

**ACO Name and Location**

Mercy Health Network ACO, LLC d/b/a MercyOne ACO III  
 1449 NW 128<sup>th</sup> Street  
 Suite 110, Box 3  
 Clive, IA 50325

**ACO Primary Contact**

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**Organizational Information****ACO Participants:**

ACO Participants	ACO Participant in Joint Venture
Associates in Kidney Care, PLC	N
Capital Orthopaedics and Sports Medicine PC	N
Catholic Health Initiatives – Iowa Corp	N
Clinical Pathology Associates, PC	N
Covenant Medical Center INC	N
Diagnostic Imaging Associates, P.C.	N
Dubuque Emergency Physicians PC	N
Iowa Ear Center	N
Medical Associates Clinic PC	N
Mercy Clinics INC	N
Mercy Medical Center Dubuque	N
Mercy Radiologists of Dubuque, P.C.	N
Pathology Associates of Central Iowa PLC	N
Pathology Associates of Mason City	N
Sartori Memorial Hospital INC	N
Urology Center of Iowa PLLC	N
Wolfe Clinic Eye Centers, LC.	N
Wolfe Clinic INC	N
Wolfe Surgery Center LLC	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
Lillian	Dittrick	ACO Executive	0%	Other	N/A
Timothy	McCoy	Medical Director	0%	Other	N/A

Teresa	Mock	Member	20%	Medicare Beneficiary Representative	N/A
Zach	Keeling	Member	20%	ACO Participant Representative	Medical Associates Clinic PC
Kay	Takes	Member	20%	ACO Participant Representative	Mercy Medical Center - Dubuque
Jennifer	Olson	Member	20%	ACO Participant Representative	Catholic Health Initiatives – Iowa Corp
Timothy	Horrigan	Member	20%	ACO Participant Representative	Covenant Medical Center INC
Paul	Manternach	Member	0%	Other	N/A
Chelsea	Salvo	Compliance Official	0%	Other	N/A
Debi	Sabbann	Treasurer	0%	Other	N/A

Due to rounding, 'Member's Voting Power' may not equal 100 percent.

**Key ACO Clinical and Administrative Leadership:**

ACO Executive: Lillian Dittrick, FSA, MAAA

Medical Director: Timothy McCoy, D.O.

Compliance Officer: Chelsea Salvo, MBA, CPHQ, CHC

Quality Assurance/Improvement Officer: Omobola Thompson, MPH, RPh

**Associated Committees and Committee Leadership:**

Committee Name	Committee Leader Name and Position
Clinical Integration Council	Timothy McCoy, D.O., Chair
Provider Network Council	Timothy McCoy, D.O., Chair
Medical Practice Committee	Troy Renaud, M.D., Chair
Central Iowa Chapter Governance Committee	Mustafa Eldadah, M.D., Chair
Northeast Iowa Chapter Governance Committee	Chereen Stroup, M.D., Chair
Dubuque Chapter Governance Committee	Christian Menezes, D.O., Chair

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

- ACO professionals in group practice arrangements

- Partnerships or joint venture arrangements between hospitals and ACO professionals

## **Shared Savings and Losses**

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

- Second Agreement Period
  - Performance Year 2023, \$0
  - Performance Year 2022, \$0
  - Performance Year 2021, \$5,995,605
  - Performance Year 2020, \$4,785,379
- First Agreement Period
  - Performance Year 2019, \$1,538,232
  - Performance Year 2018, \$3,419,232
  - Performance Year 2017, (\$921,401)

### **Shared Savings Distribution:**

- Second Agreement Period
  - Performance Year 2023
    - 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 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: 0%
    - Proportion invested in redesigned care processes/resources: 0%
    - Proportion of distribution to ACO participants: 100%
  - Performance Year 2020
    - Proportion invested in infrastructure: 0%
    - Proportion invested in redesigned care processes/resources: 0%
    - Proportion of distribution to ACO participants: 100%
- First Agreement Period
  - Performance Year 2019
    - Proportion invested in infrastructure: 0%
    - Proportion invested in redesigned care processes/resources: 0%
    - Proportion of distribution to ACO participants: 100%
  - Performance Year 2018
    - Proportion invested in infrastructure: 0%
    - Proportion invested in redesigned care processes/resources: 0%
    - Proportion of distribution to ACO participants: 100%
  - Performance Year 2017
    - Proportion invested in infrastructure: 0%
    - Proportion invested in redesigned care processes/resources: 0%

