

ACO Name and Location

Essential Care Partners, LLC
5900 Southwest Parkway
Building 3
Austin, Texas 78735

ACO Primary Contact

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)
Amistad Community Health Center Incorporated	N
Central Texas Community Health Centers	N
Community Health Centers Of South Central Texas Inc	N
Community Action Corporation Of South Texas	N
Vida Y Salud-Health Systems, Inc.	N
Nuestra Clinica Del Valle Inc	N
El Centro Del Barrio Inc	N
Fort Bend Family Health Center, Inc.	N
United Medical Centers	N
Brownsville Community Health Clinic Corporation	N
Community Health Development, Inc	N
Su Clinica Familiar	N
Community Health Service Agency, Inc	N
Cross Timbers Health Clinics, Inc	N
North Central Texas Community Health Care Center Inc	N
Frontera Healthcare Network	N
Gulf Coast Health Center 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			
Camacho, JD	José	Voting Member	6.66%	Other	N/A
Magno	Davin	Voting Member	6.66%	Other	N/A
Carter, MPA-HCA	Michelle	Voting Member	6.66%	ACO participant representative	Community Health Service Agency, Inc.
Peron, MD	Ronald	Voting Member	6.66%	ACO participant representative	Community Health Service Agency, Inc.
Kleibrink	Cam	Voting Member	6.66%	ACO participant representative	Frontera Healthcare Network
Marin, MD	Elena	Voting Member	6.66%	ACO participant representative	Su Clinica Familiar
Duran	Humberto	Voting Member	6.66%	ACO participant representative	United Medical Centers
Mayela	Castañon	Voting Member	6.66%	ACO participant representative	Community Health Development, Inc
Ramirez-Torres	Lucy	Voting Member	6.66%	ACO participant representative	Nuestra Clinica del Valle, Inc.
Fournier, DC,MPH	Jaeson	Voting Member	6.66%	ACO participant representative	Central Texas Community Health Centers (CommUnityCare)
Hill, MPA	Sherry	Voting Member	6.66%	ACO participant representative	Cross Timbers Health Clinics, Inc. (AccelHealth)
Thigpen, MD	Marsha	Voting Member	6.66%	ACO participant representative	Gulf Coast Health Center, Inc
Gomez, PhD	Ernesto	Voting Member	6.66%	ACO participant representative	El Centro del Barrio (CentroMed)

Patterson, CPA, CGMA, FACMPE, MHA	Allen	Voting Member	6.66%	ACO participant representative	North Central Texas Community Health Care Center, Inc
Moran	Silvia	Voting Member	6.66%	Medicare Beneficiary Representative	Brownsville Community Health Center
Suchyta, JD	Janice	Ex Officio	0%	ACO participant representative	Fort Bend Family Health Center, Inc. (AccessHealth)
Waller	Kenneth	Ex Officio	0%	ACO participant representative	Amistad Community Health Center
De La Paz	Rafael	Ex Officio	0%	ACO participant representative	Community Health Centers of South Central Texas
Tellez	Nora	Ex Officio	0%	ACO participant representative	Vida y Salud Health Systems, Inc.
Garcia	Javier	Ex Officio	0%	ACO participant representative	Community Action Corporation of South Texas

Key ACO clinical and administrative leadership:

Jeffery Spight	ACO Executive
Ronald Peron	Medical Director
Michael Yount	Compliance Officer
Davin Magno	Quality Assurance/Improvement Officer

Associated committees and committee leadership:

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

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

- Second Agreement Period
 - Performance Year 2016, \$0
- First Agreement Period
 - Performance Year 2015, \$0
 - Performance Year 2014, \$1,528,623
 - Performance Year 2013, \$0

