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

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Wellness Visits

In our February 19th newsletter, we reviewed the codes to be used for Annual Wellness Visits when filing claims with CMS. We'd like to remind you that CMS will pay for a physician assistant or nurse practitioner to perform this service, although at a slightly reduced rate.

Also, keep in mind that PPS (Personalized Prevention Plan Services) must be provided as part of the Annual Wellness Visit (AWV) – both the initial and subsequent ones. The visit is to establish, and in subsequent years to update, information about the patient, rather than to treat particular ailments. Included are, for example: establishment of the patient's medical and family history; listing of all current providers, suppliers, and medicines; basic height, weight, BMI. In addition, detection / review of potential for risk factors including cognitive impairment, depression, and functional ability. A screening schedule should be created for the next 5 – 10 years. Patients should be referred to other providers, if needed, for health education, preventive counseling services or programs to reduce health risks and promote management. This would include counseling on weight loss, physical activity, smoking cessation, nutrition, and preventing falls.

For additional information, type MLN Matters into a search engine (This is CMS's Medicare Learning Network). Once on the website, search for MLN Matters number MM7079.

Kindred Care Transitions Corner



By: Jackie Summers, RN BS CPHQ
Senior Director Care Transitions

One of the most important goals of the Silver State ACO is to improve communications between healthcare providers in order to improve patient outcomes. Coordinated care helps ensure patients, especially those who are, or have been hospitalized, get the right care at the right time.

To that goal, as of January 2015 the following process was established:

When a Silver State ACO beneficiary that is attributed to your practice, is admitted to one of the three HCA hospitals, or one of the five UHS hospitals, a notification is sent by the Kindred Care Transitions Department to your office manager or designee. The notification is via email and includes the patient name, hospital of admission, and date of admission.

The admission information is provided to give you an opportunity to contact your patient and schedule a follow-up appointment. Timely follow-up with the patient's Primary Care Provider post hospitalization is significant in decreasing readmissions and improving outcomes. Silver State ACO's goal is to have each patient seen by their primary care physician within 7 days of the patient's discharge home.

In addition to notifying your office, we also contact the SSACO hospitalist groups assigned to the HCA and UHS hospitals, as well as the Directors of Case Management of HCA and UHS. Finally notification is sent to the Kindred Care Transition Team members so that they may reach out to your patients to discuss the transition process and the need for timely follow-up with their Primary Care Physician once they are discharged.

It is my hope that with this communication process, the Silver State ACO beneficiaries will receive the appropriate care they deserve and that their outcomes are greatly improved.

If I can provide any additional information or assistance to you, your practice manager, or your beneficiaries, please do not hesitate to contact me by email at Jackie.summers@kindred.com or by phone at 702-262-7527.

Communicating is Key

One of the goals of CMS in establishing ACOs was to provide a means for allowing physicians to share information about a patient, in an attempt to provide better, more comprehensive and efficient care. To that end, we respectfully request that all our SSACO members strive to communicate with the other members and with our preferred specialists. A recent study showed that over 65% of specialists reported receiving no information from the primary care provider prior to a referral visit. This opens the door to more time needed/wasted to gather information, possibly unnecessary or duplicated tests, increased costs and unhappy patients. Let's communicate with each other for the betterment of our patients and our ACO.

Breakfast Meetings

Our next Practice Managers' meeting will take place on Thursday, March 12th at 7:30 am, at Spring Valley Hospital.

Help us make these meetings more meaningful. Let us know of any subjects or ACO issues you would like to learn more about.