

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:

Leanne Yanni

Medical Director:

David Oligschaleger

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.