

## ACO Name and Location

Mid-Atlantic Collaborative Care, LLC  
4888 LOOP CENTRAL DR  
Suite 300  
Houston, Texas 77081

## ACO Primary Contact

<i>Primary Contact Name</i>	<b>Jeffery Spight</b>
<i>Primary Contact Phone Number</i>	<b>914-597-2073</b>
<i>Primary Contact Email Address</i>	<b>jeffery.spight@universalamerican.com</b>

## Organizational Information

### ACO participants:

<b>ACO Participants</b>	<b>ACO Participant in Joint Venture (Enter Y or N)</b>
Ernesto Africano	N
Wei Liu	N
Peter Sherer	N
Peter Birk	N
Praveen Gupta	N
Kamalinee Deshpande MD PA	N
Maximed Associates Inc.	N
Lansdowne Travel and Family Medicine LLC	N
Dr. Ghousia Sultana, M.D., P.A.	N
Dulles Health LLC	N
Enoh Akpandak	N
Shyamsundar Rajan MD PC	N
Centreville Internal Medicine	N
Nova Medical Services, PLLC	N
Sah Consulting Inc	N
Michael Cohen	N
Nurul Chowdhury	N
Thomas Joseph	N
Bruce Sindler	N
Wei Liu	N

Seven Corners Medical Center, Pllc	N
Xiaolan Zhu PLLC	N
My Med Clinic PA	N
Ali Hendi MD PC	N
Hendi Ambulatory Surgery Center, Pc	N
Northern Virginia Family Medicine, PC	N
Mountain View Internal Medicine And Pediatrics Inc.	N
Robert M. Cooper, M.D., LLC	N
Internal Medicine Practice Associates PC	N
Maryland Urogynecology, LLP	N
Tony Varghese MD PA LLC	N
Ashvin J. Patel, M.D. PA	N
Manassas Primary Care, LLC	N
Sireesha Jalli	N
Yeheyis T. Negussie Md Pc	N
Maryland Eye Physician and Surgeon, LLC	N
Carlos N Patalinghug Sr MD LLC	N
Mohamad Alabrash	N
P. Michael Patterson	N
Chantilly Family Medicine LLC	N
Nurul Chowdhury	N
Prismamed Services	N
Potomac Neurology, LLP	N
Wilson Medical Associates, LLC	N
Gnatt Medical Associates Llc	N
Metropolitan Elite Family Practice, LLC	N
Lynne D Diggs MD PC	N
Imc Group Inc.	N
Menon Medical Center Llc	N
Madhavi Hubbly MD	N
Premier Healthcare Services, LLC	N
Virginia Urgent & Primary Care LLC	N

Peter Sherer	N
Byoung K. Lee, MDPA	N
Peter Birk	N
Bruce Sindler	N
Lalitha Peters Martyres	N
Suresh K Gupta MD PA	N
Praveen Gupta	N
SAGA MEDICAL INC	N
Mohamad Alabrash	N
David L. Higgins, M.D., P.C.	N
Thomas Joseph	N
Dr. Merlyn K.D. Vemury MD PC	N
Mohammad A Khalid MD PC	N
Primary And Alternative Medicine Ctr PA	N
John Scott Tidball, MD, PC	N
Roya Sedghi, M.D. P.C.	N
Alan R. Vinitzky, MD LCC	N
Drs. Carpousis & Prasad Ltd.	N
Chantilly Family Practice	N
Internal Medicine Practice PC	N
Manassas Internal Medicine PC	N
Piyush R Patel MD PC	N
Medical Clinic of Woodbridge Inc.	N
Mirza S Baig MD PC	N
Loudoun Medical Care PC	N
Michael Cohen	N
Benjamin Lee	N
Ernesto Africano	N
Lalitha Peters Martyres	N
Mikhail Gendel Family Practice, LLC	N
Anuradha Reddy Md	N
Sood Family Medicine,PA	N

Community Family Medicine PC	N
Benjamin S. Lee, M.D., P.A	N
Eveit E Gobrial LLC	N
WS Audiology Services Inc.	N
Premiere Primary Care Center, LLC	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			
Aggarwal	Rajiv	M.D., Chair and Voting Member	37.5%	ACO Participant Representative	Lansdowne Travel & Family Medicine, LLC
Patel	Piyush	M.D., Voting Member	37.5%	ACO Participant Representative	Piyush R Patel MD PC
Hill	Stephanie	Voting Member	23%	Other: ACO Affiliate (CHS) Representative	N/A
Uppal	Bhim	Voting Member	2%	Medicare Beneficiary Representative	N/A

