

# Shared Savings Program ACO Public Reporting

## Overview

This document provides Accountable Care Organizations (ACOs) participating in the Medicare Shared Savings Program (Shared Savings Program) with a public reporting template and instructions on how to complete the template. ACOs participating in the Shared Savings Program are required to publicly report ACO organizational information and performance results on a designated webpage, per [42 CFR § 425.308](#).

## Shared Savings Program Public Reporting Template

### ACO Name and Location

Capital Health Accountable Care Organization, LLC  
Previous Names: N/A  
750 Brunswick Avenue  
Trenton, NJ 08638

### ACO Primary Contact

Robert Remstein  
609-537-6081  
[rremstein@capitalhealth.org](mailto:rremstein@capitalhealth.org)

### Organizational Information

#### ACO Participants:

ACO Participants	ACO Participant in Joint Venture
<b>ACO Participants</b>	<b>ACO Participant in Joint Venture (Enter Y or N)</b>
Richard Friedland, MD	N
Lawrence OB/GYN, PC	N
Capital Health System, Inc	N
Capital Health Medical Group	N
Capital Health Multispecialty Group	N
Mercer Regional Medical Assoc	N
Sheryl Haberquo, MD	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 and D/B/A, if applicable</b>
Remstein	Robert	Chairman	1	ACO Participant Representative	Capital Health Medical Group
Dafilou	David	Voting Member	1	ACO Participant Representative	Capital Health System
Fleming	Shane	Voting Member	1	ACO Participant Representative	Capital Health System
Borgos	Suzanne	Secretary	1	ACO Participant Representative	Capital Health System
Sansone	Debra	Voting Member	1	ACO Participant Representative	Capital Health System
Gertzman	Jerry	Voting Member	1	ACO Participant Representative	Capital Health Medical Group
Kolander	Scott	Voting Member	1	ACO Participant Representative	Capital Health Medical Group
Lugo	Maria	Voting Member	1	ACO Participant Representative	Capital Health Medical Group
Schwartz	Eric	Voting Member	1	ACO Participant Representative	Capital Health System
Codjoe	Jessica	Voting Member	1	ACO Participant Representative	Capital Health Medical Group
Peck	Lawrence	Voting Member	1	ACO Participant Representative	Lawrence R Peck,DO PC
Protano	Marie	Voting Member	1	ACO Participant Representative	Mercer Gastroenterologist,PC
Hanley	Darlene	Voting Member	1	Community Stakeholder Representative	n/a
Sullivan	Molly	Voting Member	1	Medicare Beneficiary Representative	n/a

**Key ACO Clinical and Administrative Leadership:**

Medical Director: Eric Schwartz

Compliance Officer: Laura McGuire

Quality Assurance/Improvement Officer: Maria Lugo

**Associated Committees and Committee Leadership:**

Committee Name	Committee Leader Name and Position
Quality and Outcomes Committee	Maria Lugo, MD - Chairperson
Finance Committee	Shane Fleming CFO- Chairperson
Participant Relations Committee	Jerrold Gertzman,MD - Chairperson

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

- 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:**

- Second Agreement Period
  - Performance Year 2020, \$0
  - Performance Year 2019, \$0
- First Agreement Period
  - Performance Year 2018, \$0
  - Performance Year 2017, \$1,120,257
  - Performance Year 2016, \$0

**Shared Savings Distribution:**

- Second Agreement Period
  - Performance Year 2020
    - Proportion invested in infrastructure: NA
    - Proportion invested in redesigned care processes/resources: NA
    - Proportion of distribution to ACO participants: NA
  - Performance Year 2019
    - Proportion invested in infrastructure: NA
    - Proportion invested in redesigned care processes/resources: NA
    - Proportion of distribution to ACO participants: NA

- Performance Year 2018
  - Proportion invested in infrastructure: NA
  - Proportion invested in redesigned care processes/resources: NA
  - Proportion of distribution to ACO participants: NA
- First Agreement Period
  - Performance Year 2017
    - Proportion invested in infrastructure: 30%
    - Proportion invested in redesigned care processes/resources: 62%
    - Proportion of distribution to ACO participants: 38%
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  - Performance Year 2016
    - Proportion invested in infrastructure: NA
    - Proportion invested in redesigned care processes/resources: NA
    - Proportion of distribution to ACO participants: NA

## Quality Performance Results

### 2020 Quality Performance Results:

ACO Quality Measure Number	Measure Name	Rate	ACO Mean
ACO-8	Risk Standardized, All Condition Readmission	14.92	15.07
ACO-38	Risk Standardized Acute Admissions rates for Patients with Multiple Chronic Conditions	56.15	49.50
ACO-43	Ambulatory Sensitive Condition Acute Composite (AHRQ* Prevention Quality Indicator (PQI #91))	1.24	0.95
ACO-13	Falls: Screening for Future Fall Risk	88.31	84.97
ACO-14	Preventive Care and Screening: Influenza Immunization	84.51	76.03
ACO-17	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	91.67	81.67
ACO-18	Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	83.00	71.46
ACO-19	Colorectal Cancer Screening	78.23	72.59
ACO-20	Breast Cancer Screening	75.40	74.05
ACO-42	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	97.42	83.37
ACO-27	Diabetes Mellitus: Hemoglobin A1c Poor Control	17.74	14.70
ACO-28	Hypertension (HTN): Controlling High Blood Pressure	76.21	72.87
ACO-40	Depression Remission at 12 months	13.79	13.99

For Previous Years' Financial and Quality Performance Results, Please Visit [data.cms.gov](https://data.cms.gov)

## Payment Rule Waivers

- Skilled Nursing Facility (SNF) 3-Day Rule Waiver:
  - No, our ACO does not use the SNF 3-Day Rule Waiver.
  
- Waiver for Payment for Telehealth Services:
  - Our ACO clinicians provide telehealth services using the flexibilities under 42 CFR § 425.612(f) and 42 CFR § 425.613.