

ACO Name and Location

Accountable Care Coalition of Georgia, LLC.
4888 Loop Central Drive
Suite 700
Houston, Texas 77081

ACO Primary Contact

<i>Primary Contact Name</i>	Jeff Spight
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Organizational Information

ACO participants:

ACO Participants	ACO Participant in Joint Venture (Enter Y or N)
Diversity Health Center, Inc.	N
Health Education Assessment and Leadership, Inc	N
J.C. Lewis Primary Healthcare Center, Inc	N
Primary Care of Southwest Georgia, Inc	N
Coastal Community Health Services, Inc.	N
Curtis V. Cooper Primary Health Care Inc	N
Palmetto Health Council, Inc	N
Georgia Highlands Medical Services, Inc	N
Primary Health Care Center Of Dade, Inc	N
Oakhurst Medical Centers, Inc	N
Center for Pan Asian Community Services, Inc.	N
Georgia Mountains Health Services, Inc	N
Valley Healthcare System, Inc	N
South Central Primary Care Center, Inc	N
Mckinney Community Health Center, Inc	N
Tendercare Clinic, Inc	N

ACO governing body:

Member			Member's Voting Power	Membership Type	ACO Participant TIN Legal Business Name/DBA, if Applicable
Last Name	First Name	Title/Position			
Havlovitz	Lorri	Voting Member	23%	Other	N/A
Miracle	Steven	Chair	9.4%	ACO participant representative	Georgia Mountains Health Services, Inc.
Jacobs,M.D.	Theresa	Voting Member	9.4%	ACO participant representative	Oakhurst Medical Centers, Inc.
DiPaula	Raymond	Voting Member	2%	Medicare Beneficiary Representative	Georgia Highlands Medical Services, Inc.
Uzzle,M.D.	Raulnina	Voting Member	9.4%	ACO participant representative	Oakhurst Medical Centers, Inc.
Lang	Sarah	Voting Member	9.4%	ACO participant representative	Valley Healthcare System, Inc.
Allen	Diana	Voting Member	9.4%	ACO participant representative	Primary Health Care Center Of Dade, Inc.
Grandy	Albert	Voting Member	9.4%	ACO participant representative Member	Curtis V. Cooper Primary Health Care Inc.
Meyers	Barbara	Voting Member	9.4%	ACO participant representative Member	Coastal Community Health Services, Inc.
Kavka	Duane	Voting Member	9.4%	Other	N/A

Key ACO clinical and administrative leadership:

Jeffery Spight	ACO Executive
Theresa Jacobs,M.D.	Medical Director

Michael Yount	Compliance Officer
Theresa Jacobs, M.D.	Quality Assurance/Improvement Officer

Associated committees and committee leadership:

Committee Name	Committee Leader Name and Position
<i>Quality Improvement Care Coordination (QICC)</i>	<i>Raulnina Uzzle, M.D. Chair</i>

Types of ACO participants, or combinations of participants, that formed the ACO:

- Federally Qualified Health Center (FQHC)

Shared Savings and Losses

Amount of Shared Savings/Losses

- Second Agreement Period
 - Performance Year 2016, \$0
- First Agreement Period
 - Performance Year 2015, \$0
 - Performance Year 2014, \$0
 - Performance Year 2013, \$0

Shared Savings Distribution

- Second Agreement Period
 - Performance Year 2016
 - Proportion invested in infrastructure: N/A
 - Proportion invested in redesigned care processes/resources: N/A
 - Proportion of distribution to ACO participants: N/A
- First Agreement Period
 - Performance Year 2015
 - Proportion invested in infrastructure: N/A
 - Proportion invested in redesigned care processes/resources: N/A
 - Proportion of distribution to ACO participants: N/A
 - Performance Year 2014
 - Proportion invested in infrastructure: N/A

- Proportion invested in redesigned care processes/resources: N/A
- Proportion of distribution to ACO participants: N/A
- Performance Year 2013
 - Proportion invested in infrastructure: N/A
 - Proportion invested in redesigned care processes/resources: N/A
 - Proportion of distribution to ACO participants: N/A

Quality Performance Results

2016 Quality Performance Results:

ACO#	Measure Name	Rate	ACO Mean
ACO-1	CAHPS: Getting Timely Care, Appointments, and Information	75.53	80.51
ACO-2	CAHPS: How Well Your Providers Communicate	90.56	93.01
ACO-3	CAHPS: Patients' Rating of Provider	90.42	92.25
ACO-4	CAHPS: Access to Specialists	82.63	83.49
ACO-5	CAHPS: Health Promotion and Education	60.01	60.32
ACO-6	CAHPS: Shared Decision Making	72.48	75.40
ACO-7	CAHPS: Health Status/Functional Status	71.51	72.30
ACO-34	CAHPS: Stewardship of Patient Resources	32.09	26.97
ACO-8	Risk Standardized, All Condition Readmission	14.05	14.70
ACO-35	Skilled Nursing Facility 30-day All-Cause Readmission measure (SNFRM)	17.15	18.17
ACO-36	All-Cause Unplanned Admissions for Patients with Diabetes	47.54	53.20
ACO-37	All-Cause Unplanned Admissions for Patients with Heart Failure	77.65	75.23
ACO-38	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	59.82	59.81
ACO-9	Ambulatory Sensitive Condition Admissions: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults (AHRQ Prevention Quality Indicator (PQI) #5)	8.74	9.27
ACO-10	Ambulatory Sensitive Conditions Admissions: Heart Failure (AHRQ Prevention Quality Indicator (PQI) #8)	15.47	14.53

