

**ACO Name and Location**

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

**ACO Primary Contact**

Karen L. Ashline  
 (518)314-3663  
 kashline@ahihealth.org

**Organizational Information****ACO participants:**

<b>ACO Participants</b>	<b>ACO Participant in Joint Venture</b>
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
Alice Hyde Medical Center	N
Plattsburgh Medical Care, PLLC	N
Adirondack Medical Practice, LLC	N

**ACO governing body:**

<b>Member Last Name</b>	<b>Member First Name</b>	<b>Member Title/Position</b>	<b>Member's Voting Power: expressed as a percentage or number</b>	<b>Membership Type</b>	<b>ACO Participant Legal Business Name/DBA, if applicable</b>
Gallagher	Kevin	MD	1	ACO Participant Representative	Hudson Headwaters Health Network
Silvestri	Brittany	VP	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.
Hill	Dan	COO	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

**Key ACO clinical and administrative leadership:**

ACO Executive: Karen L. Ashline

Medical Director: Jun Chon, MD

Compliance Officer: Jeff Hiscox

Quality Assurance/Improvement Officer: Jun Chon, MD

**Associated committees and committee leadership:**

Committee Name	Committee Leader Name and Position
Population Health Advisory	Jun Chon, MD Chair
Finance	Christopher Hickey, Chair
Compliance Committee	Jeff Hiscox 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
  - o Performance Year 2022, \$2,617,942
  - o Performance Year 2021, \$3,382,438
  - o Performance Year 2020, \$3,062,968
- Second Agreement Period
  - o Performance Year 2019, \$0

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

### **Shared Savings**

#### **Distribution:**

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

### Quality Performance Results - 2022 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	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](https://data.cms.gov).