

ACO Name and Location

Accountable Care Coalition of Mississippi, LLC.
6400 Lakeover Road
Suite A
Jackson, Mississippi 39213

ACO Primary Contact

Primary Contact Name	Jeff Spight
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Organizational Information

ACO participants:

ACO Participants	ACO Participant in Joint Venture (Enter Y or N)
CENTRAL MISSISSIPPI HEALTH SERVICES, INC.	N
Delta Health Center, Inc.	N
Central Mississippi Civic Improvement Association, Inc	N
G A Carmichael Family Health Center Inc	N
Coastal Family Health Center Inc	N
East Central Ms Health Care Inc	N
Access Family Health Services, Inc.	N
Greene Area Medical Extenders Inc	N
NORTHEAST MISSISSIPPI HEALTH CARE, INC.	N
Aaron E Henry Community Health	N
Southeast Mississippi Rural Health Initiative, Inc.	N
Mantachie Rural Health Care, Inc.	N
Claiborne County Family Health Center	N
Jefferson Comprehensive Health Center, Inc.	N
North Mississippi Primary Health Care, Inc.	N
Greater Meridian Health Clinic, Inc.	N
FAMILY HEALTH CENTER, INC	N

Outreach Health Services, Inc.	N
Mallory Community Health	N
Family Health Care Clinic, 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			
Magno	Davin	Chair	23%	Other	
Grice	Joseph	Ex-Officio	0%	Other	
Sumerford	Marilyn	Voting member	3.95%	ACO participant representative	ACCESS Family Health Services, Inc.
Chapman, DDS	Jasmin	Voting member	3.95%	ACO participant representative	Central Mississippi Civic Improvement Association, Inc.
Jones	Wilbert	Voting member	3.95%	ACO participant representative	Greater Meridian Health Clinic, Inc.
Bishop	Jill	Voting member	3.95%	ACO participant representative	East Central Mississippi Health Center
Oliver	James	Voting member	3.95%	ACO participant representative	Claiborne County Family Health Center
Greer	Angel	Voting member	3.95%	ACO participant representative	Coastal Family Health Center, Inc.
Fairman	John	Voting member	3.95%	ACO participant representative	Delta Health Center, Inc.
Chapman, MD	Clyde R.	Voting member	3.95%	ACO participant representative	Mallory Community Health
Collins	Katrina	Voting member	3.95%	ACO participant representative	Jefferson Comprehensive Health Center, Inc.
Nunnally, CFNP	Christina	Voting member	3.95%	ACO participant representative	North Mississippi Primary Health Care, Inc.
Dunn	Debra	Voting member	3.95%	ACO participant representative	Outreach Health Services, Inc.
Dyse, PhD	Geroldean	Voting member	3.95%	ACO participant representative	Southeast Mississippi Rural Health Initiative, Inc.
Griffin, MD	James	Voting member	3.95%	ACO participant	Southeast Mississippi Rural Health Initiative,

				representative	Inc.
Jones-Taylor	Aurelia	Voting member	3.95%	ACO participant representative	Aaron E Henry Community Health
Rodgers, MD	Clifton	Voting member	3.95%	ACO participant representative	NORTHEAST MISSISSIPPI HEALTH CARE, INC.
Bacon, MD	Janice	Voting member	3.95%	ACO participant representative	CENTRAL MISSISSIPPI HEALTH SERVICES, INC.
Gray, DPA	Margaret	Voting member	3.95%	ACO participant representative	Family Health Care Clinic, Inc.
McGrew	Stacy	Voting member	3.95%	ACO participant representative	Family Health Center
Coleman, PhD	James	Voting member	3.95%	ACO participant representative	G.A. Carmichael Family Health Center, Inc.
Granger	Henry	Voting member	2%	Medicare beneficiary representative	Greater Meridian Health Clinic, Inc

Key ACO clinical and administrative leadership:

Jeffery Spight	ACO Executive
James Griffin	Medical Director
Michael Yount	Compliance Officer
James Griffin, MD	Quality Assurance/Improvement Officer

Associated committees and committee leadership:

Committee Name	Committee Leader Name and Position
Quality Improvement & Care Coordination	James Griffin, MD, Chair
Operations Oversight, Compliance & Ethics	Davin Magno, Chair

Types of ACO participants, or combinations of participants, that formed the ACO:

- Federally Qualified Health Center (FQHC)

Shared Savings and Losses

Amount of Shared Savings/Losses

- First Agreement Period
 - Performance Year 2016, \$1,865,788
 - Performance Year 2015, \$0
 - Performance Year 2014, \$1,204,693

Shared Savings Distribution

- First Agreement Period
 - Performance Year 2016
 - Proportion invested in infrastructure: 10%
 - Proportion invested in redesigned care processes/resources: 80%
 - Proportion of distribution to ACO participants: 10%
 - Performance Year 2015
 - 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 2014
 - Proportion invested in infrastructure: 27%
 - Proportion invested in redesigned care processes/resources: 46%
 - Proportion of distribution to ACO participants: 27%