ACO-11	Percent of PCPs who Successfully Meet Meaningful Use Requirements	84.14	82.72
ACO-39	Documentation of Current Medications in the Medical Record	99.34	87.54
ACO-13	Falls: Screening for Future Fall Risk	64.51	64.04
ACO-14	Preventive Care and Screening: Influenza Immunization	54.08	68.32
ACO-15	Pneumonia Vaccination Status for Older Adults	50.33	69.21
ACO-16	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	85.83	74.45
ACO-17	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	90.94	90.98
ACO-18	Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	84.07	53.63
ACO-19	Colorectal Cancer Screening	47.27	61.52
ACO-20	Breast Cancer Screening	57.50	67.61
ACO-21	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	90.64	76.79
ACO-42	Statin therapy for the Prevention and Treatment of Cardiovascular Disease	74.22	77.72
ACO-27	Diabetes Mellitus: Hemoglobin A1c Poor Control	16.89	18.24
ACO-41	Diabetes: Eye Exam	24.74	44.94
ACO-28	Hypertension (HTN): Controlling High Blood Pressure	63.78	70.69
ACO-30	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	89.33	85.05
ACO-31	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	96.91	88.67
ACO-33	Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - for patients with CAD and Diabetes or Left Ventricular Systolic Dysfunction (LVEF<40%)	81.51	79.67

Please note, the ACO-40 Depression Remission at 12 months quality measure is not included in public reporting due to low samples.

- For 2016 Quality Performance Results please visit: <https://data.cms.gov/Special-Programs-Initiatives-Medicare-Shared-Savin/2016-Shared-Savings-Program-SSP-Accountable-Care-O/3jk5-q6dr/data>
- For 2015 Quality Performance Results please visit: <https://data.cms.gov/Special-Programs-Initiatives-Medicare-Shared-Savin/Medicare-Shared-Savings-Program-Accountable-Care-O/x8va-z7cu/data>
- For 2014 Quality Performance Results please visit: <https://data.cms.gov/Special-Programs-Initiatives-Medicare-Shared-Savin/Medicare-Shared-Savings-Program-Accountable-Care-O/ucce-hhpu/data>
- For 2013 Quality Performance Results please visit: <https://data.cms.gov/Special-Programs-Initiatives-Medicare-Shared-Savin/Medicare-Shared-Savings-Program-Accountable-Care-O/yuq5-65xt/data>

Note: In the Quality Performance Results file(s) above, search for “Accountable Care Coalition of Georgia, LLC.” to view the quality performance results. This ACO can also be found by using the ACO ID A86799 in the public use files on data.cms.gov.

Payment Rule Waivers

- No, our ACO does not use the SNF 3-Day Rule Waiver.

Arrangements Disclosed

REQUIRED PUBLIC DISCLOSURE FOR THE ACO PARTICIPATION WAIVER

The Accountable Care Coalition of Georgia, LLC (the “ACO”) participates in the Medicare Shared Savings Program (“MSSP”) under a contract with the Centers for Medicare & Medicaid Services (“CMS”). The Secretary of the Department of Health and Human Services has provided certain waivers of federal fraud and abuse laws in connection with the MSSP. On August 1, 2016, the Management Committee after previous discussions authorized, via unanimous written consent, an arrangement with Curant Health Georgia, LLC and Curant Health Florida, LLC (collectively “Curant”) under which Curant will provide a grant of funds to assist the ACO’s efforts with respect to the MSSP. Consistent with 42 CFR 425.106(b)(3), after discussing the proposed arrangement with Curant, the Management Committee made a bona fide determination that an arrangement with Curant as described below is reasonably related to the purpose of the MSSP and authorized such arrangement. The collaboration is related to the purposes of the MSSP as it augments the ACO’s ability to:

- Promote evidence-based medicine and patient engagement;
- Meet the requirements for reporting quality and cost measures coordinating care;
- Establish clinical and administrative systems;
- Meet the clinical integration requirements of the Medicare Shared Savings Program;
- Evaluate the health needs of the ACO’s aligned population;
- Communicate clinical knowledge and evidence based medicine to Medicare beneficiaries;
- and
- Develop standards for beneficiary access and communication, including beneficiary access to medical records.

