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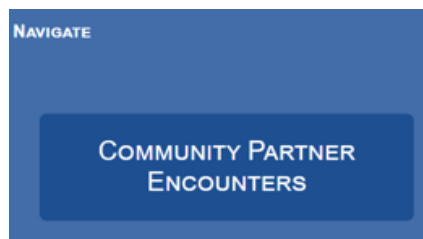
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NEW FEATURES, ENHANCEMENT TO EXPERIAN NOTIFICATION SYSTEM

Silver State ACO Participants who utilize the Experian Notification System understand its value. And now, there are changes coming to the platform which will make it easier to get the data. In addition, patient information will now be downloadable into an Excel spreadsheet with one click.

The transition from “Care Coordination Manager” to the new platform, “Community Partner Encounters,” is scheduled for the second week in August. Login user names and passwords should remain the same.

Because of the changes, we’d like to take this opportunity to highlight the importance and benefits of the system and explain how it works.



A number of years ago, the Centers for Medicare and Medicaid Services (CMS) recognized that one of the best ways to prevent a readmission is to have patients see

their primary care provider (PCP) as soon as possible after being discharged from the hospital. (CMS defines a “readmission” as a return to an acute facility, for any reason, within 30 days of a discharge.) CMS created a program, Transitional Care Management (TCM), to incentivize providers to bring patients in for a post acute visit. TCM visits pay far more – sometimes three or four times more – than a “regular” visit. And, CMS’s conditions for billing a TCM are minimal and straightforward.

Basic requirements to allow billing under a TCM code are:

- a) Reach out to the patient within two business days of discharge,
- b) Provide certain non face-to-face services, c) Furnish a face-to-



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face visit within 7 or 14 days (depending on complexity of the case), and d) Do a medication reconciliation during the face-to-face visit.

There are two different CPT billing codes: 99495 for a moderate or high complexity case with the face-to-face visit within 14 days; 99496 for a high complexity case visit within 7 days. A Medicare Learning Network Fact Sheet, with more specific detail, is attached to this email.

This program has been applauded as beneficial for everyone: The patient is seen soon after discharge which should help his/her recovery, possibly avoid a readmission to the hospital, and improve overall results. The provider and practice are pleased because their patient is getting the attention he/she needs quickly, and the practice earns a higher reimbursement. CMS achieves its purpose- better outcomes at a lower cost. (Might we add that these also make Silver State ACO happy?)

So, what's the issue? Simply put – this system is all fine and good.... *if the practice knows that the patient has been discharged from the hospital.* Most practices don't, and certainly not quickly enough to do anything about it. The patient might call a few weeks after being home, possibly because of a complication, and "mention" the hospital stay. Or, the family may call if the patient has been readmitted and they are distraught and looking for guidance.



That, indeed is an issue. And, it's why Silver State ACO worked with Experian to create the notification system.

Experian contracts with many hospital systems for various programs. One of their functions is to confirm validity of insurance. If a patient registers at the hospital and presents a traditional Medicare card, once the information is input, the system sends a message to CMS asking, "is this a valid card?" If the response is "yes, valid", the Experian system compares the identifying information (Medicare Beneficiary ID number, name, date of birth, gender) to a list of Silver State ACO beneficiaries. If there's a match, the system can send a message to the PCP to whom the patient is attributed. And, more importantly, the system is currently



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configured to *always* send a message when that patient is discharged. (Please keep in mind that all these machinations happen "behind the scenes" and are completely secure.)

