

ACO Name and Location

MHN ACO, LLC d/b/a MercyOne ACO IV
 1449 NW 128th Street
 Suite 110, Box 3
 Clive, IA 50325

ACO Primary Contact

Lillian Dittrick
 515-358-9154
 Lillian.dittrick@trinity-health.org

Organizational Information**ACO Participants:**

ACO Participants	ACO Participant in Joint Venture
Gateway Surgery Center LLC	Y
Mercy Hospital Iowa City Iowa	N
Mercy Medical Center - Clinton Inc	N
Mercy Services Iowa City Inc	N
Mercy Specialty Clinic	N
Medical Associates of Clinton	Y

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
Melissa	Wood	Member	12.5%	ACO Participant Representative	Mercy Medical Center- Clinton Inc
Beau	Dexter	Member	12.5%	ACO Participant Representative	Mercy Medical Center – Clinton Inc
Ashton	Nickles	Member	12.5%	ACO Participant Representative	Mercy Medical Center – Clinton Inc
Craig	Huston	Member	12.5%	ACO Participant Representative	Mercy Services Iowa City, Inc
Patricia	Maxwell	Member	12.5%	ACO Participant Representative	Mercy Services Iowa City, Inc
Jennifer	Misajet	Member	12.5%	ACO Participant Representative	Mercy Medical Center– Clinton Inc
Rod	Tokheim	Member	12.5%	Medicare Beneficiary	N/A
Lillian	Dittrick	ACO Executive	12.5%	Other	N/A
Debi	Sabbann	Secretary/Treasurer	0%	Other	N/A
Taylor	Wycoff	Compliance Officer	0%	Other	N/A

Key ACO Clinical and Administrative Leadership:

ACO Executive: Lillian Dittrick
 Interim Medical Director: Dr. Timothy McCoy
 Compliance Officer: Taylor Wycoff
 Quality Assurance/Improvement Officer: DaJuan Smith

Associated Committees and Committee Leadership:

Committee Name	Committee Leader Name and Position
Clinical Integration Council	Dr. Timothy McCoy, Interim Chair
Provider Network Council	Dr. Timothy McCoy, Interim Chair
Iowa City Chapter Governance Committee	Patricia Maxwell, Chair
Clinton Chapter Governance Committee	Melissa Wood, Interim Chair

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

- ACO professionals in group practice arrangements
- Networks of individual practices of ACO professionals
- Partnerships or joint venture arrangements between hospitals and ACO professionals
- Hospitals employing ACO professionals
- Rural Health Clinic (RHCs)

Shared Savings and Losses

Amount of Shared Savings/Losses:

- Second Agreement Period
 - Performance Year 2022, \$0
 - Performance Year 2021, \$0
 - Performance Year 2020, \$0
- First Agreement Period
 - Performance Year 2019, \$0
 - Performance Year 2018, \$0

Shared Savings Distribution:

- Second Agreement Period
 - Performance Year 2022
 - 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 2021
 - 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 2020
 - 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 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