ACO Participation Waiver Documentation

Parties Involved:

Start Date: January 1, 2017

End Date: December 31, 2017

Accountable Care Coalition of Georgia

Medicare-Fee-For-Service Beneficiaries (Beneficiaries)

Details of the Incentive Program:

The ACO will be providing first aid kits and insulated zipper bags for prescription medications to Beneficiaries. The first aid kits will be distributed to all Beneficiaries who attend a Health Fair or complete a Medicare Annual Wellness Visit (AWV).

The insulated zipper bags will be provided to Beneficiaries identified by an ACO Participant as being treated with multiple medications during a regular office visit.

Participation in either incentive program will be at the discretion of each ACO Participant. However, upon agreeing to participate in one or both programs, the ACO Participant will provide the incentives to all eligible Beneficiaries.

What Items/Services are being provided?

First aid kit – appreciation for attending a Health Fair or complete a Medicare AWV.

Insulated zipper bag – to bring medications to each appointment

Who will receive the Items/Services?

Beneficiaries identified by an ACO Participant.

Under what conditions will they received the Items/Services?

First aid kit: Will be provided to Beneficiaries who attend a Health Fair or complete a Medicare AWV.

Insulated zipper bags: Will be provided to Beneficiaries being treated with multiple medications during a regular office visit.

What is the value of each Item/Service?

The first aid kits cost under \$2 each and the insulated zipper bags cost under \$2 each.

Who is paying for the Item/Service?

The Accountable Care Coalition of Georgia, via Collaborative Health Systems (CHS). The cost will be reimbursed to CHS out of shared savings.

Describe the connection between the item/service being provided and the medical care of the beneficiary:

The first aid kit was intended to encourage members to receive preventive care. The insulated zipper bags are intended to assist Beneficiaries with medication management, enabling them to better store and organize multiple medications and remind them to bring all medications and supplements to their appointments.

Select one or more of the following criteria and explain how this item/service fits within that category:

- The Item/Service is for preventive care:
- The Item/Service is used to advance the clinical goal of:
- Adherence to a treatment/drug regime: Will help the Beneficiary with medication management – taking the right medication in the right dose at the right time.
 - Adherence to a follow-up care plan:
 - Management of a chronic disease or condition:

Will ensure that the Beneficiary is stabilizing or improving his/her chronic conditions by achieving optimal results from treatments given as prescribed by their provider.

Authorization by Governing Body

Method of Authorization (select one):

Date: January 18, 2017

- Unanimous Written Consent
- Governing Body Vote documented accordingly in the meeting minutes

REQUIRED PUBLIC DISCLOSURE FOR USE OF AN ARRANGEMENT ENTERED INTO UNDER THE ACO PARTICIPATION WAIVER

The Accountable Care Coalition of Georgia, LLC (the “ACO”) participates in the Medicare Shared Savings Program (“MSSP”) under a contract with the Centers for Medicare & Medicaid Services (“CMS”). The Secretary of the Department of Health and Human Services by and through CMS has provided certain waivers of federal fraud and abuse laws in connection with the MSSP pursuant to the Final Waivers in Connection with the Shared Savings Program dated October 29, 2015, as may be amended, including a participation waiver (“Participation Waiver”). On December 15, 2017, the governing body of the ACO after previous discussions authorized, via unanimous written consent, an arrangement with Laboratory Corporation of America Holdings (“LabCorp”) under which LabCorp will collaborate with ACO to provide ACO with laboratory data and test result values for the ACO’s assigned beneficiaries, and jointly develop an outreach program to the ACO’s Providers/Suppliers to provide educational services and information concerning. In addition to educational services, ACO will provide ACO Providers/Suppliers with, among other things, their applicable test result values and an analysis of such laboratory data so they can improve their patients’ care. Finally, LabCorp will provide a grant of funds to allow ACO to defray a portion of the costs to further develop and implement the program, including investment or modification of ACO’s administrative and clinical systems, and otherwise assisting the ACO’s efforts with respect to the MSSP. Consistent with the Waivers, after discussing the proposed arrangement with LabCorp, the governing body of the ACO made a bona fide determination that an arrangement with LabCorp as described below is reasonably related to the purpose of the MSSP and authorized such arrangement. The collaboration is related to the purposes of the MSSP as it augments the ACO’s ability to:

- Promote evidence-based medicine and patient engagement;
- Meet the requirements for reporting quality and cost measures coordinating care;
- Establish clinical and administrative systems;
- Meet the clinical integration requirements of the Medicare Shared Savings Program;

2/15/2018

- Evaluate the health needs of the ACO's aligned population;
- Communicate clinical knowledge and evidence based medicine to Medicare beneficiaries;
and
- Develop standards for beneficiary access and communication, including beneficiary access to medical records.

Accordingly, the ACO entered into this arrangement having determined that it meets all conditions to enable the ACO to avail itself of the Participation Waiver.