

# SHARED SAVINGS PROGRAM PUBLIC REPORTING

## ACO Name and Location

Mid-Atlantic Collaborative Care, LLC

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

## ACO Primary Contact

Shawn Bassett

9147155526

shawn.bassett@astranahealth.com

## Organizational Information

### ACO Participants:

ACO Participants	ACO Participant in Joint Venture
Adult Primary Care Center Llc	No
ADVANCED MEDICAL CARE LLC	No
ALAN R. VINITSKY, MD LCC	No
ALEX R PAVON MD PC	No
ALLEGHENY MEDICAL LLC	No
Amit K. Rajvanshi Md Pc	No
ATRIUM HEALTHCARE GROUP LLC	No
CARDIOVASCULAR INSTITUTE OF NEW ENGLAND PC	No
CHOWDHURY MEDICAL ASSOCIATES LLC	No
COMPLETE CONCIERGE CARE MEDICAL OF	No
CORE HEALTH CARE LLC	No
DR. AJAY REDDY, L.L.C.	No
DR. GHOUSIA SULTANA, M.D., P.A.	No
DULLES HEALTH LLC	No
Eveit E Gobrial LLC	No
FAMILY CARE ASSOCIATES	No
FELIX SOKOLSKY	No
H HERBERT WASHINGTON MD PC	No
ICARENOW LLC	No
Kamalinee Deshpande MD PA	No

KHADEJA FAMILY PRACTICE, LLC	No
MANZAR J SHAFI MD PA	No
MAXIMED ASSOCIATES INC.	No
MEDICINE AND LONG TERM CARE ASSOCIATES LLC	No
Menon Medical Center Llc	No
Metropolitan Elite Family Practice, LLC	No
MICHAEL FUSCO	No
MOHAMMAD A KHALID MD PC	No
MY MED CLINIC PA	No
NORMAN G. MCKOY MD & ASSOCIATES PA	No
NORTHERN VIRGINIA NEPHROLOGY ASSOCIATES PC	No
Nova Medical Services, Pllc	No
NURUL CHOWDHURY	No
OLDE TOWNE URGENT CARE LLC	No
Premiere Primary Care Center, LLC	No
PRIMECARE MED LLC	No
RIDGEVIEW INTERNAL MEDICINE LLC	No
ROCKVILLE MEDICAL CARE LLC	No
ROSEU MEDICAL CENTER, LLC	No
SAH MEDICAL CONSULTING INC	No
Seven Corners Medical Center, Pllc	No
SHAHID MAHMOOD MD, FAMILY PRACTICE PA	No
SUNITHA BHOGAVILLI MD PC	No
TAHMINA K AHMED MD PC	No
TRUCARE INC	No
WOODBIDGE PRIMARY CARE PLLC	No
ZEUS PRIMARY CARE ASSOCIATES LLC	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
Anu	George	MD Voting Member	37.5%	ACO Participant Representative	Seven Corners Medical Center, Pllc

Roji	Menon	MD, Voting Member	37.5%	ACO Participant Representative	Menon Medical Center Llc
Sheila	Mcaddley	Voting Member	2%	Medicare Beneficiary Representative	N/A
Yvette	Hemeng	Voting Member CHS Representative	23%	Other	N/A

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:

Shawn Bassett

Medical Director:

ROJI MENON

Compliance Officer:

Michelle Amador

Quality Assurance/Improvement Officer:

Anuradha Reddy, MD

*Associated Committees and Committee Leadership:*

Committee Name	Committee Leader Name and Position
Management Committee	Yvette Hemeng, Chair
Quality Improvement and Care Coordination Subcommittee	Anuradha Reddy, MD, Chair

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

- 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
  - Performance Year 2024, \$2,981,883.26
- Second Agreement Period
  - Performance Year 2023, \$2,523,273.86

- Performance Year 2022, \$3,108,118.00
- Performance Year 2021, \$3,060,642.57
- Performance Year 2020, \$4,084,642.06
- First Agreement Period
  - Performance Year 2019, \$6,215,418.00
  - Performance Year 2018, \$4,732,370.28
  - Performance Year 2017, \$2,415,357.32

*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
  - Performance Year 2024
    - Proportion invested in infrastructure: 35%
    - Proportion invested in redesigned care processes/resources: 31%
    - Proportion of distribution to ACO participants: 34%
- Second Agreement Period
  - Performance Year 2023
    - Proportion invested in infrastructure: 34.7%
    - Proportion invested in redesigned care processes/resources: 30.6%
    - Proportion of distribution to ACO participants: 34.70%
  - Performance Year 2022
    - Proportion invested in infrastructure: 37%
    - Proportion invested in redesigned care processes/resources: 26%
    - Proportion of distribution to ACO participants: 37%
  - Performance Year 2021
    - Proportion invested in infrastructure: 40%
    - Proportion invested in redesigned care processes/resources: 20%
    - Proportion of distribution to ACO participants: 40%
  - Performance Year 2020
    - Proportion invested in infrastructure: 42.6%

- Proportion invested in redesigned care processes/resources: 14.8%
- Proportion of distribution to ACO participants: 42.6%
- First Agreement Period
  - Performance Year 2019
    - Proportion invested in infrastructure: 36.3%
    - Proportion invested in redesigned care processes/resources: 27.4%
    - Proportion of distribution to ACO participants: 36.3%
  - Performance Year 2018
    - Proportion invested in infrastructure: 30.4%
    - Proportion invested in redesigned care processes/resources: 39.2%
    - Proportion of distribution to ACO participants: 30.4%
  - Performance Year 2017
    - Proportion invested in infrastructure: 12.2%
    - Proportion invested in redesigned care processes/resources: 75.6%
    - Proportion of distribution to ACO participants: 12.2%

## 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	6.78	6.67
479*	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups	Administrative Claims	0.1551	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	99.3	88.99
110	Preventative Care and Screening: Influenza Immunization	CMS Web Interface	84.14	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	80.65	77.81
112	Breast Cancer Screening	CMS Web Interface	82.1	80.93
438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface	94.17	86.5

370	Depression Remission at Twelve Months	CMS Web Interface	18.18	17.35
001*	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	CMS Web Interface	8.49	9.44
134	Preventative Care and Screening: Screening for Depression and Follow-up Plan	CMS Web Interface	90.94	81.46
236	Controlling High Blood Pressure	CMS Web Interface	80.3	79.49
CAHPS-1	Getting Timely Care, Appointments, and Information	CAHPS for MIPS Survey	85.69	83.7
CAHPS-2	How Well Providers Communicate	CAHPS for MIPS Survey	93.4	93.96
CAHPS-3	Patient's Rating of Provider	CAHPS for MIPS Survey	91.52	92.43
CAHPS-4	Access to Specialists	CAHPS for MIPS Survey	75.85	75.76
CAHPS-5	Health Promotion and Education	CAHPS for MIPS Survey	65.11	65.48
CAHPS-6	Shared Decision Making	CAHPS for MIPS Survey	64.55	62.31
CAHPS-7	Health Status and Functional Status	CAHPS for MIPS Survey	75.33	74.14
CAHPS-8	Care Coordination	CAHPS for MIPS Survey	85.41	85.89
CAHPS-9	Courteous and Helpful Office Staff	CAHPS for MIPS Survey	92.89	92.89
CAHPS-11	Stewardship of Patient Resources	CAHPS for MIPS Survey	30.13	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.