

# SHARED SAVINGS PROGRAM PUBLIC REPORTING

## ACO Name and Location

Accountable Care Coalition of Georgia, LLC.

1668 S. Garfield Avenue, 2nd Floor, Alhambra, CA, 91801, U.S.A.

## ACO Primary Contact

Karen Holt

855-445-3570

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## Organizational Information

### *ACO Participants:*

ACO Participants	ACO Participant in Joint Venture
CARECONNECT HEALTH INC	No
Center for Pan Asian Community Services, Inc.	No
Curtis V. Cooper Primary Health Care Inc	No
Diversity Health Center, Inc.	No
ETHNE HEALTH, INC	No
FIRST CHOICE PRIMARY CARE, INC.	No
GEORGIA MOUNTAINS HEALTH SERVICES, INC.	No
Health Education Assessment and Leadership, Inc	No
J.C. Lewis Primary Healthcare Center, Inc	No
MCKINNEY MEDICAL CENTER INC	No
MEDCURA HEALTH INC	No
MERIDIAN EDUCATION RESOURCE GROUP, INC.	No
OCONEE VALLEY HEALTHCARE INC	No
Palmetto Health Council, Inc	No
Primary Care of Southwest Georgia, Inc	No
Primary Health Care Center Of Dade, Inc	No
South Central Primary Care Center, Inc	No
TRI-MED FAMILY CARE, INC	No
Valley Healthcare System, Inc	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
Ajay	Gehlot	Voting Member	10.714%	ACO Participant Representative	CARECONNECT HEALTH INC
Albert	Grandy	Voting Member	10.714%	ACO Participant Representative	Curtis V. Cooper Primary Health Care Inc
Amy	Tanner	Voting Member, CHS Representative	23%	Other	N/A
Dave	Ringer	Voting Member	10.714%	ACO Participant Representative	OCONEE VALLEY HEALTHCARE INC
Ginger	Cushing	Voting Member	10.714%	ACO Participant Representative	Primary Care of Southwest Georgia, Inc
John	Rhodes	Voting Member	2%	Medicare Beneficiary Representative	N/A
RB	Tucker	Voting Member	10.714%	ACO Participant Representative	South Central Primary Care Center, Inc
Steven	Miracle	Chair, Voting Member	10.715%	ACO Participant Representative	GEORGIA MOUNTAINS HEALTH SERVICES, INC.
Theresa	Jacobs	MD, Medical Director, Voting Member	10.715%	ACO Participant Representative	MEDCURA HEALTH INC

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:

Karen Holt

Medical Director:

Theresa Jacobs

Compliance Officer:

Michelle Amador

Quality Assurance/Improvement Officer:

Theresa Jacobs

### *Associated Committees and Committee Leadership:*

Committee Name	Committee Leader Name and Position
Quality Improvement Care Coordination (QICC)	Theresa Jacobs, M.D. Chair

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

- Federally Qualified Health Center (FQHC)

### **Shared Savings and Losses**

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

- Fourth Agreement Period
  - Performance Year 2026, N/A
  - Performance Year 2025, N/A
  - Performance Year 2024, \$1,585,196.38
- Third Agreement Period
  - Performance Year 2023, \$670,244.26
  - Performance Year 2022, \$1,664,833.00
  - Performance Year 2021, \$1,467,186.49
  - Performance Year 2020, \$1,430,737.63
  - Performance Year 2019, \$1,145,746.14
- Second Agreement Period
  - Performance Year 2019, \$1,145,746.14
  - Performance Year 2018, \$0.00
  - Performance Year 2017, N/A
  - Performance Year 2016, N/A
- First Agreement Period
  - Performance Year 2015, N/A
  - Performance Year 2014, N/A
  - Performance Year 2013, 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:*

- Fourth 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
- Performance Year 2024
  - Proportion invested in infrastructure: 50%
  - Proportion invested in redesigned care processes/resources: 25%
  - Proportion of distribution to ACO participants: 25%
- Third Agreement Period
  - Performance Year 2023
    - Proportion invested in infrastructure: 70%
    - Proportion invested in redesigned care processes/resources: 0%
    - Proportion of distribution to ACO participants: 30%
  - Performance Year 2022
    - Proportion invested in infrastructure: 29.65%
    - Proportion invested in redesigned care processes/resources: 37.59%
    - Proportion of distribution to ACO participants: 32.77%
  - Performance Year 2021
    - Proportion invested in infrastructure: 26%
    - Proportion invested in redesigned care processes/resources: 48%
    - Proportion of distribution to ACO participants: 26%
  - Performance Year 2020
    - Proportion invested in infrastructure: 19%
    - Proportion invested in redesigned care processes/resources: 62%
    - Proportion of distribution to ACO participants: 19%
  - Performance Year 2019
    - Proportion invested in infrastructure: 17%
    - Proportion invested in redesigned care processes/resources: 65%
    - Proportion of distribution to ACO participants: 17%
- Second Agreement Period
  - Performance Year 2019
    - Proportion invested in infrastructure: 17%
    - Proportion invested in redesigned care processes/resources: 65%
    - Proportion of distribution to ACO participants: 17%
  - 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
- First Agreement Period
  - o Performance Year 2015
    - 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 2014
    - 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 2013
    - 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	7.13	6.67
479*	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups	Administrative Claims	0.1856	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	99.36	88.99
110	Preventative Care and Screening: Influenza Immunization	CMS Web Interface	58.1	68.6
226	Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface	100	79.98
113	Colorectal Cancer Screening	CMS Web Interface	65.38	77.81
112	Breast Cancer Screening	CMS Web Interface	70.59	80.93
438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface	94.04	86.5
370	Depression Remission at Twelve Months	CMS Web Interface	50	17.35
001*	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	CMS Web Interface	14.94	9.44
134	Preventative Care and Screening: Screening for Depression and Follow-up Plan	CMS Web Interface	98.26	81.46
236	Controlling High Blood Pressure	CMS Web Interface	78.28	79.49
CAHPS-1	Getting Timely Care, Appointments, and Information	CAHPS for MIPS Survey	83.58	83.7
CAHPS-2	How Well Providers Communicate	CAHPS for MIPS Survey	93.1	93.96
CAHPS-3	Patient's Rating of Provider	CAHPS for MIPS Survey	93.08	92.43
CAHPS-4	Access to Specialists	CAHPS for MIPS Survey	78.05	75.76
CAHPS-5	Health Promotion and Education	CAHPS for MIPS Survey	64.82	65.48
CAHPS-6	Shared Decision Making	CAHPS for MIPS Survey	62.47	62.31
CAHPS-7	Health Status and Functional Status	CAHPS for MIPS Survey	71.78	74.14
CAHPS-8	Care Coordination	CAHPS for MIPS Survey	86.36	85.89
CAHPS-9	Courteous and Helpful Office Staff	CAHPS for MIPS Survey	93.11	92.89
CAHPS-11	Stewardship of Patient Resources	CAHPS for MIPS Survey	32.15	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.