Quality Performance Results

2022 Quality Performance Results:

Quality performance results are based on CMS Web Interface

Measure #	Measure Name	Collection Type	Rate	ACO Mean
001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control ²	CMS Web Interface	7.04	10.71
134	Preventative Care and Screening: Screening for Depression and Follow-up Plan	CMS Web Interface	47.57	76.97
236	Controlling High Blood Pressure	CMS Web Interface	70.16	76.16
318	Falls: Screening for Future Fall Risk	CMS Web Interface	86.36	87.83
110	Preventative Care and Screening: Influenza Immunization	CMS Web Interface	83.88	77.34
226	Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface	81.82	79.27
113	Colorectal Cancer Screening	CMS Web Interface	79.64	75.32
112	Breast Cancer Screening	CMS Web Interface	80.74	78.07
438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface	81.60	86.37
370	Depression Remission at Twelve Months	CMS Web Interface	5.88	16.03
479	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups ²	CMS Web Interface	0.1340	0.1510
484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	CMS Web Interface	30.78	30.97
CAHPS-1	Getting Timely Care, Appointments, and Information	CAHPS for MIPS Survey	84.38	83.96
CAHPS-2	How Well Providers Communicate	CAHPS for MIPS Survey	92.59	93.47
CAHPS-3	Patient's Rating of Provider	CAHPS for MIPS Survey	90.51	92.06
CAHPS-4	Access to Specialists	CAHPS for MIPS Survey	79.84	77.00
CAHPS-5	Health Promotion and Education	CAHPS for MIPS Survey	52.52	62.68
CAHPS-6	Shared Decision Making	CAHPS for MIPS Survey	57.87	60.97
CAHPS-7	Health Status and Functional Status	CAHPS for MIPS Survey	74.65	73.06
CAHPS-8	Care Coordination	CAHPS for MIPS Survey	85.13	85.46
CAHPS-9	Courteous and Helpful Office Staff	CAHPS for MIPS Survey	92.86	91.97
CAHPS-11	Stewardship of Patient Resources	CAHPS for MIPS Survey	20.95	25.62

For previous years' Financial and Quality Performance Results, please visit: data.cms.gov

Payment Rule Waivers

- Skilled Nursing Facility (SNF) 3-Day Rule Waiver: N/A
 - Our ACO uses the SNF 3-Day Rule Waiver, pursuant to 42 CFR § 425.612.
- Waiver for Payment for Telehealth Services: N/A
 - Our ACO clinicians provide telehealth services using the flexibilities under 42 CFR § 425.612(f) and 42 CFR § 425.613.

Fraud and Abuse Waivers

Medicare Shared Savings Program Fraud and Abuse Waivers

- Our ACO does utilize a Fraud and Abuse Waiver set forth at 76 Fed Reg. 67,992, 68,000-68,001, 68,004 (Nov. 2, 2011).

Population Health and Risk Management System. This is a data registry to track billing and clinical information of the ACO's patient population. The data registry allows the ACO to identify patients with care opportunities and to monitor the quality performance of ACO participants and eligible Outside Parties. The ACO and the data registry Vendor provide support to integrate data from ACO participants' and eligible Outside Parties' systems to the data registry, in addition to user access to the system. This includes the development of computer interfaces and dashboard interfaces for ACO participants and eligible Outside Parties. This arrangement provides transparency and promotes accountability for the quality and overall care of ACO-assigned Medicare beneficiaries, which assists the ACO in improving and meeting quality performance standards of the Medicare Shared Savings Program. Approved by the ACO BOM on **March 28th, 2018**.

Care Coordination Module. This application is used to standardize, document, and track care interventions. This system allows the ACO to coordinate the care of the ACO's patient population by connecting ACO participants and eligible Outside Parties on one care coordination platform. The ACO and the application Vendor provide user access of the Care Coordination Platform to ACO participants and eligible Outside Parties. This arrangement allows for greater care coordination of ACO-assigned Medicare beneficiaries between ACO participants and eligible Outside Parties, which assists the ACO in improving and meeting quality performance standards of the Medicare Shared Savings Program. Approved by the ACO BOM on **March 28th, 2018**.

Health Coaches. RN Health Coaches proactively intervene with the ACO's patient population to assist in behavioral change to meet health and life goals. Health Coaches allow the ACO to deliver the ACO Health Coach program at the ACO participant and eligible Outside Party-level. The ACO provides Health Coach services in primary care and acute care settings to ACO participants and eligible Outside Parties. This arrangement allows for greater care coordination, including post-discharge follow-up and preventative care services, of ACO-assigned Medicare beneficiaries, which assists the ACO in improving and meeting quality performance standards of the Medicare Shared Savings Program. Approved by the ACO BOM on **March 28th, 2018**.

