

ACO Name and Location

Mercy Health Corporation
 Previous Names: Mercy Alliance, Inc.
 1000 Mineral Point Avenue
 PO Box 5003
 Janesville, WI 53547

ACO Primary Contact

Ladd Udy
 888-396-3729
 aco@mhemail.org

Organizational Information**ACO participants:**

ACO Participants	ACO Participant in Joint Venture
Mercy Harvard Hospital, Inc.	N
Rockford Memorial Hospital	N
Rockford Health Physicians	N
Mercy Health System Corporation	N
Mercy Assisted Care, Inc.	N

ACO governing body:

Member Last Name	Member First Name	Member Title/Position	Member's Voting Power: expressed as a percentage or number	Membership Type	ACO Participant Legal Business Name/DBA, if applicable
McLellan	Rowland	Chair	1	ACO Participant Representative	Mercy Health System Corporation
Bea	Javon	President & CEO	1	ACO Participant Representative	Mercy Health System Corporation
Pool	Thomas	Vice Chair	1	ACO Participant Representative	Mercy Health System Corporation
Budd	Thomas	Secretary/Treasurer	1	ACO Participant Representative	Mercy Health System Corporation
Goelzer	Mark	Director	1	ACO Participant Representative	Mercy Health System Corporation
Jost	Wesley	Director	1	ACO Participant Representative	Mercy Harvard Hospital, Inc.
Schack	Katherine	Director	1	ACO Participant Representative	Mercy Harvard Hospital, Inc.
Syverson	Dave	Director	1	ACO Participant Representative	Rockford Memorial Hospital

Key ACO clinical and administrative leadership:

ACO Executive: Javon Bea
 Medical Director: Mark Goelzer
 Compliance Officer: Ladd Udy
 Quality Assurance/Improvement Officer: Ladd Udy

Associated committees and committee leadership:

Committee Name	Committee Leader Name and Position
Quality Council	Mark Goelzer, MD - Chair
Compliance Committee	Todd Anderson, Vice President
ACO Advisory Committee	Katherine Schack – Chair

Types of ACO participants, or combinations of participants, that formed the ACO:

- Critical Access Hospital (CAH) billing under Method II
- Hospital employing ACO professionals

Shared Savings and Losses

Amount of Shared Savings/Losses:

- Second Agreement Period
 - Performance Year 2019, \$5,595,421
 - Performance Year 2018, \$4,360,366
 - Performance Year 2017, \$3,013,829
- First Agreement Period
 - Performance Year 2016, \$0
 - Performance Year 2015, \$0
 - Performance Year 2014, \$0

Shared Savings Distribution:

- Second Agreement Period
 - Performance Year 2019
 - Proportion invested in infrastructure: 0%
 - Proportion invested in redesigned care processes/resources: 0%
 - Proportion of distribution to ACO participants: 100%
 - Performance Year 2018
 - Proportion invested in infrastructure: 0%
 - Proportion invested in redesigned care processes/resources: 0%
 - Proportion of distribution to ACO participants: 100%
 - Performance Year 2017
 - Proportion invested in infrastructure: 0%
 - Proportion invested in redesigned care processes/resources: 0%
 - Proportion of distribution to ACO participants: 100%
- First Agreement Period
 - 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
 - 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
 - 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

Quality Performance Results

2019 Quality Performance Results:

ACO #	Measure Name	Rate	ACO Mean
ACO-1	CAHPS: Getting Timely Care, Appointments, and Information	82.64	85.86
ACO-2	CAHPS: How Well Your Providers Communicate	92.62	94.11
ACO-3	CAHPS: Patients' Rating of Provider	91.10	92.69
ACO-4	CAHPS: Access to Specialists	79.50	81.54
ACO-5	CAHPS: Health Promotion and Education	63.33	60.44
ACO-6	CAHPS: Shared Decision Making	57.02	62.78
ACO-7	CAHPS: Health Status/Functional Status	74.17	73.79
ACO-34	CAHPS: Stewardship of Patient Resources	25.44	26.17
ACO-45	CAHPS: Courteous and Helpful Office Staff	93.72	92.84
ACO-46	CAHPS: Care Coordination	86.71	86.89
ACO-8	Risk Standardized, All Condition Readmission	14.70	14.86
ACO-38	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	63.01	58.15
ACO-43	Ambulatory Sensitive Condition Acute Composite (AHRQ* Prevention Quality Indicator (PQI #91)	1.98	1.87
ACO-13	Falls: Screening for Future Fall Risk	97.11	84.04
ACO-14	Preventive Care and Screening: Influenza Immunization	73.25	74.77
ACO-17	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	79.49	78.04
ACO-18	Preventive Care and Screening: Screening for Depression and Follow-up Plan	94.56	70.40
ACO-19	Colorectal Cancer Screening	75.08	70.76
ACO-20	Breast Cancer Screening	80.00	73.84
ACO-42	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	81.15	82.17
ACO-40	Depression Remission at Twelve Months	21.95	13.58
ACO-27	Diabetes: Hemoglobin A1c Poor Control (>9%)	13.87	13.88
ACO-28	Controlling High Blood Pressure	82.96	75.04

