



Message from the CEO

Belal Abdallah, M.D., CEO and Board Chairman, Beaumont ACO

Dear Beaumont ACO members and all staff,

In these challenging times, I wanted to thank you for everything you are doing to continue to care for our patients and remind everyone to stay safe as we battle this COVID-19 pandemic. In that spirit, the Beaumont ACO Board of Managers has decided to postpone the annual business meeting and election of new board members normally held in January each year until later in the spring or early summer for 2021. The board also requested that the current board membership would stay intact until such time that in-person elections can safely be held to replace outgoing board members. While this decision to postpone was not made lightly, the board feels it is the best course of action given our rules on electing new board members and keeping our general membership informed on our annual performance. In this upcoming year we will have two PCP seats up for election and one specialist seat. A call for nominations for consideration to potentially fill these board seats will go out next year in advance of the annual business meeting and election.

The location of our meeting is still to be determined. We are currently looking to find an outdoor venue that can accommodate our need to conduct a business meeting and election while keeping our attendees socially distanced and as safe as possible. We will provide you with detailed information regarding these changing plans as specifics are finalized. The Beaumont ACO Annual Meeting is an extremely important meeting for our organization and, to encourage as much physician-member participation as possible, the board felt this rescheduling was the prudent course of action to take.

Look forward to future updates from the Beaumont ACO concerning the specifics of the Annual Meeting. If you have any questions or concerns, please contact the Provider Relations department at 947-522-0037 or ACOProviderRelations@beaumont.org.



Medical Director Update

Sarju Shah, M.D., Medical Director, Beaumont ACO

Quality Corner - MSSP Quality/Utilization Metrics

ACO 8, 38, 43

Our ACO has performed extremely well in the MSSP program throughout the years, however one major area of opportunity for us to drive better collective performance in the program is through better results in the MSSP quality program, specifically the measures ACO 8, 38 and 43. The definitions of these measures are:

Measure	Requirement	Data Source	Goal
ACO-8: Risk standardized, all condition readmissions	Risk adjusted % of hospitalized patients readmitted within 30 days	Claims	14.27%
ACO-38: All-cause unplanned admissions for patients with multiple chronic conditions	Unplanned hospital admissions for pts with ≥ 2 chronic conditions (AMI, Alzheimer's/dementia, A Fib, CKD, COPD, Depression, HF, Stroke/TIA)	Claims	41.39%
ACO-43: Ambulatory sensitive condition acute composite (AHRQ-Prevention Quality Indicator (PQI #91))	Number of discharges per 100 person years with a principal diagnosis of dehydration, bacterial pneumonia or urinary tract infection	Claims	1.51%

For more information on these measures, please click these links.

[ACO-8](#)

[ACO-38](#)

[ACO-43](#)

Our success in these measures is paramount to our continued success in the MSSP program. Had it not been for the COVID-19 pandemic, our quality score this year of 92.17% would have been around 78% and the driver of that negative result is our collective performance on ACO 8, 38 and 43. Please keep in mind our quality score is directly correlated to the amount of shared savings dollars we generate and then can share with you each year. To improve these measures, we need your help.

Listed below are strategies you can work on at your office to improve performance on these metrics as well as programs at the ACO level that can support you. Additionally, the ACO is working with a new vendor in 2021, Care Signal, to drive our ACO care management resources to the right patient at the right time to drive better outcomes. In the coming year, my team and I will be coming out to meet with MSSP PCPs to discuss how we can work together to drive better results.

