

## ACO Name and Location

Accountable Care Coalition of The Tri-Counties, LLC  
PO Box 80279  
Charleston, South Carolina 29416

## ACO Primary Contact

<i>Primary Contact Name</i>	<b>Jeffery Spight</b>
<i>Primary Contact Phone Number</i>	<b>914-597-2073</b>
<i>Primary Contact Email Address</i>	<b>jeffery.spight@universalamerican.com</b>

## Organizational Information

### ACO participants:

<b>ACO Participants</b>	<b>ACO Participant in Joint Venture (Enter Y or N)</b>
Premier Medical Center Inc	N
Walterboro Adult and Pediatric Medicine, llc	N
North Berkeley Family Care, LLC	N
James T. Martin, Jr., Md	N
Liberty Doctors, LLC	N
Remedy Internal Medicine and Wellness Center, PA	N
SUMMERVILLE PRIMARY CARE	N
Seignious, David W., MD, LLC	N
Harold R Nicolette Do Pa	N
HARTH PLACE FAMILY MEDICINE	N
Thaddeus Bell	N
Internal Medicine of Walterboro Llc	N
Dorchester Medical Associates	N
Hope Clinic, LLC	N
Thomas, Robert L., M.D., LLC	N
Rearden Internal Medicine and Geriatrics, LLC	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	Chair, Voting Member	23%	Other: ACO Affiliate (CHS) Representative	N/A
Durrence	Hugh	M.D., Voting Member	18.75%	ACO Participant Representative	Liberty Doctors, LLC
Hurley	Donald	M.D., Voting Member	18.75%	ACO Participant Representative	Liberty Doctors, LLC
Martin	James	M.D., Voting Member	18.75%	ACO Participant Representative	James T. Martin, Jr., Md
Hanna	Donald	M.D., Voting Member	18.75%	ACO Participant Representative	Liberty Doctors, LLC
Price	William David	M.D., Voting Member	2%	Medicare Beneficiary Representative	N/A

**Key ACO clinical and administrative leadership:**

Jeffery Spight	ACO Executive
Hugh Durrence	Medical Director
Michael Yount	Compliance Officer
Hugh Durrence	Quality Assurance/Improvement Officer

**Associated committees and committee leadership:**

Committee Name	Committee Leader Name and Position
<i>Management Committee</i>	<i>Lorri Havlovitz, Chair</i>

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

- Networks of individual practices of ACO professionals

**Shared Savings and Losses****Amount of Shared Savings/Losses**

- Second Agreement Period
  - Performance Year 2016, \$4,532,348
- First Agreement Period
  - Performance Year 2015, \$2,097,050

- Performance Year 2014, \$0
- Performance Year 2013, \$0

### Shared Savings Distribution

- Second Agreement Period
  - Performance Year 2016
    - Proportion invested in infrastructure: 43%
    - Proportion invested in redesigned care processes/resources: 40%
    - Proportion of distribution to ACO participants: 17%
- First Agreement Period
  - Performance Year 2015
    - Proportion invested in infrastructure: 0%
    - Proportion invested in redesigned care processes/resources: 100%
    - Proportion of distribution to ACO participants: 0%
  - 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	80.63	80.51
ACO-2	CAHPS: How Well Your Providers Communicate	94.41	93.01
ACO-3	CAHPS: Patients' Rating of Provider	92.62	92.25

