# SHARED SAVINGS PROGRAM PUBLIC REPORTING TEMPLATE

## ACO Name and Location

Community Health ACO, LLC

789 Medical Center Drive East, Clovis, CA 93611

## ACO Primary Contact

Darren Duncan

5593243917

dduncan3@communitymedical.org

## Organizational Information

### *ACO Participants:*

| ACO Participants | ACO Participant in Joint Venture |
|---|---|
| Community Health Partners | N |

### *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 |
|---|---|---|---|---|---|
| John | Moua MD | Board Chair and ACO Executive | [Enter governing body member voting power] | ACO Participant Representative | Community Health Partners |

### *Key ACO Clinical and Administrative Leadership:*

ACO Executive: John Moua MD

Medical Director: Christopher Kuebrich MD

Compliance Officer: Blair Charleville

Quality Assurance/Improvement Officer: [Enter first and last name]

### *Associated Committees and Committee Leadership:*

| Committee Name | Committee Leader Name and Position |
|---|---|
| [Enter committee name] | [Enter committee leader name and committee leader position] |

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

- ACO professionals in a group practice arrangement

## Shared Savings and Losses

### *Amount of Shared Savings/Losses:*

- Fourth Agreement Period
  - Performance Year [Enter performance year in the format 20XX], $[Enter dollar amount]
- Third Agreement Period
  - Performance Year [Enter performance year in the format 20XX], $[Enter dollar amount]
- Second Agreement Period
  - Performance Year [Enter performance year in the format 20XX], $[Enter dollar amount]
- First Agreement Period
  - Performance Year [Enter performance year in the format 20XX], $[Enter dollar amount]

### *Shared Savings Distribution:*

- Fourth Agreement Period
  - Performance Year [Enter performance year in the format 20XX]
    - Proportion invested in infrastructure: [Enter percent of total]%
    - Proportion invested in redesigned care processes/resources: [Enter percent of total]%
    - Proportion of distribution to ACO participants: [Enter percent of total]%
- Third Agreement Period
  - Performance Year [Enter performance year in the format 20XX]
    - Proportion invested in infrastructure: [Enter percent of total]%
    - Proportion invested in redesigned care processes/resources: [Enter percent of total]%
    - Proportion of distribution to ACO participants: [Enter percent of total]%
- Second Agreement Period
  - Performance Year [Enter performance year in the format 20XX]
    - Proportion invested in infrastructure: [Enter percent of total]%
    - Proportion invested in redesigned care processes/resources: [Enter percent of total]%
    - Proportion of distribution to ACO participants: [Enter percent of total]%
- First Agreement Period
  - Performance Year [Enter performance year in the format 20XX]
    - Proportion invested in infrastructure: [Enter percent of total]%
    - Proportion invested in redesigned care processes/resources: [Enter percent of total]%
    - Proportion of distribution to ACO participants: [Enter percent of total]%

## Quality Performance Results

### *20[XX]Quality Performance Results:*

Quality performance results are based on the [Enter “CMS Web Interface” or “eCQMs/MIPS CQMs” Measure Set] collection type.

| Measure # | Measure Name | Collection Type | Reported Performance Rate | Current Year Mean Performance Rate (SSP ACOs) |
|---|---|---|---|---|
| [Enter quality measure number in the format Measure #: XXX or CAHPS-X] | [Enter quality measure name] | [Enter collection type of quality measure: CMS Web Interface, eCQM, MIPS CQM, CAHPS for MIPS Survey or Administrative Claims] | [Enter quality measure performance rate in the format XX.XX] | [Enter ACO mean performance rate in the format XX.XX] |

**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.
- Payment for Telehealth Services:
  - Our ACO clinicians provide telehealth services using the flexibilities under 42 CFR § 425.612(f) and 42 CFR § 425.613.

## Advance Investment Payments (AIP)

[Copy information from your CMS-approved downloadable spend plan available in ACO-MS, and the language below, and paste in the standardized format provided below.]

In accordance with 42 CFR § 425.630(i)(1), an ACO must publicly report information about the ACO's use of advance investment payments for each performance year, as set forth in 42 CFR § 425.308(b)(8). Advance investment payments used for any expenses other than allowable uses under 42 CFR § 425.630(e)(1) are subject to compliance action.

### *Spend Plan:*

| Payment Use | General Spend Category | General Spend Subcategory | Projected Spending 20XX | Actual Spending 20XX | Projected Spending 20XX | Actual Spending 20XX | Projected Spending 20XX | Actual Spending 20XX | Projected Spending 20XX | Actual Spending 20XX | Projected Spending 20XX | Actual Spending 20XX |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| [Enter payment use] | [Enter general spend category] | [Enter general spend subcategory] | $[Enter projected spending for 20XX] | $[Enter actual spending for 20XX] | $[Enter projected spending for 20XX] | $[Enter actual spending for 20XX] | $[Enter projected spending for 20XX] | $[Enter actual spending for 20XX] | $[Enter projected spending for 20XX] | $[Enter actual spending for 20XX] | $[Enter projected spending for 20XX] | $[Enter actual spending for 20XX] |
| **Subtotals** | | | $[Enter projected spending for 20XX] | $[Enter actual spending for 20XX] | $[Enter projected spending for 20XX] | $[Enter actual spending for 20XX] | $[Enter projected spending for 20XX] | $[Enter actual spending for 20XX] | $[Enter projected spending for 20XX] | $[Enter actual spending for 20XX] | $[Enter projected spending for 20XX] | $[Enter actual spending for 20XX] |

### *Spend Plan Summary:*

| | |
|---|---|
| **Projected Total Advance Investment Payments** | $ [Enter projected total advance investment payments dollar amount] |
| **Actual Spending** | $ [Enter actual spending dollar amount] |
| **Future Projected Spending** | $ [Enter future projected spending dollar amount] |
| **Remaining Funding to Allocate** | $ [Enter remaining funding to allocate dollar amount] |
| **Advance Investment Payments Received** | $ [Enter total advance investment payments received from CMS as of most recent payment] |

Our ACO has established a separate designated account for the deposit and expenditure of all advance investment payments in accordance with 42 CFR § 425.630(e)(4).

SAMPLE

## Fraud and Abuse Waivers

- **ACO Pre-Participation Waiver**:

  The following information describes each arrangement for which our ACO seeks protection under the *ACO Pre-Participation Waiver*, including any material amendment or modification to a disclosed arrangement.

  For each arrangement, provide the following information:

  - Parties to the arrangement:[Enter parties to the arrangement]
  - Date of arrangement: [Enter date of arrangement in the format XX/XX/XXXX]
  - Items, services, goods, or facility provided: [Enter items, services, goods, or facility provided]
  - Date and nature of any amendments to the arrangement, if applicable: [Enter date in the format XX/XX/XXXX] [Enter the nature of any amendments to the arrangement]

- **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.

  For each arrangement, provide the following information:

  - Parties to the arrangement: [Enter parties to the arrangement]
  - Date of arrangement: [Enter date of arrangement in the format XX/XX/XXXX]
  - Items, services, goods, or facility provided: [Enter items, services, goods, or facility provided]
  - Date and nature of any amendments to the arrangement, if applicable: [Enter date in the format XX/XX/XXXX] [Enter the nature of any amendments to the arrangement]