

ACO Name and Location

Accountable Care Coalition of Southeast Wisconsin, LLC
4888 Loop Central Drive
Suite 700
Houston, Texas 77081

ACO Primary Contact

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|-------------------------------|--------------------------------------|
| Primary Contact Name | Jeff Spight |
| Primary Contact Phone Number | 914-597-2073 |
| Primary Contact Email Address | Jeffery.Spight@UniversalAmerican.com |

Organizational Information

ACO participants:

| ACO Participants | ACO Participant in Joint Venture (Enter Y or N) |
|--|---|
| Interpedia, S.C. | N |
| Lee Medical Clinic, S.C. | N |
| Sami Roumani | N |
| Milwaukee Cardiac Care LLC | N |
| SJK Geriatric & Pallative Care Inc. | N |
| Nova Medical Center LLC | N |
| Paddock Lake Family Practice SC | N |
| Samara Services LLC | N |
| James M Bury, MD, Ltd. | N |
| Katzoff Rihawi Sc | N |
| Milwaukee Internal Medicine Associates, Inc. | N |
| Tosa Medical Group, LLC | N |
| TAHA MEDICAL CENTER | N |
| Abdul G Durrani MD SC | N |
| Dr Turgut Zia SC | N |
| Raed Hamed, MD, LLC | N |
| Shabbar Sajjad, MD SC | N |
| Bruce A Luccas, MD, LLC | N |
| Clinica Panamericana LLC | N |

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|---|---|
| Glenn Caine | N |
| Baylon Family Physicians, Ltd. | N |
| Sixteenth Street Community Health Centers Inc | N |
| Eddy D. Co, MD, SC | N |
| DR. JOSEPH S KOSTRZEWSKI SC | N |
| Clinica Latina, SC | N |
| Suhas K Shelgikar, MD, SC | N |
| Thomas J Shewczyk MD SC | N |
| Outreach Community Health Centers, Inc. | N |
| PROCARE MEDICAL GROUP SC | N |
| JEREMIAS B. VINLUAN M.D. S.C. | N |
| Raymond W. Moy, MD SC | N |
| Lingam V Kumar MD SC | N |
| Farzad Kamrani, MD, SC | N |
| Charles J. Waisbren MD SC | N |
| Kaushalya Beniwal MD SC | N |
| Maqbool Arshad MD | N |
| C.M.M. Sundaram, M.D., SC | N |
| Drs Decheck and Mataczynski MD SC | N |
| Milwaukee Health Services, Inc. | N |
| MILWAUKEE IMMEDIATE CARE CORPORATION | N |
| Medpoint Family Care Center | N |
| PEDIATRIC AND ADULT MEDICINE ASSOCIATES S.C. | N |
| HISPANIC MEDICAL CENTER | N |
| THIENSVILLE FAMILY HEALTH CARE SC | N |
| Joan T. Harney Gnad, MD, SC | N |
| Sami Roumani | N |
| Pulmonary & Critical Care Associates, SC | N |
| KARIM BAKHTIAR MD SC | N |
| Glenn Caine | N |
| Drs. Khan & Almas | N |

| | |
|---|---|
| West Allis Primary Care Physicians, S.C. | N |
| BARBARA A HUMMEL, MD SC | N |
| Heart Institute of Wisconsin | N |
| GERALD L IGNACE INDIAN HEALTH CENTER INC | N |
| Progressive Community Health Centers, Inc. | N |
| Surya Medical Group, S.C. | N |
| MILWAUKEE FAMILY PRACTICE SC | N |
| MAGO MEDICAL INC | N |
| Family Doctors, S. C. | N |
| Ozaukee Medical Group, LLC | N |
| Sheboygan Physicians Group S.C. | N |
| Caine Inc | N |
| Primary Care of Milwaukee SC | N |
| Lubsey Medical Clinic Inc | N |
| Greater Milwaukee Center For Health and Wellness Inc. | N |
| Independent Physicians of Wisconsin | N |
| Providence Family Medical Clinic S.C. | N |
| Omni Family Medical SC | N |
| Davis Medical Clinic, SC | N |
| Carolina G. Conti, M.D., S.C. | N |
| Kenosha Family Practice, S.C. | N |
| Ninette A. Nassif MD, SC | N |
| Oak Creek Urgent Care, LLC | N |
| Compassionate Doctors, Inc | N |
| Luma Healthcare 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 | | | |
| Najeeb | Waleed | Chair | 9.38% | ACO participant representative | Independent Physicians of Wisconsin |
| Herman, M.D. | Bruce | Voting Member | 9.38% | ACO participant representative | Ozaukee Medical Group, LLC |
| Khan, M.D. | Mohammad | Voting Member | 9.38% | ACO participant representative | Independent Physicians of Wisconsin |
| Nwilati | Mohammad | Voting Member | 9.38% | ACO participant representative | Procure Medical Group, S.C. |
| Roumani | Sami | Voting Member | 9.38% | ACO participant representative | Roumani Medical Clinic |
| Johnson | Michael | Voting Member | 9.38% | ACO participant representative | Sheboygan Physicians Group, SC |
| Waisbren | Charles | Voting Member | 9.38% | ACO participant representative | Charles J. Waisbren, MD, SC |
| Sundaram | C.M.M. | Voting Member | 9.38% | ACO participant representative | C.M.M. Sundaram, M.D., SC |
| Havlovitz | Lorri | Voting Member | 23% | Other | N/A |
| Petrovs | Victor | Voting Member | 2% | Medicare beneficiary representative | Independent Physicians of Wisconsin |

