

SHARED SAVINGS PROGRAM PUBLIC REPORTING

ACO Name and Location

Southern Kentucky Health Care Alliance
 121 College Street
 Smiths Grove, KY 42171

ACO Primary Contact

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Organizational Information

ACO Participants:

ACO Participants	ACO Participant in Joint Venture
BULLITT COUNTY FAMILY PRACTITIONERS, PSC	N
CHARLES S. GILES MD, PSC	N
CLIFTON CENTREVILLE MEDICAL ASSOCIATES	N
GILBERT BARBEE MOORE & MCILVOY, PSC	N
QUALITY INTERNAL MEDICINE, PLLC	N
TESSA CHOLMONDELEY MD PC	N

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
PRAVIN	AVULA	CEO/VOTING MEMBER	19%	ACO PARTICIPANT	GILBERT BARBEE MOORE & MCILVOY PSC
KAMAL	SINGH	COO/VOTING MEMBER	19%	ACO PARTICIPANT	GILBERT BARBEE MOORE & MCILVOY PSC
PRAVEEN	ARLA	VOTING MEMBER	19%	ACO PARTICIPANT	BULLIT COUNTY FAMILY PRACTITIONERS
ANSON	HSEIH	VOTING MEMBER	19%	ACO PARTICIPANT	GILBERT BARBEE MOOR & MCILVOY PSC
GARY	ALBERS	BOARD MEMBER	19%	OTHER	IMPERIUM HEALTH
MIKE	HUMBLE	MEDICARE BENEFICIARY	5%	MEDICARE BENEFICIARY REPRESENTATIVE	N/A

Key ACO Clinical and Administrative Leadership:

ACO Executive: Pravin Avula MD
 Medical Director: Praveen Arla MD
 Compliance Officer: Amanda Waid
 Quality Assurance/Improvement Officer: Angela Farley

Associated Committees and Committee Leadership:

Committee Name	Committee Leader Name and Position
Finance Committee	Pravin Avula, MD, Chair
Quality Committee	Kamal Singh, MD, Chair

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

Network of Individual Practices

Shared Savings and Losses

Amount of Shared Savings/Losses:

- Third Agreement Period
 - Performance Year 2022, \$7,678,348
 - Performance Year 2021, \$7,312,195
 - Performance Year 2020, \$5,907,195
 - Performance Year 2019, \$6,237,059
- Second Agreement Period
 - Performance Year 2019, \$6,237,059
 - Performance Year 2018, \$0
 - Performance Year 2017, \$0
 - Performance Year 2016, \$5,337,821
- First Agreement Period
 - Performance Year 2015, \$6,366,990
 - Performance Year 2014, \$2,554,879
 - Performance Year 2013, \$2,761,951

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:

- Third Agreement Period
 - Performance Year 2022
 - Proportion invested in infrastructure: 15%
 - Proportion invested in redesigned care processes/resources: 10%
 - Proportion of distribution to ACO participants: 75%
 - Performance Year 2021
 - Proportion invested in infrastructure: 15%
 - Proportion invested in redesigned care processes/resources: 10%
 - Proportion of distribution to ACO participants: 75%
 - Performance Year 2020
 - Proportion invested in infrastructure: 15%
 - Proportion invested in redesigned care processes/resources: 10%
 - Proportion of distribution to ACO participants: 75%
 - Performance Year 2019
 - Proportion invested in infrastructure: 15%
 - Proportion invested in redesigned care processes/resources: 10%
 - Proportion of distribution to ACO participants: 75%

Shared Savings Distribution cont.:

- Second Agreement Period
 - Performance Year 2019
 - Proportion invested in infrastructure: 15%
 - Proportion invested in redesigned care processes/resources: 10%
 - Proportion of distribution to ACO participants: 75%
 - Performance Year 2018
 - Proportion invested in infrastructure: 15%
 - Proportion invested in redesigned care processes/resources: 10%
 - Proportion of distribution to ACO participants: 75%
 - Performance Year 2017
 - Proportion invested in infrastructure: 15%
 - Proportion invested in redesigned care processes/resources: 10%
 - Proportion of distribution to ACO participants: 75%
 - Performance Year 2016
 - Proportion invested in infrastructure: 15%
 - Proportion invested in redesigned care processes/resources: 10%
 - Proportion of distribution to ACO participants: 75%
- First Agreement Period
 - Performance Year 2015
 - Proportion invested in infrastructure: 15%
 - Proportion invested in redesigned care processes/resources: 10%
 - Proportion of distribution to ACO participants: 75%
 - Performance Year 2014
 - Proportion invested in infrastructure: 15%
 - Proportion invested in redesigned care processes/resources: 10%
 - Proportion of distribution to ACO participants: 75%
 - Performance Year 2013
 - Proportion invested in infrastructure: 15%
 - Proportion invested in redesigned care processes/resources: 10%
 - Proportion of distribution to ACO participants: 75%