Quality Performance Results

2016 Quality Performance Results:

ACO#	Measure Name	Rate	ACO Mean
ACO-1	CAHPS: Getting Timely Care, Appointments, and Information	75.93	79.9
ACO-2	CAHPS: How Well Your Providers Communicate	92.4	92.63
ACO-3	CAHPS: Patients' Rating of Provider	91.76	91.93
ACO-4	CAHPS: Access to Specialists	86.03	83.52
ACO-5	CAHPS: Health Promotion and Education	60.76	60
ACO-6	CAHPS: Shared Decision Making	69.04	75.28
ACO-7	CAHPS: Health Status/Functional Status	69.05	71.82

ACO-34	CAHPS: Stewardship of Patient Resources	31	27.52
ACO-8	Risk-Standardized, All Condition Readmission	15	14.7
ACO-35	Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)	18.58	18.17
ACO-36	All-Cause Unplanned Admissions for Patients with Diabetes	50.11	53.2
ACO-37	All-Cause Unplanned Admissions for Patients with Heart Failure	82.37	75.23
ACO-38	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	69.65	59.81
ACO-9	Ambulatory Sensitive Conditions Admissions: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults (AHRQ Prevention Quality Indicator (PQI) #5)	11.25	9.27
ACO-10	Ambulatory Sensitive Conditions Admissions: Heart Failure (AHRQ Prevention Quality Indicator (PQI) #8)	8.34	14.53
ACO-11	Percent of PCPs who Successfully Meet Meaningful Use Requirements	86.67	82.72
ACO-39	Documentation of Current Medications in the Medical Record	96.03	87.54
ACO-13	Falls: Screening for Future Fall Risk	47.38	64.04
ACO-14	Preventive Care and Screening: Influenza Immunization	54.29	68.32
ACO-15	Pneumonia Vaccination Status for Older Adults	38.89	69.21
ACO-16	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow Up	86.36	74.45
ACO-17	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	87.19	90.98
ACO-18	Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	66.61	53.63
ACO-19	Colorectal Cancer Screening	54.64	61.52
ACO-20	Breast Cancer Screening	53.48	67.61
ACO-21	Preventive Care and Screening: Screening for High Blood Pressure and Follow-up Documented	85.33	76.84
ACO-42	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	75.41	77.72
ACO-27	Diabetes Mellitus: Hemoglobin A1c Poor Control	28.3	18.24
ACO-	Diabetes: Eye Exam	33.96	44.94

41			
ACO-28	Hypertension (HTN): Controlling High Blood Pressure	57.44	70.52
ACO-30	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	89.84	85.05
ACO-31	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	100	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%)	83.05	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>

Note: In the Quality Performance Results file(s) above, search for “Accountable Care Coalition of Mississippi, LLC.” to view the quality performance results. This ACO can also be found by using the ACO ID A08181 in the public use files on data.cms.gov.

Payment Rule Waivers

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

ACO Documentation

Start Date: January 1, 2017

End Date: December 31, 2017

Accountable Care Coalition of Mississippi
Collaborative Health Systems

Description/Purpose of the Arrangement:

To facilitate the capture of comprehensive and consistent data set relating to the ACO CMS 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 pertaining to the completion of a 2017 Quality Measures.

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:

- \$50.00 for each completed Quality Detailed Checklist entered directly into Lumiata PatientLink 360 (PL360) by the **Health Center**.

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:

- CHS, on behalf of the ACO, will pay the Health Center Fifty Dollars (\$50.00) per fully completed Detailed Quality Measures Checklist entered into the QM Application (e.g., PL360) by the Health Center or fully completed and accurate Quality Measures entry by the Health Center into the QM Application per beneficiary per year. ACO Participants and providers/suppliers shall ensure all applicable sections are complete and accurate. The ACO will not pay for incomplete forms or entries. The ACO will not pay for QM data collected and/or forms that include data that does not meet the 2017 CMS group provider reporting option (GPRO) reporting period requirements. Data collected must reference a provider visit applicable to the 2017 GPRO reporting period requirements. Data collected must be entered into the QM Application (PL360) within 30 days of service delivered to meet the measure data collection requirements and be entered before December 31, 2017. All measure data collected must be a direct result of a face to face provider visit with the beneficiary in which the data collected pertains and the date of said service must be applicable for the 2017 GPRO reporting period requirements. The payment will be an ACO expense as described in the agreement between the ACO and CHS. In the event the QM Application does not open for entry until after January 1, 2017, then the Health Center has thirty (30) days to enter all data

collected for measure information from the date the QM Application opened in 2017 back to January 1, 2017, as long the data collected was gathered from a 2017 face to face date of service.

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: March 15, 2017

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