

## ACO Name and Location

Baptist Physician Partners, ACO, LLC  
841 Prudential Drive, Suite #1450  
Jacksonville, FL 32207

## ACO Primary Contact

Mary Leen, DNP, ARNP  
904.202.4770  
Mary.leen@bmcjax.com

## Organizational Information

### ACO Participants:

ACO Participants	ACO Participant in Joint Venture
Baptist Cardiology, Inc.	N
Baptist AgeWell Physicians, Inc.	N
Northeast Florida Endocrine & Diabetes Associates, PA	N
Rogers Cain, MD, PA	N
Baptist Primary Care, Inc.	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
Craig	Shapiro, MD	Chair	8.3%	ACO Other Entity	N/A
Theodore	Glasser, MD	Vice Chair	8.3%	ACO Participant Representative	Baptist Primary Care, Inc.
Kyle	Etz Korn, MD	Voting Member	8.3%	ACO Other Entity	N/A
Paul	Dillahunt, MD	Voting Member	8.3%	ACO Participant Representative	Baptist Cardiology, Inc. DBA Baptist Heart Specialists
David	Sutton, MD	Voting Member	8.3%	ACO Participant Representative	Northeast Florida Endocrine & Diabetes Associates, PA
Matt	Zuino	Ex Officio Non-voting member	0	ACO Other Entity	N/A
Marsha	Donaldson	Voting Member	8.3%	ACO Participant Representative	Baptist Primary Care, Inc.

Catherine	Graham	Voting Member	8.3%	ACO Participant Representative	Baptist AgeWell Physicians, Inc.
Keith	Tickell	Voting Member	8.3%	ACO Participant Representative	Baptist Primary Care, Inc.
Joel	Schrank, MD	Voting Member	8.3%	Medicare Beneficiary Representative	N/A
Sofija	Rak, MD	Voting Member	8.3%	ACO Participant Representative	Baptist Primary Care, Inc.
Matthew	Braddock, DO	Voting Member	8.3%	ACO Participant Representative	Baptist Primary Care, Inc.
Timothy	Groover, MD	Voting Member and interim Medical Director	8.3%	ACO Participant Representative	Baptist Cardiology, Inc. DBA Baptist Heart Specialists

**Key ACO Clinical and Administrative Leadership:**

ACO Executive: Mary Leen, DNP, ARNP

Medical Director: Timothy Groover, MD (Interim)

Compliance Officer: Toni Teumer

Quality Assurance/Improvement Officer: Mary Leen, DNP, ARNP

**Associated Committees and Committee Leadership:**

Committee Name	Committee Leader Name and Position
Clinical Transformation Council	Edward Gorak, DO, Chair
Finance & Contracting Committee	Michael Erhard, MD, Chair
Information Technology Committee	Terry Hayes, MD, Chair
Membership & Quality Committee	Richard Picerno, MD, Chair

**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 2022, TBD
- First Agreement Period
  - Performance Year 2018, \$0

- Performance Year 2019, \$11.37M
- Performance Year 2020, \$7.03M
- Performance Year 2021, \$16.45M

**Shared Savings Distribution:**

- Second Agreement Period
  - Performance Year 2022
    - Proportion invested in infrastructure: 0%
    - Proportion invested in redesigned care processes/resources: 15%
    - Proportion of distribution to ACO participants: 40%
- First Agreement Period
  - Performance Year 2018
    - 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 2019
    - Proportion invested in infrastructure: 0%
    - Proportion invested in redesigned care processes/resources: 15%
    - Proportion of distribution to ACO participants: 85%
  - Performance Year 2020
    - Proportion invested in infrastructure: 0%
    - Proportion invested in redesigned care processes/resources: 15%
    - Proportion of distribution to ACO participants: 85%
  - Performance Year 2021
    - Proportion invested in infrastructure: 0%
    - Proportion invested in redesigned care processes/resources: 15%
    - Proportion of distribution to ACO participants: 40%

**Quality Performance Results**

**2021 Quality Performance Results:**

Quality performance results are based on CMS Web Interface

Measure #	Measure Name	Rate	ACO Mean
001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control <sup>2</sup>	10.64	12.46
134	Preventative Care and Screening: Screening for Depression and Follow-up Plan	54.83	74.38
236	Controlling High Blood Pressure	72.28	74.87
318	Falls: Screening for Future Fall Risk	77.17	87.03
110	Preventative Care and Screening: Influenza Immunization	75.95	80.52
226	Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention	16.67	80.97
113	Colorectal Cancer Screening	75.10	73.63

112	Breast Cancer Screening	76.06	75.11
438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	82.24	84.24
370	Depression Remission at Twelve Months	N/A	N/A
479	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups <sup>2</sup>	0.1458	0.1540
MCC1	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions for ACOs (MCC) <sup>2</sup>	34.79	33.99

Please note, the Quality ID#370 Depression Remission at twelve months quality measure is not included in public reporting due to low sample size.

For previous years' Financial and Quality Performance Results, please visit: [data.cms.gov](https://data.cms.gov)

### Payment Rule Waivers

- Skilled Nursing Facility (SNF) 3-Day Rule Waiver:
  - Our ACO does not use the SNF 3-Day Rule Waiver, pursuant to 42 CFR § 425.612.

### Fraud and Abuse Waivers

#### ▪ ACO Pre-Participation Waiver:

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

- *Parties to the arrangement:* N/A
- *Date of arrangement:* N/A
- *Items, services, goods, or facility provided:* N/A
- *Date and nature of any amendments to the arrangement, if applicable:* N/A

#### ▪ 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.

- *Parties to the arrangement:* N/A
- *Date of arrangement:* N/A
- *Items, services, goods, or facility provided:* N/A
- *Date and nature of any amendments to the arrangement, if applicable:* N/A