- Proportion of distribution to ACO participants: 100%

## Quality Performance Results

### 2023

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

Measure #	Measure Name	Collection Type	Reported Performance Rate	Current Year Mean Performance Rate (SSP ACOs)
001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	CMS Web Interface	6.56	9.84
134	Preventive Care and Screening: Screening for Depression and Follow-up Plan	CMS Web Interface	80.79	80.97
236	Controlling High Blood Pressure	CMS Web Interface	78.23	77.80
318	Falls: Screening for Future Fall Risk	CMS Web Interface	95.94	89.42
110	Preventive Care and Screening: Influenza Immunization	CMS Web Interface	76.03	70.76
226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface	82.61	79.29
113	Colorectal Cancer Screening	CMS Web Interface	79.66	77.14
112	Breast Cancer Screening	CMS Web Interface	86.07	80.36
438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface	85.28	87.05

370	Depression Remission at Twelve Months	CMS Web Interface	5.41	16.58
321	CAHPS for MIPS	CAHPS for MIPS Survey	7.24	6.25
479	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	Administrative Claims	.14	.16
484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	Administrative Claims	47.64	35.39
CAHPS-1	Getting Timely Care, Appointments, and Information	CAHPS for MIPS Survey	87.63	83.68
CAHPS-2	How Well Providers Communicate	CAHPS for MIPS Survey	94.94	93.69
CAHPS-3	Patient's Rating of Provider	CAHPS for MIPS Survey	92.41	92.14
CAHPS-4	Access to Specialists	CAHPS for MIPS Survey	73.91	75.97
CAHPS-5	Health Promotion and Education	CAHPS for MIPS Survey	66.27	63.93
CAHPS-6	Shared Decision Making	CAHPS for MIPS Survey	56.35	61.60
CAHPS-7	Health Status and Functional Status	CAHPS for MIPS Survey	77.53	74.12
CAHPS-8	Care Coordination	CAHPS for MIPS Survey	88.32	85.77
CAHPS-9	Courteous and Helpful Office Staff	CAHPS for MIPS Survey	94.88	92.31
CAHPS-11	Stewardship of Patient Resources	CAHPS for MIPS Survey	24.71	26.69

**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 uses the SNF 3-Day Rule Waiver, pursuant to 42 CFR § 425.612.
- **Payment for Telehealth Services:**  
Our ACO clinicians provide telehealth services using the flexibilities under 42 CFR § 425.612(f) and 42 CFR § 425.613.

### **Fraud and Abuse Waivers**

- **ACO Participation Waiver:**
  - Our ACO does utilize a Fraud and Abuse Waiver set forth at 76 Fed Reg. 67,992, 68,000-68,001, 68,004 (Nov. 2, 2011).
  - Our ACO does utilize a Shared Savings Distribution Waiver set forth at 76 Fed Reg. 67,992, 68,000-68,001, 68,004 (Nov. 2, 2011).
  - Our ACO does utilize a Compliance with the Physician Self-Referral Law Waiver set forth at 76 Fed Reg. 67,992, 68,000-68,001, 68,004 (Nov. 2, 2011).

**Population Health and Risk Management System.** This is a data registry to track billing and clinical information of the ACO's patient population. The data registry allows the ACO to identify patients with care opportunities and to monitor the quality performance of ACO participants and eligible Outside Parties. The ACO and the data registry Vendor provide support to integrate data from ACO participants' and eligible Outside Parties' systems to the data registry, in addition to user access to the system. This includes the development of computer interfaces and dashboard interfaces for ACO participants and eligible Outside Parties. This arrangement provides transparency and promotes accountability for the quality and overall care of ACO-assigned Medicare beneficiaries, which assists the ACO in improving and meeting quality performance standards of the Medicare Shared Savings Program. Approved by the ACO BOM on July 12th, 2017.

**Care Coordination Module.** This application is used to standardize, document, and track care interventions. This system allows the ACO to coordinate the care of the ACO's patient population by connecting ACO participants and eligible Outside Parties on one care coordination platform. The ACO and the application Vendor provide user access of the Care Coordination Platform to ACO participants and eligible Outside Parties. This arrangement allows for greater care coordination of ACO-assigned Medicare beneficiaries between ACO participants and eligible Outside Parties, which assists the ACO in improving and meeting quality performance standards of the Medicare Shared Savings Program. Approved by the ACO BOM on July 12th, 2017.

