# ACO Board of Directors Meeting, April 2021

Apr 14, 2021 5:30 PM EDT

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NOTICE OF MEETING

The ACO Board of Directors of the North Broward Hospital District will be held on Wednesday, April 14, 2021 at 5:30 PM through communications media technology in accordance with North Broward Hospital District’s Resolution FY21-09. The purpose of this Board meeting is to review and consider any matters within the Board’s jurisdiction.

This public meeting may be accessed by dialing (650) 479-3208, and when prompted, use the Meeting Access Code 180 481 6645 and set your phone to MUTE.

Any person who decides to appeal any decision made by the ACO Board with respect to any matter considered at such meeting or hearing, he or she will need a record of the proceedings, and that, for such purpose, he or she may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.
AGENDA (subject to change)

I. Notice of Meeting

II. Call to Order

III. Roll Call

Keith Foster, MD, President
Jon Albee
Aldo Calvo, MD
Modesto Gato
Husman Khan, MD
Joshua Lenchus, DO
Avinash Persad, MD

IV. Public Comments

V. Announcements: New ACO Board Members

A. Shane Strum, President & CEO
B. Alisa Bert, VP, Financial Operations

VI. Approval of ACO minutes dated March 10, 2021

VII. Broward Health System Update

VIII. New Business

A. Cigna Distribution of Savings to Physicians
B. Official Department of State 2021 Annual Report-Due May 1, 2021

IX. Medicare ACO Application Update

X. Subcommittee Updates:

A. Clinical Outcomes and Utilization
B. Clinical Practice Guidelines and Protocols
   1. Approval of New Guidelines
      a. BMI in Children and Adolescents Guidelines 3.2021
      b. COA Advance Care Planning Guideline 3.2021
c. COA Functional Assessment Guideline 3.2021

C. Infrastructure & Data Analytics

D. Patient Engagement
   Payer Quality Reports

E. Physician Recruitment

XI. Board Member Comments – Open Forum

XII. Next ACO Board Meeting: May 12, 2021 at 5:30 PM via WebEx.

XIII. Adjournment
ACO BOARD OF DIRECTORS MEETING
March 10, 2021 – 5:30 PM

The Regular meeting of the ACO Board of Directors was held electronically via WebEx video conference.

1. NOTICE

Notice of this meeting is attached to the official Minutes as EXHIBIT I. The official Agenda for this meeting, as presented for the consideration of the Board, is attached to the Minutes as EXHIBIT II and EXHIBIT III.

2. CALL TO ORDER

There being a quorum present, the meeting was called to order by President Foster, M.D. at 5:30 PM.

3. ROLL CALL:

BOARD MEMBERS

Present: Keith Foster, M.D. President
Jon Albee
Aldo Calvo, MD
Husman Khan, MD
Joshua Lenchus, DO
Avinash Persad, MD

Not Present: N/A

Additionally Present: Alan Goldsmith, EVP, Chief Operating Officer; Jerry Del Amo, Deputy General Counsel; Gavin Malcolm, Director, Population Health; Nicholas Ortiz, Sr. Associate, General Council; Lucia Pizano-Urbina, Director, AVP, Focus Arrangements Auditing, Corporate Compliance

4. PUBLIC COMMENTS:

None

5. APPROVAL OF ACO MINUTES – (EXHIBIT 11)

President Foster, M.D. asked for approval of the February 15, 2021 ACO Board Meeting Minutes.

MOTION It was moved by Mr. Lenchus, seconded Mr. Albee to:
Approve the minutes dated February 15, 2021.

Motion carried unanimously.
6. **BROWARD HEALTH SYSTEM UPDATE:** Mr. Goldsmith reported the following:

**COVID-19 UPDATE:** Broward Health has vaccinated nearly 40,000 people in the community. Costs are rising each month as extra shift bonuses are given to keep nurses from traveling while trying to hire as many staff and nurses as possible. As we continue to monitor, travel to Florida has increased adding to patient seasonal norms.

