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## Visit our Website

[www.silverstateaco.com](http://www.silverstateaco.com)

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

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[SilverStateACO.com](http://SilverStateACO.com)

## WELCOME NEW MEMBERS

Here are our current stats as we begin 2016: Silver State ACO is now composed of 38 separate TINs (tax identification numbers, which is how CMS identifies the groups). Of these 38, seven are specialty groups and the remaining ones are primary care practices. These groups represent a total of nearly 300 providers, including 120 specialists. In total, these practices see about 40,000 Medicare Fee-for-Service patients, of whom approximately 19,250 are attributed to us / our practices. (Explanation of Attribution, below).

Please welcome our new Primary Care Participants:

Calderon Medical Group	Dr. Zahid Hamid
Doctors Center at Redrock	Rosner P. Luss, MD
Genesis Medical Group	Edward Tsai, MD
Jacobs Medical Associates	Robert P. Kaplan, DO
Jeaniene A. Talley, MD	

Caremore Medical Group of Nevada

And our new Specialty Participants:

Clinical Neurology Specialists  
Clinical Infectious Disease Specialists  
Pulmonary Associates  
WellHealth Medical Group (OB/GYN)

“ATTRIBUTION”: CMS has sent us a preliminary listing of those patients who will be “attributed” to Silver State ACO for the first quarter of 2016. (This is CMS, so the final attribution list – for January 2016 – won’t be sent to us until May!).

Remember, “patient attribution” is set by CMS, to reflect which provider sees a patient most, and who will be held “accountable” for the care of the patient, i.e. will have to do quality reporting on that patient. CMS attributes a patient to Silver State ACO if the doctor who sees that patient most is a member of SSACO. We, in turn, look to all doctors in the ACO who have seen the patient, in an attempt to identify the most relevant data, quality and care (generally the PCP).

## New Notifications must be posted at each location where patients are treated

CMS requires that each practice post a notification of its participation in Silver State ACO. The language of this notification is

specified by CMS. Many of our practices have notifications from 2015, which must now be replaced. Note that the verbiage for 2016 has changed for the better, directing patients to call Medicare (not the practice or the ACO) with questions. Please let us know if you have not yet received your 2016 Notification poster. CMS does provide “beneficiary information” pages – in English and Spanish. Again, these forms were specifically written by CMS to be made available at your front desk for anyone who requests more information. Contact us for the digital version, print on letterhead, and you’re ready to go.

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## Update on GPRO / PQRS - another way the ACO assists its members

Over the past few weeks we don’t see much of Rhonda Hamilton, our clinical provider relations representative, here in the SSACO office. She is busy gathering and reviewing clinical data on those beneficiaries identified by CMS as part of our “sample” for whom we must do quality reporting (due at the end of this month). Once complete, this data will be uploaded to CMS on behalf of the participating practices of the ACO.

We file the 2015 GPRO (Group Practice Reporting Option) in lieu of your filing PQRS (Physician Quality Reporting System). AND, because we do, each of our practices is automatically guaranteed not to have its’ Medicare payments reduced in 2017. Those (non-ACO) practices who do not do quality reporting for 2015 will have EVERY DOLLAR paid to them by CMS in 2017 reduced by a minimum of 2% (for not filing PQRS) *PLUS* a Value Added Modifier “Downward Adjustment” of 2% (if fewer than ten providers in the practice) or 4% (if more than ten).

In other words, we help you avoid a minimum reduction of 4% - 6% of all Medicare payments to the practice in 2017.

Thank you for helping Rhonda with this reporting on behalf of your practices. (Oh, and if you see her, please say “hi” for us!)

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## Compliance Corner

*CMS Reminder: Do Not Email Passwords to Encrypted Files When Transmitting Personally Identifiable Information*

CMS imposed a policy last fall that prohibits emailing passwords for encrypted files sent via email. In accordance with that policy, please avoid sending personally identifiable information (PII), protected health information (PHI), or other sensitive data via email.

If you must send sensitive data make sure the data is encrypted. However, DO NOT email the password for the encrypted file to the recipient of the file. Instead of emailing the password for the encrypted file, you can either call the recipient of the email and relay the password by phone, or fax the password to the recipient. This is a safer way to give someone access to sensitive data you are transmitting via email.