Key ACO clinical and administrative leadership:

| | |
|--------------------|---------------------------------------|
| Jeffery Spight | ACO Executive |
| Bruce Herman | Medical Director |
| Michael Yount | Compliance Officer |
| Bruce Herman, M.D. | Quality Assurance/Improvement Officer |

Associated committees and committee leadership:

| Committee Name | Committee Leader Name and Position |
|---|------------------------------------|
| Care Coordination & Quality Improvement | Bruce Herman, M.D. |

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, \$7,832,722
- First Agreement Period
 - Performance Year 2015, \$7,873,056
 - Performance Year 2014, \$4,425,989
 - Performance Year 2013, \$8,671,679

Shared Savings Distribution

- Second Agreement Period
 - Performance Year 2016
 - Proportion invested in infrastructure: 44%
 - Proportion invested in redesigned care processes/resources: 21%
 - Proportion of distribution to ACO participants: 37%
- First Agreement Period
 - Performance Year 2015
 - Proportion invested in infrastructure: 40%
 - Proportion invested in redesigned care processes/resources: 20%
 - Proportion of distribution to ACO participants: 40%
 - Performance Year 2014
 - Proportion invested in infrastructure: 38%
 - Proportion invested in redesigned care processes/resources: 24%
 - Proportion of distribution to ACO participants: 38%
 - Performance Year 2013
 - Proportion invested in infrastructure: 37%
 - Proportion invested in redesigned care processes/resources: 26%
 - Proportion of distribution to ACO participants: 37%

Quality Performance Results

2016 Quality Performance Results:

| ACO# | Measure Name | Rate | ACO Mean |
|--------|--|-------|----------|
| ACO-1 | CAHPS: Getting Timely Care, Appointments, and Information | 84.55 | 79.9 |
| ACO-2 | CAHPS: How Well Your Providers Communicate | 94.01 | 92.63 |
| ACO-3 | CAHPS: Patients' Rating of Provider | 93.4 | 91.93 |
| ACO-4 | CAHPS: Access to Specialists | 87.09 | 83.52 |
| ACO-5 | CAHPS: Health Promotion and Education | 64.37 | 60 |
| ACO-6 | CAHPS: Shared Decision Making | 78.39 | 75.28 |
| ACO-7 | CAHPS: Health Status/Functional Status | 70.59 | 71.82 |
| ACO-34 | CAHPS: Stewardship of Patient Resources | 31.35 | 27.52 |
| ACO-8 | Risk-Standardized, All Condition Readmission | 14.7 | 14.7 |
| ACO-35 | Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM) | 19.1 | 18.17 |
| ACO-36 | All-Cause Unplanned Admissions for Patients with Diabetes | 66.94 | 53.2 |
| ACO-37 | All-Cause Unplanned Admissions for Patients with Heart Failure | 90.86 | 75.23 |
| ACO-38 | All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions | 74.98 | 59.81 |
| ACO-9 | Ambulatory Sensitive Conditions Admissions: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults (AHRQ Prevention Quality Indicator (PQI) #5) | 12.86 | 9.27 |
| ACO-10 | Ambulatory Sensitive Conditions Admissions: Heart Failure (AHRQ Prevention Quality Indicator (PQI) #8) | 18.39 | 14.53 |
| ACO-11 | Percent of PCPs who Successfully Meet Meaningful Use Requirements | 62.5 | 82.72 |
| ACO-39 | Documentation of Current Medications in the Medical Record | 88.15 | 87.54 |
| ACO-13 | Falls: Screening for Future Fall Risk | 66.17 | 64.04 |
| ACO-14 | Preventive Care and Screening: Influenza Immunization | 68.41 | 68.32 |
| ACO-15 | Pneumonia Vaccination Status for Older Adults | 72.98 | 69.21 |
| ACO-16 | Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow Up | 77.61 | 74.45 |