Shared Savings Distribution

- Second Agreement Period
 - Performance Year 2016
 - Proportion invested in infrastructure: N/A
 - Proportion invested in redesigned care processes/resources: N/A
 - Proportion of distribution to ACO participants: N/A
- First Agreement Period
 - 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: 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	71.47	79.9
ACO-2	CAHPS: How Well Your Providers Communicate	86.49	92.63
ACO-3	CAHPS: Patients' Rating of Provider	88.48	91.93
ACO-4	CAHPS: Access to Specialists	78.92	83.52
ACO-5	CAHPS: Health Promotion and Education	60.75	60
ACO-6	CAHPS: Shared Decision Making	73.75	75.28
ACO-7	CAHPS: Health Status/Functional Status	74.61	71.82
ACO-34	CAHPS: Stewardship of Patient Resources	26.34	27.52
ACO-8	Risk-Standardized, All Condition Readmission	14.35	14.7
ACO-35	Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)	18.59	18.17
ACO-36	All-Cause Unplanned Admissions for Patients with Diabetes	39.55	53.2
ACO-37	All-Cause Unplanned Admissions for Patients with Heart Failure	67.41	75.23
ACO-38	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	55.28	59.81
ACO-9	Ambulatory Sensitive Conditions Admissions: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults (AHRQ Prevention Quality Indicator (PQI) #5)	6.43	9.27
ACO-10	Ambulatory Sensitive Conditions Admissions: Heart Failure (AHRQ Prevention Quality Indicator (PQI) #8)	12.18	14.53
ACO-11	Percent of PCPs who Successfully Meet Meaningful Use Requirements	93.29	82.72
ACO-39	Documentation of Current Medications in the Medical Record	96.37	87.54
ACO-13	Falls: Screening for Future Fall Risk	70.81	64.04
ACO-14	Preventive Care and Screening: Influenza Immunization	63.22	68.32
ACO-15	Pneumonia Vaccination Status for Older Adults	63.16	69.21
ACO-16	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow Up	90.32	74.45
ACO-	Preventive Care and Screening: Tobacco Use: Screening and Cessation	95.04	90.98

17	Intervention		
ACO-18	Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	82.45	53.63
ACO-19	Colorectal Cancer Screening	49.24	61.52
ACO-20	Breast Cancer Screening	56.33	67.61
ACO-21	Preventive Care and Screening: Screening for High Blood Pressure and Follow-up Documented	70.86	76.84
ACO-42	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	75.69	77.72
ACO-27	Diabetes Mellitus: Hemoglobin A1c Poor Control	23.43	18.24
ACO-41	Diabetes: Eye Exam	41.43	44.94
ACO-28	Hypertension (HTN): Controlling High Blood Pressure	64.64	70.52
ACO-30	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	82.05	85.05
ACO-31	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	98.99	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%)	85.71	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-hhpu>
- 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 “Essential Care Partners, LLC” to view the quality performance results. This ACO can also be found by using the ACO ID A05247 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

Parties Involved: **Start Date:** January 1, 2017 **End Date:** December 31, 2017

Essential Care Partners, LLC
Collaborative Health Systems, LLC

Description/Purpose of the Arrangement:

To facilitate the capture of comprehensive and consistent data relating to the ACO CMS Quality Measures, CHS has developed, and the ACO has adopted, documentation methods (among other things, a “Detailed Quality Measures Checklist” and a “Quality Measures Application” (e.g., “PatientLink 360”) to meet the requirements of 2017 quality reporting via the Centers for Medicare & Medicaid Services (“CMS”) Group Practice Reporting Option (“GPRO”). Either the Detailed Quality Measures Checklist or data shall be inputted, uploaded, or otherwise processed via PatientLink 360 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 Measure.

The Detailed Quality Measures Checklist and PatientLink360 detail the documentation requirements necessary to meet the standards established by CMS for the preventive 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 Participant as follows:

- Fifty Dollars (\$50.00) for each completed Quality Detailed Checklist entered directly into PatientLink 360 by the Participant.
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, logistics, and reporting to CHS.

Financial/Economic Terms:

- (1) CHS, on behalf of the ACO, will pay the Participant Fifty Dollars (\$50.00) per fully completed and accurate entry into PatientLink 360 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 GPRO reporting period requirements. Data collected must reference a provider visit applicable to the 2017 GPRO reporting period requirements. Data collected must be entered directly into the PatientLink 360 within thirty days of service delivered to meet the measure data collection requirements and in all instances before December 31, 2017. ACO Participants shall have sixty days to submit entries to PatientLink 360 for all beneficiary visits rendered prior to PatientLink 360 re-opening. 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.

Authorization by Governing Body

Method of Authorization (select one): Date: June 5, 2017

Unanimous Written Consent

Governing Body Vote documented accordingly in the meeting minutes

A1281_Required ACO Information for Public Reporting

11/17/2017