**Key ACO clinical and administrative leadership:**

Jeffery Spight	ACO Executive
Rajiv Aggarwal	Medical Director
Michael Yount	Compliance Officer
Anuradha Reddy, M.D.	Quality Assurance/Improvement Officer

**Associated committees and committee leadership:**

Committee Name	Committee Leader Name and Position
<i>Management Committee</i>	<i>Rajiv Aggarwal, M.D., Chair</i>
<i>Quality Improvement and Innovations Subcommittee</i>	<i>Anuradha Reddy, 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

- N/A

### Shared Savings Distribution

- N/A

## Quality Performance Results

2016 Quality Performance Results:

ACO#	Measure Name	Rate	ACO Mean
ACO-1	CAHPS: Getting Timely Care, Appointments, and Information	N/A	79.9
ACO-2	CAHPS: How Well Your Providers Communicate	N/A	92.63
ACO-3	CAHPS: Patients' Rating of Provider	N/A	91.93
ACO-4	CAHPS: Access to Specialists	N/A	83.52
ACO-5	CAHPS: Health Promotion and Education	N/A	60
ACO-6	CAHPS: Shared Decision Making	N/A	75.28
ACO-7	CAHPS: Health Status/Functional Status	N/A	71.82
ACO-34	CAHPS: Stewardship of Patient Resources	N/A	27.52
ACO-8	Risk-Standardized, All Condition Readmission	N/A	14.7
ACO-35	Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)	N/A	18.17
ACO-36	All-Cause Unplanned Admissions for Patients with Diabetes	N/A	53.2
ACO-37	All-Cause Unplanned Admissions for Patients with Heart Failure	N/A	75.23
ACO-38	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	N/A	59.81
ACO-9	Ambulatory Sensitive Conditions Admissions: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults (AHRQ Prevention Quality Indicator (PQI) #5)	N/A	9.27
ACO-10	Ambulatory Sensitive Conditions Admissions: Heart Failure (AHRQ Prevention Quality Indicator (PQI) #8 )	N/A	14.53
ACO-11	Percent of PCPs who Successfully Meet Meaningful Use Requirements	N/A	82.72
ACO-39	Documentation of Current Medications in the Medical Record	N/A	87.54
ACO-13	Falls: Screening for Future Fall Risk	N/A	64.04

ACO-14	Preventive Care and Screening: Influenza Immunization	N/A	68.32
ACO-15	Pneumonia Vaccination Status for Older Adults	N/A	69.21
ACO-16	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow Up	N/A	74.45
ACO-17	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	N/A	90.98
ACO-18	Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	N/A	53.63
ACO-19	Colorectal Cancer Screening	N/A	61.52
ACO-20	Breast Cancer Screening	N/A	67.61
ACO-21	Preventive Care and Screening: Screening for High Blood Pressure and Follow-up Documented	N/A	76.84
ACO-42	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	N/A	77.72
ACO-27	Diabetes Mellitus: Hemoglobin A1c Poor Control	N/A	18.24
ACO-41	Diabetes: Eye Exam	N/A	44.94
ACO-28	Hypertension (HTN): Controlling High Blood Pressure	N/A	70.52
ACO-30	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	N/A	85.05
ACO-31	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	N/A	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%)	N/A	79.67

Please note, the ACO-40 Depression Remission at 12 months quality measure is not included in public reporting due to low samples.

### Payment Rule Waivers

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

## ACO Waiver Documentation

### Parties Involved:

Mid-Atlantic Collaborative Care, LLC

Medicare Fee-For-Service Beneficiaries (Beneficiaries)

### Pill Organizer Waiver

#### Details of the Incentive Program:

When the conditions outlined below are met, beneficiaries may receive a 7-day pill organizer at \$3.75 per piece.

Beneficiaries who have a home visit from an ACO care coordinator may receive a 7-day pill organizer. The RN care coordinator will make a clinical determination on whether the patient needs assistance with medication management.

To receive a 7-day pill organizer, a beneficiary must meet the following criteria:

- Beneficiary meets clinical criteria for home visit.
- Identification by care coordinator during home visit that beneficiary is having trouble with medication management.
- Agree to discuss self-care in-person with care coordinator following a hospital discharge or PCP care plan at the time that the 7-day pill organizer is provided. Agreement to follow-up with care coordinator for minimum of 90 days to ensure proper medication adherence.

Collaborative Health Systems, LLC will pay for the item on behalf of the ACO.

The 7-day pill organizer will improve the beneficiary's ability to self-manage their medications and help reduce preventable medication errors and mismanagement. Medicare beneficiaries medication regimens often include multiple medications with different doses, times, and methods of administration. Medicare beneficiaries are at high risk for medication errors and mismanagement.