**CEO UPDATE:** Mr. Shane Strum is starting on March 29th. Mr. Goldsmith recommended that Chair Foster stay on for the April ACO meeting, then assume his role as vice-chair.

7. **SVP- CLINICAL OPS POPULATION HEALTH JOB POSTED:** Mr. Goldsmith reported:

After many internal discussions and having a hard time finding candidates that fit the criteria of nurse for the clinical aspect and experienced in population health, we are may split it into two positions. We will wait until the new CEO can comment over the strategy and bring it back to the Board.

8. **REPLACEMENT BOARD MEMBER- RESUME REVIEW/RECOMMENDATION:**

Mr. Goldsmith asked if the Board had a chance to review Alisa Bert’s resume and bio and commented that she is well qualified from a financial perspective. All had reviewed with no questions.

Chair Foster proposed to entertain a motion.

**MOTION** It was **moved** by Mr. Lenchus, **seconded** Mr. Albee to:

- Approve Alisa Bishop as a new ACO Board member.

Motion **carried** unanimously.

9. **CORPORATE COMPLIANCE:** Mrs. Pizano-Urbina provided the following update:

The Conflict of Interest Annual Survey is scheduled to roll out on April 1, 2021. It has been condensed so there are less questions this year. Emails will be sent electronically through C360.

10. **MEDICARE ACO:** Mr. Malcolm reported the following:

Mr. Ortiz and the Broward Health attorney team have been fantastic. We have retained the law firm Akerman and have not received any bills. We have started some of the preliminary work on an application process for the Medicaid Shared Savings Status and have been given additional questions that are being worked on. Cost reports will be provided monthly to the Board as we are billed.

Part application process will include reviewing and updating policies. These will be brought to the Board separate from the Clinical Guidelines.

11. **SUBCOMMITTEE UPDATES:**

11.1. Clinical Guidelines Committee: Mr. Malcolm reported:

- Guidelines Completed - 20

President Foster, M.D., entertained a motion to approve the subcommittee Guidelines.

**MOTION** It was **moved** by Mr. Lenchus, **seconded** by Mr. Albee to:

**Approve the Clinical Guidelines subcommittees recommendations for the 2020 COA Medication Review Guideline, 2020 COA Pain Assessment Guideline and 2020 COA Depression Screening Guidelines.**

Motion **carried** unanimously.

11.2. Clinical Outcomes and Utilization: Mr. Malcolm reported:

The committee meeting was deferred for March due to Cigna having significant issues with their data transmission. Florida Blue data came in last night and will be reported at the next Board meeting

- Payer Quality Reports: None at this time

11.3. Infrastructure & Data Analytics: Mr. Malcolm reported:

We are actively working through the Cost and Utilization Module and validation process. The Executive dashboard development is currently in process with the aim of a preliminary presentation anticipated in May 2021.

11.4. Patient Engagement: Mr. Malcom reported:

Population Health Outreach efforts included contacting all eligible Broward Health retirees for COVID-19 vaccination scheduling, and supporting Nurse Connect in scheduling at-risk patients. Once at-risk patients were added to the eligible vaccine criteria, the shift went to reach ACO patients. Those not interested in receiving the vaccine are pivoted to make appointments with their primary care physician.

- Number of patients called February 1st through February 26th = 6,455
- Total patients contacted May 2020 through February 26 = 65,462

These numbers do not include COVID 19 calls—they are patients called to close their care gaps.

- Number of Appointments made February 1st through February 26th = 577
- Total appointments made May 2020 through February 26 = 5,133

Patients are becoming more comfortable coming in to see the physicians and also in terms of the telehealth options.
11.5. Physician Engagement: Mr. Malcom reported:

- Executed = 26
- Pending Signature = 0
- Not Interested = 19
- In Process = 14

As we move into Medicare, Mr. Ortiz will make sure we are having proper conversions with community physicians and are in compliance. Physicians can only participate in one Medicare ACO with a primary physician.