| | | | |
|--------|--|-------|-------|
| ACO-17 | Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention | 83.88 | 90.98 |
| ACO-18 | Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan | 62.55 | 53.63 |
| ACO-19 | Colorectal Cancer Screening | 47.85 | 61.52 |
| ACO-20 | Breast Cancer Screening | 49.5 | 67.61 |
| ACO-21 | Preventive Care and Screening: Screening for High Blood Pressure and Follow-up Documented | 85.61 | 76.84 |
| ACO-42 | Statin Therapy for the Prevention and Treatment of Cardiovascular Disease | 77.11 | 77.72 |
| ACO-27 | Diabetes Mellitus: Hemoglobin A1c Poor Control | 26.35 | 18.24 |
| ACO-41 | Diabetes: Eye Exam | 37 | 44.94 |
| ACO-28 | Hypertension (HTN): Controlling High Blood Pressure | 67.45 | 70.52 |
| ACO-30 | Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic | 88.7 | 85.05 |
| ACO-31 | Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) | 86.73 | 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%) | 73.86 | 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>
- 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-hpu>
- 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>

Note: In the Quality Performance Results file(s) above, search for “Accountable Care Coalition of Southeast Wisconsin, LLC” to view the quality performance results. This ACO can also be found by using the ACO ID A18256 in the public use files on data.cms.gov.

Payment Rule Waivers

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

A1083 Accountable Care Coalition of Southeast Wisconsin

ACO Waiver Documentation

Parties Involved:

Start Date: Jan. 1, 2017

EndDate: Dec31,2017

Accountable Care Coalition of Southeast Wisconsin
Medicare Fee-For-Service Beneficiaries (Beneficiaries)

Details of the Incentive Program:

The ACO will be providing first aid kits and insulated zipper bags to Beneficiaries. The first aid kits will be distributed to all Beneficiaries who receive an Annual Wellness Visit with an ACO Participant. They will be provided to the Beneficiary at the end of the Visit.

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 to improve medication reconciliation.

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 completing Annual Wellness Visit
Insulated zipper bag – to bring medications to each appointment

Who will receive the Items/Services?

Medicare Beneficiaries identified by an ACO Participant.

Under what conditions will they receive the Items/Services?

First aid kit: Will be provided to Beneficiaries who receive an Annual Wellness Visit from an ACO Participant.

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 Southeast Wisconsin, 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 thank members for receiving preventive care, particularly the Annual Wellness Visit. The insulated zipper bags are intended to assist Beneficiaries with medication management and assist providers to complete accurate medication reconciliation.

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 and help providers complete medication reconciliation.
 - 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.

A1083 Accountable Care Coalition of Southeast Wisconsin

ACO Waiver Documentation

Start Date: January 1, 2017

End Date: December 31, 2017

Parties Involved:

The Accountable Care Coalition of Southeast Wisconsin (The ACO)
Clinical Guard (vendor) and Batteries Plus (vendor)
COPD beneficiaries as identified below

Details of the Incentive Program:

The ACO would like to provide fingertip Pulse Oximeters to ACO Beneficiaries who have Chronic Obstructive Pulmonary Disease (COPD), and are at risk for COPD exacerbation.

ACCSW has 1,795 COPD beneficiaries (which is a higher percentage than other SSPs). ACCSW experienced 16.39 discharges per 1,000 Beneficiaries for COPD in 2011 (other SSPs averaged 10.97 COPD discharges per 1,000).

Encouraging beneficiaries to utilize a fingertip pulse oximeter daily will allow for early detection of decreased oxygen rate or increased pulse rate. For COPD patients, the decreased oxygen or increased pulse rates indicates potential COPD exacerbation. Early detection of this exacerbation will allow the ACO Participant an opportunity to treat with medications (antibiotics and/or oral steroids) at home and may prevent the need for an emergency room visit or hospitalization.

Units will be labeled with appropriate distributing ACO PCP or pulmonologist name and phone number along with ACO phone number. A business card for the respective Care Coordinator, unit directions, and COPD symptoms will be included for each unit. Care Coordination will maintain provider office contact information for urgent responses to changes in health. Provider offices will put the batteries into the unit at time of disbursement, educate ACO Beneficiary on how to use the unit, and explain the care plan (when/frequency beneficiary needs to call Care Coordination).

Beneficiary will sign Acknowledgment Form accepting the unit, including serial number (in case of recall), contact information for beneficiary, provider, and Care Coordination, and care plan. One comprehensive page allows provider to fax to Care Coordination and increase beneficiary engagement.

ACO PCP or pulmonologist will inform Care Coordination when unit was dispersed to include date dispersed, beneficiary name/addr/ph# and care plan.

ACO will maintain careful tracking of units, outreach activities, and will follow with claims data to determine results of pilot.