The Item/Service is used to advance the clinical goal of adherence to a treatment/drug regime by providing the tools needed to adhere to medication orders.

## ACO Waiver Documentation

### CHF/COPD

#### Parties Involved:

Start Date: January 1, 2017

Accountable Care Coalition of Chesapeake, LLC

ACC of Chesapeake Beneficiaries with certain chronic conditions

#### Details of the Incentive Program:

What Items/Services are being provided?

When the conditions outlined below are met, beneficiaries may receive one or several of the following items:

- Digital scale - \$20-35 depending on maximum weight
- Blood pressure monitor - \$20-30 depending on size needed
- Inhaler spacer - \$15
- Peakflow meter - \$15

Who will receive the Items/Services?

Beneficiaries discharged from the hospital for congestive heart failure (CHF) may receive a digital scale and may borrow or be given to keep a blood pressure monitor depending on needs of the beneficiary.

Beneficiaries assigned to the ACO diagnosed with chronic obstructive pulmonary disease (COPD) or emphysema may receive a peak flow meter and / or an inhaler spacer depending on needs of the beneficiary.

Under what conditions will they received the Items/Services?

To receive a scale or borrow a blood pressure cuff, a beneficiary must meet the following criteria:

- Hospitalized with a primary diagnosis of CHF
- Challenged in acquiring own scale and / or blood pressure cuff identified by either the beneficiary or PCP due to a physical or financial barriers. Beneficiaries with physical challenges include homebound beneficiaries or beneficiaries with limited access to transportation. Beneficiaries with financial barriers are those who households are 250% of the 2015 Federal Poverty Guidelines.
- Agreement to discuss self-care in-person with care coordinator following PCP care plan at the time the scale and / or blood pressure cuff are provided. Agreement to check-in with care coordinator daily for a minimum of 4 weeks.
- Agreement from PCP that these tools support self-care and align with PCP's care plan

To receive an inhaler spacer, a beneficiary must meet all of the following criteria:

- Diagnosed with COPD or emphysema
- PCP or care coordinator identified challenge in correctly using inhaler without spacer such as inability to inhale medication fully in one breath or inability to push inhaler and inhale at same time
- Challenged in acquiring spacer on own as identified by either the patient or PCP due to a physical or financial barriers. Beneficiaries with physical challenges include homebound beneficiaries or beneficiaries with limited access to transportation. Beneficiaries with financial barriers are those who households are 250% of the 2015 Federal Poverty Guidelines.

To receive a peak flow meter, a beneficiary must meet all of the following criteria:

- Diagnosed with COPD or emphysema
- Identified need for meter from PCP as part of care plan, typically due to FEV1 > 1200 buet
- Challenged in acquiring own peak flow meter identified by either the patient or PCP due to a physical or financial barriers. Beneficiaries with physical challenges include homebound beneficiaries or beneficiaries with limited access to transportation. Beneficiaries with financial barriers are those who households are 250% of the 2015 Federal Poverty Guidelines.



- Agreement to discuss peak flow meter use at time it is given to the beneficiary with care coordinator. Agreement to check-in with care coordinator daily for a minimum of 4 weeks.

What is the value of each Item/Service?

See above

Who is paying for the Item/Service?

Collaborative Health Systems, LLC will pay for the item on behalf of the ACO.

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

The scale, blood pressure cuff, and peak flow meter improve a beneficiary's ability to monitor their own condition, follow their care plan, and identify when the condition is escalating and they need to reach out to their PCP for additional guidance.

The inhaler spacer ensures that the beneficiary is able to correctly take their medication

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: Provides the tools needed to adhere to common care plans

Management of a chronic disease or condition: Provides tools to manage CHF, COPD, and emphysema by enabling the beneficiary to monitor his or her own condition and identify when it is escalating in order to better follow the care plan developed by the PCP. In the case of the spacer, it also ensures the beneficiary is able to adhere to their prescribed medication through removing a physical barrier to taking the medication

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Authorization by Governing Body

Method of Authorization (select one):

Date: 01/05/2017

Unanimous Written Consent

Governing Body Vote documented accordingly in the meeting minutes

## Arrangements Disclosed

### REQUIRED PUBLIC DISCLOSURE FOR THE ACO PARTICIPATION WAIVER

Mid-Atlantic Collaborative Care, 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 5, 2017, the Management Committee of the ACO met at a duly called meeting to discuss an arrangement with BAYADA Home Health Care ("BAYADA") under which BAYADA 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 BAYADA, the

Management Committee made a bona fide determination that an arrangement with BAYADA 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 Mid-Atlantic Collaborative Care, 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 May 11, 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.