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Silver State ACO Grows for 2018

CMS has notified us that we may now publicly announce details about our Participants and status for 2018. We are proud to be the largest ACO in Nevada and excited that Silver State ACO is now comprised of 50 practices, representing over 700 providers, of whom about 460 are PCPs. CMS has attributed nearly 43,000 Medicare Fee-for-Service beneficiaries to SSACO. These patients were identified as seeing one of our providers more often than they saw any other provider for primary care services.

Silver State ACO's importance in the Medicare market now extends to northern Nevada where six of our Participants are based or have clinics.

Welcome New Participants

Please welcome our eleven new Participant groups for 2018:

Advanced Family Medicine (Dr. S. Sbaih), Las Vegas, NV
Diane M. Thomas MD, Sparks, NV
Health First Medical Center (Dr. Syed Hussain), Las Vegas, NV
Healthcare Partners, Las Vegas and Henderson, NV
High Desert Family Medicine (Dr. R. Hicks), Sparks, NV
Internal Medicine Associates (Dr. B. Bottenberg), Carson City, NV
Oasis Medical Associates (Dr. Rahman), Henderson, NV
Sagebrush Medical Center (Dr. H. Pan), Henderson, NV
Sierra Nevada Family Medicine (Dr. J. Johnson), Sparks, NV
Touro University, Henderson, NV
University Medical Center Quick Care Primary Care, Las Vegas, NV

We extend a warm WELCOME. We are pleased to have you join our team and look forward to a successful partnership with each of you!

Advancing Care Information

Advancing Care Information or ACI is one part of The Merit-based Incentive Payment System, otherwise known as MIPS. Through MIPS you may earn a performance-based payment adjustment. This is a requirement and is double weighted for all practices. Filing of Advancing Care Information [or lack of] will not only affect the Shared Savings amount you earn through the ACO but it

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Wednesday,
April 18, 2018 –Centennial Hills Hospital –
7:30 a.m. and 11:30 a.m.

- Meet other participants and SSACO staff
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- Hear about New Participants, Goals and Benefits in 2018
- Win Prizes

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will also affect your payments at a claims level.

This category is the practices responsibility to file as CMS will not allow the ACO to file for you.

CMS has just released the 2018 Advancing Care Information Measures. For the most part, all measures have remained the same from 2017. But CMS is now offering a one-time bonus of 10% for MIPS eligible clinicians and groups who report using a 2015 edition CEHRT exclusively for the 2018 performance year. Also, Security Risk Analysis is **MANDATORY!** Practices must meet this objective to earn any score within Advancing Care Information. Failure to do so will result in a base score of zero, as well as, a performance score of zero and overall an Advancing Care Information category score of zero.

The 2018 performance year will affect your 2020 year claims. Depending on how you score, you can receive a positive or negative adjustment of up to 5%. The only way to avoid negative payment adjustments is to participate in the program. Practices should collect their data throughout the 2018 year. Like Meaningful Use in the past, you attest to Advancing Care Information through a qualified registry, your EMR, or the CMS website. Your practices EMR edition decides which grouping of measures you can use. There are some measures that are not required but add performance and bonus points. We recommend attesting to as many measures as possible both required and non-required. For more information on them, as well as, the non-required measures, please visit Qpp.cms.gov

If you have more questions, your Quality Coordinators are a great resource when it comes to Advancing Care Information, you can contact yours by email or by calling 702.608.0417.

Chronic Care Management – Preferred Provider Added

In 2015, CMS initiated the Chronic Care Management (CCM) program to help patients with two or more chronic conditions. The program is designed to deliver more personalized time to these individuals in an attempt to control their conditions, resulting in better outcomes overall. After careful consideration, Silver State ACO is excited to share that we have chosen Carepointe as our preferred provider for Chronic Care Management services. We believe that they will help you deliver high quality, coordinated care at a reasonable price. Please contact Carepointe by calling Jesse Jackson at 805-709-9999. Be sure to mention that you are with Silver State ACO.

New Medicare Cards Are Coming – But when?

CMS has released additional information about the rollout of new Medicare cards. Starting April 2018, CMS will begin mailing new Medicare cards on a flow basis, based on geographic location and other factors. Learn more about the Mailing Strategy by clicking the link. Also starting April 2018, your patients will be able to check the status of card mailings in their area on

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Medicare.gov. To the best of our current knowledge, new cards will not be received by residents of Nevada until after June, 2018. But, keep in mind that you might still see the new cards if your patients reside in another state. In other words – be prepared! Be sure that you have talked to your EHR or IT team about the migration to the new, randomly assigned numbers. Also note that beginning in October 2018, through the transition period, when providers submit a claim using a patient’s valid and active Health Insurance Claim Number (HICN), CMS will return both the HICN and the new Medicare Beneficiary Identifier (MBI) on every remittance advice.

Find more new information on the New Medicare Card provider webpage.

SSACO Practice Meetings



Alexandria Salyer (Nevada Cardiology), winner of the November newsletter drawing, with Jessica Shepard, SSACO Quality Supervisor.

