

# SHARED SAVINGS PROGRAM PUBLIC REPORTING

## ACO Name and Location

Genesis Accountable Care Organization, LLC

Trade Name/DBA: Genesis Accountable Care Organization, LLC.

1227 East Rusholme Street, Davenport , IA, 52803

## ACO Primary Contact

Sangeeta Sutradhar

515-321-3843

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## Organizational Information

### ACO Participants:

ACO Participants		ACO Participant in Joint Venture
COMMUNITY HEALTH CARE INC		No
COVENANT MEDICAL CENTER INC		No
GENESIS HEALTH SYSTEM		No
MEDICAL ASSOCIATES CLINIC P C		No
MERCY SPECIALTY CLINIC		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
Debi	Sabbann	Secretary	0%	Other	N/A
Melissa	Wood	Member	14.28%	ACO Participant Representative	MERCY SPECIALTY CLINIC
Michael	Persson	Member	14.28%	ACO Participant Representative	GENESIS HEALTH SYSTEM
Steven	Aguilar	Member	0%	Other	N/A
Tim	Hubor	Member	14.28%	ACO Participant Representative	COVENANT MEDICAL CENTER INC
Tim	Tulon	Medicare Beneficiary	14.28%	Medicare Beneficiary Representative	N/A

Tim	Horrigan	Member	14.32%	ACO Participant Representative	COVENANT MEDICAL CENTER INC
Tom	Bowman	Member	14.28%	ACO Participant Representative	COMMUNITY HEALTH CARE INC
Zach	Keeling	Member	14.28%	ACO Participant Representative	MEDICAL ASSOCIATES CLINIC P C

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
Clinical Integration Council	Steven Aguilar, M.D., Chair
Clinton Chapter Governance Committee	Michella Azar, M.D., Chair
Dubuque Chapter Governance Committee	Christian Menezes, D.O., Chair
Genesis Health System	Michella Azar, M.D., Chair
Provider Network Council	Steven Aguilar, M.D., Chair

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

- Hospital employing 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, \$5,300,903.33

- Performance Year 2023, \$3,160,842.97
- Performance Year 2022, \$6,962,504.00
- Second Agreement Period
  - Performance Year 2021, \$4,582,350.75
  - Performance Year 2020, \$3,614,386.56

*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:
    - Proportion invested in redesigned care processes/resources:
    - Proportion of distribution to ACO participants:
  - Performance Year 2023
    - Proportion invested in infrastructure:
    - Proportion invested in redesigned care processes/resources:
    - Proportion of distribution to ACO participants:
  - Performance Year 2022
    - Proportion invested in infrastructure:
    - Proportion invested in redesigned care processes/resources:
    - Proportion of distribution to ACO participants:
- Second Agreement Period
  - 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:

Our ACO re-entered the Shared Savings Program in Performance Year 2020 under agreement period 2.

Shared savings/losses and shared savings distributions are therefore reported, beginning with this agreement period.

## 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	8.71	6.67
479*	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups	Administrative Claims	0.1582	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	98.91	88.99
110	Preventative Care and Screening: Influenza Immunization	CMS Web Interface	82.65	68.6
226	Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface	100	79.98
113	Colorectal Cancer Screening	CMS Web Interface	84.12	77.81
112	Breast Cancer Screening	CMS Web Interface	88.76	80.93
438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface	92.76	86.5
370	Depression Remission at Twelve Months	CMS Web Interface	33.02	17.35
001*	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	CMS Web Interface	5.91	9.44
134	Preventative Care and Screening: Screening for Depression and Follow-up Plan	CMS Web Interface	96.67	81.46
236	Controlling High Blood Pressure	CMS Web Interface	82.8	79.49
CAHPS-1	Getting Timely Care, Appointments, and Information	CAHPS for MIPS Survey	89.14	83.7
CAHPS-2	How Well Providers Communicate	CAHPS for MIPS Survey	95.57	93.96
CAHPS-3	Patient's Rating of Provider	CAHPS for MIPS Survey	94.05	92.43

CAHPS-4	Access to Specialists	CAHPS for MIPS Survey	80.07	75.76
CAHPS-5	Health Promotion and Education	CAHPS for MIPS Survey	70.87	65.48
CAHPS-6	Shared Decision Making	CAHPS for MIPS Survey	60.19	62.31
CAHPS-7	Health Status and Functional Status	CAHPS for MIPS Survey	77.61	74.14
CAHPS-8	Care Coordination	CAHPS for MIPS Survey	89.05	85.89
CAHPS-9	Courteous and Helpful Office Staff	CAHPS for MIPS Survey	93.63	92.89
CAHPS-11	Stewardship of Patient Resources	CAHPS for MIPS Survey	25.75	26.98

For previous years' Financial and Quality Performance Results, please visit: [Data.cms.gov](http://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 42 CFR § 425.613.

## 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 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.
- Parties to the arrangement: MercyOne and Care Coordination Module
  - Date of arrangement: 07/12/2017
  - Items, services, goods, or facility provided: This application is used to standardize, document, and track care interventions.
- 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 ACO's patient population.
- 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 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 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 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 the ACO's patient population, including ACO-assigned Medicare beneficiaries.
- 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 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 behalf of ACO participants and eligible Outside Parties for opportunities that assist in health care delivery redesign.