

# Shared Savings Program Public Reporting

## ACO Name and Location

Select Physicians Associates, LLC

601 S. Harbour Island Blvd, Ste 200, Tampa, FL, 33602, U.S.A.

## ACO Primary Contact

Andrea Cauthen

4078851216

andrea.cauthen@betterhealthgroup.com

## Organizational Information

### ACO Participants:

ACO Participants	ACO Participant in Joint Venture
ADESSO PROFESSIONAL SERVICES LLC	No
AESCLAP MEDICAL CLINIC LLC	No
ANCURAM LLC	No
ANIL GEORGE MD PA	No
AURIA MEDICAL CLINICS , LLC	No
AXIS MEDICAL, INC.	No
BARNES FAMILY MEDICAL ASSOCIATES PC	No
BOBBI D BAKER MD PA	No
BOWMAN & HAMPSEY MEDICAL CLINIC INC	No
BSNR LLC. HARTSELLE VALLEY FAMILY MEDICAL CENTER	No
CHRISTOPHER MD & ASSOCIATES PA	No
CLAREMORE HEALTH ASSOCIATES, INC	No
Cornerstone Medical Group P	No
DFW FAMILY CLINIC	No
DIXITKUMAR N MODI MD PA	No
DYCUS FAMILY MEDICINE, PA	No
DZUNG NGUYEN	No
EASTERN SHORE INTERNAL MEDICINE, LLC	No
FAMILY HEALTH CENTER OF ADEL, INC.	No
FAMILY MEDICAL CLINIC OF HARROGATE, P.C.	No

FAMILY PRACTICE-ST CLOUD, INC.	No
FINLAY MEDICAL CLINIC SA LLC	No
FLORIDA MEDICAL ASSOCIATES LLC	No
FLORIDA PRIMARY CARE AND SPORTS MEDICINE, INC.	No
FORT WORTH MEDICAL SPECIALISTS PLLC	No
FOSSIL CREEK FAMILY MEDICAL CENTER	No
FRED NORDQUIST MD PC	No
G. SUZANNE GOODCHILD D.O., P.A.	No
GENERATIONS FAMILY MEDICAL CLINIC LLC	No
GULF COAST MEDICAL AND GERIATRIC CLINIC INC	No
HOME VISITING PHYSICIANS, LLC	No
INTEGRITY HEALTH AND WELLNESS, LLC	No
IRA MARTIN FINE MD PA	No
JOHN W. COOKE, D.O., P.A	No
Jose A Lopez MD PA	No
JOSEPH C MILLIN JR DO PA	No
LAKESIDE FAMILY MEDICINE	No
LANWAY H LING MD LLC	No
LINA HEATH HARPER, M.D., P.C.	No
Lourdes L Virtusio M D Family Practice Clinic Inc	No
Mark Hoang Md Pa	No
MEASE MEDICAL CORPORATION	No
Mitta Primary Care	No
MOHAMED AYAD MD PC	No
NATIONAL FAMILY MEDICAL ASSOCIATES OF ALABAMA, LLC	No
NATIONAL FAMILY MEDICAL ASSOCIATES OF GEORGIA, LLC	No
NATIONAL FAMILY MEDICAL ASSOCIATES, LLC	No
Nazneen Noorani	No
Noorani Medical Center, LLC	No
OCONEE FAMILY MEDICINE CENTER, PC	No
OMEGA HEIGHTS FAMILY MEDICINE CLINIC PLLC	No

OSAMA ELSHAZLY MD PA	No
PMS 68 LLC	No
PRIME MEDICAL HEALTH AND WELLNESS LLC	No
PROPHYLAXIS HEALTHCARE LLC	No
RIVERCITY FAMILY MEDICINE PLLC	No
Robert D Flurry Md Pa	No
SAND MOUNTAIN FAMILY PRACTICE CENTER, P. C.	No
SANTURCE MEDICAL CENTER LLC	No
Sarasota Primary Care Llc	No
STEPHEN M WEST MD LLC	No
STEVEN ROSS	No
SYED GILANI MD PA	No
TAMPA INTERNIST PA	No
THOMAS D HARRIS MD PA	No
Tift Internal Medicine Center, LLC	No
TROY FAMILY MEDICINE, PC	No
VIDA MEDICAL CLINIC, LLC	No
VIVIAN SIMMONS MD FAMILY PRACTICE	No
William Howe	No
WILLIAM J LITTMAN MD PC	No