Quality Performance Results

2022 Quality Performance Results:

Quality performance results are based on CMS Web Interface

Measure #	Measure Name	Collection Type	Rate	ACO Mean
Quality ID# 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	CMS Web Interface	8.94	10.71
Quality ID# 134	Preventative Care and Screening: Screening for Depression and Follow-up Plan	CMS Web Interface	78.75	76.97
Quality ID# 236	Controlling High Blood Pressure	CMS Web Interface	84.39	76.16
Quality ID# 318	Falls: Screening for Future Fall Risk	CMS Web Interface	96.77	87.83
Quality ID# 110	Preventative Care and Screening: Influenza Immunization	CMS Web Interface	90.48	77.34
Quality ID# 226	Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface	86.75	79.27
Quality ID# 113	Colorectal Cancer Screening	CMS Web Interface	82.24	75.32
Quality ID# 112	Breast Cancer Screening	CMS Web Interface	82.46	78.07
Quality ID# 438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface	85.66	86.37
Quality ID# 370	Depression Remission at Twelve Months	CMS Web Interface	11.43	16.03
Measure# 479	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups	Administrative Claims	0.1490	0.1510
Measure# 484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	Administrative Claims	32.84	30.97
CAHPS-1	Getting Timely Care, Appointments, and Information	CAHPS for MIPS Survey	88.80	83.96
CAHPS-2	How Well Providers Communicate	CAHPS for MIPS Survey	94.82	93.47
CAHPS-3	Patient's Rating of Provider	CAHPS for MIPS Survey	92.23	92.06
CAHPS-4	Access to Specialists	CAHPS for MIPS Survey	77.72	77.00
CAHPS-5	Health Promotion and Education	CAHPS for MIPS Survey	54.09	62.68
CAHPS-6	Shared Decision Making	CAHPS for MIPS Survey	55.80	60.97
CAHPS-7	Health Status and Functional Status	CAHPS for MIPS Survey	71.47	73.06
CAHPS-8	Care Coordination	CAHPS for MIPS Survey	86.18	85.46
CAHPS-9	Courteous and Helpful Office Staff	CAHPS for MIPS Survey	91.86	91.97
CAHPS-11	Stewardship of Patient Resources	CAHPS for MIPS Survey	27.84	25.62

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

ACO Agreements

- **Agreements with LabCorp:** The parties to the arrangement include Southern Kentucky Health Care Alliance (SKHCA) and Laboratory Corporation of America Holdings and its subsidiaries (“LabCorp”). The agreements are effective as of January 1, 2022. Under the agreements, the parties will coordinate with each other to meet requirements for reporting quality and cost measures, establish clinical decision support programs to support chronic disease management and population health strategies, and evaluate and address the health needs of Southern Kentucky Health Care Alliance (SKHCA)’s patient population. LabCorp will make available laboratory testing services Southern Kentucky Health Care Alliance (SKHCA)’s providers, and Southern Kentucky Health Care Alliance (SKHCA) will integrate and use this information in Southern Kentucky Health Care Alliance (SKHCA)’s data analytics programs, reporting measures, and care coordination and intervention strategies. The agreements include a series of potential grants to develop infrastructure and redesigning care processes to allow for high quality and efficient service delivery for patients whereby Southern Kentucky Health Care Alliance (SKHCA) must meet certain quality metrics to be eligible. This arrangement allows the parties to promote accountability for the quality, cost, and overall care for Southern Kentucky Health Care Alliance (SKHCA)’s patients and manage and coordinate care for these individuals. With respect to this arrangement above, Southern Kentucky Health Care Alliance (SKHCA)’s governing body has made and duly authorized a bona fide determination that the arrangement is reasonably related to the purposes of the Medicare Shared Savings Program.