Practice level strategies you can implement:

- **An established agreement between the primary care provider and patient**
 - Has the PCP explained the expectations for an optimal provider and patient relationship including how and when to access the provider, agreement of the patient to adhere to recommended treatment and preventive screenings?
- **24/7 access to clinical decision maker (on call)**
 - Patients will be able to review health care concerns in order to decide on right course of treatment.
- **30% (minimum) open access to physician office appointments**

- Patients are less likely to seek emergency care if they have access to their physician's office for urgent health care needs.
- **Extended office hours (after hours on the weekdays and/or weekends hours)**
 - Patients are less likely to seek emergency care if they have access to their physician's office for urgent health care needs.
- **Telemedicine visits**
 - Virtual screening and assessments are available to assist in timely attention to health concerns.
- **Education on Urgent Care locations and its use**
 - Patient discussion on availability and appropriate use of urgent care centers are key.
 - Description of use and locations of urgent care centers should be part of the education.
- **Follow up for patients who have had an Emergency Department visit or an IP Admission**
 - Reaching out to patients' status post discharge visit to arrange follow up.
- **Referral to ACO Care Managers for patients who have chronic conditions and need additional disease management support and self-management education**
 - When patients continue to seek unnecessary care, perhaps additional support from Care Coordination may be requested to help patients and caregivers understand self-management of their condition. To contact a care coordinator, please email donna.mimikos@beaumont.org.

ACO level strategies we are working on to support you:

- Care Coordination team conducting Transitions of Care (TOC) calls to Medicare patients discharged from inpatient or skilled nursing facilities (SNF), to allow for TOC visits within physician offices within 7-14 days; Review of Emergency Department activities and follow up as needed
- Advanced Illness Management (AIM) care managers offering face-to-face interaction with Medicare patients who need additional support, along with family engagement and reaching out to patients who fall into one of the above utilization categories
- Skilled Nursing Liaison RN coordinators who focus on care in SNF and transition Medicare patients' homes with the appropriate care
- Providing practices access to PatientPing to allow tracking of patient admit/discharge/transfers (ADT) from health care facilities across the state of Michigan and out of state
- Medical director meetings 2x/year with each physician office to review data and discuss best practices on improvement in the MSSP program



Finance Chair Update

Abraham Slaim, D.O., Chair, Finance and Contracting Committee, Beaumont ACO

***New Contract Offering – BCBSM Blueprint to Affordability
2021 Start Date***

The Beaumont ACO is pleased to announce that beginning Jan. 1, 2021, we will be participating in Blue Cross Blue Shield of Michigan's (BCBSM) new value-based program to improve health care on the populations we serve. This new program, Blueprint to Affordability, aims to improve quality and patient experience while reducing unnecessary utilization. At this

time, only BCBSM PGP PCPs have been offered the opportunity to participate with Beaumont ACO.

Key contract elements:

- Five-year contract
- Total cost of care limited risk model that includes both medical and pharmacy
- Populations include: BCBSM Commercial PPO and BCBSM Medicare Advantage PPO lives
- Capped 50-50 risk sharing with BCBSM
- Upside risk-sharing based on cost and quality performance and attributed patient, and roughly three to five times higher than downside risk exposure
- A 2% withhold on fee-for-service claims to cover downside risk, returned to provider if performance is positive
- Provider risk limited to withhold only; additional risk will be held by Beaumont ACO at the organizational level

To participate, all PCPs must sign attestations to be included. In 2021, Beaumont ACO plans to meet with physicians to review the program expectations, their performance and discuss best practices to optimize our potential for success in the program.



Executive Director Update

Walter Lorang, Executive Director and Chief Operating Officer, Beaumont ACO

Contract Change - Humana Participation now through Beaumont Care Partners

The Beaumont ACO Board of Managers has approved the transfer of the current BACO Humana contract to Beaumont Care Partners (BCP), citing the decision to be in the best interest of BACO member providers. This new BCP Humana agreement is superior to the existing BACO Humana contract with new quality and shared savings opportunities. This exclusive value (incentive) opportunity is available to all BCP Category B participant members. The new BCP Humana contract is effective Jan. 1, 2021, and it includes all of Humana's Medicare lines of business in Michigan. Category B participant members need to do nothing and will automatically be placed in the new agreement as a participant provider.