Notes on Transition to the New Platform

Encounter information will still be available in the same format once a user clicks into the message. The new portal changes the ease with which encounter details can be accessed and enables download into an Excel spreadsheet. Spreadsheets may make it easier for some practices (especially large ones with many

COMMUNITY PARTNER ENCOUNTERS

logged in as SilverStateACO | 10/26/2021 10:06 AM
Home
cancel name: F806

13 Encounters 1 / 1

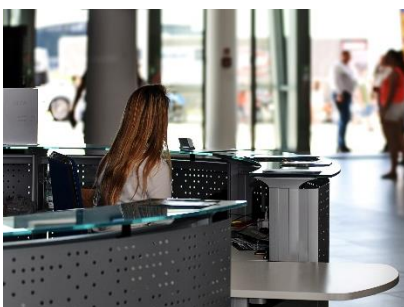
SEARCH ENCOUNTERS

Name	Date Of Birth	Admit Date & Time	Discharge Date	FACILITY NAME	PATIENT CLASS	PATIENT TYPE	SERVICE TYPE	FLAG
Abels, Grace	12/03/1955	07/01/2020	07/10/2020	Experian Hospital	I	I	557	RA
Alisworth, Matthew	03/18/1940	08/20/2020	08/21/2020	Mercy Hospital	I	I	557	
Crawford, Carol	09/16/1945	08/26/2020	08/26/2020	Sisters of Mercy Hospital	E	E	117	
Crawford, Carol	09/16/1945	08/26/2020	08/26/2020	Broadmoor Clinic	O	O		
Javies, Felix J	10/29/1963	08/30/2020	08/31/2020	Sisters of Mercy Hospital	I	I	557	
Johnson, Janice A	06/25/1925	08/10/2020	08/10/2020	Experian Hospital	E	E	117	ED+
Jones, Cheryl A	10/26/1959	08/29/2020	08/30/2020	Sisters of Mercy Hospital	I	I	557	
Jordan, Kathleen J	10/29/1946	09/07/2020	09/08/2020	Sisters of Mercy Hospital	E	E	117	ED+, ED RV

patients admitted to the hospital) to follow their patients, tweak their workflow, or filter and analyze the data.

Helpful hint: remember that the encounter information includes details given to the hospital by the patient or his/her family. This includes a phone number ... which might be more current than the one in your system!

Not all hospitals or hospital systems contract with / send data to Experian. So, we can't notify you of what Experian doesn't know. Luckily, most of the hospitals in Southern Nevada do. All Valley Health System facilities (Centennial, Desert Springs, Henderson, Spring Valley, Summerlin and Valley Hospitals), HCA facilities (Mountain View, Sunrise and Southern Hills Hospital), and



UMC share admit, discharge and transfer (ADT) data with Experian. At the moment, the only facility in Northern Nevada that contracts with Experian is Northern Nevada Medical Center. Watch upcoming newsletters for another facility in Northern Nevada that has contracted with

Experian and from which we should soon begin getting discharge notifications.

Interestingly, you might also get notifications for patients that are discharged from out-of-state facilities. If your patient happened to be admitted to the hospital when he/she was visiting (or returned to a winter/summer home) out of state and that

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hospital contracts with Experian, you will get the notification. We see many notifications from Utah and Southern California facilities. And, yes, you may reach out to the patient.

On Tuesday, August 10th, the new Community Partner view will be turned on. A training manual will also be shared at that time.



In an effort to ease the transition, we anticipate that the "old" Care Coordination Manager view will not be turned off until Thursday, August 12th. During those two days you will receive duplicate email messages for each event. This will allow you – and us – to be sure that the transition has been successful and to work out any glitches.

If, at any time, you feel that you are not getting the expected number or type of messages, or that the system is not working correctly, please reach out to Rena Kantor, Director of Operations, at 702-751-0945.

QUALITY MEASURES SPOTLIGHT

Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

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 "*Statin Therapy for the Prevention and Treatment of Cardiovascular Disease*" measure.

CMS requires patients that are considered high risk for a cardiovascular event, under ACC/AHA guidelines, to be prescribed or on statin therapy at any point during the calendar year.

When auditing your charts for measure compliance, your assigned Quality Coordinator will first confirm if the patient falls into one or more of the following three categories:

1. Patients age 21 or older with an active diagnosis of, or history of, clinical Atherosclerotic Cardiovascular Disease (ASCVD). This includes acute coronary syndromes, history of myocardial infarctions, angina and stroke or transient ischemic attack.



