



Powered by The Valley Health System and Kindred Hospitals



August 2025

# NEWSLETTER

Volume 122

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#VegasStrong

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## **ACT NOW OR LOSE MONEY CMS OWES YOU!**

### **2025 APM Incentive Payment – Important Information for 2023 QP Providers**

**DEADLINE: September 1, 2025**

Silver State ACO is pleased to announce that clinicians who participated in our ACO during the 2023 Performance Year and achieved Qualifying APM Participant (QP) status are eligible to receive a **3.5% APM Incentive Payment** from the Centers for Medicare & Medicaid Services (CMS) in 2025. This bonus payment is part of the Quality Payment Program (QPP) under the Medicare Access and CHIP Reauthorization Act (MACRA), which supports providers who take part in value-based care models.

The APM Incentive Payment is a lump-sum bonus equal to 3.5% of the provider's Medicare Part B professional services revenue from the 2024 performance year. This payment is separate from any shared savings or internal ACO quality incentives and is issued directly by Medicare to the provider's billing entity via Electronic Funds Transfer (EFT). The incentive is designed to reward clinicians for participating in Advanced Alternative Payment Models (APMs) that involve taking on risk and improving care delivery for Medicare beneficiaries. To qualify, clinicians must have met the QP thresholds set by CMS during 2023.

CMS has already begun processing these incentive payments. However, if CMS does not have accurate or complete billing information on file, payment cannot be issued. CMS has published



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*Southern Nevada*  
*Wednesday, Nov. 5, 2025*

*Northern Nevada:*  
*Thursday, Nov. 6, 2025*

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the **2025 APM Incentive Payment Notice** and accompanying instructions, including a list of QPs whose payments are currently being held due to missing billing information. **We have attached a copy of the official CMS notice, which contains the 2025 Billing Information Collection Form.** If your organization or its affiliated providers are listed within the notices zip file, you must take action to ensure payment is received.

Any provider whose name appears on CMS's list of unpaid QPs **must** complete the 2025 Billing Information Collection Form and submit it to the QPP Help Desk via email at [QualityPaymentProgramAPMHelpdesk@cms.hhs.gov](mailto:QualityPaymentProgramAPMHelpdesk@cms.hhs.gov) no later than **September 1, 2025**. Submissions received after this deadline will **NOT** be processed, and the APM Incentive Payment for 2025 will be forfeited. CMS recommends including a voided check and CMS Form 588 if there have been changes to your organization's banking information, as this will help avoid additional payment delays.

It is important to note that CMS does not send individual notifications when payment processing fails. Therefore, it is the responsibility of each organization to review the billing instructions and ensure all required information is submitted accurately and on time.

If you need assistance determining whether your providers are on the unpaid list or have questions about completing the form, please do not hesitate to reach out to your designated Quality Coordinator or Jessica Shepard (Direct #702-751-0941 or [jessica@silverstateaco.com](mailto:jessica@silverstateaco.com)). You may also contact the QPP Help Desk directly at 1-866-288-8292.

We are grateful for your ongoing commitment to value-based care. Let's ensure your hard work is rewarded. Please review the notice, complete the required form if applicable, and do not miss the September 1, 2025 deadline to receive your 2025 APM Incentive Payment.



## **Spotlight: Annual Wellness Visits**

At Silver State ACO, we are constantly looking for ways our participating practices can improve the quality of care delivered to patients while lowering overall healthcare costs. One of the most impactful tools that is often underutilized, is the **Annual Wellness Visits (AWV)**. These visits are designed specifically for Medicare

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beneficiaries and provide a valuable opportunity to shift the focus from reactive to preventive care.

An AWW is a comprehensive benefit introduced by CMS in 2011 to encourage beneficiaries to take control of their health through check-ups, **preventative services** and screenings. They prioritize preventive care and the early detection of potential health risks. Unlike a routine physical, the AWW is not about diagnosing new conditions or managing acute symptoms. Instead, it is a structured visit aimed at developing or updating a personalized prevention plan. During the visit, providers review a patient's medical and family history, assess risk factors, perform basic screenings such as cognitive and depression assessments, and work with patients to create a roadmap for staying healthy.



## SPOTLIGHT

For ACOs, Annual Wellness Visits serve multiple strategic purposes. First, they support early identification of high-risk patients. By having a dedicated space in the year to talk through functional status, social determinants of health, or early signs of chronic disease, providers can take action before problems escalate. This helps reduce avoidable hospital admissions and emergency department visits which are two major drivers of healthcare costs.



AWVs also help close gaps in care. Whether it is updating a colonoscopy, ordering an A1c test, or catching up on vaccinations, these visits offer a clear moment to address preventive care needs without being rushed. Many of these services align with ACO quality measures, so improving AWW completion

rates can directly impact performance scores and, ultimately, shared savings potential.