*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
Andrea	Cauthen	Member	10%	Other	N/A
Emily	Gallman	Provider	25%	ACO Participant Representative	FLORIDA MEDICAL ASSOCIATES LLC
Indumathi	Christopher	Provider	25%	ACO Participant Representative	CHRISTOPHER MD & ASSOCIATES PA
Jim	Hampsey	Beneficiary	2%	Medicare Beneficiary Representative	N/A
Mark	Hoang	Provider	25%	ACO Participant Representative	Mark Hoang Md Pa
Pawan	Shah	Member	10%	Other	N/A
Sangeeta	Hans	Medical	3%	Other	N/A

		Director			
--	--	----------	--	--	--

Member's voting power may have been rounded to reflect a total voting power of 100 percent.

*Key ACO Clinical and Administrative Leadership:*

ACO Executive:

Andrea Cauthen

Medical Director:

Sangeeta Hans

Compliance Officer:

Andrea Cauthen, Sriram Sundaramoorthy

Quality Assurance/Improvement Officer:

Amy Kotch

*Associated Committees and Committee Leadership:*

Committee Name	Committee Leader Name and Position
Compliance Committee	Sriram Sundaramoorthy
Finance Committee	Michael Nisbet, CFO

*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 2026, N/A
  - Performance Year 2025, N/A
  - Performance Year 2024, \$11,480,692.41
  - Performance Year 2023, \$9,456,943.92
- Second Agreement Period
  - Performance Year 2022, \$6,575,883.00
  - Performance Year 2021, \$3,924,740.76
  - Performance Year 2020, \$4,903,690.81
  - Performance Year 2019, \$3,139,202.98

- First Agreement Period
  - Performance Year 2019, \$3,139,202.98
  - Performance Year 2018, \$0.00

Note: Our ACO participated in multiple performance years during Calendar Year 2019. The shared savings/losses amount reported for Performance Year 2019 therefore represents net shared savings or losses across all performance years in 2019 and is shown under all agreement periods in which the ACO operated during Calendar Year 2019.

*Shared Savings Distribution:*

- Third Agreement Period
  - Performance Year 2026
    - 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 2025
    - 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 2024
    - Proportion invested in infrastructure: 20%
    - Proportion invested in redesigned care processes/resources: 30%
    - Proportion of distribution to ACO participants: 50%
  - Performance Year 2023
    - Proportion invested in infrastructure: 20%
    - Proportion invested in redesigned care processes/resources: 30%
    - Proportion of distribution to ACO participants: 50%
- Second Agreement Period
  - Performance Year 2022
    - Proportion invested in infrastructure: 20%
    - Proportion invested in redesigned care processes/resources: 30%
    - Proportion of distribution to ACO participants: 50%
  - Performance Year 2021
    - Proportion invested in infrastructure: 20%
    - Proportion invested in redesigned care processes/resources: 30%
    - Proportion of distribution to ACO participants: 50%
  - Performance Year 2020
    - Proportion invested in infrastructure: 20%
    - Proportion invested in redesigned care processes/resources: 30%
    - Proportion of distribution to ACO participants: 50%

- Performance Year 2019
  - Proportion invested in infrastructure: 20%
  - Proportion invested in redesigned care processes/resources: 30%
  - Proportion of distribution to ACO participants: 50%
- First Agreement Period
  - Performance Year 2019
    - Proportion invested in infrastructure: 20%
    - Proportion invested in redesigned care processes/resources: 30%
    - Proportion of distribution to ACO participants: 50%
  - 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

Note: Our ACO participated in multiple performance years during Calendar Year 2019. The distribution of shared savings reported for Performance Year 2019 therefore represents the distribution of the net shared savings across all performance years in 2019 and is shown under all agreement periods in which the ACO operated during Calendar Year 2019.

