

# SHARED SAVINGS PROGRAM PUBLIC REPORTING

## ACO Name and Location

The Premier HealthCare Network LLC

8702 Jefferson Hwy , Suite A, Baton Rouge, LA, 70809, U.S.A.

## ACO Primary Contact

James Simmons

6156631947

jsimmons@topmd.health

## Organizational Information

### ACO Participants:

ACO Participants	ACO Participant in Joint Venture
AMINA MEDICAL CONSULTANTS PC	No
ATLANTA CENTER FOR MEDICINE II PC	No
BLISS FAMILY MEDICINE LLC	No
CEDAR GROVE MEDICAL ASSOCIATES,LLC	No
CHANDRA BRITT ARMSTRONG MD LLC	No
Gastroenterology Medicine & Nutrition Clinic, PC	No
Genesis Healthcare Associates, P.C.	No
Georgia Vascular Specialists PC	No
HEIKKI E KOSTAMAA MD PC	No
MARIPOSA MEDICAL ASSOCIATES LLC	No
Midtown Neurology, PC	No
MURFREESBORO MEDICAL CLINIC PA	No
New Horizons Internal Medicine	No
Paces Ferry Medical Group PC	No
PATRICIA GLENN	No
Pea Ridge Family Care Center, Inc.	No
PIECAR COMMUNITY HEALTHCARE LLC	No
SNAPFINGER WOODS FAMILY PRACTICE GROUP	No
South Atlanta Urgent Care Clinic, LLC	No
South Mountain Family Practice, LLC	No

SWIFT HEALTH MEDICAL GROUP	No
WELLSPRING FAMILY MEDICAL CENTER INC.	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
Barbara	Bell, PhD	Member	12.5%	Medicare Beneficiary Representative	N/A
Desnoes	Chloe	Member	12.5%	ACO Participant Representative	MURFREESBORO MEDICAL CLINIC PA
Edward	Layne, MD	Member	12.5%	ACO Participant Representative	Gastroenterology Medicine & Nutrition Clinic, PC
James M	Poindexter Jr, MD	Chairman of the Board	12.5%	ACO Participant Representative	Georgia Vascular Specialists PC
John	Woods	Member	12.5%	Community Stakeholder Representative	N/A
John	Lee	Member	12.5%	ACO Participant Representative	MURFREESBORO MEDICAL CLINIC PA
Nicholas	Cote	Member	12.5%	ACO Participant Representative	MURFREESBORO MEDICAL CLINIC PA
Oluropo	Ayeni	Member	12.5%	ACO Participant Representative	WELLSPRING FAMILY MEDICAL CENTER INC.

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:

James Simmons

Medical Director:

James Poindexter

Compliance Officer:

Atanas Filchev

Quality Assurance/Improvement Officer:

James Poindexter

*Associated Committees and Committee Leadership:*

Committee Name	Committee Leader Name and Position
Community Advisory Committee	Barbara Bell / Chairwoman

*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:*

- Fifth Agreement Period
  - Performance Year 2026, N/A
- Fourth Agreement Period
  - Performance Year 2025, N/A
- Third Agreement Period
  - Performance Year 2024, \$2,757,092.62
  - Performance Year 2023, \$3,171,072.12
  - Performance Year 2022, \$975,452.00
  - Performance Year 2021, \$2,125,289.65
  - Performance Year 2020, \$0.00
  - Performance Year 2019, \$1,266,268.78
- Second Agreement Period
  - Performance Year 2019, \$1,266,268.78
  - Performance Year 2018, \$1,465,623.36
  - Performance Year 2017, \$2,404,254.11
  - Performance Year 2016, \$3,654,029.97
- First Agreement Period
  - Performance Year 2015, \$2,525,000.00
  - 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:*

- Fifth 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
- Fourth Agreement Period
  - 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: TBD
    - Proportion invested in redesigned care processes/resources: TBD
    - Proportion of distribution to ACO participants: TBD
  - Performance Year 2023
    - Proportion invested in infrastructure: 20%
    - Proportion invested in redesigned care processes/resources: 26%
    - Proportion of distribution to ACO participants: 53%
  - Performance Year 2022
    - Proportion invested in infrastructure: 60%
    - Proportion invested in redesigned care processes/resources: 0%
    - Proportion of distribution to ACO participants: 40%
  - Performance Year 2021
    - Proportion invested in infrastructure: 60%
    - Proportion invested in redesigned care processes/resources: 0%
    - Proportion of distribution to ACO participants: 40%
  - 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
  - Performance Year 2019
    - Proportion invested in infrastructure: 70%
    - Proportion invested in redesigned care processes/resources: 0%
    - Proportion of distribution to ACO participants: 30%
- Second Agreement Period
  - Performance Year 2019
    - Proportion invested in infrastructure: 70%
    - Proportion invested in redesigned care processes/resources: 0%
    - Proportion of distribution to ACO participants: 30%

