

Saint Francis Healthcare Partners ACO, Inc.

Public Disclosure of Arrangements Protected Under the ACO Participation Waiver

Saint Francis Healthcare Partners ACO, Inc. (the “ACO”) is currently participating in the Medicare Shared Savings Program (“MSSP”) pursuant to a Participation Agreement with the Centers for Medicare & Medicaid Services (“CMS”) initially entered into effective January 1, 2013, and renewed effective January 1, 2016 for a successive three-year term. The Department of Health & Human Services, through an interim final rule issued November 2, 2011 (76 Fed. Reg. 67992 (Nov. 2, 2011)) and a final rule issued October 29, 2015 (80 Fed. Reg. 66726 (Oct. 29, 2015)) by CMS and the Office of Inspector General (“OIG”), has provided for a waiver of federal fraud and abuse laws for arrangements entered into by an accountable care organization participating in the MSSP that are reasonably related to the purposes of the MSSP (the “ACO Participation Waiver”). The ACO Participation Waiver protects only those arrangements that meet waiver criteria established by CMS and the OIG, including a requirement that all arrangements entered into under the ACO Participation Waiver be publicly disclosed.

In accordance with the public disclosure requirement of the ACO Participation Waiver, the following describes arrangements involving the ACO and its ACO participants and ACO providers/suppliers for items, services, goods or facilities used to create, develop and/or operate the ACO, and also to support the ACO in its efforts to achieve the goals of the MSSP.

The ACO’s Board of Directors has duly authorized the arrangements below and made a bona fide determination that each arrangement is reasonably related to the purposes of the MSSP because the arrangements will improve care management and coordination for Medicare beneficiaries assigned to the ACO, enhance its population health and quality improvement initiatives, and support efforts to implement redesigned care processes that promote accountability for the quality, cost, and overall care delivered to the ACO’s patients.

1. Saint Francis Hospital and Medical Center (“SFHMC”), an ACO participant, furnished certain electronic health record and practice management software to all primary care physicians, and physician practices that include primary care physicians, who participate in the MSSP (the “PCP Practices”) in an arrangement that took effect January 1, 2013. In connection with this arrangement, SFHMC and the ACO executed IT Donation Agreements with certain PCP Practices to provide support with respect to adoption of electronic health record technology for population health activities.
 - a. On September 27, 2016 the ACO’s Board of Directors made a determination that, due to the success of this arrangement in providing electronic health record and practice management software to eligible participants in the ACO, the ACO would modify and wind down this arrangement once all eligible ACO members “go-live” pursuant to an IT Donation Agreement. The ACO has thus modified this arrangement to provide that the ACO will terminate the provision of financial support under all IT Donation Agreements as of December 31, 2016.
2. As of September 27, 2016, SFHMC has agreed to provide financial support to the ACO to undertake the following arrangements and initiatives:

- a. An ACO Management support arrangement under which the ACO has engaged a population health manager, quality data manager, and director of care coordination and population health who oversees ACO personnel and programs;
 - b. A transitions in care support arrangement under which the ACO has obtained nurse navigator services for the ACO's High Risk Transitions of Care Program and its Post-Acute Transitions in Care Program to enable targeted interventions intended to reduce readmissions and facilitate patient transitions to post-acute care settings;
 - c. A post-discharge outreach program under which the ACO has engaged healthcare coaches to participate in its Post-Discharge Outreach Program and to work with patients to coordinate care and improve outcomes;
 - d. The ACO's engagement of a part-time care coordination assistant to furnish administrative support for the ACO's care coordination activities; and
 - e. The ACO has undertaken quality improvement efforts and sought to improve data collection practices to support those efforts via establishment of Quality Data Coordinator positions to head the ACO's quality improvement team.
3. SFHMC has also agreed to provide financial support to the ACO for implementation of a primary care provider incentive arrangement for ACO participants and ACO providers/suppliers, effective January 1, 2017. Under this arrangement, qualifying primary care physicians and allied primary care practitioners that meet certain metrics related to quality improvement, care coordination, engagement in ACO activities, and alignment with the ACO's enumerated MSSP goals, are eligible to receive annual incentive payments. The incentive payments will be distributed by the ACO in accordance with a funds flow methodology to be determined by the ACO's Board of Directors.

Future arrangements, and modifications to current arrangements, will be added to this list in accordance with CMS requirements.