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#VegasStrong



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## Happy 4<sup>th</sup> of July

### CMS Pays APM Incentive Bonus for 2020

#### Silver State ACO Participants Receive \$\$\$ Lump Sums

Advanced Alternative Payment Models (APMs) is a track of the Quality Payment Program (QPP) instituted by CMS (Centers for Medicare and Medicaid Services). APMs offer incentives for meeting participation thresholds based on level of payment or patients through Advanced APMs. A practice that achieves these thresholds becomes a Qualifying APM participant (QP).

Being a Silver State ACO Participant designates a practice as participating in an Advanced APM for QPP purposes, allowing them the opportunity to earn the CMS 5% lump sum APM incentive payment.

CMS takes more than a year to calculate and verify the data, delivering the payment in the second year after the performance year for which the payment is made. As of June 28, 2022, CMS began issuing electronic funds transfers based on QP designation in 2020. Practices who were Participants of Silver State ACO in 2020 have been thrilled to receive these lump



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Northern Nevada:  
August 4, 2022

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sum payments, reflecting an amount equal to 5% of *all* payments made by CMS to the practice during 2021.

All Participants should have received an email, from SSACO, notifying them that CMS had begun to release the payments. Included were instructions on how to log into the QPP portal to get a detailed report, including which providers (NPIs) should receive what portion of the money. A copy of those instructions are attached to this email.

We are proud of the work our practices do and would like to be sure that all eligible practices receive the ACO bonus. Therefore, we would appreciate if each practice notify Silver State ACO upon receipt of the funds.

CONGRATULATIONS to all Silver State ACO practices who earned the bonus dollars!



### Cognitive Assessments

CMS (Centers for Medicare and Medicaid Services) has recently revised their guidelines and reimbursement structure for cognitive assessments. In fact, beneficiaries are being sent a notice, stating “... If you’ve had trouble remembering things, concentrating or making everyday decisions, Medicare Part B covers a visit with your doctor or a specialist to talk about it and do an exam.”

Detection of possible cognitive impairment may initially be detected at – or as a result of – Medicare’s Annual Wellness Visit (of which review of cognitive impairment is a required element). A provider may also observe signs of impairment at any regular visit or by considering information provided by the patient, family, friends or caregivers. The provider should use a cognitive test or evaluate health disparities, chronic conditions, and other factors that may contribute to an increased risk of cognitive impairment.

If cognitive impairment is suspected, the provider may perform a more detailed assessment and develop a care plan *during a separate visit*. The additional evaluation may be helpful in diagnosing specific conditions, such as dementia or Alzheimer’s disease. The extra time may also help to identify possible treatable causes or conditions, such as depression or anxiety, that often present in conjunction with those diseases.

The **CPT code is 99483** for the separate visit to more thoroughly assess a patient’s cognitive function and develop a care plan.



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Typically, the visit should be about fifty minutes of face-to-face time with the patient and an “independent historian” who can provide a complete and reliable medical history. As of January 2022, CMS pays approximately **\$283** for these services when provided in an office setting.

For additional details regarding the requirements, services and billing, including specifics as to who may provide the service, where it may be provided, and what should be included in the assessment, see the CMS document attached to this email.



### CDC Guide to Discussing Opioid Use with Patients

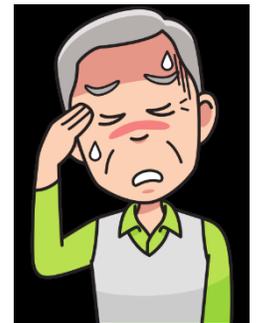
Opioids can be an important part of treatment following surgery, injury, or in connection with certain health conditions. They do, however, carry serious risks, including addiction. The overuse and abuse of opioids has become a major health concern for communities across the country.



Yet, many providers don't take the time to discuss the issue with their patients, particularly those for whom they have not prescribed an opioid. Those patients, though, may be seeing a specialist or other provider who did prescribe opioids.

In trying to stem the growth and negative impact of the opioid epidemic, the CDC (Centers for Disease Control and Prevention) has created a two page infographic which helps summarize the issue, introduce alternatives and ideas, and help begin this very important conversation between provider and patient. The infographic is attached.

