

PUBLIC REPORTING

ACO Name and Location

TP-ACO L.L.C.

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Baton Rouge, LA 70809

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ACO Primary Contact

John Woods

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Organizational Information

ACO Participants:

ACO Participants	ACO Participant in Joint Venture
AHMAD SHANABLEH	N
AKWASI SEFA	N
Alliance Community Healthcare Inc	Y
AMERICA'S FAMILY DOCTORS, PLLC	N
BATON ROUGE GENERAL PHYSICIANS MEDICAL GROUP LLC	N
BethesdaRehabilitationHospital,Inc	N
BYRD FAMILY MEDICAL CENTER LLC	N
CARLOS R ELIZONDO MD PLLC	N
CHARLES A. GARCIA, MDPA	N
CHARLES WOLOHON	N
CITRUS COUNTY RURAL HEALTH INC	N
Community Quick Care of LavergnePC	N
COOL SPRINGS SURGICAL ASSOCIATES LLC	N
CROSSPOINTE MEDICAL CLINIC	N
DHAR FAMILY MEDICINE, PLLC	N
Eric Egli	N
EXTENDED CARE CLINICAL SERVICES LLC	N
Family Care of Middle Tennessee	N
FAMILY HEALTH ASSOCIATES	N
Family Medicine Associates of Blytheville, P.A.	N
FAMILY PRACTICE PARTNERS, PC	N
GARY SCHWARTZ	N
Gateway Healthcare PC	N

GENESYS FAMILY MEDICINE, PC	N
GEORGE HOPKINS	N
GERARD K. WILLIAMS MD APMC	N
Good Health Associates, PLLC	N
Internal Medicine Associates LLC	Y
J CHRIS BECKMAN MD PLLC	N
JAMES W GARNER JR MD PC	N
JOHN BYRNES	N
KIRAN G ZAVERI MD LLC	N
Logan Family Medicine, LLC	N
MAPLE ST MEDICAL PLLC	N
MARK B. BLICK D.O., P.A.	N
MCCOLLUM HOMETOWN HEALTHCARE PLLC	N
MED EQUITY PARTNERS LLC	N
MIDDLE TENNESSEE FAMILY MEDICINE	N
Middle Tennessee Urology Specialists P.L.L.C.	N
MIDTNGYN PLLC	N
NORTH FLORIDA RURAL HEALTH CORP	N
Northfield Family Practice PC	N
OPEN WATER MEDICAL PA	N
PATIENTSFIRST, PLLC	N
PETER A DICORLETO MD PC	N
PETER CHANG	N
PETER DICORLETO	N
PREMIER MOUNTAIN HEALTHCARE LLC	N
PRIMARY CARE CLINIC LLC	N
PULMONARY & SLEEP OF TAMPA BAY PL	N
R A HOLDINGS LLC	N
RENE E DARVEAUX MD PA	N
STAN J MAYS MD A PROFESSIONAL MEDICAL CORPORATION	N
STEPHEN F AUSTIN COMMUNITY HEALTH CENTER INC	N
Sulkowski Family Medicine PLLC	N
SUNSET POINT MEDICAL ASSOCIATES INC	N
TENNESSEE HEALTHCARE PARTNERS, LLC	N
TENNESSEE MEDICINE & PEDIATRICS, PC	Y
TERESA HUGGINS	N
THE CARE CLINIC LLC	N
Thomas P. Melancon MD, LLC	N
Top Physicians Group Inc	N
TRACI THOMPSON MD, PA	N
Wayne Murphy	N
WILLIAM BRENT YOUNG MD PA	N

ACO Governing Body:

Member First Name	Member Last Name	Member Title/Position	Member's Voting Power (Expressed as a percentage)	Membership Type	ACO Participant Legal Business Name, if applicable
Cranor	Kenneth	MD/Chairman	9	ACO Participant Representative	The Physicians Alliance Corporation
Marino	Fred	Voting Member	9	Medicare Beneficiary Representative	N/A
Batie	Donnie	MD/Voting Member	9	ACO Participant Representative	Baton Rouge General Physician's Medical Group, LLC
Sefa	Akwasi	MD/Voting Member	9	ACO Participant Representative	Akwasi Sefa
Carter	Dennis	MD/Voting Member	9	ACO Participant Representative	Family Health Associates
Latortue	Rosemay	MD/Voting Member	9	ACO Participant Representative	Rosemay T. LaTortue, MD., P.A.
Murphy	Wayne	MD/Voting Member	9	ACO Participant Representative	Wayne Murphy
Perkins	Matt	MD/Voting Member	9	ACO Participant Representative	Tennessee Medicine and Pediatrics, PC
Blick	Mark	MD/Voting Member	9	ACO Participant Representative	Mark B. Blick D.O., P.A.
Willis	Kerry	MD/Voting Member	9	ACO Participant Representative	Open Water Medical PA
Zaveri	Kiran	MD/Voting Member	9	ACO Participant Representative	Kiran G. Zaveri, MD LLC

Key ACO Clinical and Administrative Leadership:

ACO Executive: John Woods

Medical Director: Kirin Zaveri

Compliance Officer: John Woods

Quality Assurance/Improvement Officer: Kenneth Cranor

Associated Committees and Committee Leadership:

Committee Name	Committee Leader Name and Position
TP-ACO Patient Care Committee	Wayne Murphy, Chairman
Stones River Patient Care Committee	Wayne Murphy, Chairman

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:

- **Third Agreement Period**
 - Performance Year 2022, \$5,219,502.95
 - Performance Year 2022, \$7,057,891
 - Performance Year 2021, \$8,405,088
 - Performance Year 2020, \$8,025,380
 - Performance Year 2019/2019A, \$10,686,872
- **Second Agreement Period**
 - Performance Year 2018, \$5,712,042
 - Performance Year 2017, \$3,292,526
 - Performance Year 2016, \$2,459,316
- **First Agreement Period**
 - Performance Year 2015, \$1,662,988
 - Performance Year 2014, \$3,133,900
 - Performance Year 2013, \$4,721,981

Shared Savings Distribution:

- **Third Agreement Period**
 - Performance Year 2023
 - Proportion invested in infrastructure: TBD
 - Proportion invested in redesigned care processes/resources: TBD
 - Proportion of distribution to ACO participants: TBD

- Performance Year 2022
 - Proportion invested in infrastructure: 15%
 - Proportion invested in redesigned care processes/resources: 29%
 - Proportion of distribution to ACO participants: 56%
- Performance Year 2021
 - Proportion invested in infrastructure: 15%
 - Proportion invested in redesigned care processes/resources: 29%
 - Proportion of distribution to ACO participants: 56%
- Performance Year 2020
 - Proportion invested in infrastructure: 15%
 - Proportion invested in redesigned care processes/resources: 28%
 - Proportion of distribution to ACO participants: 57%
- Performance Year 2019/2019A
 - Proportion invested in infrastructure: 15%
 - Proportion invested in redesigned care processes/resources: 25%
 - Proportion of distribution to ACO participants: 60%
- **Second Agreement Period**
 - Performance Year 2018
 - Proportion invested in infrastructure: 15%
 - Proportion invested in redesigned care processes/resources: 23%
 - Proportion of distribution to ACO participants: 62%
 - Performance Year 2017
 - Proportion invested in infrastructure: 10%
 - Proportion invested in redesigned care processes/resources: 5%
 - Proportion of distribution to ACO participants: 85%
 - Performance Year 2016
 - Proportion invested in infrastructure: 10%
 - Proportion invested in redesigned care processes/resources: 5%
 - Proportion of distribution to ACO participants: 85%
- **First Agreement Period**
 - Performance Year 2015
 - Proportion invested in infrastructure: 10%
 - Proportion invested in redesigned care processes/resources: 5%
 - Proportion of distribution to ACO participants: 85%
 - Performance Year 2014
 - Proportion invested in infrastructure: 10%
 - Proportion invested in redesigned care processes/resources: 5%
 - Proportion of distribution to ACO participants: 85%

- Performance Year 2013
 - Proportion invested in infrastructure: 10%
 - Proportion invested in redesigned care processes/resources: 5%
 - Proportion of distribution to ACO participants: 85%
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2023 Quality Performance Results:

Quality performance results are based on CMS Web Interface.