- Performance Year 2018
  - Proportion invested in infrastructure: 52%
  - Proportion invested in redesigned care processes/resources: 0%
  - Proportion of distribution to ACO participants: 48%
- Performance Year 2017
  - Proportion invested in infrastructure: 50%
  - Proportion invested in redesigned care processes/resources: 0%
  - Proportion of distribution to ACO participants: 50%
- Performance Year 2016
  - Proportion invested in infrastructure: 60%
  - Proportion invested in redesigned care processes/resources: 0%
  - Proportion of distribution to ACO participants: 40%
- First Agreement Period
  - Performance Year 2015
    - Proportion invested in infrastructure: 50%
    - Proportion invested in redesigned care processes/resources: 20%
    - Proportion of distribution to ACO participants: 30%
  - 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
  - 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	7.7	6.67
479*	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups	Administrative Claims	0.1502	0.1517

484*	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (MCC)	Administrative Claims	32.91	37
318	Falls: Screening for Future Fall Risk	CMS Web Interface	91.47	88.99
110	Preventative Care and Screening: Influenza Immunization	CMS Web Interface	49.3	68.6
226	Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface	35.29	79.98
113	Colorectal Cancer Screening	CMS Web Interface	82.06	77.81
112	Breast Cancer Screening	CMS Web Interface	79.82	80.93
438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface	100	86.5
370	Depression Remission at Twelve Months	CMS Web Interface	8.33	17.35
001*	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	CMS Web Interface	9.2	9.44
134	Preventative Care and Screening: Screening for Depression and Follow-up Plan	CMS Web Interface	77.91	81.46
236	Controlling High Blood Pressure	CMS Web Interface	78.82	79.49
CAHPS-1	Getting Timely Care, Appointments, and Information	CAHPS for MIPS Survey	86.51	83.7
CAHPS-2	How Well Providers Communicate	CAHPS for MIPS Survey	95.57	93.96
CAHPS-3	Patient's Rating of Provider	CAHPS for MIPS Survey	93.75	92.43
CAHPS-4	Access to Specialists	CAHPS for MIPS Survey	80.71	75.76
CAHPS-5	Health Promotion and Education	CAHPS for MIPS Survey	61.43	65.48
CAHPS-6	Shared Decision Making	CAHPS for MIPS Survey	56.52	62.31
CAHPS-7	Health Status and Functional Status	CAHPS for MIPS Survey	74.15	74.14
CAHPS-8	Care Coordination	CAHPS for MIPS Survey	87.55	85.89
CAHPS-9	Courteous and Helpful Office Staff	CAHPS for MIPS Survey	95.16	92.89
CAHPS-11	Stewardship of Patient Resources	CAHPS for MIPS Survey	25.28	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.
- Payment for Telehealth Services:
  - Our ACO clinicians provide telehealth services using the flexibilities under 42 CFR § 425.612(f) and 42 CFR § 425.613.

## Prepaid Shared Savings (PSS)

In accordance with 42 CFR § 425.640(i)(1), an ACO must publicly report information about the ACO's use of prepaid shared savings for each performance year, as set forth in 42 CFR § 425.308(b)(10). Prepaid shared savings used for any expenses other than allowable uses under 42 CFR § 425.640(e)(1) are subject to compliance action.

## Spend Plan

Payment Use	General Spend Category	General Spend Subcategory	Beneficiary Group	Cost Sharing Support (Part B Service(s))	Projected Spending 2026	Actual Spending 2026
Registry Services/Registry submissions	Healthcare Infrastructure	Clinical data registries			\$70,000.00	\$0.00
Assessments of Patients with Chronic Conditions that need expanded service offerings and care management	Direct Beneficiary Services	Comprehensive assessments	Patients with Chronic Conditions and Transition needs		\$200,000.00	\$0.00
Work with patients identified during assessments to provide whole person care assistance	Direct Beneficiary Services	Social care coordination	Patients with Chronic Conditions and Transition needs		\$175,000.00	\$0.00
Follow up with patients on social care coordination programs to ensure needs are met	Direct Beneficiary Services	Follow-up to ensure unmet social needs are being addressed	Patients with Chronic Conditions and Transition needs		\$125,000.00	\$0.00
Connection to EHRs for Quality Reporting	Healthcare Infrastructure	Health information exchange and health information network participation			\$105,000.00	\$0.00
Analytics portals for case and practice management/reporting	Healthcare Infrastructure	Case/practice management systems			\$125,000.00	\$0.00
Connectivity and Quality Reporting from participant systems	Healthcare Infrastructure	Electronic Quality Reporting			\$90,000.00	\$0.00
Coordinator for assessments, social care coordination, and follow up processes and requirements	Increased Staffing	Other Staff (explain in "Payment Use")			\$90,000.00	\$0.00
<b>Subtotals</b>					\$980,000.00	\$0.00
<b>Percentage of Spend on Direct Beneficiary Services (Must Be No Less Than 50%)</b>					51.02%	0.00%

## Spend Plan Summary

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<b>Projected Total Maximum Prepaid Shared Savings Amount</b>	\$2,387,368.00
<b>ACO Selected Projected Total Prepaid Shared Savings Amount</b>	\$980,000.00
<b>Remaining Selected Funding to Allocate</b>	\$0.00
<b>Prepaid Shared Savings Received</b>	\$0.00