## Quality Performance Results

### 2024 Quality Performance Results:

Quality performance results are based on the CMS Web Interface collection type.

Measure #	Measure Title	Collection Type	Performance Rate	Current Year Mean Performance Rate (Shared Savings Program ACOs)
321	CAHPS for MIPS	CAHPS for MIPS Survey	7.11	6.67
479*	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups	Administrative Claims	0.1596	0.1517
484*	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (MCC)	Administrative Claims	-	37
318	Falls: Screening for Future Fall Risk	CMS Web Interface	89.32	88.99
110	Preventative Care and Screening: Influenza Immunization	CMS Web Interface	62.38	68.6
226	Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface	88.89	79.98
113	Colorectal Cancer Screening	CMS Web Interface	83.64	77.81
112	Breast Cancer Screening	CMS Web Interface	81.68	80.93

438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface	82.94	86.5
370	Depression Remission at Twelve Months	CMS Web Interface	8.82	17.35
001*	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	CMS Web Interface	10.76	9.44
134	Preventative Care and Screening: Screening for Depression and Follow-up Plan	CMS Web Interface	80.15	81.46
236	Controlling High Blood Pressure	CMS Web Interface	76.05	79.49
CAHPS-1	Getting Timely Care, Appointments, and Information	CAHPS for MIPS Survey	87.6	83.7
CAHPS-2	How Well Providers Communicate	CAHPS for MIPS Survey	93.68	93.96
CAHPS-3	Patient's Rating of Provider	CAHPS for MIPS Survey	90.97	92.43
CAHPS-4	Access to Specialists	CAHPS for MIPS Survey	76.51	75.76
CAHPS-5	Health Promotion and Education	CAHPS for MIPS Survey	66.43	65.48
CAHPS-6	Shared Decision Making	CAHPS for MIPS Survey	68.13	62.31
CAHPS-7	Health Status and Functional Status	CAHPS for MIPS Survey	73.07	74.14
CAHPS-8	Care Coordination	CAHPS for MIPS Survey	84.4	85.89
CAHPS-9	Courteous and Helpful Office Staff	CAHPS for MIPS Survey	94.08	92.89
CAHPS-11	Stewardship of Patient Resources	CAHPS for MIPS Survey	26.61	26.98

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

\*For Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) [Quality ID #001], Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups [Measure #479], and Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (MCC) [Measure #484], a lower performance rate indicates better measure performance.

\*For Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (MCC) [Measure #484], patients are excluded if they were attributed to Qualifying Alternative Payment Model (APM) Participants (QPs). Most providers participating in Track E and ENHANCED track ACOs are QPs, and so performance rates for Track E and ENHANCED track ACOs may not be representative of the care provided by these ACOs' providers overall. Additionally, many of these ACOs do not have a performance rate calculated due to not meeting the minimum of 18 beneficiaries attributed to non-QP providers.

## **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.

- Parties to the arrangement: Select Physicians Associates, LLC and
  - NAZNEEN NOORANI
  - WILLIAM HOWE
  - JOSE LOPEZ MD PA
  - NOORANI MEDICAL CENTER, LLC
  - MARK HOANG MD PA
  - MITTA PRIMARY CARE
  - SARASOTA PRIMARY CARE LLC
  - ROBERT D FLURRY MD PA
  - LOURDES L VIRTUSIO MD FAMILY PRACTICE CLINIC INC
  - DZUNG NGUYEN
  - JOSEPH C MILLIN JR DO PA
  - BOBBI D BAKER MD PA
  - CHRISTOPHER MD & ASSOCIATES PA
  - THOMAS D HARRIS MD PA
  - DYCUS FAMILY MEDICINE, PA
  - OSAMA ELSHAZLY MD PA
  - GULF COAST MEDICAL AND GERIATRIC CLINIC INC
  - PRIME MEDICAL HEALTH AND WELLNESS LLC
  - SYED GILANI MD PA
  - TAMPA INTERNIST PA
  - ADESSO PROFESSIONAL SERVICES LLC
  - ANIL GEORGE MD PA
  - SANTURCE MEDICAL CENTER LLC
  - LANWAY H LING MD LLC
  - FINLAY MEDICAL CLINIC SA LLC
  - AESCULAP MEDICAL CLINIC LLC
  - FLORIDA PRIMARY CARE AND SPORTS MEDICINE, INC.
  - HOME VISITING PHYSICIANS, LLC
  - VIDA MEDICAL CLINIC, LLC
  - BOWMAN & HAMPSEY MEDICAL CLINIC INC

