

ACO Name and Location

Adirondacks ACO, LLC
 Previous Names: N/A
 75 Beekman Street
 Plattsburgh, NY 12901

ACO Primary Contact

Karen L. Ashline
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 kashline@cvph.org

Organizational Information**ACO participants:**

ACO Participants	ACO Participant in Joint Venture
North Wind Primary Care PLLC	N
Russell Rider	N
Glens Falls Hospital, Inc.	N
Champlain Valley Physicians	N
Elizabethtown Community Hospital	N
Hudson Headwaters Health Network	N
Adirondack Medical Center	N
Irongate Family Practice Associates, PLLC	N
Alice Hyde Medical Center	N
Plattsburgh Medical Care, PLLC	N
Adirondack Medical Practice, LLC	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
Gallagher	Kevin	MD	1	ACO Participant Representative	Hudson Headwaters Health Network
Tournier	Chris	CFO	1	ACO Participant Representative	Hudson Headwaters Health Network
Hickey	Chris	CFO	1	ACO Participant Representative	University of Vermont Health Network CVPH
Beguin	David	MD	1	Pediatric Representative	Primary Care Health Partner

Ambler	Kristin	MD	1	ACO Participant Representative	Kristin Ambler, MD
Lange	Kelly	VP	1	ACO Participant Representative	University of Vermont Health Network CVPH
Hatch	Ann Marie	Sr. Director	1	ACO Participant Representative	Glens Falls Hospital, Inc.
Letourneau	Craig	Controller	1	ACO Participant Representative	Glens Falls Hospital, Inc.
Laba	Robert	CFO	1	ACO Participant Representative	Adirondack Medical Center
Mannion	Michele	MD	1	ACO Participant Representative	Adirondack Medical Center
Filion	Paul	MD	1	ACO Participant Representative	Irongate Family Practice Associates, PLLC
Wilke	Paul	Retiree	1	Medicare Beneficiary Representative	NA
Barker	Tess	CEO PPNNY	1	Represents Uninsured	NA
Rietsema	Wouter	MD	1	ACO Participant Representative AHI Member	University of Vermont Health Network CVPH

Key ACO clinical and administrative leadership:

ACO Executive: Eric Burton

Medical Director: Wouter Rietsema

Compliance Officer: Diana Ramirez

Quality Assurance/Improvement Officer: Wouter Rietsema

Associated committees and committee leadership:

Committee Name	Committee Leader Name and Position
Population Health Advisory	Jun Chon, MD Chair
Finance	TBD, Chair
Compliance Committee	Diana Ramirez, Chair

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

- Critical Access Hospital (CAH) billing under Method II
- Federally Qualified Health Center (FQHC)
- ACO professionals in a group practice arrangement
- Hospital employing ACO professionals
- Networks of individual practices of ACO professionals

Shared Savings and Losses

Amount of Shared Savings/Losses:

- Third Agreement Period
 - Performance Year 2022, \$2,617,942
 - Performance Year 2021, \$3,382,438
 - Performance Year 2020, \$3,062,968
- Second Agreement Period
 - Performance Year 2019, \$0

- Performance Year 2018, \$0
- Performance Year 2017, \$0
- First Agreement Period
 - Performance Year 2016, \$0
 - Performance Year 2015, \$0
 - Performance Year 2014, \$0

Shared Savings Distribution:

- Third Agreement Period
 - Performance Year 2022
 - Proportion invested in infrastructure: 1%
 - Proportion invested in redesigned care processes/resources: N/A
 - Proportion of distribution to ACO participants: 99%
 - Performance Year 2021
 - Proportion invested in infrastructure: 1%
 - Proportion invested in redesigned care processes/resources: N/A
 - Proportion of distribution to ACO participants: 99%
 - Performance Year 2020
 - Proportion invested in infrastructure: 2%
 - Proportion invested in redesigned care processes/resources: N/A
 - Proportion of distribution to ACO participants: 98%
- Second Agreement Period
 - 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
 - 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
 - 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
- 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

2021 Quality Performance Results:

2022 Quality Performance			
CMS Web Interface Measure Set			
Measure #	Measure Name	Reported Performance Rate	Current Year Mean Performance Rate (SSP ACOs)
Quality ID# 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control [1]	11.76	10.71
Quality ID# 134	Preventative Care and Screening: Screening for Depression and Follow-up Plan	76.42	76.97
Quality ID# 236	Controlling High Blood Pressure	75.05	76.16
Quality ID# 318	Falls: Screening for Future Fall Risk	72.55	87.83
Quality ID# 110	Preventative Care and Screening: Influenza Immunization	66.79	77.34
Quality ID# 226	Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention	54.72	79.27
Quality ID# 113	Colorectal Cancer Screening	75.58	75.32
Quality ID# 112	Breast Cancer Screening	81.58	78.07
Quality ID# 438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	84.24	86.37
Quality ID# 370	Depression Remission at Twelve Months	15.79	16.03
Quality ID# 321	CAHPS for MIPS [3]	N/A	N/A
Measure# 479	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups [1]	0.1478	0.1510
Measure# 484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions [2]	32.16	30.97

[1] A lower performance rate corresponds to higher quality.

[2] For PY 2022, the CMS Web Interface measures Quality ID #438 and Quality ID #370 do not have benchmarks, and therefore, were not scored.

[3] CAHPS for MIPS is a composite measure, so numerator, denominator, and performance rate values are not applicable (N/A). The CAHPS for MIPS composite score is calculated as the average number of points across scored Summary Survey Measures (SSMs) (86 FR 65256). Refer to Table 5 for details on CAHPS for MIPS performance.

CAHPS for MIPS Measures

Measure ID	Measure Name	Reported Performance Rate	Current Year Mean Performance Rate (SSP ACOs)
CAHPS-1	Getting Timely Care, Appointments, and Information	83.70	83.96
CAHPS-2	How Well Providers Communicate	94.96	93.47
CAHPS-3	Patient's Rating of Provider	92.80	92.06
CAHPS-4	Access to Specialists	71.50	77.00
CAHPS-5	Health Promotion and Education	65.28	62.68
CAHPS-6	Shared Decision Making	61.78	60.97
CAHPS-7	Health Status and Functional Status	74.11	73.06
CAHPS-8	Care Coordination	85.02	85.46
CAHPS-9	Courteous and Helpful Office Staff	93.98	91.97
CAHPS-11	Stewardship of Patient Resources	18.13	25.62

For Previous Years' Financial and Quality Performance Results, please visit data.cms.gov.