

## ACO Name and Location

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

## ACO Primary Contact

<i>Primary Contact Name</i>	Erin Page
<i>Primary Contact Phone Number</i>	855-236-9820
<i>Primary Contact Email Address</i>	EPage@UniversalAmerican.com

## Organizational Information

### ACO participants:

<b>ACO Participants</b>	<b>ACO Participant in Joint Venture (Enter Y or N)</b>
Ahmed Cardiology MD PA	N
Barbara E. Bush, M.D.	N
CHARLES G HOLMSTEN MD AND ASSOCIATES	N
Chi Si Choi, MD., PA	N
Clear Lake Primary Care PLLC	N
Collaborative Geriatrics Inc	N
DEVENDER D REDDY, M.D. P.A.	N
East Houston Physicians Group, Pa.	N
Emmanuel N. Oriahi, MD	N
FAROUK BARBANDI MD PA	N
Ganesh P. Gupta MD., PA	N
GEORGE K KATEI, M.D., P.A.	N
HarlingenCriticalCarePA	N
Heights Doctors Clinic Pa	N
HOUSTON CHEST INTERNISTS	N
Houston Medicine Associates PA	N
HOUSTON NEPHROLOGY GROUP PA	N
Medical Chest Associates, P.A.	N
MEMORIAL PULMONOLGY PA	N
Mitzi Jimenez	N

Mitzi T. Jimenez, MD, PA	N
Mobeen Mazhar, MD., PA	N
N W HOUSTON FAMILY PRACTICE PA	N
NEPHROLOGY AND HYPERTENSION SPECIALISTS PA	N
ONCOLOGY AND HEMATOLOGY CONSULTANTS OF HOUSTON PA	N
Peter Farha, MD	N
Primary Care Consultants Pa	N
PULMONARY AND INTERNAL MEDICINE ASSOCIATES, L.L.P.	N
Quest Diagnostics Clinical Laboratories Inc	N
RAJINDER K BHALLA MD PA	N
Sei Chang Oh, MD	N
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER	N
THE DOAN OF VO CLINIC PA	N
WILLIAMS FAMILY PRACTICE, P A	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			
James	Cleve	Voting Member	17%	ACO Participant Representative/Chair	Houston Medicine Associates PA
Ahmed	Ahmed	Voting Member	17%	ACO Participant Representative/Quality Chair	Ahmed Cardiology MD PA
Baba	Mohammad	Voting Member	17%	ACO Participant Representative	Clear Lake Primary Care PLLC
Ramiz	Naila	Voting Member	17%	ACO Participant Representative	Primary Care Consultants Pa
Alozie	Ogechika	Voting Member	17%	Texas Tech Health Sciences Center El Paso	Ogechika Alozie, MD
Jimenez	Mitzi	Voting Member	17%	Medicare Beneficiary Representative	Mitzi T. Jimenez, MD, PA

**Key ACO clinical and administrative leadership:**

Erin Page	ACO Executive
James Cleve, MD	Medical Director
Michael Yount	Compliance Officer
Mohammad Baba, MD	Quality Assurance/Improvement Officer

**Associated committees and committee leadership:**

<b>Committee Name</b>	<b>Committee Leader Name and Position</b>
Quality Improvement & Care Coordination	Mohammad Baba, 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, \$1,568,097
- First Agreement Period
  - Performance Year 2015, \$4,533,923
  - Performance Year 2014, \$6,335,569
  - Performance Year 2013, \$9,357,388

**Shared Savings Distribution**

- Second Agreement Period
  - Performance Year 2016
    - Proportion invested in infrastructure: 25%

- Proportion invested in redesigned care processes/resources: 49%
  - Proportion of distribution to ACO participants: 25%
- First Agreement Period
  - Performance Year 2015
    - Proportion invested in infrastructure: 26%
    - Proportion invested in redesigned care processes/resources: 48%
    - Proportion of distribution to ACO participants: 26%
  - Performance Year 2014
    - Proportion invested in infrastructure: 35%
    - Proportion invested in redesigned care processes/resources: 30%
    - Proportion of distribution to ACO participants: 35%
  - Performance Year 2013
    - Proportion invested in infrastructure: 11%
    - Proportion invested in redesigned care processes/resources: 48%
    - Proportion of distribution to ACO participants: 26%

