

ACO Name and Location

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

ACO Primary Contact

<i>Primary Contact Name</i>	Karen Holt
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<i>Primary Contact Email Address</i>	Karen.Holt@UniversalAmerican.com

Organizational Information

ACO participants:

ACO Participants	ACO Participant in Joint Venture (Enter Y or N)
Citimed, P.A.	N
G. Suzanne Goodchild, DO, PA	N
K-Care Family Medical PA	N
Jamie Inman Ms Do Pa	N
Cleburne Ob & Gyn Associates	N
Dan Dinh Nguyen DO PA	N
Rapha Medical Care, Pa	N
Lake Granbury Internal Medicine & Pediatrics, Pa	N
Dfw Family Clinic	N
Jill Gramer DO PA	N
Mount Moriah Family Medicine PLLC	N
Angel's Star Wellness Center, P.A	N

Tuan Dinh Nguyen DO PA	N
Quest Diagnostics Clinical Laboratories Inc	N
Mesquite Regional Internal Medicine	N
Fisher Cardiology and Electrophysiology	N
Paul Bishop	N
Kingsbrook Healthcare Services PLLC	N
Metroplex Care Group	N
Charles Smith	N
Durbin Family Practice Pa	N
Salam Al-Hafidh Md Facp Pa	N
Stephen B Trammell DO PA	N
Imre J Kocsis	N
Basil Bernstein Md Pa	N
Ralph T Wiegman Md	N
Burleson Family Medical Center PA	N
Michael Adamo	N
Diamond Hill Medical Center PA	N
R Greg Maul DO PA	N
Dr. Richard J. Perry Do Pa	N
Michael R. Mccullough, D.O., P.A.	N
Rhodesia N Lastrap Do Pa	N
Clinical Nephrology Associates PA	N
Louis D Zegarelli DO PA	N
Ronald A Stewart, D.O., P.A.	N
Kaner Medical Group, PA	N
Michael E Truman DO PA	N
Israel A Hartman M D P A	N
Roy L Caivano DO	N
Anuradha L Mundluru MD	N
John P Lavery MD PA	N

Arlington Preventive Care Medical Clinic P A	N
North Texas Lung & Sleep Clinic Pa	N
Dr Carla Tabbs Md PA	N
Acton Medical Clinic Pa	N
C. Brooks Smtih M.D. & Associates	N
Kanubhai A Patel Md	N
Lake Country Family Medicine, P.A.	N
Mansfield Medical Clinic	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			
Spain	Jon	Voting Member	18.75%	ACO participant representative	Diamond Hill Medical Center, P.A.
Mundluru	Anuradha	Voting Member	18.75%	ACO participant representative	Mesquite Regional Internal Medicine
Lavery	John P.	Voting Member	18.75%	ACO participant representative	John P Lavery MD PA
Patel	Sneha	Voting Member	18.75%	ACO participant representative	Metroplex Care Group
Moore	Mary	Voting Member	2%	Medicare beneficiary representative	Mesquite Regional Internal Medicine
Holt	Karen	Voting Member	23%	Other	N/A

Key ACO clinical and administrative leadership:

Karen Holt	ACO Executive
Lorri Havlovitz	VP Operations
Anuraha Mundluru	Medical Director
Michael Yount	Compliance Officer

Associated committees and committee leadership:

Committee Name	Committee Leader Name and Position
Quality Improvement/Care Coordination	Anuradha Mundluru, MD

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, \$2,591,659
- First Agreement Period
 - Performance Year 2015, \$2,181,324
 - Performance Year 2014, \$1,382,659
 - Performance Year 2013, \$0

Shared Savings Distribution

Amount of Shared Savings/Losses

- Second Agreement Period
 - Performance Year 2016, \$2,591,659
- First Agreement Period

- Performance Year 2015, \$2,181,324
- Performance Year 2014, \$1,382,659
- Performance Year 2013, \$0

