

ACO Name and Location

AHS ACO, LLC
465 South Street
Morristown, New Jersey 07962

ACO Primary Contact

<i>Primary Contact Name</i>	Thomas Kloos, MD
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Organizational Information

ACO Participants:

ACO Participants	ACO Participant in Joint Venture (Enter Y or N)
Practice Associates Medical Group	N
PRIMARY CARE PARTNERS LLC	N
HACKETTSTOWN MEDICAL CENTER	N

ACO Governing body:

Member			Member's Voting Power- Expressed as a percentage or number	Membership Type	ACO Participant Legal Business Name/DBA, if Applicable
Last Name	First Name	Title/Position			
Brenda	Matti-Orozco	MD/Chairperson	1	ACO Participant Representative	Practice Associates Medical Group, PC
Trish	O'Keefe	Member	1	ACO Participant Representative	Hackettstown Medical Center
Kevin	Joyce	Member	1	ACO Participant Representative	Hackettstown Medical Center

Brian	Gragnolati	MD/Member	1	ACO Participant Representative	Hackettstown Medical Center
Scott	Lauter	MD/Member	1	ACO Participant Representative	Practice Associates Medical Group, PC
John	Pepen	MD/Member	1	ACO Participant Representative	Practice Associates Medical Group, PC
Amy	Geisen	MD/Member	1	ACO Participant Representative	Primary Care Partners LLC
Samantha	Pozner	MD/Member	1	ACO Participant Representative	Primary Care Partners LLC
Mary	Herald	Member	1	Medicare Beneficiary Representative	N/A
Jack	Feltz	MD/Member	1	Other	N/A

Key ACO clinical and administrative leadership:

ACO Executive	Thomas Kloos, MD
Medical Director	James Barr, MD
Compliance Officer	Eva Goldenberg, Esq.
Quality Assurance/Improvement Officer	James Barr, MD

Associated committees and committee leadership:

Committee Name	Committee Leader Name and Position
Performance Improvement Committee	James Barr, MD
Finance Committee	Kevin Lenahan
Credentialing Committee	Thomas Kloos, MD

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 2020, \$4,598,452
 - Performance Year 2019, \$2,669,103*
- Second Agreement Period
 - Performance Year 2019, \$2,669,103*
 - Performance Year 2018, \$0
 - Performance Year 2017, \$0
 - Performance Year 2016, \$0
- First Agreement Period
 - Performance Year 2015, \$16,719,376
 - Performance Year 2014, \$0
 - Performance Year 2013, \$0

*Note: Our ACO participated in multiple performance years during Calendar Year 2019. Distribution of shared savings reported for Performance Year 2019 therefore represents 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.

Shared Savings Distribution

- Third Agreement Period
 - 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%
 - 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
 - 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

Quality Performance Results

2020 Quality Performance Results:

ACO Quality Measure Number	Measure Name	Rate	ACO Mean
ACO-43	Ambulatory Sensitive Condition Acute Composite (AHRQ* Prevention Quality Indicator (PQI #91))	0.77	0.95
ACO-13	Falls: Screening for Future Fall Risk	70.25	84.97
ACO-14	Preventive Care and Screening: Influenza Immunization	85	76.03
ACO-17	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	70.37	81.67
ACO-18	Preventive Care and Screening: Screening for Clinical Depression and Follow Up Plan	56.54	71.46
ACO-19	Colorectal Cancer Screening	85.06	72.59
ACO-20	Breast Cancer Screening	80.82	74.05
ACO-42	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	80.26	83.37
ACO-27	Diabetes: Hemoglobin A1c Poor Control (>9)	17.9	14.70
ACO-28	Controlling High Blood Pressure	72.82	72.87

** Please note, the ACO-40 Depression Remission at 12 months quality measure is not included in public reporting due to low sample size. The Centers for Medicare & Medicaid Services (CMS) also waived the requirement for ACOs to field a CAHPS for ACOs survey for PY 2020 through the Physician Fee Schedule Final Rule for Calendar Year 2021. Additionally, CMS reverted ACO-8 Risk Standardized, All Condition Readmission and ACO-38 Risk-Standardized Acute Admission Rates for Patients with Multiple Chronic Conditions to pay-for-reporting, given the impact of the coronavirus disease 2019 (COVID-19) public health emergency (PHE) on these measures.

For Previous Years' Financial and Quality Performance Results, please visit 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.
- Waiver for Payment for Telehealth Services:
 - Our ACO clinicians provide telehealth services using the flexibilities under 42 CFR §425.612(f) and 42 CFR §425.613.