

ACO Name and Location

Accountable Care Coalition of Southeast Wisconsin, LLC
 Previous Names: N/A
 4888 Loop Central Drive
 Suite 300
 Houston, TX 77081

ACO Primary Contact

<i>Primary Contact Name</i>	Lorri Havlovitz
<i>Primary Contact Phone Number</i>	920-562-7882
<i>Primary Contact Email Address</i>	lorri.havlovitz@wellcare.com

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
Samara Services LLC	N
MASROOR MUNIM	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
Kirtida Ringwala	N
Baylon Family Physicians, Ltd.	N
MARK E DECHECK MD SC	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
Charles J. Waisbren MD SC	N
Drs Decheck and Mataczynski MD SC	N
Milwaukee Health Services, Inc.	N
KARIM BAKHTIAR MD SC	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
Family Doctors, S.C.	N
Ozaukee Medical Group, LLC	N
Sheboygan Physicians Group S.C.	N

Primary Care of Milwaukee SC	N
Lubsey Medical Clinic Inc	N
INDEPENDENT PHYSICIANS OF WISCONSIN LLC	N
Providence Family Medical Clinic S.C.	N
Omni Family Medical SC	N
Carolina G. Conti, M.D., S.C.	N
Ninette A. Nassif MD, SC	N
Rodrigo B Mata III, M.D., S.C.	N
CMM Sundaram MD SC	N

ACO governing body:

Member			Member's Voting Power –Expressed as a percentage or number	Membership Type	ACO Participant Legal Business Name/DBA, if Applicable
Last Name	First Name	Title/Position			
Najeeb	Waleed	M.D., Chair, Voting Member	9.375%	ACO participant representative	Independent Physicians of Wisconsin LLC
Lopez	Hector	M.D., Voting Member	9.375%	ACO participant representative	Independent Physicians of Wisconsin LLC
Khan	Mohammad	M.D., Voting Member	9.375%	ACO participant representative	Independent Physicians of Wisconsin LLC
Nwilati	Mohammed	M.D., Voting Member	9.375%	ACO participant representative	Procure Medical Group SC
Roumani	Sami	M.D., Voting Member	9.375%	ACO participant representative	Sami Roumani
Johnson	Michael	M.D., Voting Member	9.375%	ACO participant representative	Sheboygan Physicians Group, SC
Waisbren	Charles	M.D., Voting Member	9.375%	ACO participant representative	Charles J. Waisbren, MD SC
Sundaram	C.M.M.	M.D., Voting Member	9.375%	ACO participant representative	CMM Sundaram MD SC
Cafone	Robert	Voting Member	23%	Other: ACO Affiliate (CHS) Representative	N/A
Petrovs	Victor	Voting Member	2%	Medicare beneficiary representative	N/A

Key ACO clinical and administrative leadership:

Lorri Havlovitz	ACO Executive
Hector Lopez, MD	Medical Director
Michael Yount	Compliance Officer
Hector Lopez, MD	Quality Assurance/Improvement Officer

Associated committees and committee leadership:

Committee Name	Committee Leader Name and Position
<i>Management Committee</i>	<i>Najeeb Waleed, M.D., Chair</i>
<i>Care Coordination & Quality Improvement</i>	<i>Hector Lopez, M.D., Chair</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 2018, \$6,605,249
 - Performance Year 2017, \$2,257,592
 - 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 2018
 - Proportion invested in infrastructure: 35%
 - Proportion invested in redesigned care processes/resources: 30%
 - Proportion of distribution to ACO participants: 35%
 - Performance Year 2017
 - Proportion invested in infrastructure: 17%
 - Proportion invested in redesigned care processes/resources: 66%
 - Proportion of distribution to ACO participants: 17%
 - 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: 20%
- 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

2018 Quality Performance Results:

ACO#	Measure Name	Rate	ACO Mean
ACO-1	CAHPS: Getting Timely Care, Appointments, and Information	89.89	86.14
ACO-2	CAHPS: How Well Your Providers Communicate	94.88	93.93
ACO-3	CAHPS: Patients' Rating of Provider	92.38	92.45
ACO-4	CAHPS: Access to Specialists	82.86	81.50
ACO-5	CAHPS: Health Promotion and Education	64.18	59.26
ACO-6	CAHPS: Shared Decision Making	63.92	61.94
ACO-7	CAHPS: Health Status/Functional Status	73.21	73.35
ACO-34	CAHPS: Stewardship of Patient Resources	27.14	26.26
ACO-8	Risk Standardized, All Condition Readmission	14.92	14.98
ACO-35	Skilled Nursing Facility 30-day All-Cause Readmission measure (SNFRM)	17.19	18.59
ACO-36	All-Cause Unplanned Admissions for Patients with Diabetes	35.91	37.01
ACO-37	All-Cause Unplanned Admissions for Patients with Heart Failure	74.25	76.75
ACO-38	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	58.85	59.00
ACO-43	Ambulatory Sensitive Condition Acute Composite (AHRQ Prevention Quality Indicator (PQI) #91)	2.14	1.98
ACO-11	Use of Certified EHR Technology	94.91	98.20

