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HAPPY NEW YEAR

The beginning of a new year is always a good time for introspection. What have we done right, what have we done wrong? How can we build on our strengths? How do we strive to change weaknesses to improve overall? These processes are true for both individuals as well as for companies and groups. As 2020 was a year different from any other any of us has experienced, it's even more appropriate to consider what we've done right, what we could have done better, and what we hope to become in 2021.



At Silver State ACO, we have been blessed with outstanding Participants and partners, helping us to earn shared savings for five years in a row! During the last quarter of 2020 we had the privilege to deliver checks to our 2019 Participants. We won't know the results for 2020 until late in 2021. And, we can't be sure how utilization and costs related to the pandemic will affect our year, overall. What we do know is that we have worked hard to help our practices, and guide them with the best knowledge and advice we've gathered. We also know that we feel privileged and grateful to all those who have been a part of this journey.

Please be sure to work with your quality coordinators during January and February, as they begin the task of collecting data and reviewing documentation for the patients listed by CMS (Centers for Medicare and Medicaid Services) for 2020 quality reporting. Quality scores are considered as part of the equation which ascertains whether Silver State ACO will earn Shared Savings for 2020 and, if so, how much.

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Silver State ACO
Accountable Care Organization

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Southern Nevada:

Wednesday, Jan. 6, 2021

Northern Nevada:

Thursday, Jan. 7, 2021

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You're invited to a FREE webinar session on

2021 Evaluation and Management (E/M) Updates

This FREE WEBINAR SESSION will HELP YOU AND YOUR PRACTICE identify and appropriately document clinical conditions to meet CMS requirements.

Presented by:

**Kelly Kennedy, CPC, CHCA,
Director of Medicare Risk Adjustment Operations for
P3Health Partners**

You are welcome to attend any of the below sessions.

Please note that all sessions will have the same content, register today for the session most convenient for you. Just click on the date and time preferred in order to register:

January 13, 2021 – 7:30 a.m.

January 13, 2021 – 12 p.m.

January 13, 2021 – 5 p.m.

January 14, 2021 – 7:30 a.m.

January 14, 2021 – 12 p.m.

January 14, 2021 – 5 p.m.

January 15, 2021 – 7:30 a.m.

January 15, 2021 – 12 p.m.

January 15, 2021 – 5 p.m.

After registering, you will receive a confirmation email containing information about joining the meeting.

MOVING ON TO 2021: WELCOME OUR NEW GROUPS

For 2021, Silver State ACO (“SSACO”) will be comprised of 55 groups, representing over 800 providers and with over 46,500 attributed beneficiaries. Please welcome the new groups joining us for 2021:

Advanced Family Medicine
Alpine Family Medicine, LLC
Ensign Family Medicine LLC
Paragon Medical Associates
Peavine Family Practice
Silver Sage Center for Family Medicine
Sugar Pine Family Medicine
The Medical Group, LLC
Tumbleweed Medical Group
Virginia Family Care Center, Inc.



These groups have been carefully selected. They meet not only strict CMS guidelines, but also Silver State ACO standards. We have been successful because of the contribution of each practice and team member. We believe that each of the groups joining us this year will be a beneficial addition.

Many of the new groups are located in Northern Nevada as Silver State ACO’s presence is expanded in that area. Remember that you can learn more about all SSACO participant practices, including provider listing, address and phone numbers, by referring to our website, www.silverstateaco.com, where you will also find the Silver State ACO Preferred Provider Network lists for both Southern and Northern Nevada.

DECEMBER CONTEST WINNERS

Quality scores are one of the main components CMS uses when calculating whether an ACO is successful and how much it may share in any earned Shared Savings. We’ve had much success in prior years holding contests to provide some friendly competition among our participating practices. Not only do these contests improve a practice’s individual quality score but they also improve the ACO’s overall score.

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This month, we are proud and excited to announce the winners of the 2020 December Gap in Care Contest. Every practice, below, will receive \$1,000 for each category in which it won.