ACO-4	CAHPS: Access to Specialists	85.02	83.49
ACO-5	CAHPS: Health Promotion and Education	63.90	60.32
ACO-6	CAHPS: Shared Decision Making	79.10	75.40
ACO-7	CAHPS: Health Status/Functional Status	69.34	72.30
ACO-34	CAHPS: Stewardship of Patient Resources	37.33	26.97
ACO-8	Risk Standardized, All Condition Readmission	14.58	14.70
ACO-35	Skilled Nursing Facility 30-day All-Cause Readmission measure (SNFRM)	18.41	18.17
ACO-36	All-Cause Unplanned Admissions for Patients with Diabetes	49.31	53.20
ACO-37	All-Cause Unplanned Admissions for Patients with Heart Failure	73.74	75.23
ACO-38	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	54.00	59.81
ACO-9	Ambulatory Sensitive Condition Admissions: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults (AHRQ Prevention Quality Indicator (PQI) #5)	8.09	9.27
ACO-10	Ambulatory Sensitive Conditions Admissions: Heart Failure (AHRQ Prevention Quality Indicator (PQI) #8)	13.69	14.53
ACO-11	Percent of PCPs who Successfully Meet Meaningful Use Requirements	85.00	82.72
ACO-39	Documentation of Current Medications in the Medical Record	98.22	87.54
ACO-13	Falls: Screening for Future Fall Risk	36.11	64.04
ACO-14	Preventive Care and Screening: Influenza Immunization	60.16	68.32
ACO-15	Pneumonia Vaccination Status for Older Adults	59.92	69.21
ACO-16	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	72.69	74.45
ACO-17	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	83.67	90.98
ACO-18	Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	32.13	53.63
ACO-19	Colorectal Cancer Screening	64.26	61.52
ACO-20	Breast Cancer Screening	55.60	67.61

ACO-21	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	90.04	76.79
ACO-42	Statin therapy for the Prevention and Treatment of Cardiovascular Disease	82.14	77.72
ACO-27	Diabetes Mellitus: Hemoglobin A1c Poor Control	18.95	18.24
ACO-41	Diabetes: Eye Exam	45.97	44.94
ACO-28	Hypertension (HTN): Controlling High Blood Pressure	61.89	70.69
ACO-30	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	74.51	85.05
ACO-31	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	82.05	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%)	64.06	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 The Tri-Counties, LLC” to view the quality performance results. This ACO can also be found by using the ACO ID A09897 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 the Tri-Counties, 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 November 10, 2016, the Management Committee after previous discussions authorized, via unanimous written consent, an arrangement with Quest Diagnostics (collectively "Quest") under which Quest 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 Quest, the Management Committee made a bona fide determination that an arrangement with Quest 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.

Accountable Care Coalition of the Tri-Counties, LLC  
ACO Documentation

Parties Involved:      Start Date: January 1, 2017      End Date: December 31, 2017

Accountable Care Coalition of the Tri-Counties, LLC  
Collaborative Health Systems

Description/Purpose of the Arrangement:

To facilitate the capture of comprehensive and consistent data set relating to the ACO quality measures, CHS has developed, and the ACO has adopted, an online portal, PatientLink360, to meet the requirements of 2017 GPRO reporting. This portal is to be utilized by the ACO Participant or provider/supplier during a beneficiary encounter or retrospectively, by capturing ACO quality measures collected in a previous visit.

The portal details the documentation requirements necessary to meet the standards established by CMS for, among other things, the preventative care services included in the quality measurements for the ACO.

Recognizing the administrative burden of completing the ACO Quality Measures on the PatientLink360 platform, United Physicians, on behalf of the ACO, will pay the Participant or provider/supplier as set forth below.

Items, Services and/or goods included:

This administrative fee covers the cost of outreach, scheduling and logistics, and reporting to the ACO.

Financial/Economic Terms:

Twenty dollars (\$20.00) for each assigned ACO beneficiary once all Quality Measures are completely and accurately entered directly into PatientLink 360 through December 31, 2017.

#### Relation to Purposes of the Medicare Shared Savings Program

This reimbursement will support the complete and accurate data collection of the quality measures. This data will be used to ascertain the health status of the individual, identify any gaps in care, needed clinical interventions, additional disease education, care plan development and tracking, as well as, engage the beneficiary in the active participation of their care and identify opportunities for improved care coordination.

With expanded and more specific data collection, care processes will be initiated earlier and more consistently. An increasingly robust quality measures collection process is in itself a redesigned care process that will improve the care of the individual, reduce costs and improve the health of the population the ACO serves.

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#### Authorization by Governing Body

Method of Authorization (select one):

Date: August 17, 2017

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