

# Shared Savings Program Public Reporting

## ACO Name and Location

Physician Partners ACO 2, LLC.

Trade Name/DBA: Physician Partners ACO 2, LLC / Select Physicians Associates, LLC

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

## ACO Primary Contact

Andrea Cauthen

4078851216

andrea.cauthen@betterhealthgroup.com

## Organizational Information

### *ACO Participants:*

ACO Participants	ACO Participant in Joint Venture
ACCESS POINT HEALTH GROUP, LLC	No
ALEX L GONZALES MD PA	No
CHASE MEDICAL CLINIC LLC	No
CLINICAL PRACTICE SUPPORT SERVICES	No
COLLIER B GLADIN JR MD LLC	No
COMMERCE PRIMARY CARE, PC	No
DALTON FAMILY PRACTICE, P.C.	No
DAVID FRANCIS	No
DAWSONVILLE FAMILY MEDICINE	No
DENG FAMILY MEDICINE CENTER, PC	No
FAMILY MEDICINE ASSOCIATES, PC	No
FAMILY PRACTICE ASSOCIATES OF MONTROSE, PA	No
FRANCIS KUNDI	No
GLADSTONE PRIMARY CARE PC	No
GRACE FAMILY PRACTICE CLINIC, PC	No
GUARDIAN HEALTH LLC	No
GULFMED CENTERS INC	No
HORIZONS MEDICAL CARE, P.C.	No
INTERNAL MEDICINE ASSOCIATES OF OKLAHOMA CITY, P.L.L.C	No

INTERNAL MEDICINE ASSOCIATES OF TUSCALOOSA, P.C.	No
JAMES E LEMIRE MD PA	No
JAMES FROELICH	No
JAROSLAW K PASZKOWIAK MD PC	No
KANAN MEDICAL, LLC	No
KIM KURTZ MD INC	No
MICHAEL ADAMO	No
MULBERRY MEDICAL ASSOCIATES, P.C	No
PARKWAY MEDICAL GROUP, PC	No
POINTE MEDICAL SERVICES INC	No
PRIXIT SHARMA INC	No
RM HEALTHCARE LLC	No
SOCRATES PEREZ RODRIGUEZ MD PA	No
SUMMIT INTERNAL MEDICINE	No
SUNSHINE PHYSICIANS INC	No
TOWN CENTER FAMILY PRACTICE INC	No
VEERENDRA KANDRU	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
David	Francis	Member	37.5%	ACO Participant Representative	DAVID FRANCIS
Melanie	Parker	Member	2%	Medicare Beneficiary Representative	N/A
Pawan	Shah	Member	10%	Other	N/A
Sangeeta	Hans	Medical Director	3%	Other	N/A
William	Keating	Provider	37.5%	ACO Participant Representative	DAWSONVILLE FAMILY MEDICINE

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

*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
- Second Agreement Period
  - Performance Year 2025, N/A
- First Agreement Period
  - Performance Year 2024, \$2,662,369.26
  - Performance Year 2023, \$2,961,072.36

*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
- Second Agreement Period
  - 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
- First Agreement Period
  - 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%

## 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	8.87	6.67
479*	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups	Administrative Claims	0.1611	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	96.46	88.99
110	Preventative Care and Screening: Influenza Immunization	CMS Web Interface	68.11	68.6
226	Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface	88.46	79.98
113	Colorectal Cancer Screening	CMS Web Interface	80.38	77.81
112	Breast Cancer Screening	CMS Web Interface	80.42	80.93
438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface	85.35	86.5
370	Depression Remission at Twelve Months	CMS Web Interface	13.64	17.35
001*	Diabetes: Hemoglobin A1c (HbA1c) Poor	CMS Web	6.54	9.44

	Control	Interface		
134	Preventative Care and Screening: Screening for Depression and Follow-up Plan	CMS Web Interface	75.66	81.46
236	Controlling High Blood Pressure	CMS Web Interface	78.62	79.49
CAHPS-1	Getting Timely Care, Appointments, and Information	CAHPS for MIPS Survey	88.28	83.7
CAHPS-2	How Well Providers Communicate	CAHPS for MIPS Survey	95.08	93.96
CAHPS-3	Patient's Rating of Provider	CAHPS for MIPS Survey	92.89	92.43
CAHPS-4	Access to Specialists	CAHPS for MIPS Survey	82.37	75.76
CAHPS-5	Health Promotion and Education	CAHPS for MIPS Survey	63.13	65.48
CAHPS-6	Shared Decision Making	CAHPS for MIPS Survey	63.72	62.31
CAHPS-7	Health Status and Functional Status	CAHPS for MIPS Survey	74.04	74.14
CAHPS-8	Care Coordination	CAHPS for MIPS Survey	88.4	85.89
CAHPS-9	Courteous and Helpful Office Staff	CAHPS for MIPS Survey	93.52	92.89
CAHPS-11	Stewardship of Patient Resources	CAHPS for MIPS Survey	35.26	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: Physician Partners ACO 2, LLC and
  - DAWSONVILLE FAMILY MEDICINE
  - COLLIER B GLADIN JR MD LLC
  - DALTON FAMILY PRACTICE, P.C.
  - KIM KURTZ MD INC
  - FRANCIS KUNDI
  - CHASE MEDICAL CLINIC LLC
  - CLINICAL PRACTICE SUPPORT SERVICES
  - COMMERCE PRIMARY CARE, PC
  - MICHAEL ADAMO
  - GLADSTONE PRIMARY CARE PC
  - SUMMIT INTERNAL MEDICINE
  - DAVID FRANCIS
  - INTERNAL MEDICINE ASSOCIATES OF TUSCALOOSA, P.C.
  - PARKWAY MEDICAL GROUP, PC
  - FAMILY PRACTICE ASSOCIATES OF MONTROSE, PA
  - HORIZONS MEDICAL CARE, P.C.
  - DENG FAMILY MEDICINE CENTER, PC
  - JAMES FROELICH
  - MULBERRY MEDICAL ASSOCIATES, P.C
  - GRACE FAMILY PRACTICE CLINIC, PC
  - ACCESS POINT HEALTH GROUP, LLC
  - ALEX L GONZALES MD PA
  - GUARDIAN HEALTH LLC
  - GULFMED CENTERS INC
  - KANAN MEDICAL, LLC
  - VEERENDRA KANDRU
  - JAMES E LEMIRE MD PA
  - POINTE MEDICAL SERVICES INC
  - RM HEALTHCARE LLC
  - PRIXIT SHARMA INC

- SOCRATES PEREZ RODRIGUEZ MD PA
  - SUNSHINE PHYSICIANS INC
  - TOWN CENTER FAMILY PRACTICE INC
- 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 Physician Partners ACO 2, 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