Accountable Healthcare Advantage

Dedicated to empowering physicians through a fully physician-owned, physician-managed, and transparent organization.

As a champion for independent practice physicians, Accountable Healthcare Advantage supports their success in healthcare reimbursement models, as well as quality and value performance. Our core competencies lie in promoting evidence-based medicine, data sharing, and quality and cost reporting. We firmly believe in an all-payer, all-patient approach. Our 11-member Board and committed medical director ensure strong governance and physician leadership.

One-time shareholder buy-in fee with no annual membership

How We Maximize Earnings

- 1:1 coaching with access to technical SMEs
- Performance reporting
- Billing and coding training
- Payer contract support
- · EHR integration
- · Practice operations optimization

Payer Contracts

- BCBSM PGIP
- BCBSM Blueprint
- Blue Cross Complete
- Blue Care Network/BCNA

Health Alliance Plan/Senior Plus

Financial Success



~30% increase in value-based payments over last 4 years

Meridian

· Priority Health

Molina



Earned over \$23M during the past 4 years



90th Percentile for BCN Quality Measures



80% of eligible SCPs received BCBSM VBR fee uplift



The average PCP with 200 patients in each plan would have earned ~\$117,000 per year in bonuses



Specialists average a 10% boost in fees

318 PCPs and physician members in over 100 sites covering more than 48,000 lives Wayne, Washtenaw, Oakland, Macomb, and St. Clair counties

Helping Practices Succeed in Value-Based Care

Practice Consulting

- Consultants meet with practices monthly
- Support for quality, cost, and risk performance
- Improve clinical and financial outcomes

PCMH & Quality

- Support PCP practices in transforming to a medical home
- · Assist practices to implement PCMH capabilities and achieve/maintain PCMH designation and specialist VBR
- Educate staff on population health practices and the various payer clinical quality measures to close gaps-in-care

Payer Contracting

- Access to multiple payer contracts
- Negotiation of contract terms from physician practice perspective
- Enhanced performance in VBC contracts

Cost & CQIs

- Educate practices on health plan clinical quality initiatives and monitor participation to meet standards
- Assist practices in understanding the overall utilization and cost-of-care
- Provide practice-specific data and identify opportunities with actionable interventions

Data Analysis & Reporting

- Portal access to analytics and performance reports
- Provide the insights necessary to effectively manage your patient population

Risk Coding

- Assess practices for correct ICD-10 and HCC coding
- Educate physicians and practice staff on importance of accurate risk coding
- Medical record audits to determine opportunities for improvement