- FAMILY PRACTICE-ST CLOUD, INC.
- FLORIDA MEDICAL ASSOCIATES LLC
- NATIONAL FAMILY MEDICAL ASSOCIATES OF GEORGIA, LLC
- NATIONAL FAMILY MEDICAL ASSOCIATES, LLC
- NATIONAL FAMILY MEDICAL ASSOCIATES OF ALABAMA, LLC
- AURIA MEDICAL CLINICS , LLC
- FAMILY HEALTH CENTER OF ADEL, INC.
- AXIS MEDICAL, INC.
- MOHAMED AYAD MD PC
- BARNES FAMILY MEDICAL ASSOCIATES PC
- BSNR LLC. HARTSELLE VALLEY FAMILY MEDICAL CENTER
- CLAREMORE HEALTH ASSOCIATES, INC
- JOHN W. COOKE, D.O., P.A
- Cornerstone Medical Group P
- DFW FAMILY CLINIC
- EASTERN SHORE HEALTH CENTER, LLC
- EASTERN SHORE INTERNAL MEDICINE, LLC
- IRA MARTIN FINE MD PA
- FORT WORTH MEDICAL SPECIALISTS PLLC
- FOSSIL CREEK FAMILY MEDICAL CENTER
- GENERATIONS FAMILY MEDICAL CLINIC LLC
- G. SUZANNE GOODCHILD D.O., P.A.
- LINA HEATH HARPER, M.D., P.C.
- FAMILY MEDICAL CLINIC OF HARROGATE, P.C.
- INTEGRITY HEALTH AND WELLNESS, LLC
- WILLIAM J LITTMAN MD PC
- MEASE MEDICAL CORPORATION
- FRED NORDQUIST MD PC
- OCONEE FAMILY MEDICINE CENTER, PC
- OMEGA HEIGHTS FAMILY MEDICINE CLINIC PLLC
- PMS 68 LLC
- RIVERCITY FAMILY MEDICINE PLLC
- STEVEN ROSS
- SAND MOUNTAIN FAMILY PRACTICE CENTER, P. C.
- Tift Internal Medicine Center, LLC
- STEPHEN M WEST MD LLC

- Date of arrangement: **1/22/2026**
- Items, services, goods, or facility provided: **Quality Bonus Program**
- Date and nature of any amendments to the arrangement, if applicable: **No Amendments**

Agreement with listed ACO Participants:

## ANNEX A

### Resolutions Approving Quality Bonus Program

At a duly convened meeting of the Board of Directors (the "Board") of Select Physicians Associates, LLC, a Florida limited liability company (the "ACO"), held on January 22, 2026, the following resolutions were unanimously approved and adopted. This written record reflects the actions taken during the aforementioned Board meeting, effective as of the date noted above

#### Approval of Point-of-Care Initiative

WHEREAS, the ACO is an accountable care organization participating in the Medicare Shared Savings Program ("MSSP") pursuant to a Participation Agreement with the Centers for Medicare & Medicaid Services ("CMS")

WHEREAS, the U.S. Department of Health and Human Services has provided waivers of certain federal fraud and abuse laws that may otherwise limit innovation by ACOs participating in the MSSP pursuant to 80 Fed. Reg. 66,726 (Oct. 29, 2015) (the "Final Rule"), including the ACO Participation Waiver (as defined in the Final Rule);