Physician refusals remain the same as last month at nineteen, with the majority stating they are active in another ACO.

- Active in other ACO - 10
- Concerns regarding payment - 4
- Other-contracting language - 3 (all getting ready to retire)
- No reason given - 2

12. BOARD MEMBER COMMENTS / OPEN FORUM

Mr. Albee asked about the marketing opportunity that exists with the positive response that is occurring from patients going to the COVID vaccine sites; specifically, public outreach.

Mr. Goldsmith replied that we are doing pieces in the paper on a weekly basis describing how great the site is run and bring in local politicians through the site to tour operations.

13. NEXT ACO BOARD MEETING:

Next ACO Board of Director’s meeting will be held on April 14, 2021 at 5:30 PM via WebEx.

14. ADJOURNMENT: 6:02 PM

Dr. Foster entertained a motion to adjourn.

MOTION It was moved, by Mr. Albee, seconded by Dr. Calvo to:

Adjourn the February ACO Board of Directors meeting.

Motion carried unanimously.
**Entity Name:** BROWARD HEALTH ACO SERVICES, INC.

**Current Principal Place of Business:**
1800 N.W. 49TH STREET
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**
1800 N.W. 49TH STREET
FORT LAUDERDALE, FL 33309

**FEI Number:** 61-1717235

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**
EPSTEIN, LINDA
1800 N.W. 49TH STREET
FORT LAUDERDALE, FL 33309 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

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<th>Date</th>
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**Officer/Director Detail:**

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<th>Title</th>
<th>Name</th>
<th>Address</th>
<th>City-State-Zip</th>
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<tr>
<td>PRESIDENT</td>
<td>SANTORIO, GINO R</td>
<td>1800 NW 49TH STREET SUITE 120</td>
<td>FORT LAUDERDALE FL 33309</td>
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<tr>
<td>VP</td>
<td>FERNANDEZ, ALEXANDER M</td>
<td>1800 NW 49TH STREET SUITE 120</td>
<td>FORT LAUDERDALE FL 33309</td>
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<tr>
<td>DIRECTOR, SECRETARY/TREASURER</td>
<td>GATO, MODESTO</td>
<td>1800 NW 49TH STREET SUITE 120</td>
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<td>DIRECTOR</td>
<td>CALVO, ALDO MD</td>
<td>1800 NW 49TH STREET SUITE 120</td>
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<td>DIRECTOR</td>
<td>KHAN, HUSMAN T MD</td>
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<td>DIRECTOR</td>
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<td>DIRECTOR, MEDICARE BENEFICIARY MEMBER</td>
<td>ALBEE, JON</td>
<td>1800 NW 49TH STREET SUITE 120</td>
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**SIGNATURE:** /S/ GINO SANTORIO  
**Title:** PRESIDENT  
**Date:** 07/09/2020
**Officer/Director Detail Continued:**

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CLINICAL OUTCOMES AND UTILIZATION
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# Florida Blue - Quality