**Health Coaches.** RN Health Coaches proactively intervene with the ACO's patient population to assist in behavioral change to meet health and life goals. Health Coaches allow the ACO to deliver the ACO Health Coach program at the ACO participant and eligible Outside Party-level. The ACO provides Health Coach services in primary care and acute care settings to ACO participants and eligible Outside Parties. This arrangement allows for greater care coordination, including post-discharge follow-up and preventative care services, of ACO-assigned Medicare beneficiaries, which assists the ACO in improving and meeting quality performance standards of the Medicare Shared Savings Program. Approved by the ACO BOM on July 12th, 2017.

**Health Coach Training.** This is a training program designed to optimize the health and well-being of the ACO's patient population. This training allows the ACO to educate RN Health Coaches on foundations of patient-centric care and techniques for behavioral change for improved care delivery at the ACO participant and eligible Outside Party-level. The ACO provides training for all new Health Coaches and on-going training for all established Health Coaches that work at the ACO participant and eligible Outside Party-level. This arrangement leads to improved quality and overall care of ACO-assigned Medicare beneficiaries, which assists the ACO in improving and meeting quality performance standards of the Medicare Shared Savings Program. Approved by the ACO BOM on July 10, 2019.

**Mercy Provider Portal.** This Integration Platform is used for clinically integrated network (CIN) collaboration and secure distribution of datasets as it relates to the ACO's patient population. This platform allows the ACO to collaborate with ACO participants and eligible Outside Parties on operational, financial and clinical improvement activities by integrating multiple applications on one, secure platform. The ACO provides user access of the Mercy Provider Portal to ACO participants and eligible Outside Parties. This arrangement allows for greater coordination and standardization of care delivery for ACO-assigned Medicare beneficiaries, which assists the ACO in improving and meeting quality performance standards of the Medicare Shared Savings Program. Approved by the ACO BOM on July 12th, 2017.

**Clinical Documentation Improvement (CDI) Program.** This Program was created for the purposes of ensuring complete and compliant clinical documentation, coding and billing practices across the ACO. The ACO and Program Consultant provide support, including audit functions, training and education to ACO participants and eligible Outside Parties to facilitate improvement in clinical documentation. This arrangement will lead to more accurate risk scoring and identification of the ACO's patients, including ACO-assigned Medicare beneficiaries that can benefit from care interventions, which will assist the ACO in improving and meeting quality performance standards of the Medicare Shared Savings Program. Approved by the ACO BOM on March 27, 2017.

**Community Health Workers.** Community Health Workers proactively intervene with the ACO's patient population to assist in addressing gaps in health-related social needs. Community Health Workers allow the ACO to deliver the Community Coordination program at the ACO participant and eligible Outside Party-level. Community Health Worker services will be provided in primary care settings to ACO participants and eligible Outside Parties. This arrangement allows for greater care coordination at the community level of ACO-assigned Medicare beneficiaries, which assists the ACO in improving and meeting quality performance standards of the Medicare Shared Savings Program. Approved by the ACO BOM on December 13, 2017.

**Bamboo Health.** This software service allows the ACO to share (i.e. send and receive) information with ACO participants and eligible Outside Parties that are involved in the care of the ACO's patient population, including ACO assigned Medicare beneficiaries. This service enhances the ACO's Quality Assurance and Improvement Program to ensure coordinated care across the continuum, which assists the ACO in improving and meeting quality performance standards of the Medicare Shared Savings Program. Approved by the ACO BOM on April 10, 2019.

**Ride Sharing Program.** This transportation services solution from Uber Health, Des Moines Area Regional Transit Authority (DART), and DART Paratransit leverages an existing network of drivers to transport patients to and from medical appointments and to pick up prescription

medications. This solution closes a significant social determinants of health need for the ACO's patient population, including ACO-assigned Medicare beneficiaries, who are identified as eligible for this service through a universal social determinants of health screening and other demographic factors. This Program, in coordination with ACO participants and eligible Outside Parties, assists the ACO in furthering its Quality Assurance and Improvement Program to ensure patients are receiving basic healthcare needs, and will result in improved quality performance standards of the Medicare Shared Savings Program. Approved by the ACO BOM on April 10, 2019.

**Grants Exploration.** The ACO dedicates staff to researching, facilitating, and writing grants on and behalf of ACO participants and eligible Outside Parties for opportunities that assist in healthcare delivery redesign. These resources allow the ACO to expand its Quality Assurance and Improvement Program through funding and model piloting, to improve care delivery for the ACO's patient population, including ACO-assigned Medicare beneficiaries. These resources assist the ACO in improving and meeting quality performance standards of the Medicare Shared Savings Program. Approved by the ACO BOM on April 10, 2019.