

SHARED SAVINGS PROGRAM PUBLIC REPORTING

ACO Name and Location

AtlantiCare Health Solutions, Inc.

2500 English Creek Ave, Building 500, Egg Harbor Twp, NJ, 08234

ACO Primary Contact

Mrs. Amanda Melendez

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Organizational Information

ACO Participants:

ACO Participants	ACO Participant in Joint Venture
ATLANTICARE PHYSICIAN GROUP PA	No
CHARLES M RICHWINE IV DO, LORI TIerno RICHWINE DO PC/DBA: HARBOR FAMILY MEDICINE	No
JOHN KASPER	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
BJ	Howard	Physician	9.09%	ACO Participant Representative	ATLANTICARE PHYSICIAN GROUP PA
Brian	Isaacson	Physician	9.09%	ACO Participant Representative	ATLANTICARE PHYSICIAN GROUP PA
Donna	MichaelZiereis	EVP and Chief Legal Officer	9.09%	ACO Participant Representative	ATLANTICARE PHYSICIAN GROUP PA
Edward	Fog	Physician	9.09%	ACO Participant Representative	ATLANTICARE PHYSICIAN GROUP PA
Hak	Kim	Chief Financial Officer	9.09%	ACO Participant Representative	ATLANTICARE PHYSICIAN GROUP PA
Hasitkumar	Patel	Director of Hospital Medicine and Medicine Servi	9.09%	ACO Participant Representative	ATLANTICARE PHYSICIAN GROUP PA

Joseph	Lombardi	Physician	9.10%	ACO Participant Representative	ATLANTICARE PHYSICIAN GROUP PA
Margaret	Sykes	Community Stakeholder	9.09%	Community Stakeholder Representative	N/A
Michael	Charlton	CEO	9.09%	ACO Participant Representative	ATLANTICARE PHYSICIAN GROUP PA
Nancy	OConnel	Medicare Beneficiary	9.09%	Medicare Beneficiary Representative	N/A
Ronald	Soucier	Physician	9.09%	ACO Participant Representative	ATLANTICARE PHYSICIAN GROUP PA

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:

Laura Campbell

Medical Director:

Edward Fog

Compliance Officer:

John Diamond

Quality Assurance/Improvement Officer:

Amanda Melendez

Associated Committees and Committee Leadership:

Committee Name	Committee Leader Name and Position
Population Health Operations	Amanda Melendez - Senior Director

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

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, \$4,829,636.96
 - Performance Year 2023, \$3,008,958.95
 - Performance Year 2022, \$1,429,308.00
 - Performance Year 2021, \$2,192,202.45
 - Performance Year 2020, \$2,031,831.93
 - Performance Year 2019, \$0.00

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: 25%
 - Proportion invested in redesigned care processes/resources: 25%
 - Proportion of distribution to ACO participants: 50%
 - Performance Year 2023
 - Proportion invested in infrastructure: 30%
 - Proportion invested in redesigned care processes/resources: 30%
 - Proportion of distribution to ACO participants: 40%
 - Performance Year 2022
 - Proportion invested in infrastructure: 100%
 - Proportion invested in redesigned care processes/resources: 0%
 - Proportion of distribution to ACO participants: 0%
 - Performance Year 2021
 - Proportion invested in infrastructure: 20%
 - Proportion invested in redesigned care processes/resources: 40%

- Proportion of distribution to ACO participants: 40%
- o Performance Year 2020
 - Proportion invested in infrastructure: 20%
 - Proportion invested in redesigned care processes/resources: 40%
 - Proportion of distribution to ACO participants: 40%
- 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

Our ACO re-entered the Shared Savings Program in Performance Year 2019-A 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	6.14	6.67
479*	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups	Administrative Claims	0.1466	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	83.6	88.99
110	Preventative Care and Screening: Influenza Immunization	CMS Web Interface	56.82	68.6
226	Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface	74.19	79.98
113	Colorectal Cancer Screening	CMS Web Interface	61.7	77.81
112	Breast Cancer Screening	CMS Web Interface	62.66	80.93
438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface	93.55	86.5
370	Depression Remission at Twelve Months	CMS Web Interface	10.64	17.35
001*	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	CMS Web Interface	16.84	9.44

134	Preventative Care and Screening: Screening for Depression and Follow-up Plan	CMS Web Interface	92.86	81.46
236	Controlling High Blood Pressure	CMS Web Interface	70.38	79.49
CAHPS-1	Getting Timely Care, Appointments, and Information	CAHPS for MIPS Survey	79.45	83.7
CAHPS-2	How Well Providers Communicate	CAHPS for MIPS Survey	94.32	93.96
CAHPS-3	Patient's Rating of Provider	CAHPS for MIPS Survey	93.52	92.43
CAHPS-4	Access to Specialists	CAHPS for MIPS Survey	71.72	75.76
CAHPS-5	Health Promotion and Education	CAHPS for MIPS Survey	71.88	65.48
CAHPS-6	Shared Decision Making	CAHPS for MIPS Survey	63.8	62.31
CAHPS-7	Health Status and Functional Status	CAHPS for MIPS Survey	78.04	74.14
CAHPS-8	Care Coordination	CAHPS for MIPS Survey	84.95	85.89
CAHPS-9	Courteous and Helpful Office Staff	CAHPS for MIPS Survey	92.61	92.89
CAHPS-11	Stewardship of Patient Resources	CAHPS for MIPS Survey	23.08	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

42 CFR § 425.613.