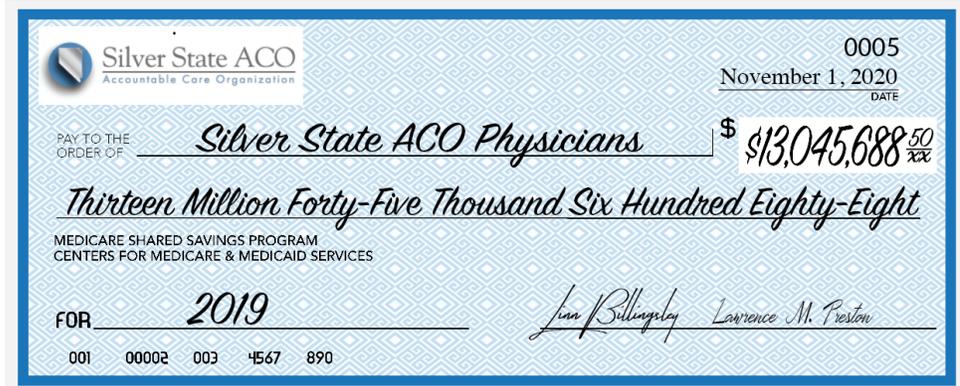




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- Silver State ACO Successful – AGAIN!
- Quality Measure Spotlight
- What's in a Name?
- Annual Wellness Visits
- COVID 19 Updates
- Security
- Resources



SILVER STATE ACO SUCCESSFUL! FIVE YEARS IN A ROW

The Centers for Medicare and Medicaid Services (CMS) has released results for the 2019 performance year for the Medicare Shared Savings Program.

Silver State ACO has achieved shared savings for an incredible fifth year in a row!

In 2019 alone, Silver State ACO saved CMS over \$48,696,000! Over the last five years, Silver State ACO has saved CMS over \$118,600,000. This staggering number is perhaps surpassed by the knowledge that only 33 ACOs (of a total of 541) have achieved shared savings for five consecutive years.

Silver State ACO participants have once again delivered excellent quality care while achieving cost savings. The results prove that our efforts were effective and have made us the top ranked ACO in the State of Nevada.

Over the past five years, Silver State ACO has earned shared savings of nearly \$54,000,000. We are a physician-led Medicare Shared Savings Program Accountable Care Organization. The program rewards providers by giving them the



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Tentative Schedule:

Southern Nevada:

Wednesday, Nov. 4th

Northern Nevada:

Thursday, Nov. 5th

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opportunity to earn back part of the savings they generate for Medicare by hitting pre-determined spending goals.

In addition to the knowledge that their patients are getting excellent care, with improved efficiency and reduced redundancy, our 2019 Participant providers will share a substantial reward.

Achieving shared savings is a result of hard work and cooperation between the Participating Providers, Preferred Providers and Silver State ACO management and team. We would like to thank all the providers and staff for helping us achieve these incredible savings. Together, along with our corporate partners the Valley Health System, Northern Nevada Health System and Kindred Healthcare, we can continue to accomplish great results for our practices, our providers and, most importantly, the patients.

For the 2020 performance year, Silver State ACO is comprised of forty nine medical practices, with over 54,000 attributed beneficiaries throughout the state of Nevada. Please be sure to work closely with your quality coordinators. We're aiming for six years in a row!



Gap in Care Contests!!
Details will be announced in
the next week.

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QUALITY MEASURES SPOTLIGHT

Preventive Care: Influenza Immunization

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 Influenza Immunization measure.

CMS requires patients to receive an influenza immunization between August and March each flu season. Currently, August 1, 2020 through March 31, 2021.

If your practice did not give the vaccination, you do still need to document in the patient chart if the patient reported receiving a flu shot from another provider between August and March.

Patient reported documentation of a flu shot **must** include both the month and year the immunization was administered and can be notated during a telehealth visit.

CMS will make exceptions for this measure, but these **must** be documented in a dated encounter during the influenza season (August 1 through March 31) every year. The most common exceptions are:

- Patient allergy
- Patient had a prior adverse reaction
- Other medical reason that the patient cannot receive the immunization
- Patient refuses the immunization

If you have any questions about exceptions for the measure or if you are having trouble meeting this measure, please reach out to your Quality Coordinator.

What's in a Name? A lot

In order to get paid for providing medical care for patients covered by private insurance, providers must be contracted with that insurance company. It is no different for Medicare. CMS requires that physicians be registered in the Provider Enrollment, Chain and Ownership System, commonly known as PECOS. Providers must be enrolled in PECOS in order to avoid having claims denied and so that their patients can receive the care and



SPOTLIGHT



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supplies that they need. An NPI (National Provider Identifier – a unique identification number for healthcare providers) is required in order to enroll.