Most Completed:

| <u>Category</u> | <u>Practice</u> |
|-------------------------------|-----------------------|
| Tobacco Screening & Cessation | Carson Medical Group |
| Influenza Immunization | Carson Medical Group |
| Breast Cancer Screening | Carson Medical Group |
| Colorectal Cancer Screening | Nevada Health Centers |

Highest Percentage:

| <u>Category</u> | <u>Practice</u> |
|-------------------------------|--------------------------|
| Tobacco Screening & Cessation | JATEKO Family Practice |
| Influenza Immunization | Sagebrush Medical Center |
| Breast Cancer Screening | JATEKO Family Practice |
| Colorectal Cancer Screening | Betty H Yao, MD |

Thank you to everyone that participated. We appreciate all of your hard work and dedication!

INTEROPERABILITY and PATIENT ACCESS FINAL RULE

Within the Interoperability and Patient Access final rule (CMS-9115-F), CMS has implemented a requirement for all clinicians to provide or update CMS with their direct messaging address using the NPI registry (National Plan & Provider Enumeration System-



NPPES). CMS will begin publicly reporting those providers who do not list their digital contact information in the NPPES. This report is scheduled to be released by the end of the first calendar quarter of 2021.

Practices should log in to the NPPES website, <https://nppes.cms.hhs.gov/#/> and enter their direct messaging address (Note: this is NOT your email address!!) in to the required fields as soon as possible.

If you haven't already, your practice should also reach out to your EMR vendor regarding the Patient Access API and Provider Directory API. An API is an Application Programming Interface that

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allows two applications to talk to each other. This is also a requirement under the Interoperability and Patient Access final rule. CMS will begin enforcing both API requirements in July 2021.

For additional information please see the following websites:

- <https://www.cms.gov/Regulations-and-Guidance/Guidance/Interoperability/index>
- <https://www.cms.gov/newsroom/fact-sheets/reducing-provider-and-patient-burden-improving-prior-authorization-processes-and-promoting-patients>

QUALITY MEASURES 2021 SPOTLIGHT

The Centers for Medicare and Medicaid Services (CMS) requires the ACO to report several quality measures on behalf of our Participant practices. As we are at the start of the 2021 performance year, we would like to reintroduce the required quality measures. At the time of publication, CMS has not released the specifications of each measure – however, your designated Quality Coordinator will keep you updated as more information is released and provide ongoing education to all clinicians and staff.



SPOTLIGHT

Quality measures are collected many different ways:

1. CMS Web Interface Reporting (also called GPRO) – There are 10 measures within this category that are manually obtained for our practices by the designated Quality Coordinator via chart audits.
 - **Screening for Future Fall Risk** - Patients 65 years of age and older who were screened for future fall risk during calendar year 2021. Screening requires an assessment of whether an individual has experienced a fall and/or has problems with gait or balance.
 - **Diabetes: Hemoglobin A1c** – Patients 18–75 years of age with diabetes who had an HbA1c completed during 2021. CMS considers HbA1c “controlled” if it is less than 9.0%.

