Care Report that includes eligible patients
- Must submit your completed list to your Quality Coordinator no later than November 18th
- Supporting documentation must be scanned in the chart no later than November 18th
- All submissions must be documented in an excel spreadsheet
- Any gap closures qualify, including IllumiCare closures

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Silver State ACO’s Gaps in Care Contest allows you to do just that! In an effort to close gaps in care – or to properly document those that have been closed but which may not have been entered into the EMR correctly – SSACO is offering prizes to Participant practices in each of seven different categories. In each of the categories, there will be a prize awarded for the practice that closes the most gaps, *as well as* the practice that closes the highest percentage of gaps for its patients. Please work closely with your quality coordinator to submit the necessary documentation before the deadline.

Good luck!

ADDITIONAL DISCHARGE INFORMATION NOW AVAILABLE

One of the benefits of being a Participant of Silver State ACO is the ability for a practice to know when a patient has been admitted to or, perhaps more importantly, discharged from, an acute facility. This allows the practice to reach out to the patient and bring him/her in for a follow-up visit and, with certain basic criteria met, bill CMS for a post –acute Transitional Care Management visit. This follow-up has been proven to drastically reduce the likelihood of readmission, and has resulted in better clinical outcomes.



SSACO contracts with Experian and is able to provide discharge information as long as the hospital, to which the patient was admitted, contracts with Experian. Over the years, practices have expressed their appreciation for this information but conveyed their frustration with being unable to get clear, complete data on why the patient was admitted, and what medications were administered, or procedures done, while the patient was in the hospital.

We are happy to share that Universal Health Systems (UHS) has now created a solution to this problem!

UHS, represented in Nevada by The Valley Health System (VHS), is the SSACO preferred provider for acute care services, as well as majority owner of SSACO. VHS is excited to announce an app,

available through a tablet or smartphone, that provides easy access to all clinical data for a provider’s patients. This app is available to any SSACO Participant practice. It integrates directly into the VHS Cerner Millennium system, and includes patient



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

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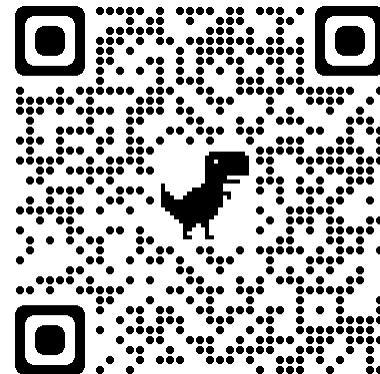
events, history, discharge summary, lab results and imaging studies. It also allows an EMR quick summary for patients. Practices or providers can log into the system when they are notified of a patient discharge, whether by the patient, his/her family, or through Experian. Alternatively, notifications can be set up, though these are driven by a physician profile which needs to be set up directly with VHS.

We believe that giving a provider the ability to see complete and accurate clinical data allows him/her to make more informed, data driven, decisions which translate to better care for the patient without adding to the provider's workflow.

For additional information, visit UHSEMRaccess.com. In addition, a short demonstration video, as well as an explanatory Powerpoint deck, is attached to this newsletter email.

You may download the app by scanning the barcode above.

If you have questions or need additional assistance in downloading or setting up the app, please email anna.langson@uhsinc.com or reach out to Rena Kantor, Director of Operations, at rena@silverstateaco.com.



SCREENING For DEPRESSION And DEPRESSION FOLLOW-UP PLAN

The Centers for Medicare and Medicaid Services (CMS) requires patients age 12 years and older be screened for depression at least once per year using an age appropriate standardized screening tool. If the screening is positive for depression, a follow-up plan is required to be documented on the date of the positive screening.



SPOTLIGHT

The results of the depression screening **must** be reviewed and verified by the billing professional in the medical record. This includes an interpretation of whether the patient presents with depression or not for **ALL** screenings, including those with scores of zero. The interpretation of whether or not the patient's screening for depression is considered positive or negative for depression is to be made by the provider administering and reviewing the screening.



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Acceptable Verbiage

Negative for Depression

Normal
Negative
No Depression
No Risk for Depression

Positive for Depression

Abnormal
Positive
Depression Positive
Low/Minimal/High Risk

In order to meet all aspects of this measure, documentation in the medical record **must** include the following components:

- Name of the age appropriate standardized depression screening tool
- Interpretation
- If positive, a follow-plan

A screening may be completed up to 14 days prior to an office visit. Although the patient may have access to the screening tool in advance, the above components **must** still be documented on the date of the actual in-office visit.