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<td>63.9%</td>
<td>72.5%</td>
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<td>91.7%</td>
<td>91.2%</td>
<td>90.7%</td>
</tr>
<tr>
<td>Generic Dispensing Rate ↑</td>
<td>83.0%</td>
<td>82.0%</td>
<td>83.5%</td>
<td>84.2%</td>
<td>84.5%</td>
<td>84.1%</td>
<td>83.2%</td>
</tr>
<tr>
<td>Metric</td>
<td>Provider</td>
<td>Market</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>--------------------------------</td>
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<tr>
<td></td>
<td>Current</td>
<td>Prior</td>
<td>Trend</td>
<td>Current</td>
<td>Prior</td>
<td>Trend</td>
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<tr>
<td>Attributed Member Months</td>
<td>102,422</td>
<td>104,775</td>
<td>-2.2%</td>
<td>2,997,136</td>
<td>2,699,262</td>
<td>11.0%</td>
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<tr>
<td>Average Risk Score</td>
<td>2.2072</td>
<td>2.2728</td>
<td>-2.9%</td>
<td>1,9407</td>
<td>2,0614</td>
<td>-5.9%</td>
<td></td>
</tr>
<tr>
<td>Admits per 1,000</td>
<td>71.34</td>
<td>72.26</td>
<td>-1.3%</td>
<td>53.59</td>
<td>57.85</td>
<td>-7.4%</td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td>38.54</td>
<td>38.01</td>
<td>1.4%</td>
<td>27.52</td>
<td>28.18</td>
<td>-2.3%</td>
<td></td>
</tr>
<tr>
<td>Surgical</td>
<td>23.07</td>
<td>24.85</td>
<td>-7.1%</td>
<td>17.62</td>
<td>19.75</td>
<td>-10.8%</td>
<td></td>
</tr>
<tr>
<td>Maternity</td>
<td>8.43</td>
<td>8.36</td>
<td>0.9%</td>
<td>7.72</td>
<td>8.85</td>
<td>-12.8%</td>
<td></td>
</tr>
<tr>
<td>Psych</td>
<td>0.47</td>
<td>0.91</td>
<td>-48.8%</td>
<td>0.40</td>
<td>0.69</td>
<td>-42.1%</td>
<td></td>
</tr>
<tr>
<td>Readmission Rate</td>
<td></td>
<td>12.7 %</td>
<td>10.0 %</td>
<td>26.3%</td>
<td>10.9 %</td>
<td>10.0 %</td>
<td>8.9%</td>
</tr>
<tr>
<td>Inpatient Days per 1,000</td>
<td></td>
<td>308.13</td>
<td>295.24</td>
<td>4.4%</td>
<td>254.17</td>
<td>252.40</td>
<td>0.7%</td>
</tr>
<tr>
<td>Inpatient Average Length of Stay</td>
<td>4.32</td>
<td>4.09</td>
<td>5.7%</td>
<td>4.74</td>
<td>4.36</td>
<td>8.7%</td>
<td></td>
</tr>
<tr>
<td>Visits per 1,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Non-Primary Care Physician</td>
<td>6,041.87</td>
<td>6,190.23</td>
<td>-2.4%</td>
<td>5,705.79</td>
<td>6,160.46</td>
<td>-7.4%</td>
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</tr>
<tr>
<td>AcuteCare - Outpatient</td>
<td>510.93</td>
<td>516.52</td>
<td>-1.1%</td>
<td>548.65</td>
<td>619.30</td>
<td>-11.4%</td>
<td></td>
</tr>
<tr>
<td>ASC</td>
<td>74.28</td>
<td>88.53</td>
<td>-16.1%</td>
<td>70.19</td>
<td>79.59</td>
<td>-11.8%</td>
<td></td>
</tr>
<tr>
<td>Specialists</td>
<td>5,456.66</td>
<td>5,585.18</td>
<td>-2.3%</td>
<td>5,086.95</td>
<td>5,461.57</td>
<td>-6.9%</td>
<td></td>
</tr>
<tr>
<td>Emergency Room</td>
<td>211.12</td>
<td>235.36</td>
<td>-10.3%</td>
<td>203.21</td>
<td>245.95</td>
<td>-17.4%</td>
<td></td>
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<tr>
<td>Primary Care Physicians</td>
<td>2,958.20</td>
<td>3,150.51</td>
<td>-6.1%</td>
<td>2,947.44</td>
<td>3,107.69</td>
<td>-5.2%</td>
<td></td>
</tr>
</tbody>
</table>
Florida Blue - Utilization

BROWARD HEALTH ACO SERVICES INC

Cost Trends

Incentive (MMs)

-6.0% -4.0% -2.0% -0.0% 2.0% 4.0% 6.0% 8.0%

201911 201912 202001 202002 202003 202004 202005 202006 202007 202008 202009 202010