What Items/Services are being provided?

Fingertip Pulse Oximeters to measure oxygen levels and pulse rates.

Who will receive the Items/Services?

ACO Participants that are PCPs or Pulmonologists will make the determination and provide the Pulse Oximeters to Chronic Obstructive Pulmonary Disease (COPD) Beneficiaries who are deemed by the provider to be at risk. Examples beneficiaries who would be deemed to be at risk are those who have been previously hospitalized (ER or IP) for COPD exacerbation and may be on steroids, using inhalers, or on oxygen.

Under what conditions will they received the Items/Services?

ACO Beneficiaries must be willing to report daily/weekly with a Care Coordinator, as determined by the provider, to report oxygen and pulse rates. Care Coordinator will report changes in oxygen and pulse rates, along with other symptoms of exacerbation, to the provider. If a decreased oxygen level or an increased pulse rate is identified, the Care Coordinator will work with the ACO Beneficiary to schedule an appointment with the PCP or Pulmonologist.

What is the cost/value of each Item/Service?

The ACO is planning to use Clinical Guard to obtain the Pulse Oximeters. This vendor was chosen as they provided the lowest cost for a unit that we believe is reliable and will be easy for beneficiaries to use. The retail value of each unit through that vendor is \$22.95. Clinical Guard has agreed to a 15% volume discount, making each unit \$19.51.

To remove potential barriers of usage, the ACO will also supply the two AAA batteries required for each unit. The ACO is planning to use Batteries Plus who has agreed to a cost of \$37.44 per case of 96 AAA batteries.

Who is paying for the Item/Service?

As a partner in the ACO, Collaborative Health Systems will pay the upfront costs associated with purchasing the units, with the intent of using the ACO shared savings to cover the expense.

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

Fingertip pulse oximeters allow for daily monitoring of oxygen and pulse rates for beneficiaries who have been diagnosed with COPD. This monitoring is vital to early detection of COPD exacerbation, which could lead to emergency situations and hospitalization. Encouraging beneficiaries to utilize a fingertip pulse oximeter daily will allow for early detection of decreased oxygen rate or increased pulse rate. For COPD patients, the decreased oxygen or increased pulse rates indicates potential COPD exacerbation. Early detection of this exacerbation will allow the provider an opportunity to treat with medications (antibiotics and oral steroids) at home and may prevent the need for an emergency room visit or hospitalization.

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:
 - Adherence to a follow-up care plan:
 - Management of a chronic disease or condition:

Encouraging beneficiaries to utilize a fingertip pulse oximeter daily will allow for early detection of decreased oxygen rate or increased pulse rate. For COPD patients, the decreased oxygen or increased pulse rates indicates potential COPD exacerbation. Early detection of this exacerbation will allow the provider an opportunity to treat with medications (antibiotics and oral steroids) at home and may prevent the need for an emergency room visit or hospitalization.

Authorization by Governing Body

Method of Authorization (select one):

Date: January 12, 2017

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

**Accountable Care Coalition of Southeast Wisconsin
ACO Documentation**

Parties Involved: **Start Date:** January 1, 2017 **End Date:** September 30, 2017

**Accountable Care Coalition of Southeast Wisconsin
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, 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 provider as follows: 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) \$50.00 for each completed Quality Detailed Checklist entered directly into Lumiata PatientLink 360.
- (2) \$25.00 for each completed Quality Detailed Checklist that has to be entered on behalf of the provider office into Lumiata PatientLink 360 by the Care Coordination team.
- (3) \$50.00 for each completed Quality Detailed Checklist entered directly into Lumiata PatientLink 360 for a beneficiary that is newly qualified for an AWV during October 1, 2016 through December 31, 2016.

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.

Authorization by Governing Body

Method of Authorization (select one):

Date: January 12, 2017

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

Arrangements Disclosed

REQUIRED PUBLIC DISCLOSURE FOR THE ACO PARTICIPATION WAIVER

The Accountable Care Coalition of Southeast Wisconsin (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 June 16, 2016, the Management Committee of the ACO met at a duly called meeting to discuss an arrangement with Lifeline Community Healthcare, LLC ("Lifeline") under which Lifeline 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 Lifeline, the Management Committee made a bona fide determination that an arrangement with Lifeline 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.

REQUIRED PUBLIC DISCLOSURE FOR THE ACO PARTICIPATION WAIVER

The Accountable Care Coalition of Southeast Wisconsin, 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.

REQUIRED PUBLIC DISCLOSURE FOR THE ACO PARTICIPATION WAIVER

The Accountable Care Coalition of Southeast Wisconsin, 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 April 20, 2017, the Management Committee met at a duly called meeting to discuss 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.