If the determination is made that the patient is positive for depression, documentation in the medical record of a recommended follow-up plan is required. A positive depression follow-up plan must include one or more of the following:

- Referral to a practitioner for additional evaluation and assessment (psychiatrist, psychologist, social worker or mental health counselor)
- Pharmacological interventions
- Other interventions or follow-up for diagnosis or treatment of depression

Change for 2022: Suicide Risk Assessment is no longer considered an acceptable follow-up plan

Acceptable Adult Standardized Screening tools (list is not all-inclusive, check with your Quality Coordinator if your screening tool is not listed here)

- PHQ-2 (followed by PHQ-9 for score 1 or higher)
- PHQ-9
- Beck Depression Inventory (BDI or BDI-II)
- Center for Epidemiologic Studies Depression Scale (CES-D)
- Depression Scale (DEPS)



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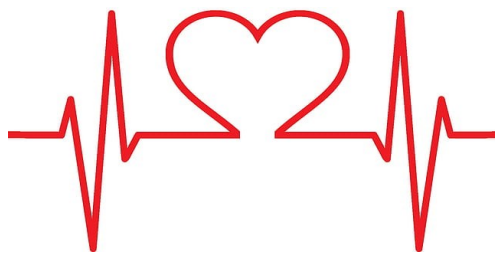
- Duke Anxiety-Depression Scale (DADS)
- Geriatric Depression Scale (GDS)
- Cornell Scale for Depression in Dementia (CSDD)
- PRIME MD-PHQ-2
- Hamilton Rating Scale for Depression (HAM-D)
- Quick Inventory of Depressive Symptomatology Self-Report (QID-SR)
- Computerized Adaptive Testing Depression Inventory (CAT-DI)
- Computerized Adaptive Diagnostic Screener (CAD-MDD)

Patients who have been diagnosed with depression or bipolar disorder will be excluded from this measure. A patient may also refuse to participate. If this is the case, make sure all refusals are documented in the patients chart on the date of the encounter.

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

PUBLIC HEALTH EMERGENCY (PHE) Extended

On October 14th, the Department of Health and Human Services, once again, extended the Public Health Emergency (PHE) for COVID 19. That means that, with very limited exceptions, waivers and changes will remain in effect, and results for 2022 will be calculated on a full year of the PHE.



As always, Silver State ACO continues to strongly recommend that our Participants remain vigilant in proper documentation, and flexible to allow for a quick reorientation once the PHE is lifted.

NEW RANSOMWARE EMAILS – “SLOPPY” But Very Effective...

As we approach the holiday season, we tend to be rushed and, perhaps, a bit less attentive to details. DON'T DO IT. Being even a “little bit” sloppy – or not taking the time to consider implications of mistakes we might make – can be devastating. There is a new strain of fake ransomware being reported by cyber experts. A malicious email infects a user’s computer and encrypts the data. The victim is asked to pay ransom for the data to be unencrypted. But, because these “bad guys” demanding ransom are actually sloppy (or lazy, or both), there is



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no key for unencrypting the data. The data was actually deleted. Now you, or your practice, has neither the data nor the money paid to get it back.

Think of the implications of that. And, think of how you might feel if your data – at work or at home – was permanently deleted!

There's no one, perfect way to avoid falling prey to phishing campaigns. But the best way to evade problems is to be diligent at inspecting emails before responding to them or clicking any attachments to them. Always look at the extension (.com, .net, and so forth). If anything – even just a number that is included (.com2, .D) – seems unusual, do NOT open the email. Contact your IT team immediately! In all things security related, the rule should always be “Better Safe Than Sorry.”

(Have you read this carefully? If so, to be entered to win a prize at the November practice meeting, you may respond to the newsletter email with “Happy Thanksgiving” in the subject line.)

SILVER STATE ACO Compliance Line:

702-751-0834

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

Final Practice Meetings for 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, November 2, 2022 - at Summerlin Hospital

NORTHERN NEVADA

Thursday, November 3, 2022

Meet and greet begins at 5 p.m., program begins at 5:30.
at NNMIC Sparks Medical Building, Suite 201:

“Better Safe Than Sorry” is attributed to Samuel Lover, an Irish novelist, who included it in his novel, Rory O’More: A National Romance, published in 1837.

To cancel receiving the monthly Silver State ACO Newsletter please click Unsubscribe and type “Unsubscribe” in the subject box.

Silver State ACO Halloween Villain's!



Above: Larry Preston, Alyssa Reid, Jessica Aquino, Jessica Shepard, Holly Taylor (PMC), Rhonda Hamilton, Marie Neto (PMC) and Martha Sutton



Toni Aguilar (Nevada Heart & Vascular) and Jessica Aquino

