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UNIVERSAL HEALTH SERVICES, INC. (“UHS”) and US HEALTH SYSTEMS (“USHS”)- BOTH are Silver State ACO Affiliated Entities

Universal Health Services is one of the largest and most respected providers of hospital and healthcare services in the country. It is the parent company of Northern Nevada Medical Center and of the Valley Health System in Southern Nevada, which includes six hospitals (Centennial Hills, Desert Springs, Henderson, Spring Valley, Summerlin and Valley) as well as other healthcare facilities and services.

UHS is the preferred provider for acute services as well as an affiliate of Silver State ACO (SSACO), with representation on the Board of Managers. Their expertise in inpatient services, and focus on transforming how healthcare is delivered, makes them the perfect partner for SSACO.

US Health Systems (USHS) is a population health solutions company whose focus is on bridging the gap and easing transitions between acute and post-acute settings and home. US Health Systems serves as Silver State ACO's care coordination team.

As part of their overall assistance to SSACO's beneficiary population, US Health Systems reaches out to every patient discharged from an acute hospital setting whether the admission was planned / elective or was a result of an emergency room visit. Based on the needs of the patient, USHS may continue to interact

with the patient for sixty or ninety days post-discharge, monitoring progress and results. They can act as an extra set of “eyes and ears” for Silver State ACO and its Participants.

Please keep in mind that USHS is available to support practices with patients who could use extra assistance, possibly helping to



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Southern Nevada:

Wednesday, May 5, 2021

Northern Nevada:

Thursday, May 6, 2021

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Welcome Spring

avoid an ER visit and/or admission to the hospital. If a clinic identifies a patient who is not progressing as he/she would be expected to and the provider thinks there could be an issue with understanding or access, or is concerned that the patient’s condition could worsen, USHS is available to step in. Please reach out to Tarra at [833-208-0588](tel:833-208-0588). And, of course, please be as helpful as possible if any member of the USHS staff reaches out to you – for information on a patient or assistance in scheduling a visit.

Both UHS and USHS are important partners in helping Silver State ACO control costs while providing the right care at the right time and in the right setting for the benefit of our beneficiaries. This, in turn, should also improve the likelihood of earning Shared Savings for our Participants. Please do your part by referring patients to them whenever appropriate.



CAHPS SURVEY

The Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS) is a patient experience survey. The CAHPS survey focuses on how patients experienced or perceived key aspects of their care.

The CAHPS survey falls under the Quality category that Silver State ACO is required to report to The Centers of Medicare and Medicaid Services (CMS) on behalf of their participating practices.

It is beneficial to your practice, your patients and the ACO to take steps to ensure that your patients have the best experience possible when interacting with you. Patient satisfaction affects clinical outcomes and patient retention. A loyal and satisfied patient is more likely to adhere to provider recommendations, improving clinical outcomes.

Below are categories that are key to the patient experience. Suggestions for improving the patient experience related to each category are in the table below.



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CATEGORY	Suggestions for improving the patient experience in your practice
Timely Care, Appointment and Information	Schedule your patients as soon as possible for an illness, injury or condition that needs care right away
Provider Communication	Providers should explain things in a way that is easy for the patient to understand Whenever possible, return patient calls/answer patient medical questions the same day that they call
Rating of Provider	Ask your patients how they would rate their provider on a scale of 0-10
Access to Specialists	Assist your patients in obtaining appointments with any specialists you refer them to
Health Promotion and Education	Be sure a member of the patient's health care team discusses exercise/physical activity and healthy diet with the patient
Shared Decision Making	Encourage the patient to be involved in their medical care. For example, when discussing starting or stopping a prescription medicine, ask the patient how they feel about this. Be sure your providers talk about how much personal health information the patient wants shared with family or friends
Stewardship of Patient Resources	Be sure someone on the health care team discusses how much the patients prescription medicines cost and if possible/appropriate offer a lower cost alternative
Courteous and Helpful Office Staff	Be sure your front office staff treat all patients with courtesy and respect
Care Coordination	Whenever one of your providers order tests, x-ray, etc. be certain that someone on the health care team contacts the patient to provide the results

QUALITY MEASURES 2021 SPOTLIGHT

Screening for Depression and Depression Follow-Up Plan

CMS requires patients age 12 years and older be screened for depression at least once per calendar year using an age appropriate standardized screening tool. If the screening is positive for depression, a follow-up plan is required to be documented on the date of the positive screening.



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A screening may be completed up to 14 days prior to an office visit. Although the patient may have access to the screening tool in advance, the name of the age appropriate standardized depression screening tool and score **must** be documented on the date of the actual in-office visit.

The results **must** also be reviewed and verified by the provider in the medical record. This includes an interpretation of whether or not the patient presents with depression or not for **ALL** screenings, including those with scores of zero.

SPOTLIGHT

Acceptable Verbiage

Negative for Depression

Normal

Negative

No Depression

No Risk

Positive for Depression

Abnormal

Positive

Depression Positive

Low/Minimal/High Risk

The interpretation of whether the score is considered positive or



negative is to be made by the provider administering and reviewing the depression screening.

If the determination is made that the patient is positive for depression, documentation in the medical record of a recommended follow-up plan is required.