## Quality Performance Results

2016 Quality Performance Results:

ACO#	Measure Name	Rate	ACO Mean
ACO-1	CAHPS: Getting Timely Care, Appointments, and Information	80.18	80.51
ACO-2	CAHPS: How Well Your Providers Communicate	93.67	93.01
ACO-3	CAHPS: Patients' Rating of Provider	92.71	92.25
ACO-4	CAHPS: Access to Specialists	83.33	83.49
ACO-5	CAHPS: Health Promotion and Education	59.06	60.32
ACO-6	CAHPS: Shared Decision Making	73.51	75.40
ACO-7	CAHPS: Health Status/Functional Status	73.02	72.30
ACO-34	CAHPS: Stewardship of Patient Resources	32.90	26.97
ACO-8	Risk Standardized, All Condition Readmission	14.81	14.70

ACO-35	Skilled Nursing Facility 30-day All-Cause Readmission measure (SNFRM)	17.98	18.17
ACO-36	All-Cause Unplanned Admissions for Patients with Diabetes	50.34	53.20
ACO-37	All-Cause Unplanned Admissions for Patients with Heart Failure	82.23	75.23
ACO-38	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	56.72	59.81
ACO-9	Ambulatory Sensitive Condition Admissions: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults (AHRQ Prevention Quality Indicator (PQI) #5)	10.37	9.27
ACO-10	Ambulatory Sensitive Conditions Admissions: Heart Failure (AHRQ Prevention Quality Indicator (PQI) #8)	12.59	14.53
ACO-11	Percent of PCPs who Successfully Meet Meaningful Use Requirements	52.78	82.72
ACO-39	Documentation of Current Medications in the Medical Record	85.27	87.54
ACO-13	Falls: Screening for Future Fall Risk	49.92	64.04
ACO-14	Preventive Care and Screening: Influenza Immunization	70.64	68.32
ACO-15	Pneumonia Vaccination Status for Older Adults	62.05	69.21
ACO-16	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	71.19	74.45
ACO-17	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	85.67	90.98
ACO-18	Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	49.82	53.63
ACO-19	Colorectal Cancer Screening	56.46	61.52
ACO-20	Breast Cancer Screening	50.83	67.61
ACO-21	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	90.03	76.79
ACO-42	Statin therapy for the Prevention and Treatment of Cardiovascular Disease	71.00	77.72
ACO-27	Diabetes Mellitus: Hemoglobin A1c Poor Control	23.69	18.24
ACO-41	Diabetes: Eye Exam	38.68	44.94

ACO-28	Hypertension (HTN): Controlling High Blood Pressure	70.95	70.69
ACO-30	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	74.61	85.05
ACO-31	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	90.91	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%)	82.91	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 Texas, Inc.” to view the quality performance results. This ACO can also be found by using the ACO ID A05273 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 Texas, Inc. (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 October 24, 2016, the Management Committee of the ACO met at a duly called meeting to discuss 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 Texas, Inc. (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 18, 2017, the governing body of the ACO met at a duly called meeting to authorize 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;
- 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.



# Arrangements Disclosed

## ACO Waiver Documentation

### Parties Involved:

-Accountable Care Coalition of Texas, Inc.

-Collaborative Health Systems

## ACO QUALITY FORMS PAYMENT DOCUMENTATION

### 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, a documentation template (“Detailed Quality Measures Checklist”) to meet the requirements of 2017 GPRO reporting. This document is to be completed by the ACO Participant or provider/supplier during a beneficiary encounter or retrospectively, by capturing ACO quality measures collected in a previous visit. The Detailed Quality Measures Checklist details the documentation requirements necessary to meet the standards established by CMS for the preventative care services included in the quality measurements for the ACO.

Recognizing the administrative burden of completing the Detailed Quality Measures Checklist, CHS, on behalf of the ACO, will pay the physician \$50.00 per fully completed Checklist. The payment will be an ACO expense as described in the agreement between the ACO and CHS.

### Items, Services and/or goods included:

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

### Financial/Economic Terms:

- (1) CHS, on behalf of the ACO, will pay the physician \$50.00 per fully completed Detailed Quality Measures Checklist. Please make sure all applicable sections are complete, the ACO cannot pay for incomplete forms. The payment will be an ACO expense as described in the agreement between the ACO and CHS.

**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.