QUALITY ✓

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- **Controlling High Blood Pressure** – Patients 18–85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (CMS considers BP “adequately controlled” if less than or equal to 139/89 mmHg). CMS requires that the ACO report the BP from the most recent visit in calendar year 2021.
- **Depression Remission at Twelve Months** - Patients aged 18 and older with major depression or dysthymia and an initial Patient Health Questionnaire (PHQ9) score greater than nine who demonstrate remission at 12 months (CMS defines remission as a PHQ-9 score lower than 5.)
- **Breast Cancer Screening** – Female patients, 50–74 years of age who had a mammogram to screen for breast cancer during 2021. If a patient “self-reports” the provider must notate within the patient’s chart: the name of the test, month/year completed and the result. Abnormal and Normal will suffice.
- **Colorectal Cancer Screening** – Patients 50–75 years of age who had an appropriate screening for colorectal cancer. If a patient “self-reports” the provider must notate within the patient’s chart: the name of the test, year completed and the result. Abnormal and Normal will suffice. Appropriate screenings are as follows:
 - Fecal Occult Blood Test (FOBT) during calendar year 2021
 - Flexible Sigmoidoscopy or CT Colongraphy during calendar year 2021 or the four years prior
 - Colonoscopy during calendar year 2021 or nine years prior
 - Fecal Immunochemical DNA Test (FIT-DNA) during calendar year 2021 or two years prior
- **Influenza Immunization** – Patients aged six months and older who received an influenza immunization between the dates of 08/01/2020 – 03/31/2021. Refusals, allergies and any adverse reactions should be documented within the patient’s chart.



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- **Tobacco Use: Screening and Cessation Intervention** – Patients aged 18 years and older who were screened for **ALL** forms of tobacco use (smoked and smokeless) one or more times during calendar year 2021 or the year prior AND who received cessation counseling intervention if identified as a tobacco user.

- **Screening for Depression and Follow-Up Plan** - Patients aged 12 years and older screened for depression on the



date of the encounter using an age-appropriate standardized depression-screening tool AND, if positive, a follow-up plan is documented on the date of the positive screen. Chart documentation **MUST** include the name of the tool and an interpretation by the clinician. (**EVERY** score is considered positive, including a score of “0” unless the clinician notates “No Depression”).

- **Statin Therapy for the Prevention and Treatment of Cardiovascular Disease** – CMS is looking for patients who are considered at high risk of cardiovascular events and fall into one of the three categories outlined below to be prescribed statin therapy during calendar year 2021:
 - Adults aged ≥ 21 years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD)
 - Adults aged ≥ 21 years with a fasting or direct low-density lipoprotein cholesterol (LDL-C) level ≥ 190 mg/dL; OR who were previously diagnosed with, or currently have, an active diagnosis of familial or pure hypercholesterolemia
 - Adults aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL

2. Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS Survey)

A patient experience survey that focuses on how patients perceive key aspects of their care. A third party CMS approved vendor is hired to complete this survey once a year.



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There are 10 categories scored.

- Getting Timely Care, Appointments and Information
Sample Question: When you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?
- How Well Your Providers Communicate

Sample Question:
How often did this provider explain things in a way that was easy to understand?



- Patient's Rating of Provider - Overall rating of your provider on a scale of 0-10
- Access to Specialist
Sample Question: How often was it easy to get appointments with specialists?
- Health Promotion and Education
Sample Question: Did anyone on your health care team talk about the exercise or physical activity you get?
- Shared Decision Making –



Sample Question: When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?

- Health Status / Functional Status – Patient Demographics
- Stewardship of Patient Resources
Sample Question: Did anyone on your health care team talk about how much your prescription medicines cost?
- Courteous and Helpful Office Staff
Sample Question: How often did the receptionists at this provider's office treat you with courtesy and respect?



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- Care Coordination
Sample Question: When this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?



3. Claims Data – CMS will utilize claims data for these measures, no reporting is required by the ACO. There are currently 2 measures within this category.

- 30 Day All Cause Unplanned Readmissions – Patients 65 years or older who were hospitalized and then readmitted into a hospital within 30 days of the initial discharge date.



- All Cause Unplanned Admissions for Multiple Chronic Conditions – Patients 65 years or older with multiple chronic conditions who experienced an acute, unplanned hospital admission.

Please reach out to your Quality Coordinator if you have any questions or need help meeting or understanding any of these measures.

CORONAVIRUS - Public Emergency

On October 8th, the U.S. Department of Health and Human Services renewed the Public Health Emergency determination in connection with the COVID-19 pandemic. Although the incidence, treatment options, vaccinations and economic consequences of the Coronavirus continue to dominate the news, the actual public emergency will expire at the beginning of January. Pay close attention to any announcements concerning extension or ending of the designation as it could have consequences for what practice requirements might be, what can be billed, etc.