It is of utmost importance that *every practice, as well as every provider*, keep their PECOS registration up to date. In addition to general claims, CMS uses the information to calculate any Advanced APM incentive payments. If the PECOS data is not



accurate, those payments may be reduced or withdrawn. This impacts your bottom line so be sure to check that your PECOS registration is accurate and up to date.

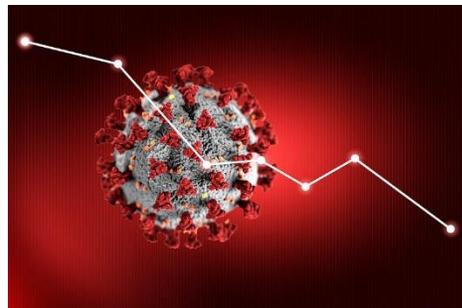
Annual Wellness Visits

We've always promoted Annual Wellness Visits (AWV) for our beneficiaries. There is evidence that seeing patients for an AWV can identify concerns and allow a provider to deal with those issues before they are exacerbated. In addition, these visits can create a better bond between patient and provider. And, CMS pays well for them because they acknowledge the value!



It's good to know that our practices are listening. Participant practices have incorporated Annual Wellness Visits into their regular workflow. A number of practices have reached out to clarify whether CMS will pay for Annual Wellness Visits to be done via telemedicine. We're glad to report that CMS has confirmed that they will!

COVID- 19 Updates



The Public Health Emergency (PHE) was extended, for ninety days, on July 23rd. Therefore, toward the end of October, the PHE will either expire or be extended.

The Coronavirus pandemic hit swiftly and without warning. In order to control the pandemic, changes are being made equally swiftly. Just a reminder to always check with your billing company, state insurance department and legal counsel if you are unsure of how to proceed with billing, staff or patient issues.

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The First Coronavirus Response Act (“FFCRA”), initially effective on March 18th, required coverage of diagnostic COVID-19 testing. The requirements and stipulations have been amended numerous times since. Generally stated, CMS will pay for “reasonable and medically necessary” testing for a beneficiary with known or suspected current or prior COVID-19 infection. They will *not* pay for testing in connection with “returning to work” programs.

On September 2nd, CMS updated its protocols once again. Initially, CMS did not require a prescription for any test. However, they are now concerned that continuing that policy would increase Fraud, Waste and Abuse. Therefore, that has now been amended. CMS will now pay for only *one* COVID-19 diagnostic test and *one* other related test without an order. After that, orders are necessary and can be initiated by MDs and DOs as well as NPs, PAs, pharmacists and certain others. CMS requires that the patient be directly notified of the results.

In addition, CMS *will* cover diagnostic x-ray and *counseling* services given to the patient on the importance and protocols for self-isolation after testing, regardless of the presence of symptoms.

Security, Security, Security

Security and privacy are no longer just legal or compliance issues. They are imperative to patient trust and to safeguarding and maintaining the integrity of data. Effectively managing access to the data is step one.

We can’t stress this enough. Recent high profile data breaches and ransomware attacks highlight the need to constantly be on alert. It goes without saying that firewalls and anti-virus programs should always be updated and full system backups should be completed often and automatically.



Unfortunately, that’s not enough. Attacks have become more sophisticated and difficult to detect. The threat is real. Experts point to users, your staff, as the best and last line of defense. As the saying goes, a chain is only as strong as its weakest link. Staff must be constantly educated and reminded of the importance of securing all data and computer terminals.

Simply posting a reminder is not sufficient. Change the posters to draw attention to the message. We are all overloaded with

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messaging so tend to ignore any that we have already read or seen.

We'd also like to draw your attention to the inadvisability of allowing your staff to use a personal email address for access to any practice data. We've seen staff using @gmail or @yahoo accounts. We understand that these accounts are free and, therefore, very attractive. They should not be a problem.... *as long as a practice manager or supervisor sets up the account and maintains control of it.* In that way, if a problem should arise, the supervisor can deal with it quickly and efficiently.

And the Winner Is.....

New research shows that offering a prize does work in getting people to innovate and think "out of the box", resulting in great breakthroughs! (Think: Nobel Prize).



So, please share your great breakthroughs (or even just new tweaks or simple work flows that have worked for you). Here's the incentive: Send the idea (or even a quick "I read the newsletter") in response to the email to which this newsletter was attached. You'll be entered to win a prize at the next practice meeting (whether in person or virtual).

Additional Resources

Comprehensive information about Medicare billing in connection with 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 lab tests in connection with COVID-19:

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

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