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

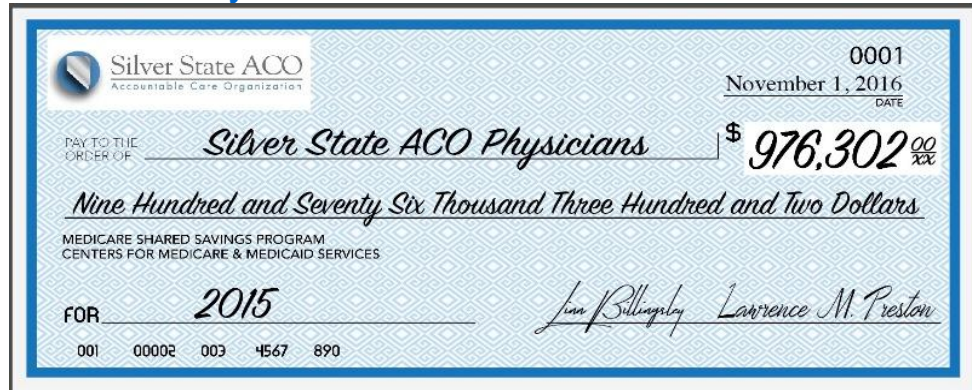
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Medicare Shared Savings Program Performance Year 2015 Quality and Financial Results



On August 26th, The Centers for Medicare & Medicaid Services (CMS) announced the 2015 performance year results for the Medicare Shared Savings Program and the Pioneer Accountable Care Organization Model that show physicians, hospitals and health care providers participating in Accountable Care Organizations continue to make significant improvements in the quality of care for Medicare beneficiaries, while achieving cost savings. In 2015, Medicare Accountable Care Organizations had combined total program savings of \$466 million, which includes all Accountable Care Organizations' experiences, for 392 Medicare Shared Savings Program participants and 12 Pioneer Accountable Care Organization Model participants. The results show that more Accountable Care Organizations shared savings in 2015 compared to 2014, and those with more experience tend to perform better over time.

Medicare ACOs are groups of doctors, hospitals, and other health care providers, who come together voluntarily to provide coordinated high quality care to their Medicare patients. The goal of coordinated care is to ensure that patients, especially the chronically ill, get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors. When an ACO exceeds quality and financial thresholds – demonstrating achievement of high-quality care and wiser spending of health care dollars – it is able to share in the savings generated for Medicare.

Silver State ACO is one of the ACOs that shared savings.

“Silver State ACO started in 2014 and is extremely pleased to be among only 22% of these ACOs that generated savings for performance year 2015. We are very proud of our high quality scores which helped us achieve the performance payment,” said Governing Board Vice Chairperson, Bruce Wiggins.

Additional Resources

Visit the Medicare Shared Savings Program [News and Updates](#) webpage to access the CMS [press release](#) and [fact sheet](#), the link to the [Performance Year 2015 results file](#), and to learn more about the program

What do the Results Mean for Me / My practice?

The results mean that you can be proud to be part of Silver State ACO... and, if you were a Participant in 2015 – to look forward to getting bonus money earned. Silver State ACO expects to receive the money from CMS at the end of October. A subcommittee of The Board of Directors is working to finalize the Physician Distribution Policy.

It's that Time of Year, Again – GPRO / PQRS

At the beginning of January, 2017, CMS will send us a “sample” – actually a list of ACO beneficiaries for whom we must report particular quality measures. We estimate that the list may contain 5,000 to 6,000 patient names. Our clinical team, led by Director Rhonda Hamilton, may be contacting you for assistance. Right now Rhonda is working with our groups to get ready. Please give her your fullest cooperation. We hope to be successful again in 2016, but without excellent quality scores, even if costs are controlled, shared savings could be diminished or forfeited. The ACOs overall quality score last year was 82.69%. We are aiming for 85.1% for 2016. Please do your part.

Experian Notifications

Our Primary Care practices have been set up to receive immediate and automatic notification that a patient of theirs has been admitted to the hospital. (UHS and HCA hospitals only at this time). This allows the practice to follow up with the patient after he/she is discharged. It has been proven that the patient does much better, and is less likely to be readmitted to the hospital, if he is seen as soon as possible after discharge. Remember – you can bill Medicare using Transitional Care Codes which will pay much more than a regular visit.

Transitional Care Management Services”, CPT codes 99495 and 99496, have only a few requirements: * The patient must be contacted within two *business* days of discharge (this means that you don't necessarily lose the opportunity to bill for this service if a patient happens to be discharged on Friday afternoon). * Patient must then have a face-to-face visit. * Medication reconciliation and management must be done before or at the face to face visit.

Code 99496 is used only for a face-to-face visit within 7 days for medical decision-making of high complexity (as defined by the E/M Services Guidelines). Code 99495 is used for a visit within 14 days for medical decision-making of moderate or high complexity.

Win-win-win. Better for the patient. More revenue for the practice. Less likelihood of readmission, meaning lower costs and greater likelihood of Silver State ACO earning shared savings again.

Are you getting your notifications? If not, please call us. Are you using them? If not, why?

Quotes: **“Success is not final, failure is not fatal; it is the courage to continue that counts.”** Winston Churchill, Prime Minister of the United Kingdom (1940-45 and 1951-55) who rallied the British people during WWII and led his country from the brink of defeat to victory.