Health Coach Training. This is a training program designed to optimize the health and well-being of the ACO's patient population. This training allows the ACO to educate RN Health Coaches on foundations of patient-centric care and techniques for behavioral change for improved care delivery at the ACO participant and eligible Outside Party-level. The ACO provides training for all new Health Coaches and on-going training for all established Health Coaches that work at the ACO participant and eligible Outside Party-level. This arrangement leads to improved quality and overall care of ACO-assigned Medicare beneficiaries, which assists the ACO in improving and meeting quality performance standards of the Medicare Shared Savings Program. Approved by the ACO BOM on **March 28th, 2018**.

Mercy Provider Portal. This Integration Platform is used for clinically-integrated network (CIN) collaboration and secure distribution of datasets as it relates to the ACO's patient population. This platform allows the ACO to collaborate with ACO participants and eligible Outside Parties on operational, financial and clinical improvement activities by integrating multiple applications on one, secure platform. The ACO provides user access of the Mercy Provider Portal to ACO participants and eligible Outside Parties. This arrangement allows for greater coordination and standardization of care delivery for ACO-assigned Medicare beneficiaries, which assists the ACO in improving and meeting quality performance standards of the Medicare Shared Savings Program. Approved by the ACO BOM on **March 28th, 2018**.

Clinical Documentation Improvement (CDI) Program. This Program was created for the purposes of ensuring complete and compliant clinical documentation, coding and billing practices across the ACO. The ACO and Program Consultant provide support, including audit functions, training and education to ACO participants and eligible Outside Parties to facilitate improvement in clinical documentation. This arrangement will lead to more accurate risk scoring and identification of the ACO's patients, including ACO-assigned Medicare beneficiaries that can benefit from care interventions, which will assist the ACO in improving and meeting quality performance standards of the Medicare Shared Savings Program. Approved by the ACO BOM on **March 28th, 2018**.

Community Health Workers. Community Health Workers proactively intervene with the ACO's patient population to assist in addressing gaps in health-related social needs. Community Health Workers allow the ACO to deliver the Community Coordination program at the ACO participant and eligible Outside Party-level. Community Health Worker services will be provided in primary care settings to ACO participants and eligible Outside Parties. This arrangement allows for greater care coordination at the community level of ACO-assigned Medicare beneficiaries, which assists the ACO in improving and meeting quality performance standards of the Medicare Shared Savings Program. Approved by the ACO BOM on **March 28th, 2018**.

Bamboo Health. This software service allows the ACO to share (i.e. send and receive) information with ACO participants and eligible Outside Parties that are involved in the care of the ACO's patient population, including ACO-assigned Medicare beneficiaries. This service enhances the ACO's Quality Assurance and Improvement Program to ensure coordinated care across the continuum, which assists the ACO in improving and meeting quality performance standards of the Medicare Shared Savings Program. Approved by the ACO BOM on **June 26, 2019**.

Ride Sharing Program. This transportation services solution from Uber Health, Des Moines Area Regional Transit Authority (DART), and DART Paratransit leverages an existing network of drivers to transport patients to and from medical appointments and to pick up prescription medications. This solution closes a significant social determinants of health need for the ACO's patient population, including ACO-assigned Medicare beneficiaries, who are identified as eligible for this service through a universal social determinants of health screening and other demographic factors. This Program, in coordination with ACO participants and eligible Outside Parties, assists the ACO in furthering its Quality Assurance and Improvement Program to ensure patients are receiving basic healthcare needs, and will result in improved quality performance standards of the Medicare Shared Savings Program. Approved by the ACO BOM on **June 26, 2019**.

Grants Exploration. The ACO dedicates staff to researching, facilitating, and writing grants on and behalf of ACO participants and eligible Outside Parties for opportunities that assist in healthcare delivery redesign. These resources allow the ACO to expand its Quality Assurance and Improvement Program through funding and model piloting, to improve care delivery for the ACO's patient population, including ACO-assigned Medicare beneficiaries. These resources assist the ACO in improving and meeting quality performance standards of the Medicare Shared Savings Program. Approved by the ACO BOM on **June 26, 2019**.