



PCP Allocation Methodology



Group Revenue

Group revenue less Abacus administrative expense

20%

Owner's Share

Equal Share
Shareholders Only
Not to Exceed \$20,000

80%

Patient Management

All Primary Care Physicians Eligible
Active with ACP When Revenue Earned

25% Panel Size

5% AWW/CPE

5% Transitional Care Management

5% Emergency Department Utilization

5% Patient Satisfaction

5% Diabetes Management

5% Controlling High Blood Pressure

25% Shared Savings

Educational criteria must be met before payment of any incentives.

- 2 evening meetings
- 1 site meeting
- 1 HCC training session
- 1 workflow session with the staff
- 1 workflow session with the provider

2021 to 2022

Summary of Changes and Notes

- ✓ The Abacus Income Allocation model is reviewed and approved annually by both the Abacus and ACP boards. The model aligns how Abacus earns revenue with allocation to the physicians and advances our mission of achieving the Triple Aim +2.
- ✓ The performance measurement year was changed to November 1, 2021 to October 31, 2022. This will allow Finance more time to process the year-end payments.
- ✓ The Abacus Board increased the Blood Pressure target from 65% to 70% since >95% of the physicians were meeting the measure.
- ✓ In 2021, the TCM metric target was 50% of the HIE discharges. In 2022, the metric target is either 50% of the HIE discharges OR 60% of all TCM discharges. If a physician meets either target, they pass the metric.

Annual Wellness Visit



Adult Patients

65% of patients
65+ years old receive
an AWW or CPE



Adolescents

60% of patients age
12-18 receive a
wellness visit



Pediatrics

85% of patients
receive 6+ Well Child
visits by 15 months



Best Practice

- Review Abacus pursuit list and schedule patients
- Schedule as wellness or physical to ensure correct workflow
- Use Smartlists to record counseling

Transitional Care Management



Patients discharged
to home seen
within 14 calendar
days of discharge



Best Practice

- Review Abacus pursuit list daily and schedule patients
- Document patient outreaches
- Bill TCM appointment 99495 or 99496
- AHCCCS - bill any provider office visit E&M code within 14 days of discharge

Emergency Department Utilization



30-50% of emergency department visits are either non-emergent, avoidable or preventable.



Best Practice

- Return calls and messages timely
- Simplify complicated phone trees
- Offer same or next day appointments when schedule allows
- Educate staff and patients on appropriate ED use

Diabetic HbA1c Control



80% of diabetic patients' most recent A1c \leq 9%



Best Practice

- Review Abacus pursuit list
- Enter A1c results from outside facilities
- Ensure diabetic patients receive appropriate care:
 - Annual wellness visit or physical
 - DM eye referral
 - Most recent BP < 140/90
 - Statin prescribed or intolerance documented
 - Nephrology screening
 - Foot exam
 - 2+ A1c tests per year

Controlling High Blood Pressure



70% of hypertensive patients
most recent BP < 140/90



Best Practice

- Record second BP reading when first systolic ≥ 140 or diastolic ≥ 90

Patient Satisfaction



Patient Satisfaction surveys are emailed to patients after each office visit.
8 out of 10 points meets the metric.

Questions	Points	Target
Overall / Recommend	2	85%
Appointment Availability	2	60%
Message Callback	2	50%
Stewardship	1	20%
Back Office Staff	1	75%
Front Office Staff	1	80%
Clear Explanations	1	90%



Best Practice

- Acknowledge patient concerns
- Provide clear, concise instructions
- Communicate appointment delays and wait times to patients
- Return phone calls and messages in a timely manner
- Use MyChart communication channels when applicable