

SHARED SAVINGS PROGRAM PUBLIC REPORTING

ACO Name and Location

ProHealth Physicians ACO, LLC

3 Farm Glen Blvd, Farmington , CT, 06032, U.S.A.

ACO Primary Contact

Pamela George

1-763-283-2508

pgeorge@ProHealthMD.com

Organizational Information

ACO Participants:

ACO Participants	ACO Participant in Joint Venture
ProHealth Physicians, PC	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
Carlos	Valentin	ACO Participating Physician and Voting Member	24.5%	ACO Participant Representative	ProHealth Physicians, PC
David	Pazer	ACO Participating Physician and Voting Member	24.5%	ACO Participant Representative	ProHealth Physicians, PC
Gregory	Smith	ACO Medicare Beneficiary	2%	Medicare Beneficiary Representative	N/A
Stuart	Herlands	ACO Participating Physician and Voting Member	24.5%	ACO Participant Representative	ProHealth Physicians, PC
Tim	Buckley	ACO Participating Physician and Voting Member	24.5%	ACO Participant Representative	ProHealth Physicians, PC

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:

Pamela George

Medical Director:

Joy Hong

Compliance Officer:

Kathleen Owens

Quality Assurance/Improvement Officer:

Heather Goodness, Shanti Carter

Associated Committees and Committee Leadership:

Committee Name	Committee Leader Name and Position
Clinical Council	Joy Hong, MD, FAAP, Interim Chief Medical Officer
Patient Advisory Council	Matt Lanava, Director of Patient Experience
Privacy and Security Committee	Shanti Carter, Director of Informatics, Kathleen Owens, Compliance Officer, Joy Hong, MD, FAAP, Interim Chief Medical Officer

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

- ACO professionals in a group practice arrangement

Shared Savings and Losses

Amount of Shared Savings/Losses:

- Fourth Agreement Period
 - Performance Year 2026, N/A
 - Performance Year 2025, N/A
- Third Agreement Period
 - Performance Year 2024, \$18,497,929.68
 - Performance Year 2023, \$10,674,671.86
 - Performance Year 2022, \$6,815,097.00
 - Performance Year 2021, \$3,730,003.47
 - Performance Year 2020, \$5,749,783.37
 - Performance Year 2019, \$5,476,936.83
- Second Agreement Period
 - Performance Year 2019, \$5,476,936.83
 - Performance Year 2018, \$5,087,891.62
 - Performance Year 2017, \$8,618,963.54

- Performance Year 2016, \$5,996,474.48
- 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
- Third Agreement Period
 - Performance Year 2024
 - Proportion invested in infrastructure: 30%
 - Proportion invested in redesigned care processes/resources: 50%
 - Proportion of distribution to ACO participants: 20%
 - Performance Year 2023
 - Proportion invested in infrastructure: 30%
 - Proportion invested in redesigned care processes/resources: 50%
 - Proportion of distribution to ACO participants: 20%
 - Performance Year 2022
 - Proportion invested in infrastructure: 30%
 - Proportion invested in redesigned care processes/resources: 50%
 - Proportion of distribution to ACO participants: 20%
 - Performance Year 2021
 - Proportion invested in infrastructure: 30%
 - Proportion invested in redesigned care processes/resources: 50%
 - Proportion of distribution to ACO participants: 20%
 - Performance Year 2020

- Proportion invested in infrastructure: 30%
- Proportion invested in redesigned care processes/resources: 50%
- Proportion of distribution to ACO participants: 20%
- o Performance Year 2019
 - Proportion invested in infrastructure: 30%
 - Proportion invested in redesigned care processes/resources: 50%
 - Proportion of distribution to ACO participants: 20%
- Second Agreement Period
 - o Performance Year 2019
 - Proportion invested in infrastructure:
 - Proportion invested in redesigned care processes/resources:
 - Proportion of distribution to ACO participants:
 - o Performance Year 2018
 - Proportion invested in infrastructure: 30%
 - Proportion invested in redesigned care processes/resources: 50%
 - Proportion of distribution to ACO participants: 20%
 - o Performance Year 2017
 - Proportion invested in infrastructure: 30%
 - Proportion invested in redesigned care processes/resources: 40%
 - Proportion of distribution to ACO participants: 30%
 - o Performance Year 2016
 - Proportion invested in infrastructure: 25%
 - Proportion invested in redesigned care processes/resources: 25%
 - Proportion of distribution to ACO participants: 50%
- 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	4.36	6.67
479*	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups	Administrative Claims	0.1474	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	96.9	88.99
110	Preventative Care and Screening: Influenza Immunization	CMS Web Interface	72.55	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	88.17	77.81
112	Breast Cancer Screening	CMS Web Interface	78.64	80.93
438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface	87.99	86.5
370	Depression Remission at Twelve Months	CMS Web Interface	0	17.35
001*	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	CMS Web Interface	8.79	9.44
134	Preventative Care and Screening: Screening for Depression and Follow-up Plan	CMS Web Interface	82.53	81.46
236	Controlling High Blood Pressure	CMS Web Interface	86.93	79.49
CAHPS-1	Getting Timely Care, Appointments, and Information	CAHPS for MIPS Survey	81.29	83.7
CAHPS-2	How Well Providers Communicate	CAHPS for MIPS Survey	92.82	93.96
CAHPS-3	Patient's Rating of Provider	CAHPS for MIPS Survey	91.26	92.43

CAHPS-4	Access to Specialists	CAHPS for MIPS Survey	67.32	75.76
CAHPS-5	Health Promotion and Education	CAHPS for MIPS Survey	66.24	65.48
CAHPS-6	Shared Decision Making	CAHPS for MIPS Survey	59.74	62.31
CAHPS-7	Health Status and Functional Status	CAHPS for MIPS Survey	76.19	74.14
CAHPS-8	Care Coordination	CAHPS for MIPS Survey	85.66	85.89
CAHPS-9	Courteous and Helpful Office Staff	CAHPS for MIPS Survey	90.68	92.89
CAHPS-11	Stewardship of Patient Resources	CAHPS for MIPS Survey	20.98	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.