

ACO Name and Location

Accountable Care Coalition of The Tri-Counties, LLC
Previous Names: N/A
PO Box 80279
Charleston, SC 29416

ACO Primary Contact

<i>Primary Contact Name</i>	Lorri Havlovitz
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Organizational Information

ACO participants:

ACO Participants	ACO Participant in Joint Venture (Enter Y or N)
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 – Expressed as a percentage or number	Membership Type	ACO Participant Legal Business Name/DBA, if Applicable
Last Name	First Name	Title/Position			
Tanner	Amy	Chair, Voting Member	11.5%	Other: ACO Affiliate (CHS) Representative	N/A
Durrence	Hugh	M.D., Voting Member	18.75%	ACO Participant Representative	Liberty Doctors, LLC
Hurley	Donald	D.O., 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
Crowder	Beth	Voting Member	11.5%	Other: ACO Affiliate (United Physicians, Inc.) Representative	N/A

Key ACO clinical and administrative leadership:

Lorri Havlovitz	ACO Executive
Hugh Durrence, M.D.	Medical Director
Michael Yount	Compliance Officer
Hugh Durrence, M.D.	Quality Assurance/Improvement Officer

Associated committees and committee leadership:

Committee Name	Committee Leader Name and Position
<i>Management Committee</i>	<i>Amy Tanner, 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 2017, \$2,455,172
 - 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 2017
 - Proportion invested in infrastructure: 39%
 - Proportion invested in redesigned care processes/resources: 1%
 - Proportion of distribution to ACO participants: 60%
 - 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

2017 Quality Performance Results:

ACO#	Measure Name	Rate	ACO Mean
ACO-1	CAHPS: Getting Timely Care, Appointments, and Information	80.93	80.60
ACO-2	CAHPS: How Well Your Providers Communicate	94.11	93.13
ACO-3	CAHPS: Patients' Rating of Provider	92.26	92.31
ACO-4	CAHPS: Access to Specialists	84.12	83.32
ACO-5	CAHPS: Health Promotion and Education	62.31	62.30
ACO-6	CAHPS: Shared Decision Making	75.60	75.85
ACO-7	CAHPS: Health Status/Functional Status	74.68	73.05
ACO-34	CAHPS: Stewardship of Patient Resources	33.71	25.68
ACO-8	Risk Standardized, All Condition Readmission	14.83	15.01
ACO-35	Skilled Nursing Facility 30-day All-Cause Readmission measure (SNFRM)	18.42	18.46
ACO-36	All-Cause Unplanned Admissions for Patients with Diabetes	52.09	53.95
ACO-37	All-Cause Unplanned Admissions for Patients with Heart Failure	69.95	79.16
ACO-38	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	53.68	61.74
ACO-43	Ambulatory Sensitive Condition Acute Composite (AHRQ* Prevention Quality Indicator (PQI #91))	1.48	1.93
ACO-11	Use of Certified EHR Technology	100.00	98.48
ACO-12	Medication Reconciliation	100.00	75.32

ACO-13	Falls: Screening for Future Fall Risk	86.89	74.38
ACO-44	Imaging Studies for Low Back Pain	73.68	67.32
ACO-14	Preventive Care and Screening: Influenza Immunization	64.27	72.52
ACO-15	Pneumonia Vaccination Status for Older Adults	66.89	72.92
ACO-16	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	88.74	70.69
ACO-17	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	93.09	90.48
ACO-18	Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	48.25	61.98
ACO-19	Colorectal Cancer Screening	65.28	64.58
ACO-20	Breast Cancer Screening	66.67	70.05
ACO-42	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	80.15	79.89
ACO-27	Diabetes Mellitus: Hemoglobin A1c Poor Control	20.86	16.74
ACO-41	Diabetes: Eye Exam	54.64	50.37
ACO-28	Hypertension (HTN): Controlling High Blood Pressure	64.04	71.47
ACO-30	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	71.96	86.86

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

- For 2017 Quality Performance Results please visit: <https://data.cms.gov/Special-Programs-Initiatives-Medicare-Shared-Savin/2017-Shared-Savings-Program-SSP-Accountable-Care-O/gk7c-vejx/data>
- 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.