We should mention that the infographic includes the phone number and web address for SAMHSA (Substance Abuse and Mental Health Services Administration, a division of the U.S. Department of Health and Human Services). It should be noted that the website ([samhsa.gov](http://samhsa.gov)) also includes information for practitioners, including primary healthcare workers, who provide prevention, treatment and support services.



### QUALITY MEASURES SPOTLIGHT

#### **Diabetes: Hemoglobin A1c Poor Control**

The Centers for Medicare and Medicaid Services (CMS) requires the ACO to report several Quality Measures on behalf of our participant



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practices. This month we are focusing on the Diabetes Hemoglobin A1c measure.

For this measure, CMS requires patients with an active diagnosis of diabetes during the current year (2022) or the year prior (2021), AND who are between the ages of ages 18-75, to have an HbA1c completed during 2022. Patients with a diagnosis of secondary diabetes due to another condition are **not** included.



**SPOTLIGHT**

This measure focuses on “poor control” and is “reverse weighted”, meaning that the lower the score – the better. Throughout the year, Quality Coordinators will review lab results periodically to update the measure. CMS requires that we report the most recent result.

**CMS considers HbA1c to be “controlled” if it is 8.9% or lower.**

When auditing your charts for measure compliance, your assigned Quality Coordinator will first confirm that the patient has a diagnosis of diabetes by using the patient’s active problem list/diagnosis list or the diagnosis listed in an office visit encounter. Once the diagnosis and age parameters are confirmed, the Quality Coordinator will then verify that the patient has had an HbA1c completed during 2022.

Having the official lab result in the patients chart will usually meet the CMS documentation requirements. In order to meet CMS



requirements, the documentation **must** include the date the test was performed (or the date the lab result was received) and the HbA1c result. CMS will also accept HbA1c finger stick tests administered by a healthcare provider at the point of care. **Unfortunately, patient reported levels are no longer acceptable.**

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



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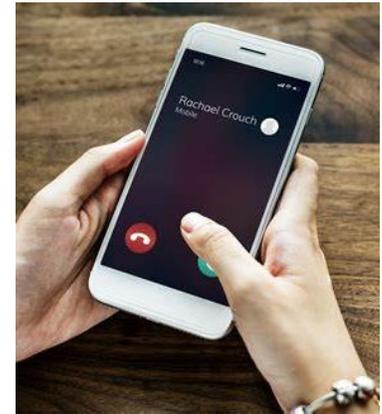
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Security – Mobile Devices

As the use of smartphones, laptops and tablets become more prevalent in the health care industry, so does the need to ensure the security of the data they collect and store.

HealthIT.gov (website of the ONC – Office of the National Coordinator for Health Information Technology, organized under the U.S. Department of Health and Human Services) lists tips for protecting and securing health information when using a mobile device:

- Always use a password or other authentication to access the device. Do not share the password or keep it with the device. Change the password regularly.
- Enable encryption for sensitive information.
- Install remote wiping / disabling capability so that data can be deleted permanently from a lost or stolen device.
- Don't install or use file sharing applications. Sharing files can compromise security.
- Be sure the device has a firewall installed and kept updated.
- Install security software to protect against viruses, spyware, malware and other attacks.
- Update all security software regularly and *always* when told to do so by the manufacturer.
- Be wary and suspicious of any and all "apps" (applications) before using. Research the app and the company to ensure they are trusted and reputable, and that the app will perform only the function for which you intend it, *before* downloading or installing to a mobile device.
- Don't send or receive sensitive or protected health information when connected to public Wi-Fi unless the device uses a secure, encrypted connection.
- Keep track of the device! Portability, size and convenience are



what make mobile devices so useful – but also what makes it challenging to maintain physical possession of them. They are, unfortunately, easily lost or stolen, risking unauthorized use and disclosure of patient health information. Protecting the device



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with a password and/or multiple levels of encryption or authorization helps but nothing works better than being sure the device is in your possession. And, when one maintains awareness of the device, its loss will be more quickly noticed, allowing the owner (or, more accurately, previous owner) to disable and/or wipe the data remotely.