WHEREAS, the ACO has entered into MSSP PPAs (as defined in the Operating Agreement) with physician groups, physicians, and other providers ("Participating Providers") to participate in the MSSP as ACO participants (as defined by 42 C.F.R. § 425.20), which manage and coordinate care for the ACO's patient population assigned by CMS under the MSSP in exchange for the opportunity to earn a portion of shared savings received by the ACO from CMS under the MSSP;

WHEREAS, the ACO desires to offer each eligible Participating Provider, who is or subsequently becomes an ACO participant (as defined by 42 C.F.R. § 425.20), as applicable, with the ACO bonuses for utilizing the ACO's point-of-care tool to action care gaps (the "Point-of-Care Initiative"), in accordance with that certain information sheet, attached hereto as Schedule 1 (the "Board Information Sheet") under which the ACO will make additional bonus payments to the applicable Participating Provider in the amount of \$2.50 for each "validated" care gap (the "Point-of-Care Support Payments");

WHEREAS, as set forth in the Board Information Sheet, the Point-of-Care Support Payments are payable to the applicable Participating Providers for their time and effort to use independent clinical judgement to "validate" a care gap that is presented by the ACO's point-of-care tool based on previously known conditions or conditions inferred based on clinical guidelines, including earning equal credit toward Point-of-Care Support Payments where a care gap is marked as unable to confirm based on the medical record;

WHEREAS, Section 5.5(b) of the Third Amended and Restated Operating Agreement of the ACO, effective as of May 25, 2023 (the "Operating Agreement") provides that a Supermajority Board Approval (as defined in the Operating Agreement) is required to enter to make any modifications to the MSSP PPAs (as defined in the Operating Agreement);

WHEREAS, Section 5.5(e) of the Operating Agreement provides that a Supermajority Board Approval (as defined in the Operating Agreement) is required to make any payments other than payments required in accordance with the MSSP PPAs, the Management Agreements or a CMS Agreement (each such term, as defined in the Operating Agreement);

WHEREAS, the Board has reviewed and evaluated the terms of the Board Information Sheet and such other matters as the Board deemed appropriate to enable the Board to evaluate and reach an informed decision as to the ACO's utilization of the Point-of-Care Initiative and provide the Point-of-Care Support Payments; and

WHEREAS, the Board, whose approval constitutes a Supermajority Board Approval, has determined it is in the best interests of the ACO and its sole member to utilize the Point-of-Care Initiative and make the Point-of-Care Support Payments in accordance therewith

NOW, THEREFORE, BE IT:

RESOLVED, that the Board hereby determines that the Point-of-Care Initiative and corresponding Point-of-Care Support Payments help (i) remediate care gaps for medically necessary preventative services, screening, and other treatments that may not otherwise be provided and will improve outcomes and (ii) ensure Participating Providers are informed of potentially unknown conditions, which have been treated or may require treatment by the Participating Provider or other providers;

RESOLVED, the Board, acting by the requisite Supermajority Board Approval, hereby determines that the Point-of-Care Initiative and corresponding Point-of-Care Support Payments are reasonably related to the purposes of the MSSP and therefore satisfy the criteria for application of the ACO Participation Waiver, including that the Point-of-Care Initiative and corresponding Point-of-

Care Support Payments (i) promote evidence-based medicine and patient engagement, (ii) promote care coordination, (iii) contribute to meeting the quality performance standards of the MSSP and (iv) promote evaluating health needs of the ACO's CMS assigned population;

RESOLVED, the Board, acting by the requisite Supermajority Board Approval, hereby approves and authorizes the ACO to utilize of the Point-of-Care Initiative in accordance with the terms set forth in the Board Information Sheet, to modify any MSSP PPA in connection therewith and to perform its obligations related thereto, including the payment of any Point-of-Care Support Payments as such payments become due and payable;

RESOLVED, that the Board hereby approves the participation of (i) each current eligible Participating Provider listed on Schedule 2 attached hereto, and (ii) each future Participating Provider, in the Point-of-Care Initiative;

RESOLVED, that Schedule 2 shall be deemed automatically amended from time to time to reflect changes in Participating Providers who are ACO participants (as defined by 42 C.F.R. § 425.20), including the addition of Participating Providers that become ACO participants and the removal of those that cease to be Participating Providers, in each case without further action by the Board;