Another critical aspect of the AWW is its contribution to accurate risk coding and documentation. These visits allow for a thorough review of chronic conditions and medication reconciliation, ensuring that the complexity of the patient population is reflected in claims data. This matters not only for appropriate care planning but also for financial benchmarking and attribution in value-based care models.

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Lastly and most importantly, AWWs strengthen the patient-provider relationship. Patients have the chance to engage in meaningful conversations about their health goals, preferences, and concerns, all of which are essential in supporting long-term adherence and trust. When patients feel heard and involved, they are more likely to follow through on care recommendations and participate in ongoing care management efforts.

As introduced in our [July Newsletter](#), to further support our participating practices and encourage the use of AWWs, Silver State ACO announced a new financial incentive. Beginning with services rendered in 2025, participating practices will receive a **\$50 Bonus** for each AWW completed and successfully paid by Medicare for ACO-attributed patients. This incentive underscores the importance of care while providing support for practices that dedicate time and resources to this important work.



new  
preventive

In addition to the ACO Bonus, Medicare also reimburses practices directly. These visits are covered at **100%** at no patient cost when billed correctly for eligible beneficiaries.

## AWV Reimbursement

Welcome to  
Medicare Visit

G0402

\$159.95

AWV  
(Initial)

G0438

\$159.63

AWV  
(Subsequent)

G0439

\$125.82

Based on CMS 2025 Physician Fee Schedule for Nevada MAC, non-facility price

Despite its many benefits, we know there are still barriers to completing AWWs. Time constraints, workflow challenges, and patient confusion about the purpose of the visit can all get in the way. That is why we are actively supporting our participating practices with tools to integrate AWWs into daily operations. Each month, our dedicated Quality Coordinators provide an [AWV](#)



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Incomplete Report. This report identifies patients currently due for a wellness visit (*based on claims data*) to assist in ensuring these visits are captured annually. We also added a component within our **IllumiCare Ribbon** that displays the date of the last AWV performed for each patient (*based on claims data*). This is incredibly beneficial as it provides quick access for any individual opening a patient's chart, including scheduling staff and medical assistants who may not have direct access to the monthly AWV Incomplete Report.

At the end of the day, Annual Wellness Visits are a critical component of proactive, patient-centered care. By prioritizing prevention and working together to remove barriers, we can help our patients live healthier lives while boosting quality performance which often leads to better health outcomes and overall higher patient satisfaction. Please reach out to your Coordinator if you have any questions.

### Promoting Interoperability

Healthcare Leaders of Nevada have made access to their webinar on Interoperability free to ACO managers. Please log in for important information.

**AUGUST WEBINAR**

**HLA** HEALTHCARE LEADERS ASSOCIATION NEVADA

**INTEROPERABILITY & THE DIRECT TRUST:  
WHO, WHAT, WHEN, WHERE & WHY?**

**THURSDAY, AUGUST 7, 2025**

**9:00AM – 10:00AM PST**

**Speaker:**  
**Caroline Orcutt**  
EMR Manager  
TJB Consulting

**ACO MANAGERS INVITED TO ATTEND FREE!**  
**SCAN QR CODE TO REGISTER**

### Health Care Fraud

Last month, the U.S. Department of Justice announced a record \$14.6 BILLION health care fraud takedown, the biggest in history. Silver State ACO published a special edition newsletter detailing the incident. (For more detail, a copy of the special edition is attached to this email). The investigation was initiated, in part, because of reports by various ACOs regarding a significant increase in the claims for DME, most dramatically catheters. The action by the Justice Department will, hopefully, lead to the recapture of some of the

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money. More importantly, it sends a very strong message to “bad actors” that illegal behavior will not go unnoticed or unpunished.

An important lesson to be learned by our practices and staff is that, although sometimes it seems insignificant, reporting irregularities or items that seem “wrong” can be very important. In short, “If you see something, say something.”

The fraud was created and manipulated by a sophisticated group, including doctors, pharmacists and other medical professionals. However, smaller groups, or even hackers acting alone, can be extremely destructive to a small practice (and to Silver State ACO if the practice is a Participant).

The first, best and most important line of defense is staff who are educated, aware and alert to warning signs. It is management’s responsibility to be sure that the staff is, and remains, educated, engaged and up to date.



## LAST Practice Meetings for 2025

### *Please join us!*

*(And, if you’re reading this newsletter carefully, for a chance to be entered into a raffle at the next practice meeting, respond to this email with “See something, say something” in the subject line.)*



### SOUTHERN NEVADA

Wednesday, Nov. 5, 2025

The meeting will be held at Summerlin Hospital at 11:30 am. Lunch will be served.

### NORTHERN NEVADA

Thursday, Nov. 6, 2025

Northern Nevada Practice Meetings will be held at Northern Nevada Sparks Medical Building, Suite 201. Meet & Greet begins at 5 pm; Meeting begins at 5:30.

### SILVER STATE ACO Compliance Line

702-751-0834

Available for secure reporting of any suspected compliance issues, without fear of retribution.



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