1. **What is Baptist Physician Alliance ACO?**

Recently, Baptist Health and the Baptist Physician Alliance created a new company called the Baptist Physician Alliance ACO (“BPA ACO”), which has applied to participate in the Medicare Shared Savings Program.

2. **What is the Medicare Shared Savings Program?**

The Medicare Shared Savings Program (“MSSP”) was established by the Affordable Care Act with the triple aim of: (1) better care for individuals, (2) better health for populations, and (3) lower growth in health care expenditures. Under the MSSP, Medicare allows eligible doctors, hospitals, and other health care professionals to form a group called an Accountable Care Organization (ACO) to coordinate the care and costs of a local population of Medicare beneficiaries. If the ACO is successful in reducing the health care costs for that population of Medicare beneficiaries below an established benchmark, the MSSP will give a portion of those cost savings to the ACO. The ACO then has the ability to share those savings with its doctors, hospitals, and other providers who treat the beneficiaries.

3. **How can I join BPA ACO?**

BPA physicians on the medical staffs at Baptist or Brookwood hospitals can join BPA ACO by having their practice sign the Agreement for Medicare Shared Savings Program (MSSP) Participation.

4. **What is an MSSP ACO Participant?**

Medicare uses the term, “ACO Participant,” to refer to a physician practice or medical group that signs an Agreement for Medicare Shared Savings Participation with an ACO. Once Medicare knows you have agreed to participate, it will use the taxpayer identification number (TIN) of your practice to assign to BPA ACO the Medicare beneficiaries for whom BPA ACO must control costs and quality.

5. **What is the Term of the BPA ACO Participation Agreement for the MSSP?**

The term of the Agreement begins on the date it is signed and continues until December 31, 2018 unless earlier terminated.

6. **How Can the BPA ACO Participation Agreement Be Terminated?**

A physician practice can leave the BPA ACO at any time by providing 90 days prior written notice. The BPA ACO MSSP Participation Agreement can also terminate in the event of noncompliance with MSSP regulations or other events such as losing Medicare certification or licensure.

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7. How Does the MSSP Work?

Under the MSSP, Medicare continues to pay individual physicians for specific items and services as it currently does under the Medicare fee-for-service (FFS) payment system. Then, Medicare develops an expenditure benchmark for the Medicare beneficiary assigned to BPA ACO. The expenditure benchmark is an estimate of what the total Medicare FFS expenditures for BPA ACO beneficiaries would otherwise have been in the absence of the ACO, even if all of those services are not provided by providers in BPA ACO. At the end of the ACO year (December 31st), Medicare will assess whether BPA ACO has achieved savings or losses with respect to that expenditure benchmark, and will notify the ACO.

8. What Happens to the Savings Medicare Shares with BPA ACO?

If the BPA ACO generates savings under the MSSP, the ACO will share those savings with you according to a methodology designed to promote the “triple aim” – (1) better care for individuals, (2) better health for populations, and (3) lower growth in health care expenditures. The distribution methodology will be developed and vetted by the BPA ACO board of directors and BPA ACO will make a written policy regarding this distribution methodology available to all Participants. You should note, however, that the amount of savings shared by Medicare will depend, in part, upon the ACO’s scores on certain Medicare required quality benchmarks.

9. Will BPA ACO Participants Have to Share in Losses?

Through December 31st, 2018, BPA ACO Participants will not have to share in losses. This will eventually change, however, if BPA ACO continues to participate in the MSSP after the first three-year term. In any event, you will have ample notice if BPA ACO decides to share in any losses with CMS so you can terminate or decline to renew your Agreement to participate in the MSSP.

10. What Does the Agreement Require?

The Agreement requires that the group practice and its individual members comply with the BPA ACO Policies and Procedures, which the BPA ACO Board will develop consistent with CMS requirements for MSSP ACOs. These Policies and Procedures will address such topics as: quality assurance, utilization management, data sharing, participation in audits and reports, care coordination, and so forth. In addition to the Policies and Procedures, a participating physician practice and its doctors must also agree to comply with all Medicare rules regarding billing, beneficiary inducements, the Anti-kickback Statute, marketing, and other Medicare rules (most of which requirements physicians are already obligated to comply with as Medicare participating providers).
11. Can Physicians Participate in other MSSP ACOs?

The MSSP assigns each ACO a population of Medicare beneficiary based on the TINs of the ACO Participants that provide primary care services for those beneficiaries. As a result, a physician practice must be exclusive with only one MSSP ACO if it bills for primary care physicians or physician assistants practicing in internal medicine, general practice, family practice or geriatric medicine. Under some circumstances, it is also possible that other, non-primary care physician practices (for example, oncologists, cardiologists, neurologists, or nephrologists) may act as a Medicare beneficiary's primary physician – also requiring exclusivity with one MSSP ACO. Physician practices that bill exclusively for surgeons, radiologists, pathologists, hospital-based intensivists, and other specialty physicians who are less likely to be the primary provider to a Medicare beneficiaries are expressly excluded from the exclusivity requirement. We will be glad to give you a further breakdown of these categories upon request.

12. How Can the Agreement and Policies Be Amended?

The Agreement can only be amended if both parties agree. However, if CMS requires a regulatory change to be made to the Agreement, that change will automatically occur. The Agreement provides that we will give you at least 30 days’ notice of changes in Policies and Procedures.