RESOLVED, that each of the officers of the ACO (each such person, an "Authorized Officer") be, and each hereby is, authorized, empowered and directed to effectuate and deliver the Point-of-Care Initiative, as described in the Board Information Sheet, including without limitation, executing and delivering supplements or amendments to any MSSP PPA or other agreements in the name of and on behalf of the ACO with such additions, deletions, or changes therein as the Authorized Officer executing the same shall approve (the execution and delivery thereof by any such Authorized Officer to be conclusive evidence of his or her approval of any such additions, deletions or changes); and

RESOLVED, that each of the Authorized Officers be, and each of them hereby is, authorized and directed to take all such further actions and to execute and deliver, in the name and on behalf of the ACO, all such further documents and instruments as they or any of them may deem necessary, desirable, advisable or appropriate to effectuate or carry out the purposes of all of the foregoing resolutions, including those necessary for the ACO to ensure that the Point-of-Care Support Payments satisfy the criteria for application of the ACO Participation Waiver, such as posting the public disclosure contemplated by the Final Rule.

#### General Authority

RESOLVED, that each of the Authorized Officers, any one of whom may act without any of the others, is hereby authorized and directed, in the name and on behalf of the ACO, to take or cause to be taken all such further actions, including, without limitation, signing, executing, acknowledging, certifying, attesting, delivering, accepting, recording and filing all such further documents, certificates and instruments and paying all fees, taxes and other expenses or payments, in each case, as such Authorized Officer, in such Authorized Officer's sole discretion, may determine to be necessary, appropriate or desirable in order to fulfill the intent and accomplish the purposes of the foregoing resolutions, such determination to be conclusively evidenced by the taking of any such further action;

RESOLVED, that each of the Authorized Officers is hereby authorized to take any action authorized and/or directed as set forth in the foregoing resolutions; and

RESOLVED, that all actions taken and expenses heretofore incurred by any Authorized Officer or by the ACO in furtherance of any matter authorized by any of the foregoing resolutions are hereby ratified, approved and adopted in all respects.

## **SCHEDULE 1**

### **Board Information Sheet**

The 2026 Quality Bonus Program (QBP) recognizes and rewards the ongoing commitment to identifying, diagnosing and treating disease which is the foundation of proactive, comprehensive quality healthcare. The 2026 program is summarized below, if you have any questions regarding this year's program please reach out to your Practice Coordinator or Regional Manager.

#### Program Highlights

- Medicare ACO patients are included in the program
- Bonus incentive is earned for every Care Gap that is "Actioned" through the BHG Copilot tool
- Providers and Office Champions (OC) are eligible for the bonus program
- Incentive payments will be made quarterly

#### Eligibility

- All Care Gaps "Actioned" through Copilot on active patients as of the date of payment are eligible for bonuses
- All Providers with assigned Medicare ACO patients are eligible

· Office Champions eligibility will be contingent of the following:

- o Clinics must formally designate and ensure an OC is the direct recipient of the incentive.
- o If an OC is not designated, the clinic forgoes the OC bonus opportunity OC must keep appointment tracking in Sxope up-to-date

Defining "Actioned" Care Gaps in BHG Copilot

- "**Actioned**" Care Gaps are defined by marking a Care Gap in Copilot as "Confirmed" or "Unable to Confirm" by the Provider based on clinical evidence. "Hold" is not considered an actioned disposition for purposes of this program
- o "**Confirmed**" Care Gaps diagnosed by the provider must be appropriately documented in the provider's progress notes with supporting documentation. Accurate ICD-10 should be submitted to and received by the health plan.
- o "**Unable to Confirm**" Care Gaps will be reviewed by BHG's clinical team and may be sent back for reevaluation putting the Care Gap back into an unactioned status until a second review is "actioned" by the provider.

Bonus Incentive Table

Per Care Gap Actioned Utilizing Copilot			
Line of Business	PCP Payment	OC Payment	Total Payment
ACO	\$2	\$0.50	\$2.50