Incentive/Deficit ACO Trend Target (Market) Trend Trend Corridor Cost Position
<table>
<thead>
<tr>
<th>Incentive Calculation Example Using Prior 24 Months of Data</th>
<th>Broward Health</th>
<th>Market Attributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypothetical Example</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior Period Capped PMPM</td>
<td>$588.49</td>
<td>$513.13</td>
</tr>
<tr>
<td>Prior Period Risk Score</td>
<td>2.2728</td>
<td>2.0614</td>
</tr>
<tr>
<td>Current Period Capped PMPM</td>
<td>$542.82</td>
<td>$495.92</td>
</tr>
<tr>
<td>Current Period Risk Score</td>
<td>2.072</td>
<td>1.9407</td>
</tr>
<tr>
<td>Risk Mix Adjustment (Current Risk Score /Prior Risk Score)</td>
<td>0.9711</td>
<td>0.9414</td>
</tr>
<tr>
<td>Product Mix Adjustment</td>
<td>0.9929</td>
<td>0.9926</td>
</tr>
<tr>
<td>Current Adjusted PMPM (Current Capped PMPM / Risk Mix Adjustment / Product Mix Adjustment)</td>
<td>$562.97</td>
<td>$530.70</td>
</tr>
<tr>
<td>Total Annual Trend (Current Adjusted PMPM / Prior Capped PMPM -1)</td>
<td>-4.34%</td>
<td>3.42%</td>
</tr>
<tr>
<td>Cost Relativity (Current ACO Capped PMPM / Current ACO Risk Score) / (Current Market Capped PMPM / Current Market Risk Score)</td>
<td>0.9624</td>
<td></td>
</tr>
<tr>
<td>Trend Adjustment (Based on Cost Relativity)</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Target Trend</td>
<td>3.42%</td>
<td></td>
</tr>
<tr>
<td>Trend Spread (0% upside; 2.90% downside) (Target Trend - Total Annual ACO Trend)</td>
<td>7.76%</td>
<td></td>
</tr>
<tr>
<td>PMPM Savings (ACO Prior Capped PMPM * Trend Spread)</td>
<td>$45.67</td>
<td></td>
</tr>
<tr>
<td>Member Months</td>
<td>102,422</td>
<td></td>
</tr>
<tr>
<td>Shared Savings (PMPM Savings * Member Months)</td>
<td>$4,677,227</td>
<td></td>
</tr>
<tr>
<td>Prior Year Deficit Carry Forward</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Hypothetical Annual Shared Savings Incentive**</td>
<td>$2,338,614</td>
<td></td>
</tr>
</tbody>
</table>
Clinical Guidelines Progress

- **Clinical Guidelines Completed**: March 20 - April 21
- **For Approval**: March 1 - April 3
- **In Process**: March 3 - April 3
- **Pending**: March 20 - April 20
Cost and Utilization Module

- Validation continues
- Executive dashboard development in process this month
- Preliminary presentation anticipated for May 2021

Pharmacogenomics / AccessDx

- 101 patients completed
- Review of KPI and ROI being completed
Population Health Outreach efforts

- Complete outreach to High Risk members for Cigna

- With updated Executive Order, have expanded outreach to patients 16 and older to offer vaccine and schedule

- Completed outreach to ACO community partners with positive responses
Patients Called Daily
March 2021

Total called 7,791
Number of Patients Called
May 2020 - Mar 2021

Total Patients Contacted
73,253
Appointments Made Daily
March 2021

Total Appointments Made
Number of Appointments Made
May 2020 - Mar 2021

Total Appointments Made
5,805
PHYSICIAN RECRUITMENT UPDATE
Physician Contracting Progress

- Executed: April - 26, March - 26
- Pending Signature: 0, 0
- Not interested: April - 9, March - 9
- In Process: April - 14, March - 16
Physician Refusal Reasons

- Active in other ACO: 10
- Concerns re payment: 4
- Other - contracting language: 3
- No reason given: 2
Broward Health ACO Services, Inc.