First: COVID. Now: VACCINATIONS!

Finally! Vaccinations to immunize the public against COVID-19 have been approved and distribution has begun. Each state has been charged with determining its own system, roll-out, and hierarchy for the vaccine so that immunizing



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the people considered most essential and / or most at risk for that state can be prioritized.

We've attached a "Public Health Advisory", dated December 11th, from the Southern Nevada Health District. This policy statement summarizes the vaccination plan for healthcare facilities. Keep in mind that this can change at any point and does not cover Northern Nevada. Just as COVID-19 progressed quickly and with confusion at first, vaccinations are likely to, as well. We will attempt to keep you apprised of new developments as we learn them.

BENEFICIARY NOTICES

CMS requires every practice participating in an ACO to display an explanatory poster in the office. In addition, beginning last year, ACO participating practices are required to hand every Medicare beneficiary a notice, describing what an ACO is and what the patient's rights are. CMS has specific language templates for both the poster and the beneficiary notice. Silver State ACO has distributed these to all Participants.

CMS has recently released a new version of the Beneficiary Notice. A copy is attached to the email to which this newsletter was attached. Please begin to use this template. CMS has specified that it is not necessary to deliver the new template to patients who have already received one. That being said, CMS does require that a new notice be delivered to patients at their first appointment for the year. In other words, all Medicare patients must begin receiving the new Beneficiary Notice for 2021.

SECURITY

Research has shown that it takes three months for "bad actors" to hack hardware, three weeks to hack software, but only three minutes (at most) to hack a human. Multi factor authentication (MFA) may slow it down only slightly. In fact, a recent high profile hack was *through* the MFA facility.



What's our point? People – employees – remain the best (and worst) way to protect data. Employee knowledge and training is the best way to avoid a hacking, breach or introduction of ransomware. This is particularly important now, as some practices and providers are working remotely and many practices have introduced telemedicine.

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Repetition or nagging may work. Threats might work. Additional layers of authentication could work. Education should work. The combination of all the above can be potent. Do whatever it takes. In this instance being overcautious is good!

REMINDER – OIG List

The Office of Inspector General (OIG) of the U.S. Department of Health and Human Services maintains a list of individuals and entities who are excluded from federally funded health care programs. The beginning of the year is an excellent time to review your employee roster against the OIG listing, found here: <https://oig.hhs.gov/exclusions/>.

The COVID public health emergency has *not* changed the rule. A practice may not employ anyone who is on the OIG List of excluded individuals.



2021 Practice Meeting Dates

Mark your calendars. Be sure to join us at our quarterly practice meetings.

Southern Nevada:

Wednesday, January 6th at 11:30 a.m. - via ZOOM

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

Wednesday, May 5th at Summerlin Hospital

Wednesday, September 29th at Desert Springs Hospital

Wednesday, November 3rd at Summerlin Hospital

Northern Nevada:

Thursday, January 7th at 11:30 a.m. - via ZOOM

Currently scheduled: at 5 p.m. at Sparks Medical Building each of the following dates:

Thursdays, May 6th, September 30th, November 4th

Be sure to check future newsletters for any updates regarding changes due to COVID-19 or any other reasons.

Additional Resources

Comprehensive information about Medicare billing/ COVID-19:

<https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>

CMS:

<https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf> . Additional information about COVID-19 and reopening can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html> and at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>.

State of Nevada Response:

<https://nvhealthresponse.nv.gov/wp-content/uploads/2020/06/6.22-Guidance-on-Improvised-Facial-Coverings-JH-V1.pdf>

Covered influenza, clinical diagnostic / COVID-19 lab tests:

<https://www.cms.gov/files/document/covid-ifc-2-flu-rsv-codes.pdf>

OIG Exclusions Program and searchable database:

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

Stay Safe and Healthy.

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