ACO Name and Location

Maine Community Accountable Care Organization, LLC
73 Winthrop Street
Augusta, Maine 04330

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)**
Sacopee Valley Health Center	N
Eastport Health Care Inc	N
Harrington Family Health Center	N
St. Croix Regional Family Health Center	N
Islands community Medical Services	N
HealthReach Community Health Centers	N
Regional Medical Center At Lubec	N
Bucksport Regional Health Center	N
Quest Diagnostics Clinical Laboratories 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			
Clifford	Timothy	Voting Member	7.5%	ACO participant representative	Bucksport Regional Health Center
Connie	Coggins	Voting Member	7.5%	ACO participant representative	HealthReach Community Health Centers
Gartmayer-DeYoung	Holly	Voting Member	7.5%	ACO participant representative	Eastport Health Care, Inc.
Hughes	Marilyn	Voting Member	7.5%	ACO participant representative	Regional Medical Center at Lubec
Moyer	Dinah	Voting Member	7.5%	ACO participant representative	Islands Community Medical Services
LaPlante	Corinne	Voting Member	7.5%	ACO participant representative	St. Croix Regional Family Health Center
Carew	Carol	Voting Member	7.5%	ACO participant representative	Bucksport Regional Health Center
Kearney	Lynn	Voting Member	7.5%	ACO participant representative	Sacopee Valley Health Center
Umphrey	Lee	Voting Member	7.5%	ACO participant representative	Harrington Family Health Center
Hannaford	Mary	Voting Member	2%	Medicare beneficiary representative	Sacopee Valley Health Center
Neveux	Jude	Voting Member	23%	Other	N/A
Begin	Russell	Voting Member	7.5%	Other	N/A

Key ACO clinical and administrative leadership:

Jeffery Spight	ACO Executive
Timothy Clifford	Medical Director
Michael Yount	Compliance Officer
Marilyn Hughes	Quality Assurance/Improvement Officer

Associated committees and committee leadership:

Committee Name	Committee Leader Name and Position
Quality Improvement & Care Coordination	Marilyn Hughes, 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

- Second Agreement Period
  - Performance Year 2016, $0
- First Agreement Period
  - Performance Year 2015, $926,031
  - Performance Year 2014, $0
  - 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: 0%
    - Proportion invested in redesigned care processes/resources: 100%
    - Proportion of distribution to ACO participants: 0%

- Performance Year 2014
    - 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 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	82.92	79.9
ACO-2	CAHPS: How Well Your Providers Communicate	94.04	92.63
ACO-3	CAHPS: Patients' Rating of Provider	92.16	91.93
ACO-4	CAHPS: Access to Specialists	83.29	83.52
ACO-5	CAHPS: Health Promotion and Education	66.53	60
ACO-6	CAHPS: Shared Decision Making	77.97	75.28
ACO-7	CAHPS: Health Status/Functional Status	73.49	71.82
ACO-34	CAHPS: Stewardship of Patient Resources	27.12	27.52
ACO-8	Risk-Standardized, All Condition Readmission	15.04	14.7
ACO-35	Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)	18.72	18.17
ACO-36	All-Cause Unplanned Admissions for Patients with Diabetes	53.4	53.2
ACO-37	All-Cause Unplanned Admissions for Patients with Heart Failure	87.69	75.23
ACO-38	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	66.61	59.81
ACO-9	Ambulatory Sensitive Conditions Admissions: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults (AHRQ Prevention Quality Indicator (PQI) #5)	8.71	9.27
ACO-10	Ambulatory Sensitive Conditions Admissions: Heart Failure (AHRQ Prevention Quality Indicator (PQI) #8)	15.87	14.53

ACO-11	Percent of PCPs who Successfully Meet Meaningful Use Requirements	85.71	82.72
ACO-39	Documentation of Current Medications in the Medical Record	96.87	87.54
ACO-13	Falls: Screening for Future Fall Risk	45.45	64.04
ACO-14	Preventive Care and Screening: Influenza Immunization	67.43	68.32
ACO-15	Pneumonia Vaccination Status for Older Adults	74.37	69.21
ACO-16	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow Up	54.05	74.45
ACO-17	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	94.7	90.98
ACO-18	Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	75.77	53.63
ACO-19	Colorectal Cancer Screening	67.3	61.52
ACO-20	Breast Cancer Screening	70.1	67.61
ACO-21	Preventive Care and Screening: Screening for High Blood Pressure and Follow-up Documented	66.67	76.84
ACO-42	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	76.05	77.72
ACO-27	Diabetes Mellitus: Hemoglobin A1c Poor Control	18.46	18.24
ACO-41	Diabetes: Eye Exam	66.92	44.94
ACO-28	Hypertension (HTN): Controlling High Blood Pressure	69.84	70.52
ACO-30	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	87.82	85.05
ACO-31	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	76.67	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%)	77.08	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 "Maine Community Accountable Care Organization, LLC" to view the quality performance results. This ACO can also be found by using the ACO ID A59256 in the public use files on data.cms.gov.

Payment Rule Waivers

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

Beneficiary Waiver

Maine Community ACO

ACO Waiver Documentation

Parties Involved: **Start Date: January 1, 2017**

MAINE COMMUNITY ACO, LLC(MCACO)

MCACO 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 with batteries
- Blood pressure monitor - $20-30 depending on size needed
- Inhaler spacer - $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 or ER visit or with a primary diagnosis of CHF or unstable

- 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 200% of the current 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 weekly 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.

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: 05/10/17

__ Unanimous Written Consent

_X_ Governing Body Vote documented accordingly in the meeting minutes

A1274 Maine Community ACO

Beneficiary Inducement Program Documentation

Parties Involved: ACO participants Start Date: Janurary 1, 2017 End Date: December 31, 2017

Maine Community Accountable Care Organization, LLC (MCACO)

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.

MCACO has _448 COPD beneficiaries (which is a higher percentage than other SSPs). MCACO experienced 11.72 discharges per 1,000 Beneficiaries for COPD in 2012 (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 a small card of COPD systems will be included for each unit in the cloth carrying case. 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/address/phone # 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 whose 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

Authorization by Governing Body

Method of Authorization (select one): Date: 0 5 - 1 0 - 1 7

__ Unanimous Written Consent

_X_ Governing Body Vote documented accordingly in the meeting minutes.