

SHARED SAVINGS PROGRAM PUBLIC REPORTING

ACO Name and Location

HSHS ACO, L.L.C.

4936 LaVerna Road, PO Box 19456, Springfield, IL, 62794, U.S.A.

ACO Primary Contact

Kara Sokol

2174922366

Kara.Sokol@HSHS.org

Organizational Information

ACO Participants:

| ACO Participants | ACO Participant in Joint Venture |
|--|----------------------------------|
| CENTRAL COUNTIES HEALTH CENTERS, INC. | No |
| Clinton County Rural Health | No |
| ERIN FANCHER GAGEN | No |
| Family Care Associates of Effingham S.C. | No |
| HSHS MEDICAL GROUP INC | No |
| Litchfield Family Practice Center | No |
| Prairie Cardiovascular Consultants, Ltd. | No |
| ST CLARE MEMORIAL HOSPITAL INC | No |
| ST NICHOLAS HOSPITAL-SISTERS OF THE THIRD ORDER OF ST FRANCIS | No |
| ST VINCENT HOSPITAL-HOSPITAL SISTERS-THIRD ORDER OF ST FRANCIS | 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 |
|-------------------|------------------|------------------------|---|-------------------------------------|--|
| Brian | Lemon | Voting Member | 20% | Medicare Beneficiary Representative | N/A |
| Daniel | Wujek | Voting Member | 20% | ACO Participant Representative | Litchfield Family Practice Center |
| David | Oligschlaeger | Voting Member | 20% | ACO Participant Representative | HSHS MEDICAL GROUP INC |

| | | | | | |
|--------|-----------|---------------|-----|--------------------------------|--|
| Leanne | Yanni | Chairman | 20% | ACO Participant Representative | HSHS MEDICAL GROUP INC |
| Lorrie | Jacobetti | Voting Member | 20% | ACO Participant Representative | ST VINCENT HOSPITAL-HOSPITAL SISTERS-THIRD ORDER OF ST FRANCIS |

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:

James Bock

Medical Director:

James Bock

Compliance Officer:

John Hyden

Quality Assurance/Improvement Officer:

Kimberly Harris

Associated Committees and Committee Leadership:

| Committee Name | Committee Leader Name and Position |
|----------------|------------------------------------|
| N/A | N/A |

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

- ACO professionals in a group practice arrangement
- Networks of individual practices of ACO professionals
- Partnerships or joint venture arrangements between hospitals and ACO professionals
- Hospital employing ACO professionals
- Rural Health Clinic (RHC)

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, \$3,105,844.22
- Performance Year 2023, \$5,373,329.16
- Performance Year 2022, \$5,104,077.00
- Performance Year 2021, \$3,470,824.13
- Performance Year 2020, \$4,925,050.44
- Performance Year 2019, \$0.00
- First Agreement Period
 - Performance Year 2019, \$0.00
 - Performance Year 2018, \$0.00
 - Performance Year 2017, N/A
 - Performance Year 2016, 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:

- 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: 20%
 - Proportion invested in redesigned care processes/resources:
 - Proportion of distribution to ACO participants: 80%
 - Performance Year 2023
 - Proportion invested in infrastructure: 20%
 - Proportion invested in redesigned care processes/resources:
 - Proportion of distribution to ACO participants: 80%
 - Performance Year 2022

- Proportion invested in infrastructure: 20%
- Proportion invested in redesigned care processes/resources:
- Proportion of distribution to ACO participants: 80%
- o Performance Year 2021
 - Proportion invested in infrastructure: 10%
 - Proportion invested in redesigned care processes/resources:
 - Proportion of distribution to ACO participants: 90%
- o Performance Year 2020
 - Proportion invested in infrastructure: 10%
 - Proportion invested in redesigned care processes/resources:
 - Proportion of distribution to ACO participants: 90%
- o Performance Year 2019
 - 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
 - o Performance Year 2019
 - 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 2018
 - 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 2017
 - 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 2016
 - 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 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 | 6.67 |
| 479* | Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups | Administrative Claims | 0.1475 | 0.1517 |
| 484* | Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (MCC) | Administrative Claims | 38.71 | 37 |
| 318 | Falls: Screening for Future Fall Risk | CMS Web Interface | 96.08 | 88.99 |
| 110 | Preventative Care and Screening: Influenza Immunization | CMS Web Interface | 76.49 | 68.6 |
| 226 | Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention | CMS Web Interface | 87.5 | 79.98 |
| 113 | Colorectal Cancer Screening | CMS Web Interface | 75.29 | 77.81 |
| 112 | Breast Cancer Screening | CMS Web Interface | 84.14 | 80.93 |
| 438 | Statin Therapy for the Prevention and Treatment of Cardiovascular Disease | CMS Web Interface | 88.32 | 86.5 |
| 370 | Depression Remission at Twelve Months | CMS Web Interface | 10 | 17.35 |
| 001* | Diabetes: Hemoglobin A1c (HbA1c) Poor Control | CMS Web Interface | 8.11 | 9.44 |
| 134 | Preventative Care and Screening: Screening for Depression and Follow-up Plan | CMS Web Interface | 83.42 | 81.46 |
| 236 | Controlling High Blood Pressure | CMS Web Interface | 82.81 | 79.49 |
| CAHPS-1 | Getting Timely Care, Appointments, and Information | CAHPS for MIPS Survey | 83.5 | 83.7 |
| CAHPS-2 | How Well Providers Communicate | CAHPS for MIPS Survey | 94.56 | 93.96 |
| CAHPS-3 | Patient's Rating of Provider | CAHPS for MIPS Survey | 92.31 | 92.43 |
| CAHPS-4 | Access to Specialists | CAHPS for MIPS Survey | 78.3 | 75.76 |
| CAHPS-5 | Health Promotion and Education | CAHPS for MIPS Survey | 69.45 | 65.48 |
| CAHPS-6 | Shared Decision Making | CAHPS for MIPS Survey | 63.42 | 62.31 |

| | | | | |
|----------|-------------------------------------|-----------------------|-------|-------|
| CAHPS-7 | Health Status and Functional Status | CAHPS for MIPS Survey | 73.79 | 74.14 |
| CAHPS-8 | Care Coordination | CAHPS for MIPS Survey | 88.53 | 85.89 |
| CAHPS-9 | Courteous and Helpful Office Staff | CAHPS for MIPS Survey | 94.11 | 92.89 |
| CAHPS-11 | Stewardship of Patient Resources | CAHPS for MIPS Survey | 28.14 | 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.