Shared Savings Distribution

- Second Agreement Period
 - Performance Year 2016
 - Proportion invested in infrastructure: 32%
 - Proportion invested in redesigned care processes/resources: 37%
 - Proportion of distribution to ACO participants: 32%
- First Agreement Period
 - Performance Year 2015
 - Proportion invested in infrastructure: 30%
 - Proportion invested in redesigned care processes/resources 40%
 - Proportion of distribution to ACO participants: 30%
 - Performance Year 2014
 - Proportion invested in infrastructure: 0%
 - Proportion invested in redesigned care processes/resources: 100%
 - Proportion of distribution to ACO participants: 0%
 - 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	75.93	80.51

ACO-2	CAHPS: How Well Your Providers Communicate	90.64	93.01
ACO-3	CAHPS: Patients' Rating of Provider	90.62	92.25
ACO-4	CAHPS: Access to Specialists	86.10	83.49
ACO-5	CAHPS: Health Promotion and Education	61.39	60.32
ACO-6	CAHPS: Shared Decision Making	73.46	75.40
ACO-7	CAHPS: Health Status/Functional Status	68.29	72.30
ACO-34	CAHPS: Stewardship of Patient Resources	27.20	26.97
ACO-8	Risk Standardized, All Condition Readmission	14.75	14.70
ACO-35	Skilled Nursing Facility 30-day All-Cause Readmission measure (SNFRM)	18.49	18.17
ACO-36	All-Cause Unplanned Admissions for Patients with Diabetes	56.91	53.20
ACO-37	All-Cause Unplanned Admissions for Patients with Heart Failure	84.28	75.23
ACO-38	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	57.90	59.81
ACO-9	Ambulatory Sensitive Condition Admissions: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults (AHRQ Prevention Quality Indicator (PQI) #5)	8.37	9.27
ACO-10	Ambulatory Sensitive Conditions Admissions: Heart Failure (AHRQ Prevention Quality Indicator (PQI) #8)	17.68	14.53
ACO-11	Percent of PCPs who Successfully Meet Meaningful Use Requirements	33.33	82.72
ACO-39	Documentation of Current Medications in the Medical Record	87.69	87.54
ACO-13	Falls: Screening for Future Fall Risk	68.62	64.04
ACO-14	Preventive Care and Screening: Influenza Immunization	70.07	68.32
ACO-15	Pneumonia Vaccination Status for Older Adults	58.63	69.21
ACO-16	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	76.32	74.45
ACO-17	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	88.27	90.98
ACO-18	Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	49.24	53.63

ACO-19	Colorectal Cancer Screening	58.94	61.52
ACO-20	Breast Cancer Screening	67.17	67.61
ACO-21	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	93.17	76.79
ACO-42	Statin therapy for the Prevention and Treatment of Cardiovascular Disease	76.02	77.72
ACO-27	Diabetes Mellitus: Hemoglobin A1c Poor Control	13.93	18.24
ACO-41	Diabetes: Eye Exam	61.97	44.94
ACO-28	Hypertension (HTN): Controlling High Blood Pressure	72.92	70.69
ACO-30	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	79.61	85.05
ACO-31	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	88.37	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%)	71.83	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 North Texas, LLC.” to view the quality performance results. This ACO can also be found by using the ACO ID A72294 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 North Texas, 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 January 3, 2017, 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.

Arrangements Disclosed

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

The Accountable Care Coalition of North Texas, 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 (“HHS”) by and through CMS and the Office of Inspector General, HHS has provided certain waivers of federal fraud and abuse laws deemed necessary by CMS to carry out the MSSP pursuant to the *Final Waivers in Connection with the Shared Savings Program* dated October 29, 2015, as may be amended, including a ACO 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 ACO’s assigned beneficiaries, and jointly develop an outreach program to 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 the requirements of the Participation Waivers, after discussing the proposed arrangement with LabCorp, the Management Committee 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 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 MSSP;
- Evaluate the health needs of 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, ACO entered into this arrangement having determined that it meets all conditions to enable ACO to avail itself of the Participation Waiver.