A positive depression follow-up plan **must** include one or more of the following:

- Additional evaluation or assessment for depression (psychiatric interview, psychiatric evaluation or assessment for bipolar disorder)
- Suicide Risk Assessment (Beck Depression Inventory or Beck Hopelessness Scale)
- Referral to a practitioner who is qualified to diagnose and treat depression (psychiatrist, psychologist, social worker or mental health counselor)
- Pharmacological interventions

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- Other interventions or follow-up for diagnosis or treatment of depression

Acceptable Adult Standardized Screening tools (list is not all-inclusive, check with your Quality Coordinator if your screening tool is not listed here)

- PHQ-2 (followed by PHQ-9 for score 1 or higher)
- PHQ-9
- Beck Depression Inventory (BDI or BDI-II)
- Center for Epidemiologic Studies Depression Scale (CES-D)
- Depression Scale (DEPS)
- Duke Anxiety-Depression Scale (DADS)
- Geriatric Depression Scale (GDS)
- Cornell Scale for Depression in Dementia (CSDD)
- PRIME MD-PHQ-2
- Hamilton Rating Scale for Depression (HAM-D)
- Quick Inventory of Depressive Symptomatology Self-Report (QID-SR)
- Computerized Adaptive Testing Depression Inventory (CAT-DI)
- Computerized Adaptive Diagnostic Screener (CAD-MDD)



Please reach out to your Quality Coordinators if you have any other questions or need help meeting this measure.

EXPERIAN NOTIFICATION SYSTEM

As noted in last month's newsletter, all Silver State ACO Participants have access to this system, at no cost, and should be receiving



notifications when its patients are admitted to or discharged from the hospital. We note that some new practices that joined us for 2021 may

not be using the system. Please be sure to reach out to your quality coordinator or to the SSACO office (702-800-7084) if you haven't been briefed on the Experian system, if you have any questions, or would like to request access for additional staff.

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HIPAA SECURITY RULE

Most recently modified in January, 2013, the HIPAA Security Rule established “national standards to protect individual’s electronic personal health information that is created, received, used or maintained by a covered entity.”

The objectives of the rule are to

- Safeguard the integrity and confidentiality of electronic protected health information while making it available to those who have a need and legal right to it.
- Protect against threats to the security or integrity of such information.
- Protect against unauthorized access or use of such information.
- Ensure that the workforce is complying with all rules and laws, and is properly trained.



Security measures must be clearly documented and include proactive measures and assessments, and policies and procedures. All documentation, including review and details of incidents or threats, must be retained for a minimum of six years. And, as systems and protocols change, so must the documentation. To be sure that your systems are compliant, regular review and modification of security measures should be taken seriously.

Keep in mind that this is not just a formality. Many medical devices have IT components that are network connected and could impact patient safety. They should be part and parcel of security measures to be implemented. Having a medical device breached could lead to serious patient complications and outcomes.

For additional information, including recommendations for risk assessment, visit www.HealthIT.gov.

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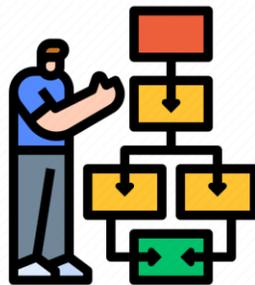
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HAVE A PLAN

Even those who are meticulous about their security protocols and have layers of protection *can* be the subject of threats, breaches or outright attacks on their network. What may distinguish anguish (of having data lost or compromised) from a full blown disaster (the inability to regain the data) is a PLAN.



Every company has an escape plan, a “snow day” plan and a plan of how to restart operations quickly if there is a power outage or flood at their facility. Yet, so many don’t have a robust plan for a cyber-attack or IT emergency. Computers, phone systems, and medical equipment are now interconnected. A practice must be able to shut off certain sectors in order to protect others. There



should be security controls on everything that’s networked – from heart monitors to the EMR.

Be sure to have contingency plans set and all employees aware of who to call and what to do in the event of a security breach. A very helpful quick-response checklist,

created by the Office for Civil Rights of the Department of Health and Human Services, can be found at:

www.hhs.gov/sites/default/files/cyber-attack-checklist-06-2017.pdf

IT’S ALREADY MARCH. CAN 2022 BE FAR BEHIND?

Silver State ACO has been successful for five consecutive years, making it one of the most effective ACOs in the country. Silver State ACO’s success is due to the hard work and team spirit of our staff and Participants. Over the past years, we have helped our participant practices navigate CMS requirements, identified gaps in care (and ways to correct them) and shared vital information about the clinic’s patients, including ER visits and hospital stays. And, in each of the five years, we have remitted Shared Savings to the practices, thereby helping their bottom line, as well.

Do you know of a primary care practice who could use this help? Does your clinic work with others who would also benefit from participating with Silver State ACO? If so, now is the time to introduce them. CMS has moved up the deadline for groups to join for the 2022

2022																																						
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performance year. Please call Rena Kantor, Director of Operations and Physician Relations at (702) 751-0945.

DON'T LET YOUR GUARD DOWN

Yes, it's exciting that the rate of vaccinations has increased and an end to the pandemic seems to be on the horizon. However, we're not there, yet! The Centers for Disease Control continues to strongly advise adhering to the protocols and stringencies designed to stop the spread of COVID19. Wash your hands thoroughly and often. Maintain distance from others. Don't gather in big groups, particularly indoors. And, wear a mask.



2021 Practice Meeting Dates

Mark your calendars. Be sure to join us at our quarterly practice meetings. We hope to hold the meetings in person but be sure to check next month's newsletter as well as reminder emails for updates regarding changes due to COVID-19 or for any other reasons.

Join us to meet other Participants, learn about ACO and CMS requirements, find out about new opportunities and pick up good information about coding and what works for other practices (and, maybe even win a prize!).

Southern Nevada:

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:

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

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

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To be entered into a prize drawing at the next practice meeting, respond to the email, to which this newsletter was attached, with “Spring has sprung at Silver State ACO” in the subject line.

Additional Resources

US Department of Health and Human Services Guidance re: Telehealth

<https://telehealth.hhs.gov/>

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-assessment-hcp.html> and at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>!

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/index.asp>

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