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 does not use the SNF 3-Day Rule Waiver, pursuant to 42 CFR §425.612.

- Waiver for Payment for Telehealth Services:
 - Our ACO clinicians do not provide telehealth services using the flexibilities under 42 CFR §425.612(f) and 42 CFR §425.613.

Beneficiary Incentive Program

Our ACO does not use the Beneficiary Incentive Program (BIP) established under 42 CFR §425.304(c).

Instructions to Complete the Shared Savings Program Public Reporting Template

The purpose of this document is to provide Accountable Care Organizations (ACOs) participating in the Medicare Shared Savings Program (Shared Savings Program) with a public reporting template. ACOs participating in the Shared Savings Program are required to publicly report ACO organizational information and performance results on a designated webpage, per [42 CFR § 425.308](#).

ACOs must complete all fields in brackets with placeholder text, using the instructions below, and then post the populated template to their public reporting webpages. ACOs should monitor and update their populated public reporting webpages periodically throughout the year.

ACOs can select one of two ways to post the template to their public reporting webpages: 1) display all of the information from the completed template on the webpage using existing webpage styles (e.g., fonts, text sizes, headers); or, 2) create a PDF of the completed template, without modifying the format, and link to it from your public reporting webpage.

Key reminders before posting:

- **Remove these instructions before displaying template content on the webpage.**
- **Do not add data that is not required or omit data from the template.**
- **Do not include any taxpayer identification numbers (TINs) on the template.**

Note: Select the current performance year for which you are entering the information on your public reporting webpage when referencing data in the [ACO Management System](#) (ACO-MS). This selection can be made under “Program Year.”

1. **ACO Name and Location:** Enter ACO Legal Entity Name (LEN) and address as provided on the Agreement Details subtab in ACO-MS.
2. **ACO Primary Contact:** Enter primary contact name, phone number, and email address.
3. **Organizational Information**
 - 3.1 **ACO participants:** List all ACO participants certified for the current performance year by their legal business name (LBN). This data is available on the ACO Participants subtab in ACO-MS, or by downloading the “Participants List” Excel file provided under the Reporting tab in ACO-MS. Add a new row in the table for each ACO participant.
 - If you would also like to include the ACO participant's doing business as (D/B/A) name, enter it in parentheses next to the ACO participant's LBN.
 - Do not include the ACO participant's TIN.In addition, identify participants in joint ventures between ACO professionals and hospitals. For reference:
 - A “joint venture” is when two or more persons or entities engage in a defined project in which all of the following exists: 1) an express agreement; 2) a common purpose that the parties intend to carry out; 3) shared profits and losses related to the project; and 4) each party has a voice in controlling the project.
 - 3.2 **ACO governing body:** Enter the most up-to-date information on ACO governing body members' names, positions, voting power, membership types, and associated ACO participant LBNs. Add a new row in the table for each ACO governing body member. For reference:
 - “Member's Voting Power” refers to the number of votes the member has, expressed as a percentage or number.
 - “Membership Types” include ACO participant representative, Medicare beneficiary representative, community stakeholder representative, or other.
 - 3.3 **Key ACO clinical and administrative leadership:** Enter name of the current ACO Executive, Medical Director, Compliance Officer, and Quality Assurance/Improvement Officer. This data is available on the Contacts subtab in ACO-MS.

3.4 **Associated committees and committee leadership:** Enter all committees and committee leaders. Add a new row in the table for each committee.