2021 Clinical Practice Guidelines and Performance Metrics

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

This guideline refers to the weight assessment for children ages 3 – 17 and associated counseling for
recommended lifestyle changes, as indicated. Since obesity has more than doubled in children and tripled
in adolescents over the last three decades, it is a primary health concern in the United States. The specific
metric will identify all patients ages 3 to 17 who have completed an assessment of Body Mass Index (BMI)
percentile in the previous year and documented education for nutrition and/or physical activity.
Satisfaction of the metric may be completed through use of appropriate codes or documentation in the
medical record.

Applicability: Broward Health ACO (BHACO) recognizes that some of the adopted guidelines and metrics
(or specific components of each) may not apply to certain providers and/or practices. The guidelines and
metrics noted in this document are applicable to Pediatricians, Internal Medicine and Family Medicine
physicians. The metric is also subject to the volume threshold noted below.

A. Metric and Guidelines:

1. Metric: The metric used to determine adherence to the guideline will be considered met if the
percentage of patients ages 3 to 17 who have had an assessment of their BMI percentile and has
documentation of counseling for nutrition and/or physical activity. The goal for compliance is
90% of all appropriate patients based on national and market standards.

2. Quality Measure: The goal is to increase the proportion of assessments of BMI percentile and
education for nutrition and/or physical activity for all patients ages 3 to 17.

3. Description: Percentage of patients aged 3 to 17 who had an assessment of BMI percentile and
education for nutrition and physical screening documented during the previous year.
   - Numerator: Patients who have a documented BMI percentile and documentation of
counseling for nutrition and/or physical activity as evidenced by documentation in the
medical record or relevant HCPCS codes indicated below.
   - Denominator: Patients 3 to 17 years of age by the end of the measurement year.
   - Guidance: Entry of BMI value or percentile range (e.g. 15th to 20th percentile) will not
meet the requirements of this metric. It requires specific BMI percentile (e.g. 18th
percentile) or BMI percentile plotted on an age growth chart.

4. Exclusions/Exceptions: If a practice does not see and treat at least 5 patients meeting the age
criteria, they may be excused from this metric, and the remaining metrics for other applicable
conditions will be weighted equally. Even if excused from the metric due to patient volume
threshold not being met, health care providers should still follow these treatment guidelines
whenever applicable.
   - Exclude patients who use hospice services or elect to use a hospice benefit any time
during the measurement year, regardless of when the services began.
   - Exclude female patients with a diagnosis of pregnancy at any time during the
measurement year.

5. Related Sources: The following source has been incorporated into the development of this metric
and guideline and provide more detailed information on exclusions and metric.
National Quality Forum (NQF) 0024 – Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC).

*ICD-10 codes for BMI are
  Z68.51 – BMI, less than 5th percentile for age
  Z68.52 – BMI, 5th percentile to 85th percentile for age
  Z68.53 – BMI, 85th to 95th percentile for age

*The standards for pediatric patients are that 85th to 95th percentile is considered overweight and over 95th percentile is considered obese.

*HCPCS codes for physical activity counseling are G0447 or S9451.

*HCPCS codes for nutrition counseling are G0270, G0271, G0447, S9449, S9452, S9470
Broward Health ACO Services, Inc.

2021 Clinical Practice Guidelines and Performance Metrics

Advance Care Planning – Care of Older Adults

This guideline refers to completion of Advance Care planning and associated Category II codes. CMS requires that all patients 65 years of age and older have their advance directives be reviewed with their physician once a year. The specific metric will identify all patients ages 65 and older who have completed advanced care planning. It is strongly recommended that this be included in the Medicare Annual Wellness Visit but this is not required per Centers for Medicare and Medicaid (CMS).

A. Applicability: Broward Health ACO (BHACO) recognizes that some of the adopted guidelines and metrics (or specific components of each) may not apply to certain providers and/or practices. The guidelines and metrics noted in this document are applicable to Family Medicine and Internal Medicine physicians. The metric is also subject to the volume threshold noted under the metric itself.