If you are currently a Beaumont Care Partner Category A participant and you would like to gain access to Humana's quality and shared savings contract, please contact the Provider Relations team at Info@Beaumontcarepartners.org for assistance. An additional benefit to making this change is that the Beaumont Health Employee Health Plan also reimburses Category B physicians at 130% of the Medicare fee schedule as compared to Category A that pays 115%.

If you would like to remain a BCP Category A participant and gain access to Humana's fee-for-service only program (no incentive component available), please contact Provider Relations at Info@Beaumontcarepartners.org for the necessary paperwork to fulfill your request.

**Key contract terms for the new BCP
Humana agreement effective Jan. 1,
2021 are highlighted below:**

BCP	Category B Access	Category A Access
Physician Payment	100% of Medicare	100% of Medicare
Line of Business	Humana Medicare	Humana Medicare
Quality Opportunity	\$9.05 per opportunity/per month HEDIS \$3.00 pm/pm for readmissions, medical records \$.50mpy satisfaction scores	Not Available
Shared Savings Opportunity	Annual upside shared savings	Not Available



Message from the Associate Medical Director

Halima Ali, M.D., Associate Medical Director, Beaumont ACO

Telehealth Medicine Update

As we swiftly approach a second wave of the COVID-19 pandemic, many questions have come regarding closing patient care gaps without an in-person office visit. New guidelines on HEDIS measures have come down to support physicians in closing patient care gaps via telehealth visits. BCBSM/BCN provided a Telehealth Summary document to help physicians understand the requirements and gap closure ability. Some key items to spotlight:

Telehealth Definition

- **Synchronous** telehealth requires real-time interactive audio and video telecommunications. See telehealth modifier or POS code as indicated below. A measure specification will indicate when synchronous telehealth is not eligible for use and should be excluded. Telehealth in the below document refers to audio and visual.
- **Asynchronous** telehealth sometimes referred to as an online assessment, e-visit or virtual check-in, is not "real-time" but still requires two-way interaction between the member and provider. For example, asynchronous telehealth can occur using a patient portal, secure text messaging or email.
- **Telephone:** When the measure indicates a telephone call (real-time interactive), a telephone call is acceptable.

Documentation Requirements

All telehealth visits, the documentation in the office note, must include specific information relative to each HEDIS/Star/pharmacy measure.

- Type of telehealth contact (visual, audio, email, portal etc.)
- Type of video service (Skype, Zoom, Bluejean, etc.),
- Location of patient and provider
- Patient Informed consent documented (understands and accepts the privacy and security risks of telehealth medicine).

Even if gaps cannot be directly closed via telehealth, preventive services and exclusions may be discussed and orders and prescriptions may be written (phoned in/mailed) to support patient gap closure.

Codes for Telehealth

- Telehealth Modifier: GT, 95; POS 02
- Telephone visits: 98966-98968 & 99441-99443
- Online Assessments: 98969 through 98972; 99421 through 99423, 99444, 99458. G2010, G2012, G2061 through G2063

Codes for an E & M visit or visits pertinent to the measure may also be billed with the telehealth modifier and POS, when appropriate. However, the codes submitted must be supported by the documentation in the medical record.

We recommend physicians and their office staff (including billers), review the Telehealth Summary document in full, to ensure required documentation and billing occurs for the appropriate quality measure. If you have any questions regarding the measures, please contact your Beaumont practice transformation coordinator or BACO quality manager.

[Telehealth Summary Document](#)



Message from Patrice Gray

Director, Practice Transformation and Quality Improvement
Beaumont ACO

Beaumont ACO 2020 Patient Centered Medical Home Results

The Beaumont ACO has again excelled in the BCBSM Patient Centered Medical Home (PCMH) program with 233 physicians receiving PCMH designation this year. Overall, 256 physicians from 83 practices were nominated for PCMH designation.