- Wipe all data stored on a mobile device before discarding it. Whether giving the device to another person or throwing it in the trash, always use a software tool intended for the specific purpose of deleting all stored secure health information to protect against unauthorized access.

Remember that nothing is as valuable or secure as an attentive, caring person. Any staff member who uses or accesses a mobile device is, ultimately, the most important security “device”. Be sure to educate employees, share best practice ideas, and require maintenance of apps, passwords, etc.

**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.

Silver State ACO has carefully researched and reviewed each of our Preferred Providers. They are all top in their field and have agreed to help Silver State ACO achieve its goal of providing the very best care while reducing cost, duplication, and unnecessary procedures. Having Participants use our Preferred Providers has helped Silver State ACO achieve Shared Savings – which is then passed on to Participants – for six consecutive years.



Please be sure to check the Silver State ACO Preferred Provider “blue sheet” when referring patients. Each practice is sent an updated list whenever there are changes made. The most up-to-date list is always available on our website: [www.SilverStateACO.com](http://www.SilverStateACO.com), under the AFFILIATES tab. From that tab, an easily downloadable version can also be accessed.

Highlighted, below, are a few of the preferred providers who have proven to be our most successful partners, particularly because of their ties to acute and post-acute care which are the most expensive components of patient cost.



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Valley Health System

The Valley Health System is the Silver State ACO Preferred Provider for various services, including acute care hospitals, behavioral health facilities, freestanding Emergency Care, and home health (in conjunction with Bayada Home Health).



The Valley Health System

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

A map and listing of Valley Health System locations and services in the Las Vegas Valley is attached to this email. Also note that Northern Nevada Medical Center in Sparks and the new Northern Nevada Sierra Medical Center in Reno, as well as Desert View Hospital in Pahrump, are part of the Valley Health system and the preferred facilities in their respective communities.

DispatchHealth

DispatchHealth has proven to be a very valuable partner though, at the present, they only service the Las Vegas Valley. They provide 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.

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.



Experian Community Partner Encounters

All practices should now have unhindered access to Experian and to notifications that a patient has been discharged from the hospital, using the Community Partner Encounters system.



If you ever have issues with the system, would like to request access for additional staff, or would appreciate additional education on use and/or value of the system, please contact your quality coordinator or call Rena Kantor, Director of Operations, directly at 702-751-0945.

Also, remember to notify us immediately when someone with access to the Experian system leaves your practice or whose function or job changes to one where he/she no longer needs access to the



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substantial PHI available in the system. Attached to this email is the form to be used when adding *or* deleting staff access.

**It's Not Too Late**

Do you know of a practice that might benefit from being part of Silver State ACO? If so, please let us know ASAP. July is the last month during which a practice can join Silver State - or any - ACO for the performance year beginning January 1, 2023.

If a practice that you recommend meets with us (whether or not they join – or are even asked to join), your name will be entered to win a prize. Do remember that the practice *must* have – and use – an approved EMR system.

**Public Health Emergency**

The Department of Health and Human Services most recently extended the Public Health Emergency (PHE) for COVID 19 on April 12<sup>th</sup>. Watch for updates later in July when the extension expires. Silver State ACO continues to urge our Participants to prepare for changes and to plan for the future when the PHE will no longer be in place.

***Please post:***

**SILVER STATE ACO Compliance Line: 702-751-0834**

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

**MARK YOUR CALENDAR:**

**Practice Meeting Schedule for 2022:**



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

Respond to the email to which this newsletter is attached with "I'll be there in August" to be entered to win a prize at the August practice meeting.

**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.*

*The following meetings are scheduled to be held at NMMC Sparks*

*Medical Building, Suite 201:*

Thursday, August 4, 2022

Thursday, November 3, 2022



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Quote of the month:

**“Give me Liberty or give me death”**

*Patrick Henry, founding father of the United States, at the Second Virginia Convention in Richmond on March 20, 1775. One of the greatest speeches delivered in connection with the establishment of our country, Mr. Henry offered amendments to raise a militia independent of royal authority, which helped put into motion the resistance to English laws, leading to the war and ultimate independence of the original thirteen colonies.*

Stay safe and healthy.... and cool!

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