B. Metric and Guidelines:

1. Metric: The metric used to determine adherence to the guideline will be considered met if the percentage of patients ages 65 and older have completed advance care planning is at or above 70% as evidenced by use of CPT codes **1123F or 1124F**.

2. Quality Measure: The goal is to increase the proportion of advance care planning for all patients 65 and older.

3. Description: Percentage of patients 66 years of age and older who completed the advance care planning during the previous year. Submission of codes CPT codes **1123F or 1124F** will meet this requirement.
   - Denominator: Patients 66 years of age and older by the end of the measurement year.
   - Numerator: Patients who completed Advance Care Planning and had correct codes submitted.

4. Exclusions/Exceptions: If a practice does not see and treat at least 5 patients meeting the age criteria, they may be excused from this metric, and the remaining metrics for other applicable conditions will be weighted equally. Even if excused from the metric due to patient volume threshold not being met, health care providers should still follow these treatment guidelines whenever applicable.
   - Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services began.
   - Exclude patients who are in long-term placement facilities.

5. Related Sources: CMS Star Ratings

* **1123F** - Advance care planning discussed and documented – advance care plan or surrogate decision-maker was documented in the medical record

* **1124F** - Advance care planning discussed and documented in the medical record – beneficiary/patient did not wish to or was unable to provide an advance care plan or name a surrogate decision-maker.

**Procedure code for INITIAL Medicare Annual Wellness Visit is **G0438** and all SUBSEQUENT Medicare Annual Wellness Visits is **G0439**. Please note: **G0438** is allowed once and **G0439** is allowed ONE TIME PER YEAR.
Broward Health ACO Services, Inc.

2021 Clinical Practice Guidelines and Performance Metrics

Functional Status Assessment – Care of Older Adults

This guideline refers to the screening for functional status assessment. CMS requires that all patients 65 years of age and older be screened for their functional status once a year. The specific metric will identify all patients ages 65 and older who have completed an annual functional status assessment.

A. **Applicability:** Broward Health ACO (BHACO) recognizes that some of the adopted guidelines and metrics (or specific components of each) may not apply to certain providers and/or practices. The guidelines and metrics noted in this document are applicable to Family Medicine and Internal Medicine physicians. The metric is also subject to the volume threshold noted under the metric itself.

B. **Metric and Guidelines:**
1. **Metric:** The metric used to determine adherence to the guideline will be considered met if the percentage of patients ages 65 and older have completed a functional status assessment is at or above 70% as evidenced by use of HCPCS codes G0438 or G0439 and CPT code 1170F during the same visit.
2. **Quality Measure:** The goal is to increase the proportion of functional assessment screens for all patients 65 and older.
3. **Description:** Percentage of patients 66 years of age and older who had a functional status assessment during the previous year. Submission of codes G0438 (initial Annual Wellness Visit) or G0439 (All subsequent Annual Wellness Visits) and CPT codes 1170F or 99483 will meet this requirement.
   - **Denominator:** Patients 66 years of age and older by the end of the measurement year.
   - **Numerator:** Patients who completed a Functional Status Assessment and had correct codes submitted.
4. **Exclusions/Exceptions:** If a practice does not see and treat at least 5 patients meeting the age criteria, they may be excused from this metric, and the remaining metrics for other applicable conditions will be weighted equally. Even if excused from the metric due to patient volume threshold not being met, health care providers should still follow these treatment guidelines whenever applicable.
   - Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services began.
   - Exclude patients who are in long-term placement facilities
5. **Related Sources:** CMS Star Ratings

* CPT Code for Functional Status Assessment is 1170F, which is used in conjunction with Medicare Annual Wellness Visits

**Procedure code for INITIAL Medicare Annual Wellness Visit is G0438 and all SUBSEQUENT Medicare Annual Wellness Visits is G0439. Please note: G0438 is allowed once and G0439 is allowed ONE TIME PER YEAR*