Measure #	Measure Name	Collection Type	Rate	ACO Mean
Measure #	Measure Name	Collection Type	Rate	ACO Mean
Quality ID# 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control [1]	CMS Web Interface	9.02	9.84
Quality ID# 134	Preventative Care and Screening: Screening for Depression and Follow-up Plan	CMS Web Interface	89.96	80.97
Quality ID# 236	Controlling High Blood Pressure	CMS Web Interface	85.48	77.80
Quality ID# 318	Falls: Screening for Future Fall Risk	CMS Web Interface	95.42	89.42
Quality ID# 110	Preventative Care and Screening: Influenza Immunization	CMS Web Interface	68.36	70.76
Quality ID# 226	Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface	100.00	79.29
Quality ID# 113	Colorectal Cancer Screening	CMS Web Interface	79.53	77.14
Quality ID# 112	Breast Cancer Screening	CMS Web Interface	86.54	80.36
Quality ID# 438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface	85.23	87.05
Quality ID# 370	Depression Remission at Twelve Months	CMS Web Interface	12.82	16.58
Quality ID# 321	CAHPS for MIPS [3]	CMS Web Interface	9.45	6.25
Measure# 479	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups [1]	CMS Web Interface	0.1550	0.1553
Measure# 484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions [1]	CMS Web Interface	---	35.39
CAHPS-1	Getting Timely Care, Appointments, and Information	CAHPS For MIPS	88.64	83.68
CAHPS-2	How Well Providers Communicate	CAHPS For MIPS	95.65	93.69
CAHPS-3	Patient's Rating of Provider	CAHPS For MIPS	93.23	92.14
CAHPS-4	Access to Specialists	CAHPS For MIPS	83.22	75.97
CAHPS-5	Health Promotion and Education	CAHPS For MIPS	67.75	63.93
CAHPS-6	Shared Decision Making	CAHPS For MIPS	61.89	61.60
CAHPS-7	Health Status and Functional Status	CAHPS For MIPS	74.54	74.12
CAHPS-8	Care Coordination	CAHPS For MIPS	88.10	85.77
CAHPS-9	Courteous and Helpful Office Staff	CAHPS For MIPS	94.58	92.31
CAHPS-11	Stewardship of Patient Resources	CAHPS For MIPS	31.24	26.69

For previous years' Financial and Quality Performance Results, please visit: data.cms.gov

Payment Rule Waivers

- Skilled Nursing Facility (SNF) 3-Day Rule Waiver:
 - Our ACO uses the SNF 3-Day Rule Waiver, pursuant to 42 CFR § 425.612.
- Waiver for Payment for Telehealth Services:
 - Our ACO clinicians provide telehealth services using the flexibilities under 42 CFR § 425.612(f) and 42 CFR § 425.613.

Fraud and Abuse Waivers

- ACO Participation Waiver:

The following information describes each arrangement for which our ACO seeks protection under the ACO Participation Waiver, including any material amendment or modification to a disclosed arrangement.

[For each arrangement, provide the following information:

- Parties to the arrangement: **The Physicians Alliance LLC ACO and LabCorp**
- Date of arrangement: **07/01/2020**
- Items, services, goods, or facility provided: **Data Reporting Systems**
- Date and nature of any amendments to the arrangement, if applicable: **No Amendments**

Agreement with LabCorp:

The parties to the arrangement include TP-ACO and Laboratory Corporation of America Holdings and its subsidiaries ("LabCorp"). The agreements are effective as of January 07/01/2020. Under the agreements, the parties will coordinate with each other to meet requirements for reporting quality and cost measures, establish clinical decision support programs to support chronic disease management and population health strategies, and evaluate and address the health needs of TP-ACO's patient population. LabCorp will make available laboratory testing services to TP-ACO's providers, and TP-ACO will integrate and use this information in TP-ACO's data analytics programs, reporting measures, and care coordination and intervention strategies. The agreements include a series of potential grants to develop infrastructure and redesigning care processes to allow for high quality and efficient service delivery for patients whereby TP-ACO must meet certain quality metrics to be eligible. This arrangement allows the parties to promote accountability for the quality, cost, and overall care for TP-ACO's patients and manage and coordinate care for these individuals. With respect to this arrangement above, TP-ACO's governing body has made and duly authorized a bona fide determination that the arrangement is reasonably related to the purposes of the Medicare Shared Savings Program.