



## In This Issue

- Preventive Physicals
- From the Care Management Team
- CMS Handouts – Are you ready?
- Provider Manual

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*Who we are, who our members are, preferred providers, hospitalists, board of directors, management*

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## Make Money and Minimize Illness

In the early 18<sup>th</sup> century, Benjamin Franklin wrote the now-famous axiom, “An ounce of prevention is worth a pound of cure”. CMS finally agrees and they pay generously for preventive services.

First and foremost are the Initial Preventive Physical Exam (“IPPE”) and Annual Wellness Visit (“AWV”).

Billing for the IPPE is a once-in-a-lifetime-per-beneficiary opportunity. It’s also known as the “Welcome to Medicare Preventive Visit”. It must be done and billed no later than 12 months after the effective date of the patient’s Part B coverage. Codes are GO402 - 405 (for the exam, EKG, reporting. See details in the attached guide). How many of your patients will turn 65 this year?

The *Initial* Annual Wellness Visit can only be done once – for those beneficiaries who did not have the IPPE. This visit is billed as GO438. Each *subsequent* annual visit is billed as GO439. Each of these is to include a Personalized Prevention Plan of Service (PPPS).

The guidelines for the AWV and PPPS are specific (and may change in the future). The current CMS guidelines are attached to this email (and can also be found in section K-7 of the 2016 SSACO Provider Manual).

We should note that CMS is so serious about getting Medicare beneficiaries to see their doctor for preventive services that they have waived copayments, coinsurance and deductibles.

Great ideas, right? But how do you know which of your patients has not already had an AWV? They are easy to identify using the Health Endeavors website, available to all SSACO member practices. Another way SSACO assists in identifying potential revenue. Need help finding it? Call us.

Also attached is an interactive guide, prepared by CMS, which summarizes other preventive services, including billing codes.

## From the Care Management Team:

The SSACO Care Management Team is here to help you help your patients. Our program goals are as follows:

- Improve communication between healthcare providers and the patient’s Primary Care Physician in order to improve patient’s health and outcomes.
- Coordinate care to ensure patients, especially those who are or have recently been hospitalized, get the right care at the right time at the right site of service.
- Decrease acute episodes of illness and subsequent hospitalizations.

Achieving these goals can be a challenge, but not impossible. If the Silver State ACO’s network of providers work in conjunction with the Silver State ACO’s Care Management team, patients under our care have a greater chance of staying healthy and staying out of the hospital.

In an ongoing effort to provide understanding of, and education specific to, the SSACO Care Management Program, we will be providing an overview of various program components. This month we will cover Care Management Services in the Acute Care Setting, often referred to as Episodic Management.

### **Care Management Services in the Acute Care Setting (Episodic Management)**

When a SS ACO beneficiary is admitted to the UHS and HCA hospitals, the Care Management Team is notified electronically and steps in to provide the following services:

- Notification of beneficiary's admission to the PCP
- Notification of beneficiary's admission to the designated hospitalist group at that hospital
- Provide a bedside intake visit and ongoing communication to facilitate a smooth transition to next appropriate level of care or home (UHS Hospitals only)
- Post hospitalization
  - Outreach to beneficiary post discharge to assure PCP appointment is made with the expectation that PCP will see patient within 7 days of discharge.
  - Continued outreach to ascertain if beneficiary has had any issues, or if they have had a return to acute care within 30 days of discharge.
  - Intervene on beneficiary's behalf if there are issues identified.

For any questions or for further information, please call a member of the Care Management Team at 702-293-6264.

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### **Are you prepared?**

We have distributed copies of the CMS handout which you should have available in the event that any of your Medicare patients asks for additional information. (The Notification posted in your office directs patients to ask for it if they still have questions.) All you are required to do is hand them a copy. Do you have it, printed (on your letterhead), ready to hand out? Do you need a digital version to make it easy for you to print? It's in the Provider Manual – section B. Or, call us. We'll get it to you asap.

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### **2016 Provider Manual**

The Silver State ACO 2016 Provider Manual has been completed and distributed. Did you get yours? Please be sure to share it with your staff. Also, please send us any suggestions for improvement or other topics you think might be helpful for us to include.

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*Quotes: Did you know that in February 1735 when Benjamin Franklin wrote that "an ounce of prevention is worth a pound of cure" he was actually addressing the question of fire safety? His writing about this hazard led to the establishment of the first fire company in Philadelphia about a year later.*