SPOTLIGHT

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2. Patients age 21 or older who have ever had a fasting or direct LDL-C result of 190 mg/dL or higher, or were previously diagnosed with/or currently have an active diagnosis of familial or pure hypercholesterolemia.
3. Patients aged 40 to 75 years with Type 1 or Type 2 diabetes **AND** with an LDL-C result of 70 mg/dL or higher in the last three years.

If it is confirmed that the patient falls into one or more of the categories above, the Quality Coordinator will then review the patient's encounters (starting with the most recent date of service) for documentation of a prescribed statin or notation that the patient is currently on statin therapy.



ONLY statin therapy meets the measure criteria, other cholesterol lowering medications such as Zetia, will **NOT** meet this measure.

CMS will make exceptions for this measure, but these **must** be documented in a dated encounter during the measurement period. The most common exceptions are:

- Patient allergy or intolerance to statin medication
- Patient with active liver disease or hepatic disease
- Patient with end-stage renal disease (ESRD)

If the patient does not fall into the exceptions listed above but your provider feels statin therapy is not appropriate for the patient, please have them document the reason why and we will submit to CMS for an exception for that patient.

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

CAHPS SURVEY

Just a reminder that your patients' perception of the care they're getting, as well as their satisfaction – or displeasure – with all aspects



of their encounter and process of receiving that care – now weigh even more heavily on the calculation of quality scores by CMS. A pleasant and caring attitude goes a long toward having patients remember their visit to the doctor as a positive experience.

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The Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS), conducted by a company contracted for the benefit of CMS, will ask specific patients about their provider and their care. They may ask how long the patient had to wait for an appointment, whether the provider engaged the patient in his/her own care, or whether the office staff was pleasant and respectful. Each staff member who interacts with a patient has the potential to sway a patient's overall perception. Reminding staff of their responsibility in this arena can help. Contests and prizes have been proven to change attitudes and behaviors. Just an idea...

Insider Risk Management

According to a new report, more than 22 million patients were impacted by a health care data breach in the first seven months of 2021. That's an incredible 185% increase over the previous year. The majority of the breaches were due to malicious cyberattacks.



The return to regular office settings is an excellent opportunity to refocus on security. Remote work posed many problems, returning to work in the office has its own.

Security experts recommend putting everyone – that includes the veteran staff member who has been with the practice for ten years, as well as the new hire – though a refresher course on security practices. They suggest that management work hard to keep employees engaged by using repetitive, “sticky messages.” (No, not on sticky notes, rather those that stick to the brain.) As medical practices, we are very visible and “high interest” targets. We also have an added responsibility - to protect our patients' information, as well as our own.

Be sure that your security policies are clear. Then, be sure that all your employees are aware of them. Then, repeat. Reread. Repeat. It's worth the time and effort.

2021 Practice Meeting Dates

Southern Nevada:

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

Wednesday, September 29th at Desert Springs Hospital

Wednesday, November 3rd at Summerlin Hospital

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Northern Nevada:

Currently scheduled: at 5 p.m. at Sparks Medical Building each of the following dates:
Thursdays, September 30th and November 4th

Summer Diversions

"The Olympics are a wonderful metaphor for world cooperation, the kind of international competition that's wholesome and healthy, an interplay between countries that represents the best in all of us." *John Williams, one of the greatest American composers of all times. Mr. Williams composes, conducts and plays both piano and trombone. He's composed some of the most recognizable movie scores, including Star Wars, Superman, Schindler's List and three Harry Potters films. He also wrote "Olympic Fanfare and Theme", still used today, originally commissioned for the 1984 Olympic summer games in Los Angeles.*

Additional Resources

US Department of Health and Human Services Guidance re: Telehealth

<https://telehealth.hhs.gov/>

OIG Exclusions Program and searchable database:

<https://oig.hhs.gov/exclusions/index.asp>

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