

# SHARED SAVINGS PROGRAM PUBLIC REPORTING

## ACO Name and Location

Mercy Health Network ACO, LLC

Trade Name/DBA: MercyOne ACO III

1449 NW 128th Street, Suite 110, Box 3, Clive, IA, 50325, U.S.A.

## ACO Primary Contact

Sangeeta Sutradhar

5153213843

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## Organizational Information

### ACO Participants:

ACO Participants	ACO Participant in Joint Venture
CATHOLIC HEALTH INITIATIVES-IOWA CORP	No
MERCY CLINICS INC	No
NORTH IOWA MERCY CLINICS	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	Harding	ACO Executive	0%	Other	N/A
Chelsea	Salvo	Compliance Official	0%	Other	N/A
Chereen	Stroup	Member	20%	ACO Participant Representative	NORTH IOWA MERCY CLINICS
Debi	Sabbann	Secretary	0%	Other	N/A
Joseph	McGargill	Member	20%	ACO Participant Representative	MERCY CLINICS INC
Mustafa	Eldadah	Member	20%	ACO Participant Representative	MERCY CLINICS INC
Paul	Manternach	Member	20%	ACO Participant Representative	NORTH IOWA MERCY CLINICS
Steven	Aguilar	Member	0%	Other	N/A
Teresa	Mock	Medicare Beneficiary	20%	Medicare Beneficiary Representative	N/A

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 Harding

Medical Director:

Steven Aguilar

Compliance Officer:

Chelsea Salvo

Quality Assurance/Improvement Officer:

Omobola Thompson

*Associated Committees and Committee Leadership:*

Committee Name	Committee Leader Name and Position
Central Iowa Chapter Governance Committee	Mustafa Eldadah, M.D., Chair
Clinical Integration Council	Steven Aguilar, M.D., Chair
Medical Practice Committee	Troy Renaud, M.D., Chair
North Iowa Chapter Governance Committee	Chereen Stroup, M.D., Chair
Provider Network Council	Steven Aguilar, M.D., Chair

*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:*

- Third Agreement Period
  - Performance Year 2026, N/A
  - Performance Year 2025, N/A
- Second Agreement Period
  - Performance Year 2024, \$4,577,810.85
  - Performance Year 2023, \$0.00
  - Performance Year 2022, \$0.00
  - Performance Year 2021, \$5,995,604.57

- Performance Year 2020, \$4,785,378.94
- First Agreement Period
  - Performance Year 2019, \$1,538,231.94
  - Performance Year 2018, \$3,419,232.22
  - Performance Year 2017, N/A

*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
- Second Agreement Period
  - Performance Year 2024
    - Proportion invested in infrastructure:
    - Proportion invested in redesigned care processes/resources:
    - Proportion of distribution to ACO participants:
  - 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:
    - Proportion invested in redesigned care processes/resources:
    - Proportion of distribution to ACO participants:
  - Performance Year 2020
    - Proportion invested in infrastructure:
    - Proportion invested in redesigned care processes/resources:
    - Proportion of distribution to ACO participants:
- First Agreement Period

- Performance Year 2019
  - Proportion invested in infrastructure:
  - Proportion invested in redesigned care processes/resources:
  - Proportion of distribution to ACO participants:
- Performance Year 2018
  - Proportion invested in infrastructure:
  - Proportion invested in redesigned care processes/resources:
  - Proportion of distribution to ACO participants:
- 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

## 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	7.58	6.67
479*	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups	Administrative Claims	0.1364	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	94.06	88.99
110	Preventative Care and Screening: Influenza Immunization	CMS Web Interface	78.63	68.6
226	Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface	76.47	79.98
113	Colorectal Cancer Screening	CMS Web Interface	82.76	77.81
112	Breast Cancer Screening	CMS Web Interface	87.06	80.93
438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface	86.43	86.5
370	Depression Remission at Twelve Months	CMS Web Interface	12.12	17.35
001*	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	CMS Web Interface	8.09	9.44

134	Preventative Care and Screening: Screening for Depression and Follow-up Plan	CMS Web Interface	71.43	81.46
236	Controlling High Blood Pressure	CMS Web Interface	81.78	79.49
CAHPS-1	Getting Timely Care, Appointments, and Information	CAHPS for MIPS Survey	84.24	83.7
CAHPS-2	How Well Providers Communicate	CAHPS for MIPS Survey	94.27	93.96
CAHPS-3	Patient's Rating of Provider	CAHPS for MIPS Survey	92.8	92.43
CAHPS-4	Access to Specialists	CAHPS for MIPS Survey	77.51	75.76
CAHPS-5	Health Promotion and Education	CAHPS for MIPS Survey	69.56	65.48
CAHPS-6	Shared Decision Making	CAHPS for MIPS Survey	64.64	62.31
CAHPS-7	Health Status and Functional Status	CAHPS for MIPS Survey	74.7	74.14
CAHPS-8	Care Coordination	CAHPS for MIPS Survey	87.07	85.89
CAHPS-9	Courteous and Helpful Office Staff	CAHPS for MIPS Survey	93.18	92.89
CAHPS-11	Stewardship of Patient Resources	CAHPS for MIPS Survey	25.82	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.

## 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

## 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: MercyOne and Grants Exploration
  - Date of arrangement: 04/10/2019
  - Items, services, goods, or facility provided: 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 health care delivery redesign.
- Parties to the arrangement: MercyOne and Ride Sharing Program
  - Date of arrangement: 04/10/2019
  - Items, services, goods, or facility provided: This transportation services solution leverages an existing network of drivers to transport patients to and from medical appointments.
- Parties to the arrangement: MercyOne and PatientPing
  - Date of arrangement: 04/10/2019
  - Items, services, goods, or facility provided: 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 ACO's patient population, including ACO-assigned Medicare beneficiaries.
- Parties to the arrangement: MercyOne and Community Health Workers
  - Date of arrangement: 12/13/2017
  - Items, services, goods, or facility provided: Community Health Workers proactively intervene with the ACO's patient population to assist in addressing gaps in health-related social needs.
- Parties to the arrangement: MercyOne and Clinical Documentation Improvement (CDI) Program
  - Date of arrangement: 03/27/2017
  - Items, services, goods, or facility provided: This Program was created for the purposes of ensuring complete and compliant clinical documentation, coding and billing practices across the ACO.
- Parties to the arrangement: MercyOne and Mercy Provider Portal
  - Date of arrangement: 07/12/2017
  - Items, services, goods, or facility provided: This Integration Platform is used for clinically integrated network (CIN) collaboration and secure distribution of datasets as it relates to ACO's patient population.
- Parties to the arrangement: MercyOne and Health Coach Training
  - Date of arrangement: 07/10/2019
  - Items, services, goods, or facility provided: This is a training program designed to optimize the health and well-being of the ACO's patient population.
- Parties to the arrangement: MercyOne and Care Coordination Module
  - Date of arrangement: 07/12/2017
  - Items, services, goods, or facility provided: The application is used to standardize, document, and track care interventions.

- Parties to the arrangement: MercyOne and Population Health and Risk Management System
  - Date of arrangement: 07/17/2017
  - Items, services, goods, or facility provided: This is a data registry to track billing and clinical information of the patient population.