We, at SSACO, work hard to help our practices. Our quarterly meetings are an opportunity for various ‘stakeholders’ to come together. There is always an educational component to the meeting. We also look to it as an occasion for people to meet each other and for face-to-face interaction with SSACO staff. Please feel free to ask us anything. Indeed, please email us, before the meeting, with ideas for anything you’d like discussed or questions you’d like answered.

Our first meetings of 2018, which took place on Wednesday, January 31st at Summerlin Hospital, were a resounding success! HealthInsights, a Medicare Quality Improvement Organization (QIO), provided an overview of their services. This organization is dedicated to helping practices with things such as Advancing Care (formerly Meaningful Use) and offers their services free of charge.

There was also a very informative presentation by Honor My Decisions, an “app based” service that helps practices educate and engage their patients in discussions about end-of-life directives and decision making. CMS pays for Advance Care Planning in an effort to get practices to spend the time to discuss this very important issue. For additional information, please contact Monica at Honor My Decisions (Monica.clyde@vitallifepartners.com).

In addition, SSACO Quality Coordinators reviewed CMS quality measures for 2018, important information for quality reporting to help increase scores for this year. Higher scores improve MIPS scores as well as increases the

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amount of Shared Savings SSACO would receive should we be successful in earning Shared Savings.

The meetings ended with everyone's favorite part – distributing gift baskets to the winners of the November and December newsletter contests, as well as to one attendee at each of the sessions.

Please join us at our next meetings on April 18th at Centennial Hills Hospital.



Patricia Webb (Cima and Clinica) & Ashley Helmeczi, SSACO Quality Coordinator.



Gene Talley (Jateko Family Group), winner of the December newsletter drawing

Sheila VanSon (Jacobs Medical Group) & Ashley Helmeczi, SSACO Quality Coordinator



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COMPLIANCE REMINDER

NEVER send name with DOB or HICN information via unencrypted email. In addition, best practice is to provide the password to unencrypt the email via phone, do not send a password to unencrypt via separate email. Instead, call the intended recipient with the password.

ACOs Preventing Opioid Overuse - Free Resources

CMS has identified current prescribing practices, along with the high potential for opioid abuse, as influential in the record numbers of opioid use disorders, overdoses, and deaths. In 2009, deaths from drug overdose, including heroin and prescription opioids, surpassed motor vehicle crashes as the leading cause of death in the U.S., and numbers continue to rise. The U.S. Surgeon General recently alerted health care practitioners to the scope of the

problem and urged them to join the movement to address the opioid epidemic.

The Medicare population has among the highest and fastest-growing rates of diagnosed opioid use disorder, at more than 6 out of every 1,000 beneficiaries. In response, CMS launched the CMS Opioid Misuse Strategy in March 2015 to address the devastating epidemic of opioid misuse among Medicare beneficiaries and their families. This ongoing strategy offers providers resources to combat misuse and promotes programs that support treatment and recovery.

Responding to the opioid epidemic depends upon the collective efforts of community physicians (including those in SSACO), health insurance providers, and states' policy makers. Such stakeholders must focus on improving prescribing practices, diagnosing opioid use disorder, and connecting patients to treatment.

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Some resources and information to assist in these efforts include:

- * Prescribe365.nv.gov – Prescriber education, consent forms, posters and brochures, referral sources, risk assessment tools, compliance checklist.
- * The [CDC Guideline for Prescribing Opioids for Chronic Pain](#) reviews the CDC’s approach to opioid prescriptions and use of claim data to conduct analyses.
- * The Surgeon General’s report on Substance Use and Addiction, [Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health](#) reviews what we know about substance misuse and how this knowledge can be used to address substance misuse and related consequences.
- * The [CMS Opioid Misuse Strategy](#) outlines the CMS strategy goals and priorities to reduce opioid overdoses and the prevalence of opioid use disorders.
- * The [Medicare Part D Opioid Prescribing Mapping Tool](#) is an interactive tool that helps others better understand how this critical issue impacts local communities.
- * The [Turn the Tide Rx](#) Campaign which focuses on educating and mobilizing prescribers to take action to end the opioid epidemic by improving prescribing practices, informing patients about the risks of and resources for opioid addiction, and encouraging health care professionals to take a pledge to end the opioid crisis.

Additional Resources:

Full day in-person event: “Battling the Opioid Epidemic – Critical Insights from Healthcare and Law” – Friday, February 23rd beginning at 8am at the Thomas and Mack Moot Court facility, attached to Sam Boyd Law School on the main campus of UNLV.

Questions related to AB474, passed by the Nevada legislature in May, 2017 regarding changes to drug overdosing and prescribing and use of drugs, should be directed to: AB474faqs@health.nv.gov.

Thought for the Month

“Every failure is a step to success”

William Whewell (1794 – 1866) was an English scientist, Anglican priest, philosopher, theologian, and historian of science. He was Master of Trinity College, Cambridge.

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