

# SHARED SAVINGS PROGRAM PUBLIC REPORTING

## ACO Name and Location

AHS ACO, LLC

Trade Name/DBA: Atlantic ACO

465 South Street, Suite 205, Morristown, NJ, 07960, U.S.A.

## ACO Primary Contact

Dr. Andrew Albano

8644045739

andrew.albano@atlantichhealth.org

## Organizational Information

### ACO Participants:

ACO Participants	ACO Participant in Joint Venture
Practice Associates Medical Group	No
PREMIER HEALTH ASSOCIATES LLC	No
PRIMARY CARE PARTNERS LLC	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
Amy	Geisen	Member	11.11%	ACO Participant Representative	PRIMARY CARE PARTNERS LLC
Brenda	Matti Orozco	Member Chairperson	11.12%	ACO Participant Representative	Practice Associates Medical Group
Hannah Aura	Shoval	Member	11.11%	ACO Participant Representative	Practice Associates Medical Group
Joyce	Nkwonta	Member	11.11%	ACO Participant Representative	PRIMARY CARE PARTNERS LLC
Kevin	Joyce	Member	11.11%	Other	N/A
Mary	Herald	Member	11.11%	Medicare Beneficiary Representative	N/A
Navpreet	Minhas	Member	11.11%	ACO Participant Representative	Practice Associates Medical Group
Samantha	Pozner	Member	11.11%	ACO Participant Representative	PRIMARY CARE PARTNERS LLC
Sohpia Naa	Casely	Member	11.11%	ACO Participant	Practice Associates

Abia	Hayford			Representative	Medical Group
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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:

Andrew Albano

Medical Director:

James Barr

Compliance Officer:

Wayne McNulty

Quality Assurance/Improvement Officer:

James Barr

### *Associated Committees and Committee Leadership:*

Committee Name	Committee Leader Name and Position
Finance Committee	Lisa DeMaria Chairperson
Membership/ Credentialing Committee	Deborah Rodgers, RN, MSN, JD Chairperson
Performance Improvement/ Quality Committee	James Barr, MD Chairperson

### *Types of ACO Participants, or Combinations of Participants, That Formed the ACO:*

- Partnerships or joint venture arrangements between hospitals and ACO professionals

## Shared Savings and Losses

### *Amount of Shared Savings/Losses:*

- Fifth Agreement Period
  - Performance Year 2026, N/A
- Fourth Agreement Period
  - Performance Year 2025, N/A
  - Performance Year 2024, \$11,143,492.65
- Third Agreement Period
  - Performance Year 2023, \$16,571,167.04
  - Performance Year 2022, \$0.00
  - Performance Year 2021, \$0.00

- Performance Year 2020, \$4,598,452.33
- Performance Year 2019, \$2,669,103.03
- Second Agreement Period
  - Performance Year 2019, \$2,669,103.03
  - Performance Year 2018, \$0.00
  - Performance Year 2017, N/A
  - Performance Year 2016, N/A
- First Agreement Period
  - Performance Year 2015, \$16,719,376.00
  - Performance Year 2014, N/A
  - Performance Year 2013, N/A
  - Performance Year 2012, N/A

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:*

- Fifth 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
- Fourth 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
  - Performance Year 2024
    - Proportion invested in infrastructure: 25%
    - Proportion invested in redesigned care processes/resources: 25%
    - Proportion of distribution to ACO participants: 50%
- Third Agreement Period
  - Performance Year 2023
    - Proportion invested in infrastructure: 25%

- Proportion invested in redesigned care processes/resources: 25%
- Proportion of distribution to ACO participants: 50%
- Performance Year 2022
  - 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 2021
  - 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 2020
  - Proportion invested in infrastructure: 15%
  - Proportion invested in redesigned care processes/resources: 15%
  - Proportion of distribution to ACO participants: 70%
- Performance Year 2019
  - Proportion invested in infrastructure: 15%
  - Proportion invested in redesigned care processes/resources: 15%
  - Proportion of distribution to ACO participants: 70%
- Second Agreement Period
  - Performance Year 2019
    - Proportion invested in infrastructure: 15%
    - Proportion invested in redesigned care processes/resources: 15%
    - Proportion of distribution to ACO participants: 70%
  - 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 2017
    - 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 2016
    - 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 2015
    - Proportion invested in infrastructure: 15%
    - Proportion invested in redesigned care processes/resources: 15%

- Proportion of distribution to ACO participants: 70%
- o Performance Year 2014
  - Proportion invested in infrastructure: N/A
  - Proportion invested in redesigned care processes/resources: N/A
  - Proportion of distribution to ACO participants: N/A
- o Performance Year 2013
  - Proportion invested in infrastructure: N/A
  - Proportion invested in redesigned care processes/resources: N/A
  - Proportion of distribution to ACO participants: N/A
- o Performance Year 2012
  - 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 eCQMs/MIPS CQMs/Medicare CQMs 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	8.5	6.67
479*	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups	Administrative Claims	0.1381	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	-	-
110	Preventative Care and Screening: Influenza Immunization	CMS Web Interface	-	-
226	Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface	-	-
113	Colorectal Cancer Screening	CMS Web Interface	-	-
112	Breast Cancer Screening	CMS Web Interface	-	-

438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface	-	-
370	Depression Remission at Twelve Months	CMS Web Interface	-	-
001*	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	eCQM	32.41	28.16
134	Preventative Care and Screening: Screening for Depression and Follow-up Plan	eCQM	35.54	54.68
236	Controlling High Blood Pressure	eCQM	75.39	71.39
CAHPS-1	Getting Timely Care, Appointments, and Information	CAHPS for MIPS Survey	86.78	83.7
CAHPS-2	How Well Providers Communicate	CAHPS for MIPS Survey	95.71	93.96
CAHPS-3	Patient's Rating of Provider	CAHPS for MIPS Survey	94.14	92.43
CAHPS-4	Access to Specialists	CAHPS for MIPS Survey	78.34	75.76
CAHPS-5	Health Promotion and Education	CAHPS for MIPS Survey	71.05	65.48
CAHPS-6	Shared Decision Making	CAHPS for MIPS Survey	63.84	62.31
CAHPS-7	Health Status and Functional Status	CAHPS for MIPS Survey	77.63	74.14
CAHPS-8	Care Coordination	CAHPS for MIPS Survey	88.07	85.89
CAHPS-9	Courteous and Helpful Office Staff	CAHPS for MIPS Survey	95.88	92.89
CAHPS-11	Stewardship of Patient Resources	CAHPS for MIPS Survey	20.47	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.