3.5 **Types of ACO participants, or combinations of participants, that formed the ACO:** List ACO participant types that describe the ACO's composition. ACOs may select one or more of the composition types provided in [§ 425.102\(a\)](#). If you select § 425.102(a)(8), then enter the composition type as "Electing Teaching Amendment (ETA) hospital." If previously entered in ACO-MS, data is available under the ACO Entity Type section of the Agreement Details subtab.

4. Shared Savings and Losses

4.1 **Amount of Shared Savings/Losses:** Enter shared savings/losses (in dollar value) for all completed performance years by agreement period. If your ACO participated in multiple performance periods in 2019, then enter the net shared savings/losses across all periods.

The shared savings/losses data is available in two sources:

- [SSP ACO Portal](#): In the ACO's *Financial Reconciliation Report* refer to the Table 3 - Shared Savings Losses tab. In this tab, refer to "Earned Performance Payment" for the shared savings, and "Payment Due to CMS" for the shared losses.
- Public Use Files: In data.cms.gov, search for the Public Use Files by performance year. For example, for 2019, search for "2019 Shared Savings Program (SSP) Accountable Care Organizations (ACO) PUF." In this dataset, refer to the column titled "EarnSaveLoss" for shared savings/losses. Losses are listed as negative values.

Enter "N/A" under this section if your ACO is operating in its first agreement period and has not yet received financial reconciliation results.

4.2 **Shared Savings Distribution:** Enter distribution of shared savings (in percentage) for all completed performance years by agreement period. ACOs that did not earn shared savings or incur losses for a given performance year must indicate "N/A." Also enter "N/A" under this section if your ACO is operating in its first agreement period and has not yet received financial reconciliation results.

5. **Quality Performance Results:** Enter quality results for the most recent performance year available. Do not report quality data for ACO-40 Depression Remission at 12 months and instead add the following statement below the quality performance results table: "Please note, the ACO-40 Depression Remission at 12 months quality measure is not included in public reporting due to low sample size." In addition, please note: per CMS policy, you should not publicly share or report cell sizes <11 or any combination of information that would allow cell sizes of <11 to be calculated.

The quality performance data is available in two sources:

- [SSP ACO Portal](#): In the ACO's *Quality Performance Report*, refer to the "Tables 2-5 – Measure Results" tab, which includes the "Measure Name," "Your ACO Performance Rate," and "Current Year Mean Performance Rate." List measures in the same order as presented in the report.
- Public Use Files: In data.cms.gov, search for the Public Use Files by performance year. For example, for 2019, search for "2019 Shared Savings Program (SSP) Accountable Care Organizations (ACO) PUF." In this file, you can find the quality performance rate by searching for your ACO Name or ACO ID and navigating to columns titled "ACO#."

Enter the following if your ACO was not active in the most recent performance year with quality reporting data available: "Our ACO did not participate in Shared Savings Program in the [YYYY] performance year, therefore this section is not applicable at this time."

6. Payment Rule Waivers:

- **Skilled Nursing Facility (SNF) 3-day Rule Waiver:** Include this section **only if** your ACO uses the SNF 3-Day Rule Waiver for the current performance year. Refer to the SNF/BIP Information section of the Agreement Details subtab in ACO-MS. If your ACO has a SNF 3-Day Rule Waiver, then the "SNF 3-Day Rule Waiver" should state "Yes" for the current performance year.

- **Waiver for Payment for Telehealth Services:** Include this section **only if** your ACO provides telehealth services for the current performance year using the flexibilities under [42 CFR §425.613](#). As of January 1, 2020, if at least one clinician in your ACO provides and receives payment for covered telehealth services to prospectively assigned beneficiaries without geographic restriction, then the ACO must publicly report use of telehealth services.
7. **Beneficiary Incentive Program:** Include this section **only if** your ACO has established and is operating a BIP for the current performance year. Refer to the SNF/BIP Information section of the Agreement Details subtab in ACO-MS. If your ACO has established and is operating a BIP, then the “Beneficiary Incentive Program” should state “Yes” for the current performance year. If “Yes,” enter the required data for each performance year. For reference:
- “Incentive Payment Type” includes check, debit card, or traceable cash equivalent.
 - “Healthcare Common Procedure Coding System Code” is the alphanumeric sequence denoting the medical procedure, also referred to as HCPCS Code.