PCMH designation is determined by two major components: a PCMH capability score and Quality & Utilization score. Capabilities are scored based on the number reported "in place" combined with high performance during BCBSM's site validation process. The Quality & Utilization (Q|U) score is based on a practice's ability to close gaps in care according to HEDIS guidelines, reduce Emergency Department visits and reduce utilization of high- and low-tech radiology procedures. Designation scoring is based on calendar year 2019.

Congratulations to [these physicians](#) who received PCMH designation this year.

For the 2020 designation year, BCBSM expanded upon their value-based reimbursement (VBR), formerly fee uplift opportunities, for PCPs. Effective Sept. 1, 2020, PCPs were eligible to achieve **up to 168%** of the base fee schedule in VBRs.

The seven VBR categories are highlighted below:

- PCMH Designation: 15%
- Cost Benchmarking: 5%, 10% or 15%
Beaumont ACO's performance on cost placed them in the top 10-40 percent of groups, rewarding our designated PCPs with an additional 10% VBR.
- Clinical Quality (CQ): 5%, 10%, or 15%
- Provider Delivered Care Management (PDCM): 5%
- PDCM Outcomes: up to 8%
- Medication Assisted Treatment (MAT): 5%
- Collaborative Care (CoCare): 5%

PCP VBRs are applicable to the following codes: office visits, preventive medicine visits, telehealth visit and PDCM visits codes. Practices must bill above the BCBSM allowed amount in order to receive VBRs on billable claims.

VBR Results

VBRs are effective Sept. 1, 2020 through Aug. 31, 2022 (PCMH VBR) and Sept. 1, 2020 through Aug. 31, 2021 (other VBRs).

VBR %	100%	110%	115%	120%	125%	129%	130%	134%	135%	140%	144%	145%
2019	30	0	6	0	75	n/a	3	n/a	19	0	n/a	2
2020	40	0	18	7	99	1	54	12	28	14	3	0

PCMH designation is a remarkable achievement and a testament to the hard work and dedication of everyone in our practices. The Beaumont ACO is looking forward to continuing this success by working with all practices willing to actively engage in the PCMH program.

Physician Spotlight



Dr. John Paquet of Sunstrum Medical Associates, PC received a top BCBSM VBR (44%) among our BACO PCPs. Dr. Paquet's stellar performance in quality ranked him in the top 96.5 percentile among PCPs in the state of Michigan in PGIP. Dr. Paquet and his team at Sunstrum Medical Associates have embraced the PCMH model and continue to strive on improving patient care.

Dr. Ashok Jain is only in his second year of working on PCMH and received a top BCBSM quality ranking in the 91.3 percentile amongst PCPs in the state of Michigan in PGIP. Dr. Jain is receiving a 25% VBR for his incredible performance in PGIP. Dr. Jain and his team continue to work hard at closing patient gaps and moving the bar in quality.



Drs. Bindu Suresh, Lalitha Bhogineni and Sumitra Raam of Beaumont Civic Center Internal Medicine received a BCBSM VBR of 35%. These docs performed in the top 91.9 percentile among PCPs in the state of Michigan in PGIP. The physicians and their team at Beaumont Civic Center Internal Medicine work diligently to improve patient experience, while staying on top of their overall health and well-being.

Practice Spotlight



It looks like 2020 is the year for **Beaumont Healthcare Center – Newport**. After years of perseverance, this dynamic clinical team achieved one of the highest recognitions in the state of Michigan by becoming a PCMH office. Blue Cross Blue Shield of Michigan’s PCMH designation program is nationally recognized for focusing on transforming patient care across ambulatory practices. PCMH designation requires hard work, dedication and most importantly teamwork. Beaumont Healthcare Center – Newport, exemplifies what it means to be a patient and family-centered office, and ultimately their scores proved that. In addition, the practice achieved a score of 100% during their BCBSM PCMH site visit, which spotlighted their continuous commitment to provide quality care and improving patient outreach. Way to go! You make us proud. Keep up the great work.