ACO-12	Medication Reconciliation Post-Discharge	97.84	85.91
ACO-13	Falls: Screening for Future Fall Risk	87.19	79.73
ACO-44	Use of Imaging Studies for Low Back Pain	65.00	64.36
ACO-14	Preventive Care and Screening: Influenza Immunization	77.54	72.71
ACO-15	Pneumonia Vaccination Status for Older Adults	76.94	75.97
ACO-16	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow Up	88.40	76.83
ACO-17	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	84.72	72.81
ACO-18	Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	85.56	66.74
ACO-19	Colorectal Cancer Screening	62.77	68.27
ACO-20	Breast Cancer Screening	61.78	71.96
ACO-42	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	81.26	81.47
ACO-27	Diabetes Mellitus: Hemoglobin A1c Poor Control	25.72	15.51
ACO-41	Diabetes: Eye Exam	48.72	52.42
ACO-28	Hypertension (HTN): Controlling High Blood Pressure	68.48	73.10
ACO-30	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	80.72	88.92

For Previous Years' Financial and Quality Performance Results, please visit data.cms.gov.

Payment Rule Waivers

- Skilled Nursing Facility (SNF) 3-day Rule Waiver:
 - Yes, our ACO uses the SNF 3-Day Rule Waiver, pursuant to 42 CFR 425.612.
- Waiver for Payment for Telehealth Services:
 - No, our ACO clinicians do not provide telehealth services using the flexibilities under 42 CFR 425.612(f) and 42 CFR 425.613.

Arrangements Disclosed

REQUIRED PUBLIC DISCLOSURE FOR THE ACO PARTICIPATION WAIVER

Accountable Care Coalition of Southeast Wisconsin, an Accountable Care Organization, (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 *Medicare Program; Final Waivers in Connection with the Shared Savings Program Final Rule*, dated October 29, 2015, including the ACO Participation Waiver (“Participation Waiver”). On July 18, 2019, the Management Committee of the ACO met at a duly convened meeting to discuss a potential arrangement with Pfizer, Inc., and West Interactive Services Corporation (“Pfizer and West Interactive”) under which Pfizer and West Interactive will collaborate with ACO to provide a customized care coordination program, sponsored by Pfizer, relating to vaccine and annual wellness visit reminders to improve the ACO’s care for its assigned beneficiaries. Consistent with the requirements of the Participation Waiver, after discussing the proposed arrangement with Pfizer and West Interactive, on July 18, 2019 the Management Committee made a bona fide determination that an arrangement with Pfizer and West Interactive as described herein 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 enhances the ACO’s ability to:

- promote evidence-based medicine and beneficiary engagement;
- improve the effectiveness, and reduce the cost, of coordinating care;
- meet the clinical integration requirements of the MSSP;
- meet the quality performance standards of the MSSP;
- evaluate the health needs of the ACO’s assigned population;
- communicate clinical knowledge and evidence based medicine to beneficiaries; and
- develop standards for beneficiary access and communication.

Accordingly, ACO entered into this arrangement having determined that it meets all conditions to enable ACO to avail itself of the Participation Waiver.

REQUIRED PUBLIC DISCLOSURE FOR AN ARRANGEMENT ENTERED INTO UNDER 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 by and through CMS has provided certain waivers of federal fraud and abuse laws in connection with the MSSP pursuant to the Medicare Program; Final Waivers in Connection with the Shared Savings Program Final Rule, dated October 29, 2015, including the ACO Participation Waiver (“Participation Waiver”). On October 17, 2019, the Management Committee of the ACO met at a duly called meeting to discuss entering into a Clinical Quality Agreement (the “Agreement”) with Comprehensive Diagnostic Imaging of Wisconsin, LLC, an Independent Diagnostic Testing Facility (“CDIW”). Consistent with the requirements of the Participation Waiver, after considering information regarding the potential cost and quality benefits in utilizing CDIW’s services, the Management Committee made a bona fide determination that entering into the Agreement presented an opportunity to reduce imaging costs and increase the quality of care for beneficiaries. The collaboration is related to the purposes of the MSSP as it augments the ACO’s ability to promote accountability for the quality, cost, and care for its attributed

Medicare beneficiaries.

Accordingly, the ACO entered into the Agreement having determined that it meets all conditions to enable the ACO to avail itself of the Participation Waiver.

ACO Waiver Documentation

Start Date: January 1, 2020

End Date: December 31, 2020

Parties Involved:

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?

A1083_PubDiscv35_0120_IA Approved

01/30/2020

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.

Authorization by Governing Body

Method of Authorization (select one):

Date: January 16, 2020

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

ACO Waiver Documentation

Start Date: January 1, 2020

End Date: December 31, 2020

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 16, 2020

Unanimous Written Consent

Governing Body Vote documented accordingly in the meeting minutes.