

ACO Name and Location

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

ACO Primary Contact

<i>Primary Contact Name</i>	Lorri Havlovitz
<i>Primary Contact Phone Number</i>	920-562-7882
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Organizational Information

ACO participants:

ACO Participants	ACO Participant in Joint Venture (Enter Y or N)
Interpedia, S.C.	N
Sami Roumani	N
Milwaukee Cardiac Care LLC	N
Nova Medical Center LLC	N
Paddock Lake Family Practice SC	N
Samara Services LLC	N
James M Bury, MD, Ltd.	N
Milwaukee Internal Medicine Associates, Inc.	N
TAHA MEDICAL CENTER	N
Abdul G Durrani MD, SC	N
Dr Turgut Zia SC	N
Shabbar Sajjad, MD SC	N
Bruce A Luccas, MD, LLC	N
Glenn Caine	N
Kirtida Ringwala	N
Baylon Family Physicians, Ltd.	N

Sixteenth Street Community Health Centers Inc	N
Clinica Latina, 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
Charles J. Waisbren MD SC	N
Kirtida Ringwala	N
C.M.M. Sundaram, M.D., SC	N
Drs Decheck and Mataczynski MD SC	N
Milwaukee Health Services, Inc.	N
Sami Roumani	N
KARIM BAKHTIAR MD SC	N
Glenn Caine	N
West Allis Primary Care Physicians, S.C.	N
BARBARA A HUMMEL, MD SC	N
GERALD L IGNACE INDIAN HEALTH CENTER INC	N
Progressive Community Health Centers, Inc.	N
Surya Medical Group, S.C.	N
MAGO MEDICAL INC	N
Family Doctors, S. C.	N
Ozaukee Medical Group, LLC	N
Sheboygan Physicians Group S.C.	N
Zenith Healthcare SC	N
Primary Care of Milwaukee SC	N
Lubsey Medical Clinic 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
Compassionate Doctors, Inc	N
Leonardo Montemurro Service Corporation	N
Rodrigo B Mata III, M.D., S.C.	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	M.D., Chair, Voting Member	9.38%	ACO participant representative	Independent Physicians of Wisconsin
Herman	Bruce	M.D., Voting Member	9.38%	ACO participant representative	Ozaukee Medical Group, LLC
Khan	Mohammad	M.D., Voting Member	9.38%	ACO participant representative	Independent Physicians of Wisconsin
Nwilati	Mohammed	M.D., Voting Member	9.38%	ACO participant representative	Procure Medical Group SC
Roumani	Sami	M.D., Voting Member	9.38%	ACO participant representative	Sami Roumani
Johnson	Michael	M.D., Voting Member	9.38%	ACO participant representative	Sheboygan Physicians Group, SC
Waisbren	Charles	M.D., Voting Member	9.38%	ACO participant representative	Charles J. Waisbren, MD SC
Sundaram	C.M.M.	M.D., Voting Member	9.38%	ACO participant representative	C.M.M. Sundaram, MD, SC
Havlovitz	Lorri	Voting Member	23%	Other	N/A

Petrovs	Victor	Voting Member	2%	Medicare beneficiary representative	Independent Physicians of Wisconsin
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Key ACO clinical and administrative leadership:

Lorri Havlovitz	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
<i>Care Coordination & Quality Improvement</i>	<i>Bruce Herman, M.D.</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, \$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	80.51
ACO-2	CAHPS: How Well Your Providers Communicate	94.01	93.01
ACO-3	CAHPS: Patients' Rating of Provider	93.40	92.25
ACO-4	CAHPS: Access to Specialists	87.09	83.49
ACO-5	CAHPS: Health Promotion and Education	64.37	60.32
ACO-6	CAHPS: Shared Decision Making	78.39	75.40
ACO-7	CAHPS: Health Status/Functional Status	70.59	72.30
ACO-34	CAHPS: Stewardship of Patient Resources	31.35	26.97
ACO-8	Risk Standardized, All Condition Readmission	14.70	14.70
ACO-35	Skilled Nursing Facility 30-day All-Cause Readmission measure (SNFRM)	19.10	18.17
ACO-36	All-Cause Unplanned Admissions for Patients with Diabetes	66.94	53.20
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 Condition 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	62.50	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	49.50	67.61
ACO-21	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	85.61	76.79
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	37.00	44.94
ACO-28	Hypertension (HTN): Controlling High Blood Pressure	67.45	70.69
ACO-30	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	88.70	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
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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 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.

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 January 12, 2017, the Management Committee met a duly called meeting to authorize 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.

Arrangements Disclosed

REQUIRED PUBLIC DISCLOSURE FOR USE OF AN ARRANGEMENT ENTERED INTO UNDER 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 (“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 a *Final Waivers in Connection with the Shared Savings Program* dated October 29, 2015, as may be amended, including the 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 requirements of the Participation Waiver,, 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 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, ACO entered into this arrangement having determined that it meets all conditions to enable ACO to avail itself of the Participation Waiver.